Invited Commentary from the Women’s Health Initiative
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The Women’s Health Initiative. What is on trial: nutrition and chronic disease? Or misinterpreted science, media havoc and the sound of silence from peers?

Summary
The first results of the Women’s Health Initiative dietary intervention trial were published in the USA in February. This is a colossal intervention designed to see if diets lower in fat and higher in fruits, vegetables and grains than is usual in high-income countries reduce the incidence of breast cancer, colorectal cancer, heart disease and other chronic diseases, in women aged 50–79 years. As interpreted by US government media releases, the results were unimpressive. As interpreted by a global media blitz, the results indicate that food and nutrition has little or nothing to do with health and disease. But the trial was in key respects not reaching its aims, was methodologically controversial, and in any case has not produced the reported null results. What should the public health nutrition profession do about such messes?

The media blitz
‘The more we know about nutrition, the less we seem to know… It’s enough to make us drown our confusion in a big serving of extra-rich ice-cream’. This editorial in The New York Times (NYT) in early February this year typified the beginning of a global media blitz that followed the appearance of the first results published in the Journal of the American Medical Association (JAMA) from the Women's Health Initiative (WHI) dietary intervention. This is a vast US trial designed to investigate the effect of diets relatively low in fat and high in fruits, vegetables and grains on the incidence of chronic diseases in older women. These results concerned cardiovascular disease, colon cancer and breast cancer.

The study was funded by the National Institutes of Health (NIH) of the US government. An NIH media release on 7 February announcing the results was downbeat. It stated: ‘News from the Women’s Health Initiative: reducing total fat intake may have small effect on risk of breast cancer, no effect on risk of colorectal cancer, heart disease, or stroke’. On the same day, JAMA posted their media release with much the same tone but with a slight difference: ‘Large study shows low-fat diet has little effect on reducing risk of breast cancer, colorectal cancer, or cardiovascular disease in postmenopausal women’.

The following day the NYT chief science reporter Gina Kolata put a negative spin on the results in a front page news lead story, claiming: ‘Low-fat diet does not cut health risks, study finds’, quoting a senior NIH employee as saying that the study results were ‘completely null’. The NYT evidently set the global media agenda. Stories all over the world carried headlines such as: ‘Get stuffed’, ‘Forget all you ever knew about diets’, ‘Low fat does not reduce disease risk’.

This in turn ignited a prairie fire of nihilistic commentary against the established scientific consensus on food, nutrition and chronic diseases. In Sweden, for example, a daily newspaper accused the government’s National Food Administration (NFA) of being hopelessly behind the research frontiers. Swedish morning TV played a popular song ‘Who can we trust…’ in the background when referring to the news. Journalists accepted the negative story, and were in many countries not even countered by nutrition experts. In Sweden, the NFA wrote a rapid and adequate response, but this was not always noticed; thus, as late as 17 February, a radio commentator stated that food messages on fat were now more religion than anything else – where you are a believer or non-believer. She asked for someone to tell right from wrong. She evidently had not got the NFA message.

The intentions and results of the trial
The WHI study is Big Science, no question about that. It has cost 415 million dollars so far, and the dietary modification followed 49 000 subjects for over 8 years. It was conceived and funded by NIH in 1991, to investigate the most common causes of death, disability and impaired quality of life in postmenopausal women. It was heralded as the biggest US prevention trial of its kind, with unique opportunities of supporting public health nutrition policies for and life choices of postmenopausal women.

The dietary intervention aimed to reduce fat intake to 20% of energy, to increase intake of fruits and vegetables to 5 servings a day, and to increase grains to at least 6 servings a day. The women enrolled in the study were 50 to 79 years of age.

The first striking fact about the results of the trial so far is that they do not provide a basis for the media stories; and indeed can be said to be at variance with the NIH and
The full media release\(^4\) of the results so far describes some intervention group.

- The breast cancer paper\(^2\) concludes that while a statistically significant reduction in this cancer was not seen (the confidence intervals were 0.85 to 1.01), its incidence dropped by 9% in the intervention group.
- The colorectal cancer paper\(^3\) concludes that effects on this cancer in mid to late life cannot perhaps be expected to be seen with the changes of diet achieved within the length of time the subjects were followed.

None of these conclusions indicates that the low-fat message is wrong. Indeed, the breast cancer paper suggests that the message is right and with a longer follow-up, it may have been possible to demonstrate this. The colorectal cancer paper also suggests that greater benefits may be revealed with a longer follow-up, as there were fewer polyps (precancerous lesions) found in the intervention group.

**What's wrong with the trial?**

The full media release\(^4\) of the results so far describes some shortfalls of the WHI. The following text describes some more problems with the study.

**Failure to achieve its aims**

None of the aims of the study were met. This does not invalidate the study, but means that its results should be treated with caution. The intervention fell far short of its target for fat, fruits and vegetables, and made almost no impression on consumption of grains.

**A wrong question was asked**

In the case of heart disease, any result of a reduction in total fat intake would have been surprising. It has been generally agreed for decades that the significant factor is not quantity fat but quality of fat. If the intervention had achieved a substantial increase in consumption of vegetables, fruits and grains (preferably in whole form) it could have been expected to have an effect, but it failed in this aim.

**Impressive results were unlikely**

The average age of the women at entry was 62.3 years. At that age a relatively modest change in diet, amounting (as mentioned in an NY\textit{T} article) to not a lot more than no butter on bread and no cream cheese on bagels, might be expected to have a modest effect – which in the case of breast cancer incidence, it did. Further, if the dietary (and other) determinants of heart disease and cancer begin relatively early in life, as is evident, an intervention so late in life might be expected to have a negligible effect – as in the case of heart disease and colorectal cancer. Furthermore, of course, the results from a study on a distinct age and gender group cannot be automatically generalised to the population at large.

**Problems with dietary assessment**

Registration of intake is always problematic due to underreporting of unhealthy foods, and in this case it seems plausible that the intervention group would tend to report a healthy diet. This bias, together with a massive registration fatigue, suggests that the actual changes made by the intervention group were even smaller than reported. One of the specific dietary assessment issues is the use of food-frequency questionnaires (FFQs), as described in more detail below.

**The FFQ controversy**

It is possible that the WHI and other large intervention trials designed to identify relationships between food, nutrition and chronic diseases are fatally flawed. Their standard tool for dietary assessment is the FFQ, a simple, self-administered technique. This has the great advantage of being cheap. But more precise methods of recording actual food intake, such as those used in the massive European Prospective Investigation into Cancer and Nutrition, show highly significant associations, notably between fat, saturated fat and breast cancer, that are not shown when the cruder FFQ method is used\(^5\).

In a paper published last year, senior US investigators, supporting their European colleagues, stated 'Although painful to admit, it is possible that epidemiologists have been deluded in their acceptance of food frequency questionnaires' in large studies of diet and cancer, and urge that all results from such studies be treated with great circumspection\(^6\). The message is that null or unimpressive findings from studies using FFQs may well be an artefact caused by measurement error.

FFQ or no FFQ is not the issue here. The important thing is that any study of this type needs to be able to state with some confidence that the intervention group consumed diets different in specified nutritional quality from the comparison group. But in the case of the WHI this cannot be done. The rather minor differences between the intervention and comparison group could in large part be due to underreporting and misreporting. This is of course highly problematic, and calls for utmost caution in the interpretation of results.

**The folate intervention**

During the course of the study, what can be described as another intervention took place in the USA. This was the fortification of commonly consumed foods with folate, introduced in 1998, which according to the WHI colorectal cancer paper had the effect of raising total average...
individual daily folate intake by around 300 μg or about 50% over baseline. Given the hypothesised protective role of folate in some chronic diseases, it is remarkable that this possible confounding factor was not mentioned as such in any of the papers.

What should we do?

It is perhaps not realistic to expect the funders and representatives of such a vast and costly study to emphasise the possible flaws in its design, its inappropriate question, its controversial methodology and its meagre effectiveness as an intervention; although independent commentators need not be inhibited.

This aside, the negative official interpretation put on the study, and the nihilistic initial media coverage, were extraordinary; so much so as even to suggest some ideological motivation to discount the value of healthy diets in the prevention and control of major chronic diseases and to discredit the established public health nutrition consensus.

A similar issue occurred after publication of a major study on obesity and mortality in the USA in 2005. On that occasion, a symposium was called at Harvard to counter the inaccurate and misleading interpretation of the study in scientific journals and the media. One recommendation was that findings of major studies liable to cause controversy be subject to additional peer review before publication. But as now, this was after the main event. The damage was done.

What can be done in future? The authors of this commentary believe that the WHI trial, and its interpretation, warns of a crisis for public health nutrition. The profession, with allies, should build and maintain an independent international body geared not only to make rapid responses but also to anticipate publication of research that needs proper analysis and commentary. We suggest this be discussed at a special session at the 1 World Congress on Public Health Nutrition, taking place this coming September in Barcelona. Anyone attending the congress who is interested in joining such a discussion should contact the corresponding author.

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PREFACE

The EU funded project *European network for Public Health Nutrition; Networking, Monitoring, Intervention and Training* consists of academics and experts within five taskforces; Breastfeeding, Fruits and Vegetables, Monitoring, Physical Activity and Training. Each taskforce has worked independently to identify community strategies to prevent obesity and promote health within their area of expertise.

The network recognize the need to develop community strategies to the issues raised in the green paper, but acknowledge that some of the issues have a clear European dimension and would need a larger focus in the green paper and a stronger support from the community.

The following response is a consolidated response from three of the five taskforces. Breastfeeding, monitoring training are all areas that refer to the common good and would benefit of further European cooperation. Firstly, breastfeeding practice has shown to have a strong positive impact on human development and obesity prevention and would benefit if best practice could be supported on a European level. Secondly, European public health development relies on population statistics, which demand the development of common data assessment methods. And lastly, education of consumers, school children and the public will not be reliable if the trainers are not trained in public health nutrition. A community prerogative should be to increase the mobility and employability of public health nutritionists, by supporting initiative to develop a European workforce of public health nutritionists.

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The European Network

The European Network on Public Health Nutrition brings together European scientists and public health professionals in order to

- link nutrition and physical activity in health promotion to optimise their combined impact
- co-ordinate and integrate ongoing work in Monitoring, Intervention and Training

The Network integrates representatives for the new Member States and NGO’s in the activities and puts emphasis on aspects of excess weight and obesity in the population. Furthermore, the network aims at the long term development and implementation of sustainable evidence-based coherent training and promotion strategies on nutrition and physical activity.

The Network comprises 5 task forces on Breastfeeding, Fruits & Vegetables, Training, Physical Activity and Monitoring.

Breastfeeding task force

The breastfeeding taskforce is made up of experts and academics in public health and breastfeeding. The group has a leading role in the promotion of breastfeeding in Europe and worldwide.

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Integration of breastfeeding in the green paper

The starting point for these comments is the question in the box under 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?” The answer is yes: the issue not addressed which needs consideration is infant and young child feeding, including breastfeeding and nutrition in pregnancy and lactation.
The rationale for breastfeeding

Why does this issue need consideration? For several reasons. Among them:

- The Green paper itself mentions breastfeeding as a factor that may lower the increasing burden of obesity (Annex 2.8).
- The importance of infant and young child feeding, and more specifically of breastfeeding, has already been recognised in EU Council resolutions\(^1\) and public health projects.\(^1\)
- The protection, promotion and support of breastfeeding is already included as an objective in some of the national plans mentioned in Annex 3, Reference 9 (e.g. France, UK).
- The importance of maternal nutrition before and during pregnancy, of exclusive breastfeeding for six months and appropriate complementary feeding, and of early infant and young child nutrition in the prevention of noncommunicable diseases throughout the life course has been recognised in global strategies that have been fully endorsed by the EU and from which the Green Paper draws inspiration.\(^2,3\)
- The protection, promotion and support of breastfeeding and of appropriate complementary feeding are identified among the effective strategies to prevent overweight and obesity by many other bodies and institutions, some of them referred to in the Green Paper.\(^4-6\)

The protective role of breastfeeding

Why should infant and young child feeding, including breastfeeding and nutrition in pregnancy and lactation, be integrated into the Green Paper? Because:

- Systematic reviews on the association between breastfeeding and obesity show that breastfeeding acts as a protective factor in a dose-dependent and causal fashion.\(^7-9\)
- Though the odds ratio or the relative risk may be low (probably in the order of 1.1 to 1.3), the fact that:
  - breastfeeding and appropriate complementary feeding can be universal, i.e. the exposure to the protective factor may have an impact on the whole population; and
  - there are large margins of improvement just by closing the gap between EU countries with lower and higher breastfeeding rates (initiation, exclusivity, duration), let alone the gap with current international and many EU national recommendations; makes the protection, promotion and support of breastfeeding one of the interventions with the largest potential impact.
- Scientific research shows that breastfeeding protects not only from overweight and obesity, but also from specific diseases (diabetes, breast cancer) mentioned in the Green Paper (Annex 2).\(^10,11\)
- Scientific research shows that many biological factors associated with obesity and chronic diseases may be programmed very early in life or even during

pregnancy, hence the importance of ensuring not only adequate breastfeeding and complementary feeding to infant and young children, but also adequate maternal nutrition (energy, proteins, micronutrients) during pregnancy and lactation.\textsuperscript{12,13}

- The protection, promotion and support of optimal infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, have the potential to greatly reduce health inequalities, as shown by disparities in breastfeeding rates among countries (e.g. Norway vs Ireland)\textsuperscript{14} and within countries, by social class (e.g. surveys in Italy and UK).\textsuperscript{15,16}

- The protection, promotion and support of optimal infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, is one of the public health interventions with the best ratio of benefit to cost.\textsuperscript{17}

**Community breastfeeding strategy**

Where and how should the protection, promotion and support of good infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, be integrated into the Green Paper? In our opinion, the integration could take place in the following sections, in order of priority:

- V.5 because health services play a special role, especially with the implementation of evidence-based programmes like the WHO/UNICEF Baby Friendly Initiative, both in maternity and paediatric hospitals and in the community.

- V.4 because it is important to emphasise the need to protect and support breastfeeding, adequate complementary feeding and good nutrition in pregnancy and during lactation among women in the workforce.

- V.3 because changing the attitudes of school children in favour of breastfeeding will help these future parents to regard breastfeeding as the normal, natural and optimal way of feeding infants and young children.

- V.2 because consumer education is needed to move toward a more “breastfeeding friendly” culture and to ensure that complementary foods are based on healthy family foods (rather than on inferior commercially marketed products) that will lead towards a less obesogenic environment for consumers, as advocated in the Green Paper. Changes in information, education and communication provided by institutions, associations and the media are necessary to achieve results.

- V.8 because an intersectoral and interprofessional approach, involving a multitude of different stakeholders, is needed to bring about the required changes at all levels.

- V.1 because of the role the industry can play in complying with:
  - the International Code of Marketing of Breast milk Substitutes and subsequent relevant World Health Assembly resolutions, all endorsed by the EU;
  - revised EC Directives that will bring current EU legislation in line with the International Code;
– new EU Directives on commercial promotion of foods for children, including a ban of or a limitation to health claims.

• V.10 because the issue goes beyond EU borders with the potential for collaboration with similar initiatives implemented in North America, Australia, New Zealand and many other countries worldwide, including the countries covered by the European office of WHO.

References

Training task force
The training taskforce is made up of experts and academics in public health nutrition. The training taskforce works to identify strategies for quality development in the training of public healthy nutrition and ways to facilitate mobility of students and teachers. The training taskforce is also involved in research of nutrition and public health.

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Introduction

The training taskforce have identified the following crosscutting theme to underpin the community strategy to promote healthy diets and physical activity; support training of public health nutritionists with a view to underpin developments in education of consumers, food labeling and towards a consensus statement of the core competencies and skill in public health nutrition.

Public health nutritionists are directly concerned with the issues raised in the Green Paper and work to prevent diet related diseases and the promotion of optimal health.

The development of core competencies and skills has been discussed by the training taskforce in the network for Public Health Nutrition. A consensus of the core courses within a European Master Programme for Public Health Nutrition has been developed by a European working group.

Europe has directives that promote the mobility and employability of some health professions (GP, nurse, midwife). Public health nutritionists have a strong focus on health
promotion and prevention. Therefore public health nutritionists would clearly be the most relevant workforce to educate consumers and industry. The network recognizes the need for a community strategy to increase the mobility and employability of public health nutritionists, by supporting the network and initiatives to develop a common core of competencies in public health nutrition.

**Training taskforce response to the Green paper**

The network identifies training of trainers and training of public health nutritionists as one major *crosscutting theme* for action in promoting healthy diets and physical activity and with a European dimension in preventing overweight, obesity and chronic diseases.

**Definition of Public health Nutritionists**

For the clarity of this response, public health nutritionists are defined as professionals with a qualification in public health nutrition. The public health nutritionist work to prevent diet related diseases and the promotion of optimal health. The scope of public health nutritionists practice may vary in different settings and imply a variety of functions.

**Community problems**

The Green paper invites member states and the civil society to respond to issues related to overweight, obesity and chronic disease. The network has especially focused on the following problems:

- Addressing the obesogenic environment
- Socio-economic inequalities
- Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity
- Recommendations for nutrient intakes and for the development of food-based dietary guidelines
- Consumer protection programme
- A focus on children and young people

**Network response to community problems**

Each member of the European network support training of public health nutritionists to be able to respond to:
The obesogenic environment

The environment is a major determinant of physical activity and dietary habits. Large stakeholders analysis and health impact assessment are needed in all policy planning. There is a consensus that the skills and competencies of public health nutritionists includes health impact assessment of other polices, such as infrastructure planning. Training of public health nutritionists should have an European dimension and develop international recognized competencies.

Socio-economic inequalities

The training task force recognizes that socio-economic status is a major determinant to food choice and the development of obesity and overweight. Therefore training should foster knowledge about the economical, political and social aspects of food choice and health promotion initiatives.

The promotion of healthy diets and physical activity

Training should essentially center on principles of nutrition, physical activity and health promotion. Public health nutritionists need to be trained in skills and competencies that are essential to prevent diet related diseases and to promote optimal health. This implies clinical nutrition; nutrition and physical activity assessment, food safety, marketing skills, management and leader skills, policy-making and decision-making in a political setting. Public health nutritionists should be able to understand the factors between policy, socio-economic status, culture and food habits.

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

Training taskforce support that public health nutritionists should use methods to monitor nutritional intake and their limitations:

- Food based dietary guidelines are already available in some EU-countries (i.e. D.A.CH-reference values). However, they are largely unknown among the public.
- Therefore, the EU should invite all countries to gather and develop guidelines on a common basis and translate them into a coherent language. The guidelines should then be communicated to all consumers by showing practical examples over the media (TV, newspapers, respecting regional and other variations).
- Training courses should be offered on a community basis. The EU Commission could assure successful training courses and regular feed-back.

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3 Appendix I

4 Appendix I
Consumer protection programmes

Consumer protection programmes should be accessible to a large number of people. TV-programmes, strengthening of public health issues, action plans on various statal levels, education programmes starting at the earliest ages and involving the parents should be promoted. Also, the national insurance companies should focus more on prevention than on treating results of unhealthy dietary habits. These efforts and programmes should be developed with the assistance of public health nutritionists to guarantee a qualified outcome and a clear message about the positive aspects and values of alteration of the peoples’ previous lifestyles. Consumers should be informed and trained in such a way that they can distinguish between serious and unbiased information and product advertisement. Such programmes and education should be established on a long term basis and not only during a campaign. Finally each person seeking information should be in a position to know where to get appropriate advice and counseling at a reasonable price or even free of charge.

A focus on children and young people

Schools are indeed a key setting. Therefore, health promoting interventions should be a must in every school. Attractive training programmes on healthy lifestyles and the promotion of physical activity should be offered. School policies should be supported that focus on the control of school meals and canteen food. Unhealthy food should not be supported in schools and other official institutions. Public health nutritionists should be able to train and control the institutional staff. Companies should also be invited to become partners in such polices. Their doctors should work closely together with the expert on nutrition and offer assistance (information days, counseling), in particular to those with overweight and other chronic diseases.

Crosscutting community strategy

The Network proposes following community *crosscutting* strategy to tackle the above mentioned problems:

- Continue to support to the initiative of a European master in public health nutrition
- Support to initiatives that clearly have the objective to develop the vocational training of public health nutritionists
- Support networks that acts for a European academic and professional standard for public health nutritionists
- Support the employability of public health nutritionists within a European context
Monitoring task force

The Monitoring task force comprises experts in the population level assessment, documentation and reporting of food intake and physical activity and integrates the results of the project Monitoring Public Health Nutrition, above all defining further the data and information needs, data and indicator definitions, quality development of data collection, processing and storage at EU level, including quality assurance, analysis, advice, reporting, informing and consulting, and mechanisms for the exchange of data and information, promotion and disseminating the results.

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General remarks on the Green Paper

The network identified a number of recent Health Monitoring projects with relevance to the contributions asked for by the Green Paper.

European Health Nutrition Report

The description of dietary habits, nutrient and food intake, and health status of people of the participating countries was not the only aim of the European Nutrition and Health Report. It should also be a basis for other projects or assessments, which will be accomplished in the future. Concerning the outcomes of the presented data, the most prevalent inadequacies in health and dietary lifestyle are:

- A too low availability (and in some countries intake as well) of fruits and vegetables, despite an increasing supply of these food groups.
- A too high supply and availability of meat and meat products.
- A generally too high intake of fat, especially of saturated fatty acids.
- A generally low intake of complex carbohydrates and, consequently, a low intake of dietary fibre.
- A relatively high proportion of sucrose in carbohydrate intake in most population groups and countries.
• A generally inadequate intake of some vitamins (especially vitamin D and folate).
• A generally inadequate intake of some minerals (e.g. calcium, iodine, and iron in women).
• A generally too high intake of sodium (particularly in the form of table salt).
• A generally high intake of alcohol, particularly in men.
• An alarming high prevalence of overweight and obesity.
• A low amount of exercise and low proportion of people doing regular exercise in some countries.

In order to obtain comparable data for future European nutrition and health reports, the following goals should be considered for further assessments:
• Standardised methods for the assessment of nutritional status, including food and nutrient intake, should be used (e.g. according to the suggestions of the EFCOSUM group).
• For the assessment of overweight and obesity a consistent method should be considered (preferably measured data should be used).
• For children uniform cut-off points for the definition of overweight and obesity should be chosen.
• A standardised method for the assessment of physical activity should be used (e.g. International Physical Activity Questionnaire2).
• Uniform age groups should be used.
• Uniform educational levels should be used.
• Reference values for nutrient intake valid for whole Europe should be updated also including aspects of health promotion and disease prevention.

DAFNE projects
The Data Food Networking (DAFNE) initiative is aiming at the utilization of the dietary data collected in the nationally representative household budget surveys (HBS), for the creation of a cost-effective nutrition monitoring system, based on compatible and comparable data.

The currently running DAFNE V project is aiming at establishing this nutrition monitoring system in five new EU Member States (Cyprus, Latvia, Malta, the Slovak Republic and Slovenia), thus contributing to a better understanding of food habits in these countries, their changes over time and their socio-economic determinants. To accomplish this, the project is post-harmonising the food and sociodemographic data of the HBSs of the five Member States, according to the standard DAFNE procedures. The developed datasets will be integrated in the operating DAFNE databank, which will be expanded to allow nutrition monitoring among 21 European countries. Some recent results include:1
• The differences in the fruit and vegetable consumption previously identified between Mediterranean and Northern European countries seem to be leveling out, particularly in relation to fruit consumption.
• Pulses, however, still characterize the diet of the Mediterraneans.
• Straying from their traditional food choices, Mediterraneans recorded high availability of unprocessed red meat, while Central and Northern Europeans preferably consumed meat products.
• The household availability of beverages (alcoholic and non-alcoholic) is generally higher among Central and Northern European populations.
• Principal component (PC) analysis led to the identification of two dietary patterns in each of the 10 countries. The first was similar in all countries and indicated ‘wide-range’ food buyers. The second was slightly more varied and described ‘beverage and convenience’ food buyers. PC1 was common among households of retired and elderly members, while PC2 was common among households located in urban or semi-urban areas and among adult Scandinavians living alone.

Monitoring Public Health Nutrition
The project Monitoring Public Health Nutrition recommended a comprehensive set of indicators for monitoring public health nutrition in the EU. The indicators are listed together with their operational measure, the rational for assessing them as well as their coverage in 17 European countries at the time the final report was issued. A subset of these indicators has been included in the ECHI short list.

EURODIET project
The Eurodiet project was commissioned in recognition that the considerable body of scientific evidence on healthy nutrition and lifestyles needs to inform health policy. The aims were ambitious: “To enable a coordinated EU and member state health promotion program on nutrition, diet and healthy lifestyles by establishing a network, strategy and action plan for the development of European dietary guidelines, which will provide a framework for the development by member states of national food-based dietary targets”. EURODIET set out to define practical European guidelines for diet-related disease prevention and health promotion. Four working parties were created to evaluate the state of the art in terms of:
1. **Health & Nutrients**: the role of diet and lifestyles in health and disease patterns in Europe.
2. **Nutrients & Foods**: translating nutrient targets into effective food-based dietary guidelines (FBDG);
3. **Foods & People**: effective ways of encouraging health promoting changes in eating and physical activity patterns and
4. **People and Policies**: the opportunities and barriers posed by the broader policy framework

Each working party also considered what needs to be done and how – in terms of actions required to take the scientific recommendations forward and the added value of EU level policy and structures.

The extensive recommendations of the project can be assessed at the project’s website, which remains in operation. Further recommendations are outlined below in answering the corresponding questions asked in the Green Paper.

**Responses to specific questions in the Green Paper**

The statements given below are based on published evidence and/or on the personal opinions of the scientist involved the task force. References to the evidence are stated, where appropriate.

**European Network on Nutrition and Physical Activity**

The creation of the European Platform for Action on Diet, Physical Activity and Health is welcomed by the network. A similar structure has been in place during the EURODIET project. Likewise, representatives of the food industry, retailing, catering and advertising industries, and consumer organisations as well as health NGO were participating in the EURODIET project.

The network is seen as a good link between the political decision making at EU and national level as well as between political decision making and local public health work. The question remaining is to what extent this body will be involved in the decision making process or will its role be limited to the management at national level. The network supports the activities already started by EFSA to revise the nutrient based guidelines for the establishment of food based guidelines in the European Union.

**Health across EU policies**

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

In general, more and better comparable data on the prevalence of physical activity and nutritional consumption patterns is needed. Furthermore, the longitudinal dimension of population based data should be initiated, to follow trends over time. Especially in the following fields:

  - Age specific and socio-economic patterns
  - Different cultural levels (as for instance in migrant groups)
  - Why do people behave and decide as they do?

The data available should be continued to be recorded and interpreted (as for instance the European Nutrition and Health Report 2004, including 13 member states). In parallel, the systematic creation of new data as well as the further unification of data assessment methods at national and European regional level needs to be fostered, especially including new member states and the newly arisen European Regions. That would help to avoid differences in published data.
Consumer behaviour and lifestyle modification should be targeted in future assessments, since it is the explanation for arising nutrition related chronic diseases (non-communicable diseases) and a solid background for future interventions.

– Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables? Agricultural policy should also consider health issues.

The Public Health Action Programme

– How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition? The project Monitoring Public Health Nutrition recommended a comprehensive set of indicators for monitoring public health nutrition in the EU.¹ The indicators are listed together with their operational measure, the rational for assessing them as well as their coverage in 17 European countries at the time the final report was issued.¹ A subset of these indicators has been included in the ECHI short list.

By using these recommendations on standardised methods, cut-off points and reference values at national and European regional surveys, the availability and comparability of data on obesity can be improved.

Furthermore, the project DAFNE IV recommended a food classification system for operationalising available household budget data in a comparable format.¹ Data for a large set of European countries can be assessed using the DAFNE SOFTWEB application.¹

– Which are the most appropriate dissemination channels for the existing evidence? Dissemination channels need to be chosen on a group specific dimension. As for instance, the elderly are better informed and reachable by radio or TV broadcasts, instead of using print media. On the other hand, younger age groups can better be reached by Edutainment tools (educational components in regular entertainment broadcasts). One could benefit from the successful experience of the private sector, which provides the best example for their capacity of utilising various dissemination channels. Rely on informed media journalist by organising regular press releases.

European Food Safety Authority (EFSA)
The network supports the starting activity on revisiting the nutrient based guidelines by EFSA.

Consumer information, advertising and marketing

– When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?
The following information should be given to consumers:

- Energy value and density per serving
- Total fat and fat composition
  (saturated, poly unsaturated, mono unsaturated fatty acids, trans-fatty acids)
- Dietary fibres
- Sugar
Salt
Calcium, vitamin D, foliates, iodine

– Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it? The further development of nutrient profiles (nutrient profiling of food) can contribute to giving consumers better understandable and more visualised information of the food, therewith making it easier for consumers to make informed choices.

– 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? No. There is a conflict in self interest. An example provides the labelling of snack bars as “low fat” out of marketing reasons, but having high sugar content. In the end, the energy value is still high.

One alternative can be seen in multi partner/stakeholder control, which should include producer, retailer and consumer associations.

Consumer education
– How can consumers best be enabled to make informed choices and take effective action? Consumers are being best enabled by neutral information, which is not generated by the food industry or retailers.

– What contributions can public-private partnerships make toward consumer education? Information should be balanced; consumer associations and independent scientific bodies should be involved.

– In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered? In General, different consumer groups can be reached best with specific recommendations. General recommendations are misleading in many cases. Furthermore, there is no lack of information about which key messages to disseminate to consumers, rather the difficulty is to change the behaviour. To the present knowledge, changing behaviour can be better achieved by positively influencing the determinants of daily behaviour, such as the employment system, time schedules, urban environment etc., rather than consumer choices.

The key message outlined below should be delivered by every possible channel (media, school education, policy making bodies, etc.).

With respect to nutrition the key messages should comprise:

• Diversity in a balanced diet;
• More focus on plant food (increase consumption of fruits and vegetables);
• Energy intake should be adjusted to the energy expenditure;
• Less fatty food in general;
• Adjust fat composition
  (saturated fat should be reduced in favour of unsaturated fats);
• Increase the intake of dietary fibres;
• Less sugar and salt (use iodinated salt);
• Increase the intake of calcium (for adults), vitamin D, folic acid;
• Use alcohol in moderation;

With respect to physical activity:\textsuperscript{1}
• If you do not currently engage in regular physical activity, you should begin by incorporating a few minutes of physical activity into each day, gradually building up to 30 minutes or more of moderate-intensity activities;
• You are now active, but at less than the recommended levels, you should strive to adopt more consistent activity: moderate-intensity physical activity for 30 minutes or more on 5 or more days of the week, or vigorous-intensity physical activity for 20 minutes or more on 3 or more days of the week.
• You currently engage in moderate-intensity activities for at least 30 minutes on 5 or more days of the week, you may achieve even greater health benefits by increasing the time spent or intensity of those activities.
• You currently regularly engage in vigorous-intensity activities 20 minutes or more on 3 or more days of the week, you should continue to do so.

\textbf{A focus on children and young people}

\textit{— 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?}

The EURODIET project proposed the following recommendations with respect to nutrition in the school setting:\textsuperscript{1}

• Implement a curriculum for nutrition and physical activity education from pre-school to secondary schools;
• Integrate school meals in the educational process;
• Provide training for teachers: involve School Health Services in the planning and implementation of programmes to promote healthy eating and physical activity;
• Create a friendly school environment which contributes to making healthy food choices and physical activity easily available;
• Encourage family and community involvement in school nutrition education and physical activity programmes;

Furthermore, the Monitoring task force identified the following points to be considered:
• **Learning by doing**: children can be part of the educational process in their families, using knowledge that they gained at school. This applies especially to migrant households, where children have better language skill than the parent generation.

• **Educate the educators**: Educators are multiplicators. A good example can be a concerted action between the school board, the parent associations and caterers to optimise the nutritional value of school meals, based on updated aspects of food based dietary standards for children (such as in Estonia, Slovenia, Germany, Austria).

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

In general, children are spontaneously as active as they need to be in the school setting. Nevertheless, children tend to be more inactive at home. Further scientific understanding is needed about what forces children to be inactive. If children are active in childhood, how active are they in older years? Are cities preventing leisure activity? One guided hour is suggested to children, but do parents find the time for that?

One example of good practice in this respect is the close cooperation between sporting clubs and schools, as for instance applied in the past in many Eastern European countries. There are two aspects to the problem:

On the one hand, schools often possess comprehensive school facilities. These facilities often can’t be used by children after school hours, since a mentor or other persons are needed to watch for the children as well as to comply with health insurance demands. On the other hand, sporting clubs (such as jogging groups, football clubs, rowing clubs etc.) provide licensed trainers for a low yearly membership fee. Trainers often work as volunteers without salary beside their regular workplace. Nevertheless, sporting clubs face the difficulty in promoting themselves to children as well as their parents. This gap in strength and weaknesses on both sides can be complementary filled by each other, as long as the organisational structure provides both sides with the necessary legal frame.¹

– **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?**

Food offered in school canteens or shops, including vending machines, should be predetermined by the school board and parent associations. This can be part of the contract between schools and the respecting school canteen or shop.

– **How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools? What role can public-private partnerships play in this regard?**

Principally, these are unequal partners. Concerted action between all these partners is needed. Ideally, all should be involved in the health education process. Nevertheless, the last word should be reserved for the school board.

**Food availability, physical activity and health education at the workplace**

The EURODIET project proposed the following recommendations with respect to the workplace setting:¹
• Employers should be encouraged and supported in developing interventions which include: management support; employee involvement; a focus on specific risk factors; tailoring to suit the needs of the workforce; making best use of local resources; and which employ both population-based, and individual initiatives.

• It also has a role in enabling breast-feeding women to return to work, if they wish to do so. Effective workplace interventions need to be supported by both employers and employees.

– How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?
One example of good practice is from Austria and Germany, where caterers for workplace and school meals are accredited by independent and neutral bodies, such as the Nutrition Societies for a cycle of 8 weeks.
– What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?
Making the work time flexible, which enables employees to walk or cycle to work. Additionally, consider long enough work breaks (at least 30 min).

Building overweight and obesity prevention and treatment into health services
– Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?
Better utilise the potential of existing expertise in the form of nutritionists and dieticians. City Halls, Health Centres and Health units, rather than the hospitals, should be the places where advice on nutrition and physical activity should be given. Health service units are not associated with sickness, rather with healthy lifestyle. Furthermore, the health care system should follow the rules they recommend for the patients. The EURODIET project proposed the following recommendations with respect to health services:

1. Provide training for health professionals in the skills and knowledge to develop and implement locally relevant interventions;
2. Provide support at a national and professional level for health professionals to participate in broader community programmes which tackle the underlying determinants of health;
3. Establish a European health professionals’ forum to enable communication and coordination.

Addressing the obesogenic environment
– In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?
See V.5. above.
Socio-economic inequalities
– Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socioeconomic categories, and enable these groups to adopt healthier lifestyles?
Firstly, focus on schools, since children bring their knowledge home and can indirectly educate parents, especially in migrant settings, where parents might face language problems. Furthermore, the form of communication is important in a way that the wording needs to be adopted.
Provide environments for physical activity for low budget that enable lower income groups to participate (see example of co-operation between schools and sport clubs under V.3.). Otherwise, money is not always the most important determining factor. Parents might be more important in supporting their children to adopt healthy diets and a more physical active life.

Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity
– Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?
Again, parents need to be educated to form an integrated approach. One part of the parents, traditionally the mother, shapes and influences the daily life of the family, and therefore serves as a multiplicator.
– Which role at national and at Community level?
There is no scientific evidence to answer this question with certainty.

Recommendations for nutrient intakes and for the development of food-based dietary guidelines
The EURODIET project listed a comprehensive set of recommendations to support the development of public health nutrition strategies in EU member states, and has been supported by the EU itself. These include:

- Member countries should encourage the development, implementation and evaluation of nutrition and physical activity public health strategies which are tailored for the cultural and health needs of their populations.
- Both at EU and Member State level more research should be encouraged which will enable good quality data cost benefit analyses.
- Monitoring systems are needed to measure mortality and morbidity, attitudinal, lifestyle, social and environmental factors, consistently across the EU and within member states.
- Encouragement should be given by Member States, and relevant sectors within them, to evaluate interventions and publish the results.
- Nutrition and physical activity strategies should be developed for specific population groups, particularly those that are vulnerable or hard to reach.
- Establish public health nutrition training networks and structures at both EU and member state level.
• The Commercial Sector is in a key position to contribute towards an environment that encourages and supports changes towards healthier eating patterns for example through pricing structures, product formulation, labelling initiatives, and partnership working with the health sector. It is urged to explore ways in which it can do this.

• Advocacy is a useful approach to bring about structural and social changes, and to raise issues on the political and media agenda, and needs to be supported.

• Local food projects are often an expression of the direct needs of the community, and should be encouraged. For them to succeed it is important to have national and local policies which are flexible enough to accommodate and support them; access to long term funds; relevant professionals need sufficient time, resources, flexibility and authority to work in genuine partnership with local people; there needs to be access to local and national networks, and to sources of training for both professionals and members of the community.

– In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?
Social and cultural variations can be considered by giving recommendations in ranges instead of cut-off points.
– How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?
Firstly, a better understanding about the actual consumption patterns at population level as well as their determining factors needs to be built up.
Secondly, diet diversification is the key: The greater the food choice, the more probable is the health promoting potential of the food.
Finally, a tendency of an intake of more energy with less food items can be observed. Here as well, food variety is a good promoting factor.
– How can dietary guidelines be communicated to consumers?
In form of food based dietary guidelines, rather than nutrient based guidelines.
– In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?
Shortly, it is a good example

Other issues
– 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?
From the side of Monitoring Public Health Nutrition and Physical Activity, the following issues need to be addressed:
• More, but most of all, better comparable data needs to be assessed, in order to enable better …
• … educated food and behavioural choices;
• … to characterise the underlying problems;
• … to formulate better policies;
• … to develop and test intervention strategies;
• … improving evaluation of interventions measures.

• Data needs to involve three dimensions, as indicated in the *Position paper of the Working Party on information about "Lifestyle and Health Determinants":*¹
  - Summary of present scientific research
  - Public population knowledge levels
    - How good is the translation and dissemination of scientific data into public life?
    - How can consumers use this knowledge?
  - Consumption levels/ levels of physical activity
  - Examples of best practice

• Generating of data is necessary at the middle and longer term, not just examining existing data:
  - Existing data at national level is insufficient
  - Using unified instruments and methods to enable comparability between Member states
  - Unifying national data assessing methods in order to make better use of already existing data generating activities

• Regular reporting activities, like the European Nutrition Health Report (done based on 14 member states before May 2004).¹

• A more extensive participation of scientific advice in policy development is recommended, since they can contribute a sound understanding of data and their interpretation.

• Eurostat module data should be accessible for analysis and comparison between countries in general.

– *Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?*
Priorities are listed in their order anticipated by the Task Force:

1. Continuation and improvement of existing monitoring and reporting activities;
2. Development of better assessment methodology and their incorporation;
3. Evaluation of intervention programmes;
Annex 4:2 Supporting documents from Monitoring and Physical Activity
2005 03 01 Minutes TF Meeting
EU project “A European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training”, 1st meeting, March 1-2, 2005, Rönninge, Sweden

Report from the Physical Activity Task Force (PATF)

by Pekka Oja (chair), Harry Rutter (rapporteur) and Michael Sjöström

Missing partners: Mikael Fogelholm, Jean-Michel Oppert and Josica Zakotnik

Aims

The aims of the EU Network on Public Health and Physical Activity project are:

1) to link nutrition and physical activity in health promotion to optimise their combined impact
2) to coordinate and integrate ongoing work in monitoring, intervention and training
3) to put emphasis on aspects of excess weight and obesity in the population, and the associated risk factors
4) To ensure long-term development and implementation of sustainable evidence-based coherent training and promotion strategies on nutrition and physical activity
5) All this should be done with the engagement and integration of representatives from the new member states and from NGOs

The project aims are to be considered within the broader concept of improving health and reduce health inequalities across Europe, primarily through the actions of the Commission, but also if possible through outputs of this project itself
Thematic framework

Three broad themes form the framework for the PATF work:

- Measurement and interpretation of data so we know what is happening and can follow trends.
- Evidence for effectiveness of interventions, including policies, target-setting, education and training, and other approaches at national and international levels
- Integration of physical activity with nutrition and other public health interventions

Some examples of what might fit under each of the three headings:

**Measurement and interpretation of data**

Consideration of monitoring, measurement and data collection issues

What targets exist?

What policies are there?

**Evidence**

What is the evidence around interventions to increase physical activity?

What types of policies, supported by what sorts of targets, achieve increases in physical activity?

How were they put into action?

**Integration**

I see there being at least two aspects to integration: the integration of risk factors and effects, and the integration of actions:

- What are the interactions between physical activity and nutrition at either the individual or the population level? Are physical activity and diet linked in a way that makes combining an approach to these issues meaningful and helpful?
- Are there issues relating to physical activity and nutrition that are amenable to combined approaches to tackling them

It is also important to think about our target audiences: this is presumably above all else the Commission, but if, for example, we can produce reports that might be influential across a wider audience we should do so wherever possible
Tasks

According to the grant agreement the tasks for the PATF are:

1) Integrate nutrition and physical activity

2) Develop a combined surveillance instrument

3) Test strategies for optimal impact on health outcomes of various intervention models

4) Research proposals to the Commission

Regarding these tasks the following considerations were raised in the discussion.

The work of PATF (and in fact the whole project) needs a common conceptual framework whereby physical activity and nutrition are integrated for the purpose of primary and secondary prevention of overweight and obesity. This should be guiding the whole work of PATF.

Developing a combined surveillance instrument is a logical next step after the conceptual framework. Because no such combined instrument is readily available and a scientific development of an instrument is a complex task, “developing” probably comes down to an expert proposal for an integrated instrument, which then has to be tested for specific measurement properties. This could be one research proposal from the PATF.

It is more realistic to think that within the project “testing” intervention strategies comes down to proposing such strategies. Examples of potentially important strategies include:

- Examples of national and regional intervention strategies identified and documented
- Recommendations for approaches integrating nutrition and physical activity
- Recommendations for sectorial intervention approaches such as within transport and environmental sectors.

Research proposals such as the development of a surveillance instrument will no doubt emerge during the work.

In carrying out these tasks the PATF should work in close collaboration with the related work by the European HEPA Network.

**Outputs**

Broadly two types of outputs are to be considered: those aimed at the Commission and those with a wider audience. If it fits within the remit of this project a pan European report considering these topics, including data collection and evidence issues, could be a powerful tool to support public health action.

**Miscellaneous:**

- The name should reflect physical activity as well as nutrition
- If possible the aims could be reworded slightly to make them a bit clearer
- We should have a fairly detailed workplan that defines what needs to be done at what stage. This should link in with the workplans of the other task forces so that we can make the best use of joint meetings etc
- We should bear in mind the functions of the other TFs and aim for synergistic actions wherever possible. At one level linking physical activity to breastfeeding may seem absurd, but actually they both form part of an integrated approach to supporting healthier lifestyles. So a shared approach across TFs that is aimed at achieving healthier lifestyles together, rather than merely maximising the effect of our own stream in isolation, could be more effective

*Harry Rutter*

*March 2005*

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Annex

2005 04 22 Minutes
1ST MEETING OF THE INTERMEDIATE STEERING GROUP OF THE HEPA NETWORK

Rome, ITA – 22 April 2005

Summary Report of the first meeting of the intermediate steering group of the European Network for the Promotion of Health-Enhancing Physical Activity (HEPA)

1. Introduction

The 1st Meeting of the intermediate Steering Group of the HEPA network was convened to:

1. Take stock of discussions held on the occasion of a preparatory Physical Activity Expert Meeting, which took place in Magglingen, Switzerland, on 13 – 15 June 2004, at the initiative of the Swiss Federal Offices of Sports and Public Health, preparatory Meeting in Magglingen,
2. Take the necessary steps and decisions for the establishment of the Network.
3. Prepare the first meeting of the network, that will take place in Slagelse (Denmark) on 26-27 May 2005, hosted by Gerlev Sports Academy / Gerlev Idraetshojskole

The meeting was attended by eight participants from European organizations and institutions located in Denmark, Finland, the Netherlands, Slovenia, Sweden, Switzerland, the United Kingdom (see list of participants in the annex). It was chaired by Brian Martin, from the Swiss Federal Office of Sports and assisted by the WHO secretariat.

2. Opening

Brian Martin and Francesca Racioppi welcomed the participants of the meeting and all participants briefly introduced themselves. The agenda was adopted without changes.
3. Overview of On-going International Activities Relevant to HEPA

a) Implementation of the WHO Global Strategy on Diet and Physical Activity

- A IUHPE/WHO meeting on “Global Partnership / Networking meeting for Physical Activity” took place in Lisbon, Portugal in February 2005, with support from the CDC. The meeting discussed recent developments and orientations with respect to systems for physical activity measurement, monitoring and surveillance at the population level, such as the IPAQ (International Physical Activity Questionnaire), and WHO GPAQ instrument, used in the STEPS surveillance project. The meeting also led to the establishment of a Global Task Force on Physical Activity (PA), with the objective of supporting the WHO in the implementation of the PA aspects of the Global Strategy. This Global Task Force will be supported by the International Union for Health Promotion and Education (IUHPE)¹ as part of a Cooperative Agreement between IUHPE and the CDC. The next meeting of the Global Task Force will probably take place in April 2006 at the CDC. It is envisaged that this Global Task Force will bring together:
  - Networks promoting PA: e.g. HEPA, Agita Mundo, RAFA etc.
  - Organizations with physical activity as one of their main issues (WHO, EC, Heart Foundation etc.)
  - Third tier of organizations with a potential to be active in physical activity promotion

The TF plans to establish a set of centres of excellence with experts, a number of them also on the European level.

In commenting these developments, participants observed that:
1. the establishment of strong networks having PA as their core business seems still under-developed (hence a potential niche for HEPA) and
2. there could be a stronger basis for synergy and co-ordination of activities on PA and on nutrition, which at the moment appear to be dealt largely separated from each other.

- Another round table discussion took place on 23. March 2005 in Geneva at the WHO (organized by Tim Armstrong) to develop a platform for collaboration in implementing the Global Strategy with different stakeholders, including FIFA, IUHPE, World Hearth Federation, Agita Mundo, Consumers Groups, Industry groups, national experts (e.g. Nick Cavill from the UK) and others.

b) Developments in the WHO European Region

- The WHO Regional Office for Europe is considering organizing a ministerial conference on Counteracting Obesity, which is expected to take place in 2006. Francesca Racciopi is in contact with WHO EURO on the preparation of this event, which is being co-ordinated by Haik Nikogosian. Consultations with experts and representatives of member States will be organized (e.g. Brian Martin invited to take part in the expert consultations). More information on this event will be made available in due course

¹ http://www.iuhpe.org/English/projects_project3
• In line with the Regional Committee Resolution RC54/4 on Prevention and control of noncommunicable diseases in WHO's European Region, the WHO European Regional Office is in the process of developing a comprehensive action-oriented European strategy on noncommunicable diseases (NCDs), in particular based on common morbidity indicators, with a strong focus on implementation, in collaboration with Member States, intergovernmental agencies, nongovernmental organizations and other relevant partners, including industry, as an integral part of the updated HEALTH21 policy framework, and to present it to the Regional Committee at its fifty-sixth session in 2007. The strategy will provide an overall policy framework for action in different areas of NCDs and take into account also the contributions of existing networks and programmes, such as CINDI. A Task Force of representatives of Ministries of health is being set-up to support the development of the strategy.

• As part of the implementation of the Transport, Health and Environment Pan European Programme (THE PEP)², a Task Force (consisting of 16 countries and 3 NGOs) has been established to support the implementation of a project on “Promotion of safe walking and cycling in urban areas”. THE PEP is led by European ministries of transport, health and environment and is being implemented through a number of specific projects, among them on walking and cycling. Since the assessment of health effects of cycling and walking are an important point in this project, there is a strong link to HEPA. The re-establishment of HEPA has been communicated at the last THE PEP Steering Committee and to members of the Task Force, with views of engaging the HEPA network scientific support in the further development of this project. In addition, members of THE PEP Task Force will be invited to the first meeting of the HEPA network in Slagelse.

c) Developments in the European Commission:

• DG SANCO launched on 15 March 2005 a European Union Platform on Diet, Physical Activity and Health. The Platform brings together industry associations, consumer groups, health NGOs and political leaders to take voluntary action to halt and hopefully reverse the rise in obesity, particularly among children. The spirit of the platform is to work under the leadership of the European Commission and to provide an example, which others will choose to follow across Europe, of coordinated but autonomous action by different parts of society to deal with the many aspects of the problem. The focus of action and initial membership appears to be more strongly oriented towards nutrition as compared to physical activity³.

• As part of its Public Health Programme, DG SANCO is supporting a European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training, co-ordinated by Michael Sjöström of the Karolinska Institute⁴. The aims of the network are to bring European scientists and public health professionals together in order to:
  a) link nutrition and physical activity in health promotion to optimise their combined impact, and

  ² www.thepep.org
  ³ http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
b) co-ordinate and integrate ongoing work in Monitoring, Intervention and Training for nutrition, physical activity and obesity.

The Network implements its activities through task forces, including one on Physical Activity, whose main tasks include:
- Integrate nutrition and physical activity (look at literature evidence to see examples of integration);
- Develop a combined instruments for monitoring PA and Nutrition (IPAQ);
- Test strategies for optimal impact of various interventions (providing examples);
- Submit research proposals to the Commission for integration of PA and Nutrition

Michael Sjostrom will provide the Steering Group with additional information on planned activities at the next meeting in Slagelse.

Institutions and organizations from 25 countries are participating in this project, which has the merit of placing greater emphasis on physical activity and nutrition in the EC in the years to come. This could represent an opportunity for gaining support to the HEPA network through the submission of project proposals for 2005-2006, possibly to be taken-up as part of the implementation of the 6th EC framework programme of research (FP6).

d) Forthcoming scientific meetings and events of relevance to HEPA

It was proposed that HEPA members who participate in events of relevance and interest to the network could report back to HEPA about the main outcomes of these events (e.g. in the form of a short emails, to be further disseminated by the secretariat).

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<tr>
<th>Events</th>
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<tr>
<td>International Society of Behavioral Nutrition and Physical Activity</td>
<td>Pekka Oja, Michael Sjostrom, Mireille van Poppel</td>
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<td>Amsterdam, the Netherlands, 16 – 18 June, 2005 (<a href="http://www.isbnpa.org/meeting.cfm">www.isbnpa.org/meeting.cfm</a>)</td>
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<tr>
<td>Walk21 Satellite Symposium on Transport-related physical activity and health, Magglingen, Switzerland 18-20 September, 2005 (<a href="http://www.walk21satellite.ch/satellite">www.walk21satellite.ch/satellite</a>)</td>
<td>Brian Martin, Francesca Racioppi</td>
</tr>
<tr>
<td>Walk 21 Everyday walking culture Zurich - Switzerland 23-25 September (<a href="http://www.walk21.ch">www.walk21.ch</a>)</td>
<td>Brian Martin, Eva Martin</td>
</tr>
<tr>
<td>Conference on Noncommunicable diseases, National Public health Institute, Finland, December 2005 (<a href="http://www.ktl.fi">www.ktl.fi</a>)</td>
<td>Organized in collaboration with CINDI</td>
</tr>
<tr>
<td>European College of Sport Sciences (ECSS) July 2006 Lausanne</td>
<td>Brian</td>
</tr>
<tr>
<td>European Public Health Association (EUPHA) November 2006 meeting (Switzerland)</td>
<td>Explore the possibility of organizing a HEPA event, e.g. pre-conference</td>
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</table>
As a consequence of the high number of relevant ongoing activities, and of the need to identify opportunities for synergy and co-ordination, the intermediate steering committee recommended to develop an overview of the key players, strategies and organizations relevant to HEPA. The development of such an overview could be launched at the Slagelse meeting.

4. Establishment of the Network

a) Mission and scope of work

- The meeting agreed a few amendments in the text of the leaflet and web pages presenting the vision and goals of the HEPA network. The revised version will be submitted for adoption to the Slagelse meeting. The legal status and definition of the HEPA network needs to be further clarified, based on experiences gained in other relevant settings, such as the networks of Healthy Cities, Health Promoting Schools, CINDI. The HEPA secretariat will investigate this further.

b) Membership

- The intermediate steering committee agreed that target members of the network are organizations and institutions (as opposed to individuals), such as: government agencies, research institutions, and NGOs etc. However, in special cases there should be a possibility to have also individuals as members, e.g. in a capacity of experts.
- In order to prevent the possible occurrence of conflict of interests, the intermediate steering committee recommended that all applicant members sign a Declaration of Interest. The secretariat was requested to support the development of such a declaration, based on an adaptation of the WHO Declaration of Conflicts.

c) Active recruitment of members and dissemination

WHO Rome will inform Member States of the existence of the network, as well as of its possible usefulness to support the development of national HEPA policies. Member States will be invited to further disseminate the information about the HEPA network to relevant institutions and organisations within their respective countries. This dissemination will be co-ordinated with other WHO communication to Member States.

In addition, a strategy for the active recruitment of HEPA members will be developed at a later stage, once network structure is well established. Such recruitment strategy could be based on highlighting the benefits of membership, which include access to state-of-art knowledge, to the network expertise and potential partners for joint initiatives, to information about relevant meetings/events, opportunities to see a stronger representation of interests on the international level within a greater framework; access to relevant publications (e.g. newsletters, possibly an electronic journal).
d) Possible options for the financing the Network

According to WHO initial estimates the functioning of the network would require a budget in the order of 180,000 - 200,000 USD/year. These would include the following items:

<table>
<thead>
<tr>
<th>Professional staff (P3): 1 full time:</th>
<th>USD 120,000/year</th>
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<tbody>
<tr>
<td>Administrative staff (C5): 1 month/year</td>
<td>USD 6,000/year</td>
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<tr>
<td>Travel costs for the secretariat:</td>
<td>USD 10,000 - 15,000/year</td>
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<tr>
<td>Support for participation of EECCA and south eastern countries to HEPA activities:</td>
<td>20,000 - 30,000 USD/year</td>
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<tr>
<td>Support implementation of activities, i.e. meetings, publications, translations, organization and participation in scientific events:</td>
<td>20,000 – 30,000 USD</td>
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The intermediate steering committee did not feel inclined to secure a financial basis for the functioning of the network through the establishment of a system of fees for membership, as this would likely reduce the appeal of the network to “would be members” and represent a possible discrimination towards institutions and organizations with budget constrains.

Instead, the committee was interested in exploring other possible financial options and was very interested in the experience accrued by the British Hearth Foundation in developing its resource mobilization strategy which were kindly presented by Allison Giles. The Foundation activities are largely supported by “core funds” made available by two major sponsors (the UK Department of Health and the British Hearth forum) and by voluntary contributions provided by other members (these range from between 1,000 to 94,000 £ according to the sponsor’s budget size). In addition, the Foundation is partly self-financed through applications to specific project funds. The Foundation employs three individuals on a full time basis.

As it may be very challenging to identify a single donor available to support the full functioning of the network, the intermediate steering committee agreed that it would seem more advisable to look for a few contributions in the order of 30-50,000 USD, to make up for the total budget required on an yearly basis. This would be particularly relevant during the initial 2-3 years of start-up phase for the network, before it can become more self-sufficient, e.g. by developing a project-oriented fund raising strategy. With respect to this, a few ideas for developing possible funding mechanisms where discussed in an initial brain storm. The following possibilities were mentioned:

- To identify a number of “core founding” sponsors who are ready to provide the main funding
- To “sell” the seat of the Chair of the Steering Committee or the seats in the Committee
- To give the possibility to support the activities of the network with in-kind contributions (e.g. secondments, supporting the organization of meetings, etc) instead of / in addition to contributions in cash.
- To make services of the network available upon payment of a “consultancy fee”, e.g. support in the development of a national HEPA-strategies.
- To develop a system of contributions based on “shares”, to facilitate the identification of a larger basis of potential donors: for example, there could be two sizes of shares, a “small” one of e.g. 1000 EUR and a “big” one of e.g. 5000/30'000EUR. In exchange for their sponsorship, donors could be awarded with the title of “supporting” or “founding members” and have the possibility of
influencing the Network activities, e.g. by being granted a seat in the Steering Committee or in other bodies of the Network (e.g. Honorary committee, advisory bodies to the Steering Committee, etc).

**e) Steering Committee composition**
- The ideal size of the committee would be 10-15 members.
- Possible membership in the Steering Committee: in addition to making the membership of the Steering Committee open to members of the HEPA network, the following additional considerations were made:
  - Institutions which provide funds could become Members of the Steering Committee or of an Advisory Board. Each institution could appoint someone from their own or from another institution of their choice (e.g. from another Federal Office) or they can choose not to send a representative.
  - It should be decided whether the EC Network and the Heart Foundation should be invited to have a “loose” link to the Network (e.g. as collaborators to the Steering Committee) or whether they should be invited to become Members of the Steering Committee
- The Terms of Reference of the Steering Committee were discussed and revised. The revised version will be submitted for adoption by the Slagelse meeting.

**f) Secretariat**
- The WHO European Centre for Environment and Health has been invited to act as secretariat to the network. The draft Terms of Reference for the secretariat were discussed and revised, to better clarify the “core” functions and the “additional functions”, which could only be activated pending the availability of appropriate resources. The revised version of the Terms of Reference will be submitted for adoption by the Slagelse meeting.

**5. Preparation of the first Meeting of the Network (Slagelse, Denmark 26-27 May 2005)**

A telephone conference was arranged with Finn Berggren, who has kindly offered to host the meeting at the Gerlev Sports Academy in Slagelse (Denmark). During the phone conference the main organizational aspects and tasks for the meeting preparation were discussed and agreed upon.

In particular, it was agreed that the Gerlev Institute would provide information on practical and logistical aspect concerning the meeting and take care of reserving accommodation for the participants, while registration of participants and communication with them would be handled by the WHO secretariat.

It was also agreed that the secretariat will prepare the background documents for the meeting. Documents related to the functioning of the network will be finalised at a meeting of intermediate steering committee that will take place on 25 May.

The intermediate steering committee warmly thanked Finn Berggren for the generous hospitality extended to the meeting participants.

The final programme of the Slagelse meeting and information for participants are now available on [http://www.hepa.ch/gf/europe/reunion2005.htm](http://www.hepa.ch/gf/europe/reunion2005.htm).
6. Preliminary agenda for the second meeting of the intermediate steering committee (Slagelse, 25 May 2005)

The main items to be discussed include:

- Finalization of the preparation of the Slagelse meeting (e.g. changes to programme, other necessary adjustments)
- Finalize documents to be submitted for adoption by the network (e.g. Terms of reference, etc.)
- Propose an initial Programme of Work (projects) to be implemented as part of the network activities
- Discuss the establishment of possible working groups / special committees (e.g. on training, on mapping and following-up other relevant processes/initiatives, such as Move for Health, THE PEP, the CEHAPE, etc.) / task forces, and clarify their role vs. that of the Network
- Discuss communication/dissemination aspects (website, newsletter, participation in scientific events, dissemination of information about the network)

Sonja Kahlmeier / WHO ECR / 24.5.2005
Annex: List of participants

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Annex

2005 05 06 Note Teleconference
Note of EC TF phone conference: 6 May 2005

Participants:
- Michael Sjöström
- Harry Rutter
- Jean-Michel Oppert
- Jozica Zakotnik
- Brian Martin
- Pekka Oja

Recent European initiatives on diet, physical activity and health

EU Platform on Diet, Physical Activity and Health

JMO described the EU Platform on Diet, Physical Activity and Health, launched on 15 March 2005 - a forum for individuals or organisations interested in diet, physical activity and health, mostly focused on obesity. It is comprised of officials, industry and other stakeholders rather than researchers. The aim is to bring together different stakeholders who can work together to reduce obesity through PA and nutrition. There is an opportunity to stimulate some of the NGOs to consider the importance of physical activity: at present it feels rather dominated by the diet and nutrition agenda (NB it is represented on the European Commission website as sitting within: Health Determinants > Life Style > Nutrition > Nutrition Policy). JZ is on it as a representative of Slovenian Government, but as an observer, not as an active participant and JMO is also a member. There are two levels of members: founding members and second-level members.

The European Network for Nutrition and Physical Activity

This is an expert network set up about 18 months ago, more like a think-tank for people involved at a high administrative and political level as well as experts, developing the programmes within DG SANCO. JMO is a member of the Network.

Both these bodies are driven by DG SANCO and many of the people are the same across both.
We all need to be very well aware of the platform documents as they are highly influential on the development of any strategy around diet and PA. They are available from the Platform website at: http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm

**ACTIONS**

- JMO, JZ and MS to work to influence Platform documents to raise the profile of physical activity
- JMO to produce a briefing note on the European Network for Nutrition and Physical Activity to explain how it fits in (see appendix 1)
- If anyone is aware of an organisational diagram that shows the different groups and how they relate please forward it to the rest of the group!

**Other bodies**

WHO World meeting in Geneva March 2005 – there was agreement that the primary representation of physical activity issues should be the global task force on physical activity to be financed by CDC Atlanta. This could then call on other representative organisations as and when appropriate. The intention is that EuroHEPA network will be one arm of the Global TF.

There is also a Physical activity task force within the International Association for the study of Obesity. Steven Blair is chair. There are many good experts in the group but it is not currently very active.

**ACTION**

- HR will forward documents about the global HEPA network from Brian

**European HEPA Network meeting in Slagelse, Denmark**

There will be a meeting of the European HEPA network on 26-27 May 2005 (more information at http://www.hepa.ch/gf/europe/reunion2005.htm). On the afternoon of 25 May we have a meeting of the steering committee to prepare in detail the material to go to the network members, and this Task Force will also meet at some point that day.

**DG SANCO workplan 2006**

We need to suggest to DG SANCO what should be included in next year’s work plan. We need to have some preliminary recommendations, both in health information and health determinants. These should as far as possible include a focus on integration of physical activity and nutrition.

We need to send two letters to the Commission: one to the health information strand (MS) one to health determinants strand (JMO)

**ACTIONS**

- MS to circulate this year’s workplan, and the 2003-2008 general public health workplan
- HR and MS to produce a rough draft with no more than 5 or 6 proposals and circulate it to the TF before the Slagelse meeting for discussion there. Harry will focus on promotion and Michael will focus on information
- PO will investigate evidence for the integration of physical activity and nutrition and circulate his findings

**Task Force work plan**

HR raised a concern that we need some dedicated time as a group to focus on our own work, in addition to the times we have scheduled in around other meetings. But the provisional timetable for the Southampton meeting in June has a significant amount of time set aside for us to focus on work as a task force, so we will wait and see how that goes.

**ACTION**
- Meet in Southampton as planned and take stock. Consider arranging another meeting of the TF for us to focus on our outputs if necessary.

**Name of the TF**

There have been several suggestions that the name of the TF is inappropriate as it doesn’t sufficiently reflect the importance of physical activity in our work

**ACTION**
- JZ will start work to come up with a new name for our group and will circulate proposals

**Appendix 1:**

**Briefing note on the European Network for Nutrition and Physical Activity**

The Network on Nutrition and Physical Activity is organised by DG SANCO. The NPA network was launched in 2003. The NPA network must be understood as primarily a support to policy-making by staff at DG SANCO involved in designing public-health programmes. It consists mainly of experts nominated by Member States (ie officials from Institutes of Public Health or Ministries of Health or individuals nominated to represent them, that is how JMO attended) and the coordinators of nutrition projects funded through the Public Health Programme (eg, EPIC coordinators were invited at the first meeting to present some of their data; they were however not invited to the subsequent discussion). Participation in the NPA Network seems to be by invitation only.

Enclosed are some documents about its foundation and items discussed at meetings. Meetings have taken place in Luxembourg, approximately twice a year. The first meetings were an opportunity to present national plans and campaigns in various member states.

More details about the NPA Network can be found at [http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/events_nutrition_en.htm](http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/events_nutrition_en.htm)
Annex

2005 05 26 00 Full Meeting Report
HEPA Europe
The European Network for the Promotion of Health-Enhancing Physical Activity

1\textsuperscript{st} meeting of the Network

Gerlev, Denmark
26 - 27 May 2005

Meeting Report

Organized by the Gerlev Sports Academy,
Idrætshøjskole,
Denmark
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1 Executive summary of the meeting

1.1 Introduction

The 1st Meeting of the HEPA Europe was convened to:
1. review and discuss recent, relevant international developments as well as national approaches with regard to physical activity (PA) promotion;
2. take the necessary steps and decisions for the formal establishment of the Network;
3. discuss possible mechanisms of contribution and funding; and
4. decide on future projects and activities of the Network.

The meeting was hosted by the Gerlev Sports Academy in Gerlev Idraetshøjskole, Denmark. It was attended by 26 participants from European organizations and institutions from Austria, Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Iceland, the Netherlands, Norway, Portugal, Sweden, Switzerland, and the United Kingdom. The meeting was chaired by Brian Martin from the Swiss Federal Office of Sports and assisted by the WHO European Centre for Environment and Health, Rome Office.

1.2 Presentation of international developments and experiences

The following international developments and activities were presented and discussed:
- WHO Global Strategy on Diet, Physical Activity and Health
- Pan-European Programme on Transport, Environment and Health (THE PEP)
- Children’s Environment and Health Action Plan for Europe (CEHAPE)
- European Platform on Diet, Physical Activity and Health
- European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training (EUNUTNET) and the Physical Activity Task Force (PATF)
- Nutrition and Physical Activity (NPA) Network of DG Sanco
- International Union for Health Promotion and Education (IUHPE)
- International Institute for Health Promotion (IIHP)
- International Physical Activity and the Environment Network (IPEN)
- International Obesity Task Force (IOTF)

In addition, a number of national experiences and approaches were presented, and the ongoing Network-project on European examples of collaboration between physical activity promotion and the transport sector was introduced.

1.3 Setting up the Network

The participants:
- welcomed the draft Terms of References prepared by the Intermediate Steering Group and the Secretariat;
- adopted the following name for the Network: HEPA Europe - European Network for the Promotion of Health-Enhancing Physical Activity;
- discussed, amended and adopted the vision, goal, objectives and guiding principles of the Network;
- discussed, amended and adopted the proposed draft terms of references for the Network, the Steering Committee and the Secretariat;
- approved the transformation of the Intermediate Steering Group into the Steering Committee and agreed that formal elections shall take place at next year’s meeting;
• agreed with the current composition of the Steering Committee, accepted an additional member and invited another one; and
• confirmed the invitation to the WHO European Centre for Environment and Health in Rome to host the Secretariat of the Network.

1.4 Contribution to the Network

The participants:
• took note of an initial cost estimate for the functioning of the network;
• agreed with the proposed types of membership and the related possibilities for contribution;
• invited the Steering Committee to develop an additional scheme with recommended voluntary membership fees of varying size; and
• accepted the proposal of the Intermediate Steering Group to become a member of Agita Mundo and to explore possibilities for closer cooperation with the Healthy Cities network.

1.5 Future projects and activities

The following future activities were identified:

a) for the Steering Committee and the Secretariat:
• Development of a leaflet and a standard letter to facilitate dissemination of information about the establishment of the network and invite applications and contributions to its activities
• Development of an advocacy booklet for policy makers
• Development of an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries
• Development of a communication strategy and a recruitment strategy for Ministries of Health and other target organizations
• Development of ideas for and organization of a Network Conference (ideally in 2007), taking stock of the experiences of the former European HEPA network
• Development of a logo for HEPA Europe
• Development of a detailed financing concept

b) for working groups or as special projects:
• Ongoing project on “Collaboration between Physical Activity Promotion and the Transport Sector”;
• Overview of ongoing international and European activities and networks relevant to HEPA Europe. This overview would provide the background for the identification and development of:
  - specific outcomes and deliverables for HEPA Europe
  - an overview of relevant policy statements; and
• Review of examples of national PA networks, if possible including inter-ministerial and -sectoral approaches and exploring the possibility and necessity to create a “network of national networks”.

## List of Participants

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<tr>
<th>Name</th>
<th>Institution</th>
<th>Country</th>
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<td>RIBEIRO, Carla Gil</td>
<td>Sports Institute of Portugal, Lisbon</td>
<td>Portugal</td>
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<tr>
<td>DE KEYZER, Kees C</td>
<td>Network HEPA Switzerland, Magglingen</td>
<td>Switzerland</td>
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<tr>
<td>MARTIN, Brian</td>
<td>Swiss Federal Office of Sports, Magglingen</td>
<td>Switzerland</td>
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<tr>
<td>THOMMEN, Oliver</td>
<td>Institute of Social and Preventive Medicine, Basel</td>
<td>Switzerland</td>
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<tr>
<td>VAN POPPEL, Mireille</td>
<td>VU University Medical Center, Amsterdam</td>
<td>Netherlands</td>
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<tr>
<td>YEUNG, Belinda</td>
<td>Ministry of Health, Welfare and Sport, The Hague</td>
<td>Netherlands</td>
</tr>
<tr>
<td>RUTTER, Harry</td>
<td>Department of Health, South East Public Health Group, Guildford</td>
<td>United Kingdom</td>
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</tbody>
</table>
3 Draft minutes of the meeting

3.1 Introduction

The 1st Meeting of the HEPA Europe was convened to:
1. review and discuss recent, relevant international developments as well as national approaches with regard to physical activity (PA) promotion;
2. take the necessary steps and decisions for the formal establishment of the Network;
3. discuss possible mechanisms of contribution and funding; and
4. decide on future projects and activities of the Network.

The meeting was hosted by the Gerlev Sports Academy in Gerlev Idraetshojskole, Denmark. It was attended by 26 participants from European organizations and institutions from Austria, Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Iceland, the Netherlands, Norway, Portugal, Sweden, Switzerland, and the United Kingdom. The meeting was chaired by Brian Martin from the Swiss Federal Office of Sports and assisted by the WHO European Centre for Environment and Health, Rome Office. A detailed list of participants can be found in the Annex.

3.2 Welcoming of participants

The host of the meeting, Finn Berggren, welcomed the participants to the Gerlev Sports Academy. Brian Martin thanked the host for the organization of the meeting and the beautiful setting. All participants briefly introduced themselves.

3.3 Presentation of international developments and experiences

The following international activities were presented and discussed:

a) WHO Global Strategy on Diet, Physical Activity and Health

    - International Union for Health Promotion and Education (IUHPE)

    Wolf Kirsten presented the activities of the IUHPE in relation to the Global WHO strategy (see abstract in chapter 5.1) and the role of NGOs in promoting PA globally. The IUHPE has been existing for about 60 years and has around 2000 members worldwide (national organizations and universities as well as individuals)\(^1\). Their headquarters are in Paris and they also have regional offices. In 2002, a cooperative agreement with the US Centers for Disease Control and Prevention (CDC) on health promotion was signed which includes the topic of PA in one module. Under this new agreement, an international meeting with around 25 participants from key organizations took place in Lisbon / Cascais, Portugal, on the role of NGOs in PA promotion globally. Strengths and weaknesses of NGOs were identified. An important lesson for HEPA Europe is to include relevant NGOs into the process, e.g. the World Heart Federation or consumer NGOs. Another main goal of the meeting was to develop strategies on how to implement PA in developing countries. As one of the main outcomes, the Global Alliance for Physical Activity was established for advancing PA globally\(^2\) and to support WHO in the implementation of the PA aspects of the Global Strategy. Wolf Kirsten is coordinating this project for the IUHPE.

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\(^1\) http://www.iuhpe.org/

\(^2\) http://www.iuhpe.org/English/projects_project3
IUHPE also publishes the quarterly Journal “Promotion & Education”. A special issue on PA is in the pipeline.

- Meeting on the WHO Global Strategy on 23 March 2005 in Geneva
  Brian Martin presented the main outcomes of this meeting, which agreed to develop a multi-stakeholder platform for collaboration in implementing the Global Strategy (including FIFA, IUHPE, World Heart Federation, consumer groups, industry, national experts and others). WHO is now in the process of setting up this platform, which explicitly addresses PA and nutrition on the global level. The report of the meeting will be made available on the HEPA website.

- European Union (EU) Platform on Diet, Physical Activity and Health
  Jean-Michel Oppert presented this initiative of DG Sanco, which was formally launched on 15 March 2005. The main objective is to implement the Global Strategy at the European level. The platform involves stakeholders from science, public health, NGOs, industry, business etc. Main topic so far has been obesity. The focus of present membership (mainly industry) seems to be more on nutrition as opposed to PA, which might, however, be included later through the obesity topic. This activity is meant to stimulate voluntary action of major stakeholders, by encouraging the definition of goals and objectives to which participants have to commit to. An evaluation of achievements will take place in a few years.

- Update on WHO activities
  Francesca Racioppi presented an overview of the current relevant activities which include the setting up of an internal Task Force to coordinate the different WHO activities relevant for the implementation Global Strategy.

  She also informed about the intention of the WHO to organize 15-17 November 2006 a Ministerial event on counteracting obesity which would tackle both PA and nutritional aspects (responsible Haik Nikogosian). Expected outcomes are: raising awareness and commitment, promote intersectoral approaches, promoting evidence based policy, and collaboration between WHO, international partners, NGOs and other stakeholders. A technical consultation on physical activity, which is be part of the preparation process of this conference will take place on the 18 June 2005 in Amsterdam, back to back with the annual meeting of the International Society for Behavioural Nutrition and Physical Activity – ISBNPA (see below). Member states will be asked to appoint national representatives Opportunities for HEPA Europe to contribute to this preparatory process include the participation of the HEPA Europe Chair, Brian Martin, in a consultative process with experts in nutrition and physical activity as well as contacts of HEPA Europe members with the national contact points that will be appointed by member states to participate in the preparation of the conference.

b) Other developments on the WHO European Region level

- Pan-European Programme on Transport, Environment and Health (THE PEP)
  As Francesca Racioppi explained, this programme is led by European ministries of transport, health and environment and is being implemented through a number of specific projects, among them one on “Promotion of safe walking and cycling in urban areas” (see abstract in chapter 5.1). As part of the implementation, a task force has been established. Since the assessment of health effects of cycling and walking is an important aspect in this project, there is a strong opportunity for synergy with HEPA Europe. The re-establishment of the Network has been communicated at the last THE PEP Steering Committee and to members of the task force, with views of engaging the HEPA Europe scientific support in the further development of this project. She also notified the participants that all information supporting the reaching of a consensus on

3 http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
4 http://www.thepep.org
appropriate health endpoints to be studied in cost benefit analyses of cycling and walking is most welcome.
She also informed participants on a new OECD/ECMT report on “National policies to promote cycling” and other recent international developments.

- **Children’s Environment and Health Action Plan for Europe (CEHAPE)**
Francesca Racioppi also presented this programme which was adopted at the Ministerial Conference on Environment and Health in Budapest in 2004 (see abstract in chapter 5.1). The CEHAPE contains commitments to protect children’s health in key priority areas, including the decrease in morbidity from lack of adequate physical activity. The action plan also offered the opportunity to develop related activities under THE PEP (see above) especially a project on “Transport-related Health Effects with a Particular Focus on Children”.

c) **Developments in the European Union**

- **Physical Activity Task Force (PATF) within the European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training (EUNUTNET)**
Pekka Oja introduced this EU initiative which is a research activity within the EUNUTNET network supported by DG Sanco. This network implements its activities through task forces, including one on Physical Activity which is coordinated by Michael Sjöström at the Karolinska Institute. It consists of a number of experts (among them also Harry Rutter, Brian Martin, Jean-Michel Oppert, Oja Pekka, and the Director of the UKK Institute for Health Promotion Research, Tampere). The final products of the network are to be delivered by October 2006. The network and the task force represent a good opportunity for the HEPA Network to link to the European Public Health Programme and to gain support, e.g. through the submission of project proposals.

- **Nutrition and Physical Activity (NPA) Network of DG Sanco**
Jean-Michel Oppert reported about this network which is composed of experts designated by EU member states. The NPA network is acting as a think-tank for the Commission, advising it on the development of technical programs, the annual work plan etc. It also advises the EU Platform on Diet, Physical Activity and Health mentioned above.

d) **Other developments and activities**

- **International Institute for Health Promotion (IIHP)**
As Wolf Kirsten explained, the IIHP has been existing since 1995 and its host organization is American University in Washington DC. Members are about 200 organizations from some 60 different countries. Recently, a shift to put the activities on a more regional basis has started through the establishment of regional offices (e.g. the University of Heidelberg/Institute for Sports Science). Even though the IIHP does not specifically identify PA as a main activity, many members are institutions and individuals dedicated to PA and there might be a natural link to HEPA as regards contents.

- **International Physical Activity and the Environment Network (IPEN)**
Mireille van Poppel presented this network which took up its activities 2004 in Heidelberg. The network’s administration is based in San Diego. It consists of about

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5 http://www.oecdbookshop.org/oecd/display.asp?lang=EN&sf1=identifiers&st1=752004101p1
6 http://www.euro.who.int/childhealthenv/policy/20020724_2
7 http://www.herry.at/the-pek/
10 http://www.american.edu/academic.depts/cas/health/iihp/index.html
11 http://www.ipenproject.org/
100 individual members from 24 countries, most of them scientists. The goal of the network is to increase communication and collaboration between researchers investigating environmental correlates of physical activity and to give guidance for policy development by building an extensive base of information on the role of the environment as determinant for PA. One focus of the activities is on the transferability of findings of research carried out mainly in the United States and Australia to European settings.

- **International obesity Task Force (IOTF)**
  Jean-Michel Oppert also briefly presented this Task Force which is part of the International Association for the Study of Obesity (IASO), an NGO that represents 43 National Obesity Associations across the globe. The mission of the association is “to improve global health by promoting the understanding of obesity and weight-related diseases through scientific research and dialogue, whilst encouraging the development of effective policies for their prevention and management”. The Task Force also includes a group on PA which is, however, not very active at the moment.

- **International meeting on lifestyle campaigns**
  Belinda Yeung informed on a recent international meeting involving Scotland, Sweden, USA, Norway, and the Netherlands. Recommendations for PA promotion were developed. The report of the meeting will be made available on the HEPA website.

### Closing remark concerning international developments and experiences

Brian Martin informed the participants that the Intermediate Steering Group proposes to establish a working group to develop an overview on all these ongoing activities (and also others which do not have PA as main field but for whom this is an important topic such as the Heart Foundation, the transport sector or the “Countrywide integrated non-communicable diseases intervention (CINDI) programme”\[12\]) to facilitate the understanding on ongoing activities and the identification of synergies (see also “Future projects and organisation of working groups” below).

### e) Upcoming conferences and meetings

Francesca Racioppi asked the participants of these upcoming meetings to report to the secretariat about the main outcomes, preferably through a short email, so that the information can be distributed among the members of the Network.

With regard to the special issue of the IUHPE journal (see above), Wolf Kirsten also asked the participants to inform him about all relevant events taking place towards the end of 2005 and in 2006 (wk@wolfkirsten.com).

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<table>
<thead>
<tr>
<th>Events</th>
<th>Participants/Rapporteurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Conference of the International Union for Health Promotion</td>
<td>Wolf Kirsten</td>
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<tr>
<td>European Congress on Obesity (Eco 2005), 1-4 June, Athens, Greece</td>
<td>Jean-Michel Oppert</td>
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<tr>
<td>(<a href="http://www.eco2005.gr/">http://www.eco2005.gr/</a>) Including a satellite symposium on PA</td>
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</tr>
<tr>
<td>4th Annual Meeting of the International Society of Behavioral Nutrition and Physical Activity</td>
<td>Pekka Oja, Michael Sjöström, Alfred Rütten, Mireille van Poppel</td>
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<tr>
<td>Amsterdam, the Netherlands, 16 – 18 June, 2005 (<a href="http://www.isbnpa.org/meeting.cfm">www.isbnpa.org/meeting.cfm</a>)</td>
<td></td>
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<tr>
<td>Walk21 Satellite Symposium on transport-related physical activity and health, Magglingen, Switzerland 18-20 September, 2005 (<a href="http://www.walk21satellite.ch/satellite">www.walk21satellite.ch/satellite</a>)</td>
<td>Brian Martin, Francesca Racioppi, Sonja Kahlmeier</td>
</tr>
<tr>
<td>Pediatric Work Physiology Meeting (PWP) / Children and Exercise XXIII, 22-26 September 2005, Thun, Switzerland (<a href="http://www.bbscongress.ch/Kongresse/2005/pwp05/PWP05%20Vorpro.pdf">http://www.bbscongress.ch/Kongresse/2005/pwp05/PWP05%20Vorpro.pdf</a>)</td>
<td>Lars Bo Andersen</td>
</tr>
<tr>
<td>Annual Conference of the European Public Health Association (EUPHA), 10-12 November 2005, Graz, Austria (<a href="http://www.eupha.org/html/menu3_2.html">http://www.eupha.org/html/menu3_2.html</a>)</td>
<td>Francesca Racioppi, ev. Eva Martin and Sylvia Titze</td>
</tr>
<tr>
<td>Healthy Cities Network Meeting, 21-24 September 2005, Bursa, Turkey (<a href="http://www.healthycitiesbursa2005.com/">http://www.healthycitiesbursa2005.com/</a>); explore the possibility of a workshop on PA</td>
<td></td>
</tr>
<tr>
<td>Conference on Non-communicable diseases, National Public health Institute, Finland, December 2005 (organized in collaboration with CINDI programme) (<a href="http://www.ktl.fi">www.ktl.fi</a>)</td>
<td>Jožica Zakotnik</td>
</tr>
<tr>
<td>11th Annual Meeting of the European College of Sport Sciences (ECSS), July 2006, Lausanne, Switzerland (<a href="http://www.ecss.de/html/Congresses/11Lausanne.htm">http://www.ecss.de/html/Congresses/11Lausanne.htm</a>) (probably including a session on public health approaches to PA promotion)</td>
<td>Brian Martin</td>
</tr>
<tr>
<td>Annual Conference of the European Public Health Association (EUPHA), 16 - 18 November 2006, Montreux, Switzerland (<a href="http://www.eupha.org/html/menu3_3.html">http://www.eupha.org/html/menu3_3.html</a>): There is the possibility of organizing a HEPA event, e.g. pre-conference meeting or satellite symposium</td>
<td>Francesca Racioppi, Brian Martin</td>
</tr>
</tbody>
</table>
3.4 Poster-session and presentations of national approaches and experiences

a) Presentations

The following 4 posters on national experiences were presented and discussed (see separate annex document):

- HEPA Network Switzerland (Kees de Keyzer)
- Activities of the VU University Medical Center, Amsterdam, The Netherlands (Mireille van Poppel, see also abstract in chapter 5.1)
- National PA activities in the Netherlands (Belinda Yeung)
- Activities of the Austrian Health Promotion Fund (Eva Rohrer, see also abstract in chapter 5.1)

The subsequent national experiences were also presented:

- German experiences and recent developments (Alfred Rütten, Karim Abu-Omar) (see abstract in chapter 5.1)

The German ministerial structure always requires intersectoral work with regards to PA promotion, hampering quick progress. Recent developments are: negotiations for a law on health prevention and a related campaign (kick-off 29 May) on PA by inner city walking: “3000 steps a day” \(^{13}\). Related to the EU Platform on Diet, Nutrition and Physical Activity, a national platform “Ernährung und Bewegung” (PEB) was developed. The food industry is very much involved in this platform and Alfred Rütten will inform the Secretariat on experiences made. The German HEPA was initiated after the Magglingen HEPA meeting in 2004, but so far only quite limited number of organisations are involved. The main current issues are:
  - How much means are needed? Where to find the funds?
  - Which organisations should be approached?
  - How can they be convinced to join a national HEPA network?
  - How much political support is needed?

It would be most helpful to have a “best practice” guide for the development of a national HEPA network.

- Finish experiences and recent developments

As Ilkka Vuori explained, the main strength of the Finnish system of PA promotion is its solid legal foundation (e.g. Sports Act, latest version from 2000) which makes it largely independent of political changes. HEPA promotion is understood as being a responsibility of the whole society (state, communities, municipalities etc.), thus it has a very strong basis. On the other hand, lottery money is available for PA promotion e.g. by the sports organisations. Finland has also lobbied in the EU to use such funds for e.g. PA promotion and other social issues. A paper on the Finish experience will be made available on the HEPA website.

Recent developments: the so-called “Government Resolution” was presented as the main basis for the planning of the PA activities in the future. Under this new resolution, all ministries have committed to promote PA and Sports within their activities. The implementation program includes about 25 items. After the first 3 years, the government will make the necessary changes and extend the implementation program. Another recent emphasis is on the development of sports facilities near people (e.g. program on school yards that promote PA). In addition, a special program for HEPA research was started which is funded by various ministries and social system funds. Under the auspices of the “Young Finland System” an ethical code for the right of

\(^{13}\) http://www.die-praevention.de/aktionen/index.html
children to engage in PA and playing was developed, as well as another ethical code which should be followed by all sports organisations ("Fair Play"). The Move for Health Day is also an important umbrella event for various activities.

  A presentation on the Norwegian activities was distributed. The Norwegian Action plan on physical activity might serve as a good example for inter-ministerial cooperation: 8 ministries were involved and over 100 measures were defined. Each ministry had to make specific commitments to reach the aims.

- Icelandic activities
  Two abstract on Icelandic projects and experiences were distributed, detailing e.g. the “Iceland on the Move” or “Walk in Iceland” projects (see abstract in chapter 5.1).

b) Discussion based on the presented national approaches and experiences

Main outcomes of the discussion were:

- The international programmes and initiatives can be used on the national level to create pressure to support national activities (e.g. THE PEP, the WHO Global Strategy, the EU Public Health Programme etc.).
- Even though national HEPA activities can often be started without additional resources, it was underlined that at least dedicated “manpower” is needed. If a network is to be expanded and to be put on a professional basis, additional means are needed. It might also represent the next important barrier for HEPA promotion to make policy makers understand that investments are needed for effective and sustainable PA promotion.

These common issues were identified:

- Inter-ministerial approach: how is their cooperation, how can it be improved?
- Food industry involvement: what are pros and cons, opportunities and risks?
- Environmental interventions for PA promotion: how can we integrate the topic better? How can city planners, architects etc. be involved?

3.5 Project presentation: "Collaboration between Physical Activity Promotion and the Transport Sector - Examples from European Countries"

The starting point of the project, as was explained by Oliver Thommen, was an earlier report on the "Effectiveness of Transport Interventions to Promote Human Powered Mobility or Daily Physical Activity" with Swiss examples14. A main conclusion was that effects on PA were not evaluated in any of the projects since transport projects usually do not evaluate health effects but focus on transport effects.

The goal of the current project is to develop an overview of European experiences on cooperation between PA promotion and the transport sector (also if there is no data on health effects available). For this purpose, an electronic questionnaire was developed. Participants are invited to contribute to the project and to distribute the invitation to participate to other institutions. A detailed invitation letter is found in the annex.

14 http://www.hepa.ch/gf/reports/0310_transport_interventions.pdf
3.6 Setting up the Network

a) Name of the Network
The following name was endorsed: HEPA Europe, subtitle: European network for the promotion of health-enhancing physical activity.

b) Vision, goal and objectives (cornerstones of the Network)
Following the advice of WHO’s legal department, participants agreed that the HEPA Europe will initially exist as a collaborative project, without a registration as NGO. The text concerning the cornerstones (right-hand side of the leaflet) was discussed, amended and endorsed. The amended version is attached.

c) HEPA Terms of Reference / criteria for membership (point 6)
The proposition of the Intermediate Steering Group not to make a membership fee a requirement for membership as well as the other criteria was supported by the participants. It should be added that the Steering Committee is accountable to the Network.

d) Terms of Reference of the Steering Committee
The participants authorize the transformation of the current Intermediate Steering Group into a Steering Committee without formal election. The formal election of the Steering Committee will take place at next year’s meeting.

- The current members are:
  - Brian Martin, Federal Office of Sports, Switzerland (Chair)
  - Finn Berggren, Gerlev Sports Academy, Denmark
  - Mari Miettinen, Ministry of Health, Finland
  - Jean-Michel Oppert, Paris VII University/Department of Health, France
  - Francesca Racioppi, WHO Europe
  - Harry Rutter, South East Public Health Group, United Kingdom
  - Radim Šlachta, Palacky University, Czech Republic
  - Mireille van Poppel, Vrije Universiteit (VU) Medical Center, The Netherlands
  - Belinda Yeung, Ministry of Health, The Netherlands
  - Jožica Zakotnik, CINDI Programme, Slovenia
  - Representative(s) of EC Task Forces (currently Michael Sjöström, Karolinska Institute, Sweden, and Pekka Oja, UKK Institute for Health Promotion Research, Finland – retired)
  - Radim Šlachta from the Faculty of the Physical Culture, Palacký University, Olomouc, Czech Republic, expressed his interest in becoming a member of the Steering Committee. His interest was supported and he will join the Steering Committee as of now.
  - In addition, Alison Giles from the British National Heart Forum will be invited to join the Steering Committee.
  - The EU Platform on Diet, Physical Activity and Health is invited to participate in the meetings of the Steering Committee. They can decide on their representative(s).

e) Terms of Reference of the Secretariat
The invitation to the WHO European Centre for Environment and Health in Rome was confirmed. The further technicalities will be worked out by the Steering Committee and Secretariat. Francesca Racioppi underlined that it has only been possible to provide support so far due to dedicated resources made available by Switzerland. She expressed her gratitude for this support and also for the trust that the Network puts on WHO through this invitation.
3.7 Contributing to the Network

a) Financing

Cost estimates which are based on experiences of WHO and in view of the necessary tasks result in running costs of around 225’000USD (≈ 185’000EUR) per year, tentatively allotted as follows:

- ca. 165’000USD for cost of personnel, administrative support, travel costs, and 13% overhead
- ca. 30’000USD for grants for members from economies in transition (can also be incl. e.g. in budget for hosting a meeting)
- ca. 20-30’000USD for publications, satellite events, conference facilities, communication, translations (e.g. into Russian) etc.

As a rule, participants contribute by investing their own time and by covering their own costs. The Network aims, however, at being able to support Members from economies in transition.

The main focus for covering the additional costs of the Network will, however be on voluntary contributions or sponsors (usually based on a signed donor agreement between the donor and WHO). Other forms of contribution could consist in expertise and manpower, hosting meetings, provision of other services (e.g. translation, publications through available media services), or direct support of other members (e.g. those from countries in transition) by providing travel funds. As soon as the programme of work is developed, it will also be possible to earmark contributions.

The Intermediate Steering Group suggests the following types of membership which are also related to financing:

- Funding Members (threshold of a single contribution of 30’000EUR, a number of institutions could also join forces to become one Funding Member, status for 3 years);
- Contributing Members (single in-kind or other contributions of less than 30’000EUR, status for 3 years)
- Members
- Individual members (upon invitation by the Steering Committee)
- Observers

Contributions made to the Network would not imply a commitment for further contributions by the donors.

The proposed types of membership are adopted. It was the aim of the Intermediate Steering Group to organize the funding in a way which is as far as possible independent from the number of members. On the other hand, organizations similar to HEPA Europe usually have a membership fee which in general facilitates the fundraising on the institutional level. Therefore, the Steering Committee was invited to propose an additional scheme with recommended voluntary membership fees of varying size (e.g. 500/1000/5000/10’000 EUR) as one form of becoming a Contributing Member. It would be most welcome that countries are at least Contributing Members, but it was agreed that this should not be a prerequisite. Likewise, no time limit has been adopted for members to make a contribution.

In the long term, when a number of attractive products from the Network and the necessary resources are available, the Network will also be able to benefit from additional fund raising opportunities e.g. by submitting projects in response to calls from the European Commission of other relevant bodies. In an initial phase, however, the task will be to build a basis for the Network and to develop such products, based on other sources of funding.
Thus, a fund raising strategy will be developed by the Steering Committee. Participants were invited to inform the secretariat about suitable funding sources and useful websites.

**b) Collaboration**

The participants support the Intermediate Steering Group’s suggestion to join Agita Mundo\(^{15}\). HEPA Europe will also support the idea to give the WHO Director General an award for his important contribution to the promotion of health-enhancing PA, for example at the opportunity of CDC’s 2006 conference. The Steering Committee and the Secretariat will also develop ideas for closer collaboration with the Healthy Cities network (e.g. through the organization of a workshop on PA promotion at the next Healthy Cities conference).

### 3.8 Future projects and organization of working groups

**a) Activities launched at the meeting:**

1. **Steering Committee and the Secretariat**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Members of the working group / contributors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a leaflet and a standard letter to facilitate dissemination of information about the establishment of the network and invite applications and contributions to its activities</td>
<td>Oliver Thommen, examples provided by / via participants</td>
</tr>
<tr>
<td>Development of an advocacy booklet for policy makers (supported by Ilkka Vuori)</td>
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<tr>
<td>Development of an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries</td>
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<tr>
<td>Development of a communication strategy and a recruitment strategy for Ministries of Health and other target organisations</td>
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<tr>
<td>Development of ideas for and organization of a Network Conference (ideally in 2007), taking stock of the experiences of the former European HEPA network</td>
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<tr>
<td>Development a logo for HEPA Europe</td>
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<tr>
<td>Development of a detailed financing concept</td>
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</tbody>
</table>

2. **Working Groups and other projects**

The Secretariat will provide coordination and guidance for the working groups. Products are expected to be available until not later than one year from now. Each working group will work out an individual work plan and time line, supported by the Secretariat. Each working group should also identify events at which the respective products can be launched. The Secretariat will develop ideas in relation to important WHO events (e.g. European Environmental Health Committee / CEHAPE in 2006: PA and Injuries).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Members of the working group / contributors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing project on “Collaboration between Physical Activity Promotion and the Transport Sector”</td>
<td>Oliver Thommen, examples provided by / via participants</td>
</tr>
<tr>
<td>Overview of ongoing international and European activities and networks relevant to HEPA Europe. This overview would provide the background for the identification and development of: - specific outcomes and deliverables for HEPA Europe - an overview of relevant policy statements</td>
<td>Finn Berggren, Wolf Kirsten, Brian Martin, representative of EU Task Force</td>
</tr>
<tr>
<td>Review of examples of national PA networks, if possible including inter-ministerial and -sectoral approaches and exploring the possibility and necessity to create a “network of national networks”</td>
<td>Kees de Keyzer, Alfred Rütten (or delegate), Radim Šlachta, Ilka Vuori (or delegate), Heidi Thommen, representative from the Netherlands</td>
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b) Possible activities to be launched later

<table>
<thead>
<tr>
<th>Possible activity</th>
<th>First steps</th>
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<tbody>
<tr>
<td>Review of examples of collaboration and developments with the Food Industry</td>
<td>Finn Berggren: translation of ideas from the Danish Food Industry project</td>
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<tr>
<td>(including nutritional issues at large, obesity etc.) and related chances and risks</td>
<td>Secretariat: contact European Heart Network</td>
</tr>
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</table>

3.9 Closure of the meeting

a) Next years meeting

Participants were informed that the UKK Institute for Health Promotion Research in Tampere, Finland, has offered to host the 2nd Meeting of HEPA Europe. The proposition was enthusiastically welcomed and accepted. The exact date in May or June 2006 will be defined through the secretariat.

b) Next steps

- Production and distribution of the minutes of this meeting
- Formalisation of the membership (application form, declaration of interests, questionnaire etc.)
- Organisation of the work of the working groups
- Development of a new leaflet to explain the HEPA idea and an official letter for Ministries of Health and others
- Development of a logo

Participants were asked to provide the Secretariat directly with their feedback on the format of this meeting (e.g. poster presentations etc.) and any things that might be improved at next year’s meeting.

Brian Martin thanked all participants for the constructive discussions, important contributions and the major steps forward that have been taken at this meeting, and specifically Finn Berggren for the hosting of the meeting.
4 Attached documents to the minutes

4.1 Updated cornerstones of the Network

Vision
• To achieve better health through physical activity among all people in Europe.

Goal
• The European Network for the promotion of health-enhancing physical activity (HEPA) aims to strengthen and support efforts and actions that increase participation in and improve the conditions favorable to a healthy lifestyle, in particular with respect to health-enhancing physical activity.

Objectives
• The Network contributes to the development and implementation of policies and strategies for HEPA in Europe.
• It develops, supports, and disseminates effective strategies, programs, approaches, and other examples of good practice to promote HEPA.
• It supports and facilitates the development of multi-sectoral approaches to the promotion of HEPA.

Guiding Principles
• All activities of the Network are based on relevant policy statements, such as the WHO Global Strategy for Diet, Physical Activity and Health and corresponding policy statements from the European Commission.
• The Network focuses on population-based approaches for the promotion of health-enhancing physical activity using the best available scientific evidence.
• The Network emphasizes the importance of monitoring and evaluation; it encourages the development of standardized measurement methods and systematic research.
• The Network encourages the ongoing exchange, dissemination and sharing of experience and knowledge.
• Membership is open to organizations and institutions of regional, national or international importance willing to contribute to the goals and objectives of the Network.
• Network activities support cooperation, partnerships and collaboration with other related sectors, networks, and approaches.
4.2 Invitation letter for project examples on the collaboration between physical activity promotion and the transport sector

Dear colleagues,

HEPA EUROPE
EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

PROJECT ON "COLLABORATION BETWEEN PHYSICAL ACTIVITY PROMOTION AND THE TRANSPORT SECTOR EXAMPLES FROM EUROPEAN COUNTRIES"

We would kindly invite you to contribute to a project on the collection of collaborative approaches to the promotion of physical activity. This project is carried out under the auspices of HEPA Europe as a contribution to the WHO/UN/ECE Pan-European Programme for Transport, Health and Environment (THE PEP). Its objective is the production of a report on examples of such collaboration from European countries.

The project is coordinated by the Institute for Social and Preventive Medicine (ISPM) at the University of Basel. The ISPM has developed a questionnaire for the collection of relevant projects, programmes, policies or implementation strategies in the mentioned field at the local, regional or national level. We would like to kindly invite you to:
- submit case studies from your countries, and
- to distribute the information about the ongoing collection of examples through your own networks.

Kindly refer to the Annex for more information on the project and the submission process. We hope you will actively contribute to our first common endeavour.

Yours sincerely,

Francesca Racioppi,
Scientist, Accidents Transport and Health
WHO ECEH Rome

Enclosed is a questionnaire.
Copies for information:
✔ Olivier Thommes, Project coordinator, Institute of Social and Preventive Medicine, Dept of Environmental and Health Sciences, University of Basel, Steineigraben 49, CH-4031 Basel, Switzerland
As one of its activities, HEPA Europe is implementing a project on the ‘Collaboration between Physical Activity Promotion and the Transport Sector – Examples from European Countries’. This project intends to contribute to the implementation of the project “Promotion of safe cycling and walking in urban areas”, in the framework of the WHO/UNECE Transport, Health and Environment Pan-European Programme (THE PEP). The project is coordinated by the Institute of Social and Preventive Medicine (ISPM), University of Basel, Switzerland.

WHAT THE PROJECT IS ABOUT

Experts active in health promotion, physical activity promotion, the transport or environmental sector, urban planners and others working in related sectors are invited to report examples of collaboration between different relevant sectors from their countries.

We are particularly interested in projects:

- that were carried out with the contribution from different sectors contributing to the promotion of health-enhancing physical activity, such as cycling and walking,
- that were accompanied by an evaluation, possibly including measures of health outcomes, modal shifts, changes in levels of physical activity in the target groups (however, this is not a necessary condition for inclusion of the case-study in the final report).

HOW IS THE PROJECT BEING IMPLEMENTED

A questionnaire to be used for reporting examples has been developed by the ISPM. It can be requested from the coordinator (details in header). This questionnaire allows entering the information on selected examples with the help of two standardized electronic forms. The scheme also includes three examples for illustration purposes.

TIME FRAME

Contributions should kindly reach the coordinator by no later than the end of August 2005.
5 Abstracts on ongoing activities

5.1 International level

a) International Union for Health Promotion and Education (IUHPE) – CDC Global Physical Activity Project

Wolf Kirsten
International Union for Health Promotion and Education, Berlin, Germany
www.iuhpe.org

The International Union for Health Promotion and Education (IUHPE) and the US Centers for Disease Control and Prevention (CDC) have initiated a project to promote physical activity and increase physical activity levels globally by outlining the role of non-governmental organizations (NGOs) and thereby complementing the WHO Global Strategy on Diet, Physical Activity & Health.

During a recent meeting of leading international and national NGOs as well as regional networks in Portugal (February, 2005) eight key tasks of NGOs were identified to help promote physical activity globally as well as recommendations made for developing countries. Tasks are in priority order. The top four are areas where NGOs should lead and the final three are areas where NGOs can contribute but will usually not lead:

1. Advocacy
2. Communication
3. Dissemination
4. Networking
5. Fundraising
6. Policy development (e.g., national physical activity plan)
7. Policy implementation
8. Program implementation

Advocacy is the most important function of NGOs in promoting physical activity globally. In order to maximize advocacy efforts and become a unified and strong voice for physical activity the formation of a Global Alliance for Physical Activity was decided. This task force will have wide NGO representation but at the same time be made up of a small and conclusive group. This will be accomplished by bringing in NGO expertise and networks on an ad-hoc basis and keeping a small core permanently involved. It is envisioned that a highly visible spokesperson will defend the defined interests and goals, e.g., at European Commission meetings or the World Health Assembly. Prioritization of issues pertaining to increasing physical activity worldwide will be a major responsibility of the task force as well as fundraising. The IUHPE will convene the global task force as part of the CDC-IUHPE Cooperative Agreement that includes the designation of a coordinating center.

With regard to advancing physical activity in developing countries the group recommended the following actions:

1. Propose “interventionist” guidelines
2. Develop websites, power points, special messages, international forums
3. Build capacity (training courses)
4. Organize mega events = advocacy
5. Develop an evaluation kit and provide guidance
6. Support innovations with seed money.
The upcoming special issue of “Promotion & Education”, the official IUHPE journal, which can be ordered at [www.iuhpe.org](http://www.iuhpe.org), will focus on physical activity and highlight the outcomes of the Cascais meeting.
b) The Transport, Health and Environment Pan-European Programme (THE PEP) project on the promotion of safe walking and cycling in urban areas

Francesca Racioppi
WHO European Centre for Environment and Health, Rome, Italy
www.thepep.org

Introduction
The UNECE –WHO Transport, Health and Environment Pan-European Programme (THE PEP) was established by representatives of transport, environment and health Ministries in 2002 as a means towards integrating environmental and health aspects into transport policies. THE PEP provides a policy framework to take action on selected priority areas, including the integration of environmental and health aspects into transport policy, and the relationships between urban transport, health and the environment.

THE PEP Steering committee, at its third session held on 11-12 April 2006 endorsed a project for the “Promotion of safe walking and cycling in urban areas”. (Document ECE/AC.21/2005/7 EUR/05/5046203/7)

Project objectives
This project aims at:
- exchanging and disseminating existing good practices;
- promoting cost-benefit analyses of transport-related policies and infrastructures including the health benefits of walking and cycling;
- assessing the potential of walking and cycling in reducing the negative effects of road transport;
- developing guidance on estimating the costs of health effects in relation to walking and cycling for use in cost-benefit analyses, health impact assessments (HIA) and strategic environmental assessment (SEA).

Implementation
The project is being implemented by a Task Force, consisting of representatives from institutions and officers appointed by Ministries of health, transport and environment from 16 countries. In addition, representatives from three NGOs (Union International des Transports Publique, European Cyclists Federation and International Society of Doctors for the Environment) are participating. The Task Force will be assisted by the WHO/UNECE secretariat and draw from expert advice, including from the HEPA Network.

Expected next steps
a) Develop a critical review of existing relevant studies and approaches to quantify the health effects related to changes in levels of cycling and walking and conduct cost-benefit analyses, taking stock from existing work and knowledge (see above paragraphs on “Recent developments”) – (Months 1-6);

b) Convene a meeting of experts to identify possible common methodology, both concerning the identification of the health end-points and metrics to be used in assessing the effects of changing patterns of cycling and walking on health and the development of economic valuations to be used in cost-benefits analysis (Month 12);

c) Develop and publish of a report with methodological recommendations and guidance on how to increase cycling and walking in urban areas (Month 18). Such a report would be published and disseminated through THE PEP Clearing House, with translation into Russian.
c) The Children’s Environment and Health Action Plan for Europe (CEHAPE)

Francesca Racioppi
WHO European Centre for Environment and Health, Rome, Italy
http://www.euro.who.int/document/e83338.pdf

The *Children’s Environment and Health Action Plan for Europe* (CEHAPE), was adopted by the 4th Ministerial Conference on Environment and Health (Budapest 23-25 June 2004) and endorsed by a WHO Regional Committee resolution EUR/RC54/R3 on “Environment and health”.

The CEHAPE tackles the most important environmental risk factors for the health of European children, and contains commitments to be taken by European member States to protect children’s health in key priority areas, addressing in particular water and health, air pollution, injuries and physical activity, chemical safety and other agents.

In particular, Regional Priority Goal II “aims to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children”.

Among tools and strategy to achieve this goal, the CEHAPE refers to “advocating, supporting and implementing child-friendly urban planning and development as well as sustainable transport planning and mobility management, by promoting cycling, walking and public transport, in order to provide safer and healthier mobility within the community” and to “providing and advocating safe and accessible facilities (including green areas, nature and playgrounds) for social interaction, play and sports for children and adolescents”.

The CEHAPE refers specifically to addressing the problem of overweight and obesity among children by: “implementing health promotion activities in accordance with the WHO Global Strategy on Diet, Physical Activity and Health and the WHO Food and Nutrition Action Plan for the European Region of WHO for 2000–2005; promoting the benefits of physical activity in children’s daily life by providing information and education, as well as pursuing opportunities for partnerships and synergies with other sectors with the aim of ensuring a child- friendly infrastructure”.

There are very strong synergies between the implementation of the CEHAPE and that of the Transport, Health and Environment Pan-European Programme (THE PEP).
5.2 National level

a) Physical Activity and Health

Mireille van Poppel
Department of Public and Occupational Health, Institute for Research in Extramural Medicine, VU University Medical Center, Amsterdam, The Netherlands
www.sgvumc.nl

At the Department of Public and Occupational Health, Institute for Research in Extramural Medicine at the VU University Medical Center, Physical activity and Health is one of the four research lines.

Since it is a well-known fact that approximately 60% of the population in the Netherlands is insufficiently physically active, effective methods to stimulate a physically active life-style are being investigated. This is taking place, in particular, in occupational health care, general practice, and rehabilitation centers. Research in this field also concentrates on the health consequences of various training programmes, for instance for the residents of long-term care facilities.

In 2002, the Body@Work Research Center on Physical Activity, Work and Health, a collaboration between VU University Medical Center (VUmc) and TNO, has been established. One of the two main areas of interest of the Research Center is physical activity and health, and Body@Work funds three studies in which physical activity is promoted.

Overweight is becoming an increasingly urgent problem for public health for which physical inactivity is a strong risk factor. In order to tackle this health problem, a Center of Expertise regarding the prevention of overweight and obesity has been installed within the EMGO-Institute. The Department of Public and Occupational Health is an important contributor to this Center of Expertise. The primary aim of this Center is to provide intermediary professionals with state of the knowledge regarding the prevention of overweight and obesity (see www.overgewicht.org). Furthermore, several of studies on the prevention or reduction of overweight and obesity have started, focusing on working populations, adolescents, and pregnant women. In all these studies, the promotion of physical activity plays an important role.

From the public health perspective, the prevention of sport injuries is important. Research on the negative aspects of physical activity and sport is, for instance, directed towards the prevention of ankle injuries among volleyball players by introducing a special device (a balance board) for balance training. In 2002, a special grant of the Ministry of Health, Welfare and Sports as part of a larger programme that aims at stimulating sports medicine research in the Netherlands was obtained.
b) Physical Activity as a main topic in the Austrian Health Promotion Foundation „Fonds Gesundes Österreich“ (FGÖ): Abstract

Eva Rohrer
Fonds Gesundes Österreich, Vienna, Austria
www.fgoe.org

The new Fonds Gesundes Österreich (Fund for a healthy Austria) was created on the basis of the Health Promotion Act passed by the Austrian parliament in February 1998. It is related to the holistic concept of health of the Ottawa Charter for health promotion (WHO). Therefore the FGÖ wants to help make the various spheres of life and life styles of people in Austria healthier.

The FGÖ is solely responsible for the following in all its fields of action (practical and scientific projects, structural development, advanced and continuing training and education, networking/networks, information and public education):

1) Health promotion
- Increase resources
- Relational and/or behavioral approach
- Holistic (bio-psycho-social) concept of health

2) Primary prevention with holistic concept of health (bio-psycho-social)
- Related to risk factors
- Relational and/or behavioral approach

Annually 7,25 Mill Euros are available to the Fund to fulfil its mission. The financing results from tax revenue of the Austrian republic.

Priorities
In the period of its three Year Program from 2003 to 2005, the FGÖ has set three subject priorities and three target group priorities in settings:
- Physical activity
- Nutrition
- Mental and emotional health
- Children and adolescents in non-school settings
- Employees at small and medium-size enterprises
- Older people in rural und urban settings

Physical activity – Activities in the Fund for a Healthy Austria
- Projects in different settings
- Brochure “Physical activity: Better living by awareness”
- Member and co-financier of the Austrian network of the “European Year of Education through Sport 2004”
- Lifestyle campaigns in the last years
- Physical activity campaign “It is never too late to make the first step” 2003/2004

Cooperation with Austrian organizations for Sports
Under the umbrella conception “Fit for Austria” a frame contract was placed between Fonds Gesundes Österreich and the Austrian Organizations for Sport (BSO), which aims to submit and realize health promotion projects for physical activity in the years 2005 and 2006. Based on a holistic concept of health, these projects shall provide for behaviorally and relationally oriented level.

“Fit for Austria” is an umbrella brand for a series of innovative projects, all themed “for lifelong exercise in sports – sport as service provider in health system”.
“Fit for Austria” relies on an initiative of the Austrian State Secretary For Sport.
A programme of advanced training and further education, offered by FGÖ, will provide actors and operators of projects in phases of planning, implementation, performance and evaluation.

**Contributions to CEHAPE and PEP**

Fonds Gesundes Österreich co-funds projects that make contribution to CEHAPE and PEP. For example:

A pilot project in the field “school mobility management”, Austria’s share at the WHO ministers conference in Budapest 2004 “The future of our children”.

“Rad-freundliche Stadt”, a scientific study aiming for exploring coherences between individual, social and environmental factors and riding a bicycle as means of human powered mobility for adults (15 – 60 years) in the city of Graz. Basing on the results of the studies selective measure of intervention will be developed in order to improve the proportion in riding bicycle in modal split.
c) Policies for the promotion of HEPA: recent developments in Germany

Alfred Rütten, Karim Abu-Omar
Institute of Sport Science (ISS), Friedrich-Alexander-University Erlangen-Nuremberg, Germany
http://www.sport.uni-erlangen.de

Compared to other nations, Germany has so far been reluctant to adopt national level policies for the promotion of HEPA. On a structural level, two inhibiting factors for the development of such policies seem to exist: (1) General responsibility for the promotion of physical activity lies on the state (Bundesländer) level, resulting in reluctance of federal ministries to engage in the promotion of HEPA. (2) Due to competencies of federal ministries, federal level actions for physical activity promotion would require intersectoral work between ministries, resulting in reluctance to engage in that topic.

Despite such inhibiting factors, new initiatives for the promotion of HEPA have been launched in Germany in the last year: The Ministry of Consumer Protection and Nutrition initiated a national “Platform” for nutrition and physical activity, targeting children and adolescents. The Platform has, with support of the food-industry, raised considerable funds for the prevention of obesity among the target group. The Ministry of Health and Social Security is currently preparing a campaign to promote inner-city walking among adults.

Other Ministries, such as the Ministry for Transportation and Urban Planning have, for the above cited reasons, been hesitant to consider physical activity as a major topic.

The ISS is currently preparing the foundation of a national alliance for the promotion of HEPA. Main goal of the alliance would be the exchange of information and international representation of existing state- and local level initiatives for physical activity promotion in Germany. First exploratory meetings with potential partners indicated, that a general interest for founding such an alliance exists, but that the general goals of the alliance would have to be more specific in order to attract partners.
d) Promotion of health enhancing physical activity (HEPA) in Iceland: “Biking to Work” 2005

Svandis J. Sigurðardóttir
Department of Physiotherapy, Faculty of Medicine, University of Iceland
http://www.medicine.hi.is

May 2nd – 13th 2005 “Iceland on the Move” (which is an educational and promotional project of the Icelandic Sports and Olympic Federation – ÍSÍ), organized for the third time the “Biking to Work” event. The main purpose of the event is to promote cycling as a healthy and economic transport that is friendly to the environment. Anybody who used his/her own energy to commute to and from work was a valid participant, i.e. biking, walking, line skating etc.

As the last year event, it was organized as a competition between work places and the participants were categorized according to the total number of employees of their work place. There were six categories, from 3-9 employees up to 400+ employees.

Altogether 488 teams from 254 work places participated in “Biking to Work”, a total of 5076 participants. Thus, participation has doubled from last year and it has increased tenfold over the last three years (started in 2003). Total days of participation were 28 024 (average 5.5 days/employee) and 173 762 km were covered which equals 130 laps around the country! This time 56% participants traveled by bike, 41% on foot, 1.7% by bus, 0.1% used inline skates.

The number of participants in this recent event is rapidly increasing. Next year the employees will bike to work May 2nd – May 15th.
5.3 List of presented posters
   (available as a separate annex document)

a) Network HEPA Switzerland
   Kees de Keyzer
   Network HEPA Switzerland, Magglingen, Switzerland
   www.hepa.ch

b) Interventions for the promotion of HEPA in the Netherlands
   Mireille van Poppel
   Department of Public and Occupational Health, VU University, Amsterdam, The Netherlands
   http://www.sgvumc.nl

c) Physical activity in the Netherlands
   Belinda Yeung
   Ministry of Health, The Netherlands
   http://www.minvws.nl/en/

d) Physical Activity as a main topic in the Austrian Health Promotion Foundation „Fonds Gesundes Österreich“ (FGÖ)
   Eva Rohrer
   Austrian Health Promotion Foundation, Vienna, Austria
   http://www.fgoe.org and www.gesundesleben.at
Annex

2005 05 26 02 Scope and Purpose
Introduction

Based on the recommendations of the WHO Global Strategy for Diet, Physical Activity and Health and on other initiatives relevant initiatives undertaken in the European Region, a preparatory Physical Activity Expert Meeting took place in Magglingen, Switzerland, on 13 – 15 June 2004, at the initiative of the Swiss Federal Offices of Sports and Public Health. The meeting was attended by 26 experts from different European institutions and organizations, including the WHO.

At that meeting, participants agreed on the creation of the “European Network for the Promotion of Health-Enhancing Physical Activity (HEPA)”. The goal of the Network is to strengthen and support efforts and actions that increase participation in and improve the conditions favourable to a healthy lifestyle, in particular with respect to health-enhancing physical activity.

Participants also agreed to establish an intermediate Steering group, chaired by the Swiss Federal Office for Sports (BASPO) to develop the background work for the establishment of the network. This intermediate Steering Group met for the first time in Rome on 22. April 2005. The WHO European Centre for Environment and Health in Rome was invited to support the network by providing secretariat functions.

Reason for meeting

The 1st Meeting of the European HEPA network is convened to review and discuss recent and relevant international developments and experiences as well as national approaches with regard to physical activity promotion. Additionally, information on upcoming events and meetings will be distributed. Furthermore, progress made on the first project of the network on “Collaboration between physical activity promotion and the transport sector – Examples from European Countries” will be presented.
During the second part of the Meeting, the necessary steps and decisions for the setting up and formal establishment of the Network will be taken, and possible mechanisms for contributions and funding discussed. In particular, it is expected that participants will discuss and adopt the following documents:

- Terms of Reference of the HEPA Network,
- Terms of Reference of the HEPA Steering Committee,
- Terms of Reference of the HEPA Secretariat.

Finally, possible actions and future projects to be undertaken by Members of the network will be identified and implementation mechanisms agreed (e.g. establishment of task forces and working groups).

**Proposed outcomes of the meeting**

It is expected that by the end of the meeting agreement will have been reached on:

1) the conditions and rules governing the establishment and functioning of the HEPA Network, and
2) future activities and projects of the Network.
Annex

2005 05 26 03 Programme
03 PROGRAMME

Wednesday, 25.05.2004
17.30-18.00 Registration of participants

Thursday, 26.05.2005
08.30-09.00 Registration of participants
09.00-09.45 Welcome, introduction of participants, objectives of the meeting
   Chair: Finn Berggren, Brian Martin
09.45-11.00 Presentation of international developments and experiences
   Chair: Francesca Racioppi
   - WHO Global strategy
   - EC Task Force
   - THE PEP/CEHAPE

11.00-11.30 Coffee break

11.30-12.30 Presentation of international developments and experiences
   Chair: Francesca Racioppi
   - Other developments
   - Upcoming conferences and meetings

12.30-13.00 Presentation of national approaches and experiences
   (Plenary poster presentation; 3 min per poster)
   Chair: Finn Berggren

13.00-14.30 Sandwich Lunch and "walking" poster session

14.30-16.00 Discussion based on poster presentations
   Chair: Finn Berggren

16.00-16.30 Coffee break

16.30-17.15 Project presentation: "Collaboration between Physical Activity Promotion and the Transport Sector - Examples from European Countries"
   Chair: Harry Rutter

18.00 Social event
Friday, 27.05.2005

09.00-10.00 Setting up the Network
Chair: Brian Martin
- Vision, goal and objectives
- Terms of reference
- Membership
- Steering Committee
- Working Groups
- Secretariat

10.00-11.00 Contributing to the Network
Chair: Brian Martin
- Financing
- Expertise and Manpower
- Hosting Meetings
- Providing services
- Supporting members
- Collaboration

11.00-11.30 Coffee break

11.30-13.30 Future projects and organisation of working groups
Chair: Brian Martin

13.30 Closure of the Meeting
Lunch
## 04 LIST OF PARTICIPANTS

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<td>Phone + Representatives (mainly) Finnish Sports Federation</td>
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</tbody>
</table>
### HOST OF THE MEETING

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- 4 -
Annex

2005 05 26 07 HEPA leaflet
European Network for the Promotion of Health-Enhancing Physical Activity

Based on the recommendations of the WHO Global Strategy for Diet, Physical Activity and Health and on other initiatives like the “Agita Mundo” Network, in June 2004 a preparatory Physical Activity Expert Meeting in Magglingen, Switzerland, has agreed on the creation of the European Network for the Promotion of Health-Enhancing Physical Activity.

- In the Magglingen Meeting, institutions and organisations from the following European countries were represented: Austria, Denmark, England, Finland, France, Germany, Iceland, the Netherlands, Slovenia, Sweden, Switzerland.
- Vision, goals, objectives and guiding principles of the Network have been defined in the Magglingen Meeting (see reverse).
- The first official Network Reunion will take place at the Gerlev Sports Academy in Slagelse, Denmark, 26 and 27 May 2005.
- An intermediate Steering Committee is chaired by the Swiss Federal Office of Sports. The WHO European Centre for Environment and Health hosts the secretariat of the Network.
- The first product of the Network will be the report “Collaboration between Physical Activity Promotion and the Transport Sector – Examples from European Countries”.
- Organisations and institutions of regional, national or international importance are invited to join the Network and to contribute to the report.

Cornerstones of the Network established in the Magglingen Meeting in June 2004

Vision
- Better health through physical activity among all people in Europe.

Goal
- The Network has the goal to strengthen and support efforts and actions that increase participation in and improve the conditions favourable to a healthy lifestyle, in particular with respect to health-enhancing physical activity.

Objectives
- The Network contributes to the development and implementation of national policies and strategies for the promotion of health-enhancing physical activity (HEPA) in European countries.
- It supports and disseminates effective strategies, programmes, approaches and other examples of good practice to promote HEPA.
- It supports and facilitates the development of multi-sectoral approaches for the promotion of HEPA.

Guiding Principles
- All activities of the Network are based on accepted policy statements as the WHO Global Strategy for Diet and Physical Activity and corresponding documents from the European Commission.
- The network focuses on population-based approaches for the promotion of health-enhancing physical activity using the best available scientific evidence.
- The network emphasises the importance of monitoring and evaluation; it encourages the development of standardised measurement methods and systematic research.
- The network encourages the ongoing exchange, dissemination and sharing of experience and knowledge.
- Membership is open to organisations and institutions of regional, national or international importance willing to contribute to the goals and objectives of the Network.
- Network activities support cooperation, partnerships and collaboration with other related sectors, networks and approaches.
Annex

2005 05 26 Agenda pre-meeting
MEETING OF THE EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY
SLAGELSE, DENMARK – 26 & 27 MAY 2005

2ND MEETING OF THE INTERMEDIATE STEERING GROUP OF THE HEPA NETWORK

Slagelse, DK – 25. May 2005
Starting at 15:00 hours

ENGLISH ONLY

AGENDA OF THE 2ND MEETING OF THE INTERMEDIATE STEERING GROUP

1. Welcome and Opening of the meeting
2. Finalization of the preparation of the Slagelse meeting (e.g. changes to programme, other necessary adjustments)
3. Establishment of the Network
   a. Finalization of documents to be submitted for adoption by the network
      i. Terms of reference (ToR) for the HEPA Network
      ii. ToR for the Steering Committee
      iii. ToR for the Secretariat
      iv. Revised leaflet
   b. Propose an initial Programme of Work (projects) to be implemented as part of the network activities
   c. Discuss the establishment of possible working groups / special committees / task forces (e.g. on training, on mapping and following-up other relevant processes/initiatives, such as Move for Health, THE PEP, the CEHAPE, etc.) and clarify their role vs. that of the Network
   d. Discuss communication/dissemination aspects (website, newsletter, participation in scientific events, dissemination of information about the network)
4. Next Steps
5. Closure
Annex

2005 05 26 Pekka Oja - Slagelse
European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training

Pekka Oja
26 May 2005

Aims
- Link nutrition and physical activity in health promotion
- Co-ordinate and integrate work on monitoring, intervention and training
- Focus on overweight and obesity and associated health problems
- Strategic approach to sustainable evidence-based training and promotion strategies
- Engage with the new member states and NGOs

Thematic framework
1. Measurement and interpretation of data
2. Evidence for effectiveness of interventions
3. Integration of physical activity with nutrition

Measurement - examples
- What are the key monitoring, measurement and data collection issues?
- What targets exist and what data and systems are in place to monitor them?

Evidence - examples
- What is the evidence around interventions to increase physical activity?
- What types of policies, supported by what sorts of targets, achieve increases in physical activity?
- What policies are in place and how were they put into action?

Integration - examples
- Are there interactions between physical activity and nutrition with regard to health?
- What is the value in approaching physical activity and nutrition in combination to tackle overweight and obesity?
Tasks
1. Integrate nutrition and physical activity
2. Develop a combined surveillance instrument
3. Test strategies for optimal impact on health outcomes of various intervention models
4. Submit research proposals to the Commission

Integration
• There should be a common conceptual framework whereby physical activity and nutrition are integrated for the purpose of tackling overweight and obesity

Develop combined instrument
• There is no existing instrument for surveillance of physical activity and nutrition
• Scientific development of such an instrument is a very complex task

Appraise relevant strategies
• Identify, document and evaluate examples of national and regional intervention strategies such as:
  – Recommendations for approaches integrating nutrition and physical activity
  – Recommendations for sectoral intervention approaches such as within transport and environmental sectors.

Research proposals
• Identify significant research gaps and make recommendations for appropriate work to fill them

Outputs
• Reports to the Commission
• Proposals for annual Commission workplans
• Recommendations to the Commission
• Reports for a wider audience
The challenge is…

- How do we link the work of the EC Task Force with that of the HEPA network?

Some other networks…

- EU Platform on Diet, Physical Activity and Health
- European Network for Nutrition and Physical Activity
- Global Task Force on Physical Activity (WHO/CDC)
- Physical Activity Task Force within IASO
Annex

2005 06 09 Note Teleconference
Note of EC TF phone conference: 09 June 2005

Participants:
Jozica Zakotnik
Pekka Oja
Jean-Michel Oppert
Michael Sjöström
Harry Rutter

Feedback on action points from 6 May phone conference

- HR’s proposal for the EC work plan is too detailed - needs to be trimmed down for the work plan - we can do this in Southampton
- JMO has sent round more information about the networks
- PO has reviewed articles about the integration of PA and nutrition from both impact and promotion perspectives. JMO sent a list of references about this. PO will have a proposal on how to take this forward in the near future. We need to be able to emphasise the value of integrating PA and nutrition. WHO Global Strategy should form the backbone of our approach

Slagelse meeting report

The European HEPA network was confirmed, and it will now start formally to function. JZ, JMO and HR are on the steering committee. The TF will also be represented by PO and/or MS. There was a clear acceptance that our TF and the HEPA network will work closely together

Some workgroups were established: one on surveying existing networks - HR is on this group.

Action:
HR to send round the presentation that PO gave at Slagelse
Defining our tasks and deliverables

We need to be clear about our work plan and deliverables. Our niche lies in considering both PA and nutrition rather than one or the other – Should we be called the Health Enhancing Nutrition and Physical Activity (HENPA) group?

Action:

each of us to come up with ideas and proposals for tasks and deliverables and feed them in to the meeting in Southampton.

Meeting and travel practicalities

- PO will go to Amsterdam on 10 June and attend throughout the conference, then travel to Southampton on Sunday afternoon and will be available Monday and Tuesday apart from 9.00-10.30 on Monday
- Michael will go to Amsterdam on Wednesday evening then leave for Southampton on Saturday. Returns Tuesday evening
- JZ will travel to Southampton on Sunday, returning on Wednesday morning. Also trying to arrange
- JMO arrives Amsterdam late on Wednesday, then leaves on Saturday afternoon. Not attending the meeting in Southampton
- HR will arrive in Southampton on Monday morning and stay until Tuesday afternoon

Actions:

- Michael will see if Pekka can go first in the Monday morning session so that we can all meet at 10.00 on Monday
- We will all meet in the lobby of the meeting venue at 10.00 on Monday morning at the venue location (details of the meeting venue and hotels to be confirmed in the next few days)
- We will meet 10.00-2.00, then continue after 16.30, including over dinner on Monday 20th. Then meet as per the agenda 10.30-15.00 including lunch on Tuesday 21st

Any other business

European health forum meeting will be 5-8 October in Austria. Organised by EU, mostly high political level meeting, with politicians and senior officials from health administrations: [www.ehfj.org](http://www.ehfj.org) [is this the right URL?]. The meeting will include a session on physical activity and nutrition (at the top of the agenda).

Actions:

- We will discuss possible mechanisms for feeding into the meeting when we meet in Southampton: perhaps we could organise a parallel session on nutrition and physical activity
- JZ will see if she can attend and will investigate possibilities for engagement with the meeting
Topics to discuss in Southampton

- Finalising our workplan and deliverables
- Relationship between our group and the EuroHEPA network
- Engagement with European Health Forum meeting
- Dates of future meetings for our group
- Agree a new name for our group!
Annex

2005 06 20 Minutes TF PA Mon
EC PA TF meetings – Southampton: 20/21 June 2005

Present:
- Jozica Zakotnik
- Pekka Oja
- Michael Sjöström
- Harry Rutter
- Dirk Meusel (present on Tuesday 21st)

Feedback from ISBNPA Amsterdam 2005

Pekka went to a good presentation by Jaan Seidel on cost effectiveness of interventions to tackle obesity which showed that benefit is greater in middle age than adolescence and youth;

We need two approaches
- one from the evidence base looking at current and recent evidence
- other end is from the practice end listing interventions that we believe to be effective

Another issue that caught PO’s attention was on the value of combining and integrating PA and nutrition.

He asked Tim Armstrong who agreed with Pekka that there is very little evidence to indicate the value of combining one of the two aspects - it may be better for the time being to focus on the two areas separately.

But there were talks showing that there are benefits to combining these approaches in terms of promotion.
- Review by Nico Pronk on the effectiveness of combined approaches

WHO Europe invited an expert group in conjunction with the congress in Amsterdam to discuss the role of physical activity in tackling obesity. WHO Europe will put obesity high on their agenda next year, to be acknowledged by a ministerial congress next year. The
informal meeting in Amsterdam was to consult on the role of PA in tackling obesity. Brian Martin is involved in this representing the HEPA Europe network.

**EU strategy on health and consumer protection**


- key point of this is the integration of strategies on health and consumer protection
- it is a proposal for the parliament - it may not be implemented in exactly this form
- the budget is likely to grow to reflect the change, with more money for health
- takes effect in 2007 until 2013
- will have an executive agency to link health and consumer protection
- health is also in the structure funds from 2007-2013 for regional development projects

- very brief summary from Jozica of the themes of the EC document:
  - health inequalities are emphasised as a theme across the lifespan, from children’s health to ageing
  - health threats - eg bioterrorism, avian flu etc
  - lifestyle determinants
  - health promotion and disease prevention
  - health systems - it may be that we should look at this is a mechanism for integrating public health approaches into health systems
  - health information - including dissemination to citizens, health experts and policy makers
  - promote health by tackling determinants - this is likely to contain the core of our work
  - prevention of disease and injuries - includes developing effective screening and detection programmes and then produce intervention programmes to tackle them. This is a new strand

We need to be aware of these proposed changes

- we should feed in to our own national reps to the Commission to with our views on the proposals
  - how do we identify the relevant person within the commission who is involved in this?
  - Harry should find out from DH in England who is responsible for this
- We should all read the document and provide a list of proposed changes with exact proposed wording
**Dokumentnamn DNR**

**Minutes on Meeting**

**Date**

20/21 June 2005

**Page**

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**ACTIONS:**

- Harry to identify the relevant lead in the UK Department of Health responsible for this
  - Harry to find out the timetable for the amendment process for this
- All to read the document
- All to draft proposed changes
- All need to agree how this fits in to our workplan

**Integration of PA and nutrition**

We need to consider both monitoring and interventions with integration of both PA and nutrition.

Work on a shared survey tool to measure energy in and energy out - JMO is already working on this and discussed it with PO in Amsterdam.

**ISBNPA**

Should we run a workshop at ISBNPA 2006 Boston and/or ISBNA 2007 Oslo?

We could prepare something for a consultative workshop in 2006.

**Tuesday 21 June**

**Workplan - monitoring**

**Three main questions** proposed by Dirk in the area of monitoring physical activity:

- What information is available on PA behavior of populations and how reliable is it?
- What instruments do we have to measure PA, what are the problems with collecting population level information on physical activity, and what are the opportunities on this topic?
- What is the most realistic and reliable approach for monitoring PA at a European level?

We need to frame our proposal in terms that emphasise it is about supporting policy making. It also needs to integrate nutrition with physical activity. Dirk will present the arguments to DG Sanco when he is in Luxembourg in two weeks time.

**Action:**

Michael will draft a paper to send to Dirk.

**DG Sanco strategy 2007-2013**

**Actions:**

- Harry to identify the responsible individual within UK Department of Health then (1) find out the timetable and (2)
- Dirk will investigate when he is in Luxembourg
- MS will lead on co-ordinating comments from us all and producing drafting suggestions for HR to feed in to his national contact
EU Platform

- JMO is a member of the EU Platform
- Concern about lack of representation of physical activity

**Action:**
JMO to feed back to us at next phone conference about this topic

DG Research 7th Framework

**Action:**
MS to speak with Knut-Inge and report back to us about this
Annex

2005 06 20 Health promotion proposal for DG Sanco 2006 Workplan
Suggestions for the health determinants strand in the Workplan 2006 of DG SANCO

- Strategies and innovative actions that integrate physical activity and nutrition approaches for tackling obesity

- Specific work on supporting lifestyle changes to integrate physical activity into people’s daily lives, especially through support of active travel and healthy built environments

- Inventories of national policies across Europe that support walking and cycling, especially in local neighbourhoods, and of national policies across Europe that support local availability of food.

- Evaluations of the extent to which policies supporting physical activity through transport and the built environment are translated into action, linked to data showing levels of physical activity and healthy eating across Europe
Annex

2005 08 31 Note on Teleconference
Annex

2005 09 12 Programme
Overview of Meetings
12th/13th September 2005

Venue:
ALMYRA Hotel, Poseidonos Avenue, CY-8042 Pafos, Cyprus
(Room to be announced by the Hotel)

Discussion on the first Day of the 2nd Scientific Workshop of the Working Party “Lifestyle and other Health Determinants”

Date/Time: Monday, 12 September 2005, 9.00-12.30 am
Participants: Invited Guests

2nd Scientific Workshop of the Working Party ‘Lifestyle” on
“Integrating the Monitoring of Physical Activity into Public Health Nutrition”

Date/Time: Monday, 12 September 2005, 14.00 – 18.00 pm
Tuesday, 13 September 2005, 9.00 – 12.00 am
Participants: Invited Speakers, Public Audience

Side programme: Joint Meeting of the Taskforces on “Monitoring” and “Physical Activity” of the European Network for Public Health Nutrition

Date/Time: Tuesday, 13 September 2005, 14.00 – 18.00 pm
Participants: Invited Guests
Annex

2005 09 12 Flyer
Presentations:

The European Commission aims at producing comparable information on health and health-related behaviour of the population, on diseases and health systems. This will be based on European-wide common agreed indicators with regard to their definition, their collection and use.

Most of the actions supported by the Public Health Programme of Community action on health monitoring were in relation to the development of indicators. They were leading to recommendations either for indicators for various health fields or for improvements in the data collection in relation to these indicators.

The present workshop aims at outlining the work on monitoring levels of physical activity at population level as well as at specifying tasks that future work in the field should aim at.

Organisation:

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Prof. Dr. Dr. W. Kirch
Research Association Public Health Medical Faculty Carl Gustav Carus
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Venue:

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Integrating the Monitoring of Physical Activity into Public Health Nutrition

2nd Scientific Workshop of the Working Party ‘Lifestyle and other Health Determinants’ within the Public Health Programme of the European Commission, DG SANCO, Luxembourg

Almyra Hotel
Pafos, Cyprus

12/13 September 2005

Final Announcement
Monday, 12th September 2005, 14.00 – 18.00

Dirk Meusel
Research Association Public Health, Dresden, Germany
“Questions on Physical Activity that a Health Information System might be able to answer”

Pekka Oja
Centre for Health Promotion Research, Tampere, Finland
“What do we know about the levels and patterns of health-enhancing physical activity in Europe”

Michael Sjöström
Karolinska Institutet, Stockholm, Sweden
“Health Indicators on Physical Activity: the project ‘Monitoring Public Health Nutrition in Europe’ ”

Brian Martin
Federal Institute of Sport Science Magglingen, Switzerland
“The European Health Enhancing Physical Activity (HEPA) Network and the Global Task Force on Physical Activity”

Christina Bamia
Medical School, Athens, Greece
“The Relationship between Energy Intake and Expenditure and its effects on the population’s health”

Lijana Kragelj Zaletel
Medical Faculty of University of Ljubljana, Ljubljana, Slovenia
“CINDI Surveys results as a tool in developing effective healthy nutrition and physical activity intervention programmes – experiences from Slovenia”

Tuesday, 13th September 2005, 9.00 – 12.00

Tim Armstrong
World Health Organisation, Geneva, Switzerland
“The development of the Global Physical Activity Questionnaire by WHO”

Nicole Wagner
Research Association Public Health, Dresden, Germany
“Recommendations for the Promotion of Physical Activity in Children from various stakeholders”

Maarike Harro
National Institute for Health Development, Tallinn, Estonia
“Monitoring Physical Activity in Baltic Countries - The FINBALT survey as well as studies with children”

Jean-Michel Oppert
University Pierre-et-Marie Curie, Paris, France
“Habitual physical activity at population level and obesity”

Contribution to Journal

Ibrahim Elmadfa
University of Vienna, Vienna, Austria
“Activities in Monitoring Physical Activity in Austria”
Annex

2005 09 12 Presentation Pekka Oja
Sources of evidence

- Oja, 1995: *Descriptive Epidemiology of Health-related Physical Activity and Fitness*
- Vaz de Almeida et al., 1999: *Physical Activity Levels and Body Weight in a Nationally Representative Sample in the European Union*
- Martinez-Gonzales et al., 2001: *Prevalence of Physical Activity during Leisure Time in the European Union*
- Unpublished results of Eurobarometer data

What do we know about the levels and patterns of health-enhancing physical activity in Europe?

Pekka Oja
Karolinska Institute, Stockholm
UKK-Institute, Tampere

Integrating the Monitoring of Physical Activity into Public Health Nutrition

Cyprus, 12-13 September 2005

Purpose

- to review the research evidence on physical activity across European countries
  - health perspective
  - population perspective
- to identify directions for future assessment of population health

Oja 1995: Review of 5 studies

- England, Canada, Sweden, Finland (2)
- representative population samples of adults
- health-related physical activity: leisure-time, transport, occupation
### Characteristics of surveys (Oja 1995)

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<th>&gt;3,5 h</th>
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<tbody>
<tr>
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<td>13</td>
<td>1</td>
<td>7</td>
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<td>Belgium</td>
<td>38</td>
<td>2</td>
<td>9</td>
<td>50</td>
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<tr>
<td>Denmark</td>
<td>23</td>
<td>2</td>
<td>7</td>
<td>67</td>
</tr>
<tr>
<td>Finland</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>84</td>
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<tr>
<td>France</td>
<td>35</td>
<td>2</td>
<td>9</td>
<td>54</td>
</tr>
<tr>
<td>Germany</td>
<td>30</td>
<td>1</td>
<td>8</td>
<td>61</td>
</tr>
<tr>
<td>Greece</td>
<td>40</td>
<td>1</td>
<td>6</td>
<td>54</td>
</tr>
</tbody>
</table>

### % "active" (Oja 1995)

<table>
<thead>
<tr>
<th>Country</th>
<th>Criterion</th>
<th>Men</th>
<th>Wom</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>12 or more at least 20-min occasions of mod and/or vig activity in past 4 weeks</td>
<td>49</td>
<td>41</td>
<td>45</td>
</tr>
<tr>
<td>Canada</td>
<td>3 or more at least 15-min occasions of vig leisure-time activity per week</td>
<td>50</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Sweden</td>
<td>3 or more at least 20-min occasions of at least mod intensity leisure-time activity per week</td>
<td>21</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Finland</td>
<td>4 or more occasions of leisure-time physical activity causing at least light sweating an lasting min of 30 min per week</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>
Martinez-Gonzales et al. 2001: the EU survey

- the pan-European study data
- list of 17 specific leisure-time activities: participation and weekly time spent in these activities during past week
- outcome: weekly leisure-time physical activity in MET-hours

% subjects in activity categories (Vaz de Almeida 1999) (2)

<table>
<thead>
<tr>
<th>Country</th>
<th>none</th>
<th>&lt;1,5 h</th>
<th>1,5-3,5 h</th>
<th>&gt;3,5 h</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>6</td>
<td>80</td>
</tr>
<tr>
<td>Italy</td>
<td>38</td>
<td>3</td>
<td>8</td>
<td>52</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>18</td>
<td>4</td>
<td>10</td>
<td>68</td>
</tr>
<tr>
<td>Netherlands</td>
<td>16</td>
<td>1</td>
<td>9</td>
<td>73</td>
</tr>
<tr>
<td>Portugal</td>
<td>60</td>
<td>3</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Spain</td>
<td>37</td>
<td>3</td>
<td>11</td>
<td>49</td>
</tr>
<tr>
<td>Sweden</td>
<td>10</td>
<td>2</td>
<td>5</td>
<td>83</td>
</tr>
<tr>
<td>UK</td>
<td>23</td>
<td>1</td>
<td>9</td>
<td>67</td>
</tr>
</tbody>
</table>

Leisure-time activity (Martinez-Gonzales et al. 2001) (1)

<table>
<thead>
<tr>
<th>Country</th>
<th>% any l-t activity</th>
<th>median, MET-h per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>87,4</td>
<td>23,0</td>
</tr>
<tr>
<td>Belgium</td>
<td>62,0</td>
<td>7,0</td>
</tr>
<tr>
<td>Denmark</td>
<td>78,4</td>
<td>19,5</td>
</tr>
<tr>
<td>Finland</td>
<td>91,9</td>
<td>21,5</td>
</tr>
<tr>
<td>France</td>
<td>65,6</td>
<td>10,0</td>
</tr>
<tr>
<td>Germany</td>
<td>70,6</td>
<td>12,7</td>
</tr>
<tr>
<td>Greece</td>
<td>60,4</td>
<td>8,0</td>
</tr>
</tbody>
</table>

Most common activities (Vaz de Almeida 1999) (3)

- walking 31%
- gardening 18%
- cycling 17%
- keep fit 10%
- swimming 10%
- football 6%
- dancing 5%
- rasquet sports 5%
- team sports 3%
- fishing 3%
- winter sports 3%
- athletics 3%
- hill walking 2%
- martial arts 2%
- golf 1%
- water sports 1%
- equestrian sports 1%
### Total physical activity (Rutten & Abu-Omar 2004) (1)

<table>
<thead>
<tr>
<th>Country</th>
<th>MET-h/week, mean (95%CI)</th>
<th>MET-h/week, median (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>29.70 (27.7-31.7)</td>
<td>23.10 (20.0-24.0)</td>
</tr>
<tr>
<td>Belgium</td>
<td>30.29 (28.1-32.4)</td>
<td>20.58 (18.4-23.1)</td>
</tr>
<tr>
<td>Denmark</td>
<td>37.51 (35.4-39.6)</td>
<td>29.20 (27.5-32.0)</td>
</tr>
<tr>
<td>Finland</td>
<td>35.24 (33.1-37.4)</td>
<td>25.50 (23.1-28.0)</td>
</tr>
<tr>
<td>France</td>
<td>28.49 (26.5-30.5)</td>
<td>19.55 (16.4-22.2)</td>
</tr>
<tr>
<td>Germany, w</td>
<td>41.49 (39.0-44.0)</td>
<td>33.90 (30.8-36.4)</td>
</tr>
<tr>
<td>Greece</td>
<td>38.57 (36.2-40.9)</td>
<td>28.25 (25.7-32.9)</td>
</tr>
</tbody>
</table>

### Total physical activity (Rutten & Abu-Omar 2004) (2)

<table>
<thead>
<tr>
<th>Country</th>
<th>MET-h/week, mean (95%CI)</th>
<th>MET-h/week, median (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>33.16 (31.0-35.3)</td>
<td>23.10 (21.7-24.6)</td>
</tr>
<tr>
<td>Italy</td>
<td>30.28 (28.2-32.3)</td>
<td>21.95 (19.5-23.1)</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>38.81 (36.0-41.6)</td>
<td>31.55 (27.8-35.6)</td>
</tr>
<tr>
<td>Netherlands</td>
<td>45.42 (43.0-47.8)</td>
<td>39.43 (35.7-41.9)</td>
</tr>
<tr>
<td>Portugal</td>
<td>33.38 (31.0-35.7)</td>
<td>23.10 (19.5-25.6)</td>
</tr>
<tr>
<td>Spain</td>
<td>30.56 (28.5-32.6)</td>
<td>23.10 (19.5-23.1)</td>
</tr>
<tr>
<td>Sweden</td>
<td>27.17 (25.5-28.8)</td>
<td>18.65 (20.0-24.0)</td>
</tr>
<tr>
<td>UK (GB)</td>
<td>31.49 (29.3-33.6)</td>
<td>21.84 (18.1-23.4)</td>
</tr>
</tbody>
</table>

### Leisu-time activity (Martinez-Gonzales et al. 2001) (2)

<table>
<thead>
<tr>
<th>Country</th>
<th>% any l-t activity</th>
<th>median, MET-h per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>86,7</td>
<td>20,0</td>
</tr>
<tr>
<td>Italy</td>
<td>62,3</td>
<td>8,0</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>83,4</td>
<td>18,0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>84,5</td>
<td>21,0</td>
</tr>
<tr>
<td>Portugal</td>
<td>40,7</td>
<td>0,0</td>
</tr>
<tr>
<td>Spain</td>
<td>64,0</td>
<td>8,0</td>
</tr>
<tr>
<td>Sweden</td>
<td>90,3</td>
<td>24,0</td>
</tr>
<tr>
<td>UK</td>
<td>76,6</td>
<td>16,0</td>
</tr>
</tbody>
</table>


- part of health survey among 15 memeber states
- representative samples of 15+ y-old, ~1000 per country
- short IPAQ, PA of work, transport, leisure-time, domestic
- face-to-face interviews
- outcomes: vigorous PA d/week, moderate PA d/week, walking d/week, MET-h/week
**Eurobarometer: IPAQ analysis**

- **sufficient activity:** 3000 MET-minutes per week accumulated over 5 days or more or 1500 MET-minutes of vigorous-intensity activity accumulated over 3 days or more
- **insufficient activity:** 30 minutes of walking or moderate-intensity activity on five or more days, 20 minutes of vigorous-intensity activity on 3 or more days, or 600-2999 total Met-minutes of activity over 5 or more days
- **sedentary:** less than insufficient
- **sitting 6+ h/day**

**Eurobarometer vs. pan-European (1)
weekly PA in MET-h/week, median**

<table>
<thead>
<tr>
<th>Country</th>
<th>Eurobarometer</th>
<th>pan-European</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>23,1</td>
<td>23,0</td>
</tr>
<tr>
<td>Belgium</td>
<td>20,6</td>
<td>7,0</td>
</tr>
<tr>
<td>Denmark</td>
<td>29,2</td>
<td>19,5</td>
</tr>
<tr>
<td>Finland</td>
<td>25,5</td>
<td>21,5</td>
</tr>
<tr>
<td>France</td>
<td>19,5</td>
<td>10,0</td>
</tr>
<tr>
<td>Germany</td>
<td>33,9</td>
<td>12,7</td>
</tr>
<tr>
<td>Greece</td>
<td>28,2</td>
<td>8,0</td>
</tr>
</tbody>
</table>

**Eurobarometer vs. pan-European (2)
weekly PA in MET-h/week, median**

<table>
<thead>
<tr>
<th>Country</th>
<th>Eurobarometer</th>
<th>pan-European</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>23,0</td>
<td>20,0</td>
</tr>
<tr>
<td>Italy</td>
<td>22,0</td>
<td>8,0</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>31,5</td>
<td>18,0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>39,4</td>
<td>21,0</td>
</tr>
<tr>
<td>Portugal</td>
<td>23,1</td>
<td>0,0</td>
</tr>
<tr>
<td>Spain</td>
<td>23,1</td>
<td>8,0</td>
</tr>
<tr>
<td>Sweden</td>
<td>18,6</td>
<td>24,0</td>
</tr>
<tr>
<td>UK (GB)</td>
<td>21,8</td>
<td>16,0</td>
</tr>
</tbody>
</table>
SUMMARY

- variable results due to different methods
- leisure-time activity
  - large N>S gradient
  - simple activities most common
- total activity
  - high levels throughout
  - large between country differences (x2)
  - no clear geographic pattern
- health-enhancing activity
  - preliminary observation: 1/3 insufficiently active
  - large between country differences (x2)
- future?
Annex

2005 09 12 Presentation Brian Martin
HEPA Europe –
The European Network for the Promotion of Health-Enhancing Physical Activity

Brian Martin, MD, MPH
Physical Activity and Health Unit
Swiss Federal Institute of Sports Magglingen
Swiss Federal Office of Sports

European Background

- Sports for all activities in many European countries since several decades
- Earliest physical activity promotion in a broader sense in Finland, later in the Netherlands and in England
- In last decades beginning of HEPA (health-enhancing physical activity) promotion in several more European countries, Switzerland being one of them

HEPA promotion in Switzerland

- Strong sports for all activities and facilities, nevertheless physical inactivity is a major public health problem
- Country with weak public health tradition
- Complicated political situation; sports, but not health is a federal responsibility
- Private HEPA activities since 1995, public sector catching up

The Swiss HEPA recommendations

- Half an hour of moderate intensity physical activity or sports daily
- Cardiorespiratory fitness training 3 / week 20-60 min
- Strength/Flexibility training 2 / week
- Further sports activities

The step4step Guidelines of the Network HEPA Switzerland

1st Step: Comprehension
- base document / manifesto
- position statement
2nd Step: Co-operation
- information about activities
- exchange of experiences, access to evaluation
3rd Step: Action
- participation in existing activities
- development of new activities
- support for measures of partner organisations
4th Step: Involvement
- integration of physical activity into healthy public policy

The4step Guidelines of the Network HEPA Switzerland

Mechanisme efficacite pour la salute

Concrete results
...
International influences

Very important for development of elements of national strategy and for development of national structure through:

- Contacts with individual experts
- Global and regional Networks
  - Facilitation of contacts with experts
  - Supporting documentation

International Networks

- WHO consultative group on active living (*)
- European Network for the Promotion HEPA I (*)
- WHO Move for Health
- THE PEP
- WHO Global Strategy on Diet, Physical Activity and Health
- Global Alliance on Physical Activity GAPA
  CDC/IUHPE, formerly Global Physical Activity Task Force

European Situation in 2004

- Scientific exchange on physical activity and health ↑↑
- Development of methods (e.g. IPAQ) ↑↑
- No more regular exchange and development platform for national physical activity promotion strategies

Expert Meeting Magglingen June 2004

- Aim: (Re-) Development of a European Physical Activity Promotion Network
- Participants: Institutions and organisations from: Austria, Denmark, England, Finland, France, Germany, Iceland, the Netherlands, Slovenia, Sweden, Switzerland.

Expert Meeting Magglingen June 2004

- Outcome:
  - Consensus established for further steps towards European Network
  - Secretariat hosted by WHO Europe in Rome
  - Funding 2005 secured by Swiss Federal Offices of Sport and of Public Health

European Network for the Promotion of Health-Enhancing Physical Activity 04/05

- Provisional website
- Intermediate steering committee
- Secretariat at WHO Rome
- Preparation of documents and first Network Meeting in June 2005
HEPA Europe - European Network for the Promotion of Health-Enhancing Physical Activity

- Founded at the first Network Meeting in Slagelse, Denmark, Gerlev Sports Academy, 26 and 27 May 2005

September 2005:
- Goals, objectives and guiding principles defined
- Steering committee
- Secretariat
- Website and documentation
- Membership recruitment beginning
- Workplan ready

HEPA Europe – Institutions represented in Steering committee (September 2005)

- Federal Office of Sports, Switzerland (Chair)
- Gerlev Sports Academy, Denmark
- Ministry of Social Affairs and Health, Finland
- Paris VI University, Hotel Dieu, France
- WHO Regional Office for Europe
- South East Public Health Group, United Kingdom
- Palacky University, Czech Republic
- University Medical Center, The Netherlands
- CINDI, Slovenia
- As observers: European Commission Task Forces on Physical Activity and Public Health Nutrition

HEPA Europe – Cornerstones

Vision
- to achieve better health through physical activity among all people in Europe.

Goal
- to strengthen and support efforts and actions that increase participation and improve the conditions favourable to a healthy lifestyle, in particular with respect to HEPA.

HEPA Europe – Cornerstones

Objectives
- to contribute to the development and implementation of policies and strategies for HEPA in Europe;
- to develop, support, and disseminate effective strategies, programs, approaches, and other examples of good practice to promote HEPA; and
- to support and facilitate the development of multi-sectoral approaches to the promotion of HEPA.

HEPA Europe – Membership

Membership is open to organizations and institutions active at the international, national or sub-national level willing to contribute to the goals and objectives of the network.
These include for example government bodies, scientific institutions, NGOs.
HEPA Europe – Possibilities and challenges

- Secretariat at WHO
- Facilitation of exchange
- Network projects and working groups
- “Independent” funding
- Cooperation with other structures
  - Agita Mundo, GAPA
  - WHO Ministerial Obesity Conference 2006
  - WHO Healthy Cities
  - European Commission

Types of evidence for Public Health

Type I evidence
Disease $\leftrightarrow$ risk factor (e.g. physical inactivity)
“Why should something be done?”

Type II evidence
Intervention $\rightarrow$ prevalence of risk factor
“What should be done?”

Cavill et al 2005, adapted from Brownson et al 1999

4 ‘Key Tasks’ of a Systematic Evidence-Based Approach to Promoting Physical Activity

- Using the evidence for the health benefits of physical activity to “make the case”
  “What is the nature of the problem?”
- Conducting surveillance to collect evidence on the prevalence of physical activity
  “What is the problem’s extent?”
- Reviewing evidence on ‘what works’ in increasing physical activity
  “What is the most effective way to tackle this problem?”
- Evaluating practice
  “How can progress be monitored and evaluated?”

Evidence-Based Approach to Promoting PA
Situation in Switzerland early 2005

<table>
<thead>
<tr>
<th>Evidence for health benefits</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>++</td>
<td>+++</td>
<td>++</td>
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</table>

<table>
<thead>
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<th>Children</th>
</tr>
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<tbody>
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<td>(+)</td>
<td>(+)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness</th>
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<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>(+)</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluating Practice</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public awareness of problem</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>++</td>
<td>+++</td>
<td>+++</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need for action</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>+++</td>
<td>+++</td>
<td>+++</td>
</tr>
</tbody>
</table>

Evidence-Based Approach to Promoting PA
Situation in Switzerland early 2005

Adults

• Evidence for health benefits +++ ++
• Surveillance ++ (+)
• Effectiveness + (+)
• Evaluating Practice (+) -

Children

• Evidence for health benefits ++
• Surveillance (+)
• Effectiveness (+)
• Evaluating Practice + (−)

Public awareness of problem ++ +++
Need for action +++ +++

Evidence-Based Approach to Promoting PA
Situation in Switzerland early 2005

Adults

• Evidence for health benefits +++ ++
• Surveillance ++ (+)
• Effectiveness + (+)
• Evaluating Practice (+) -

Children

• Evidence for health benefits ++
• Surveillance (+)
• Effectiveness (+)
• Evaluating Practice (+) -

Public awareness of problem ++ +++
Need for action +++ +++

Figure 1 — Mobile Ecological Model to Promote Physical Activity proposed and used by Agita São Paulo Program.
Einflussfaktoren Determinanten Massnahmen Ergebnisse

**B1 – Angebote**
1. Bekanntheit des Angebots
2. Zugänglichkeit und Zielgruppenerreichung
3. Nutzung und Zufriedenheit
4. Verankerung

**B2 – Strategien in Politik und Organisation**
1. Zufriedenheit der Partner
2. Verbindliches Engagement von Entscheidungsträgern
3. Handlungsrelevante verbindliche schriftl. Grundlagen
4. Funktionierende organisatorische Änderungen
5. Funktionierender Austausch und Kooperationen

**B3 – Soziales Potenzial und Engagement**
1. Bestehen von aktiven Gruppen
2. Mitarbeit neuer Akteure
3. Bekanntheit des Anliegens bei Bevölkerungsgruppen
4. Akzeptanz des Anliegens bei Bevölkerungsgruppen

**B4 – Individuelle Kompetenzen**
1. Wissen zum Vorgehen/Thema
2. Positive Einstellungen zum Thema
3. Neue personale und/oder soziale Fertigkeiten
4. gestärktes Selbstvertrauen

**C1 - Materielle Umwelt**
1. Reduktion belastender Einflüsse
2. Erhaltung und Verbesserung von natürlichen Ressourcen
3. Fördernde Einrichtungen/Produkte

**C2 - Soziale Umwelt**
1. Soziale Unterstützung/Netze/Integration
2. Soziales Klima
3. Chancengleichheit

**C3 – Personale Ressourcen und Verhaltensmuster**
1. Angemessener Umgang mit Risiken
2. Bewältigung von alltäglichen Anforderungen
3. Verbesserung Verhalten/Verhaltensmuster

**A1 Entwicklung von Angeboten**

**A2 Interessenvertretung/Zusammenarbeit Organisationen**

**A3 Soziale Mobilisierung**

**A4 Entwicklung persönlicher Kompetenzen**

**Infrastrukturen**
Dienstleistungen
Legislative
Administration
Organisation
Netzwerke
Gruppen
Gemeinschaften
Bevölkerung
Individuen

Adaptation des Ergebnismodells von Gesundheitsförderung Schweiz für die allgemeine Bewegungs- und Sportförderung

**Model for the Promotion of Physical Activity and Sports**
Under discussion, Swiss Federal Office of Sports, September 2005

Interventions → Mechanisms → Effect dimensions

- **Education**
- **Support (financial and "idealistic")**
- **Counselling and Coordination**
- **Expertise**

→ **Offers** → **Behaviour**

→ **Structures** → **Environment**

→ **Norms and values** → **Knowledge and attitudes**
Annex

2005 09 12 Presentation Jean-Michel Oppert
Background – Global context

- Obesity trends: increase (almost) everywhere – Adults (young people)
- Physical inactivity: decrease (almost) everywhere – Adults (young people)
- Physical inactivity: most significant factor associated with obesity (WHO Report)
- Need to better
  - Define the physical activity-obesity relationship
  - Identify relevant indicators
- Improve health monitoring in the context of prevention of nutrition-related disease burden

Background – Global context

- Obesity trends: increase (almost) everywhere – Adults (young people)
- Physical inactivity: decrease (almost) everywhere – Adults (young people)
- Physical inactivity: most significant factor associated with obesity (WHO Report)
- Need to better
  - Define the physical activity-obesity relationship
  - Identify relevant indicators
- Improve health monitoring in the context of prevention of nutrition-related disease burden

Physical activity-obesity relationship

Jean-Michel OPPERT, MD, PhD

University Pierre-et-Marie Curie (Paris VI)
Department of Nutrition, Hôtel-Dieu Hospital
Human Nutrition Research Centre
Paris, FRANCE

Is it only common sense?

International Obesity Task Force. 1998
Physical activity-obesity relationship

Obesity measures/indicators

- Types of measures (anthropometry, other)
- Biological meaning (body compartment)
- Cut-offs
Obesity measures

**Anthropometry**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Compartment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- BMI</td>
<td>Total fat mass, Overall corpulence</td>
</tr>
<tr>
<td>- Sum skinfolds</td>
<td>Subcutaneous fat</td>
</tr>
<tr>
<td>- Waist-hip ratio</td>
<td>Fat repartition</td>
</tr>
<tr>
<td>- Waist circumference</td>
<td>Abdominal fat</td>
</tr>
<tr>
<td>- Sagittal abd. diameter</td>
<td>Abdominal visceral fat</td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

BMI and mortality

Mortality risk

BMI (weight/height²)

18.5  25  30

Caucasians

BMI and fat mass

Fat mass

BMI (weight/height²)

r ~ 0.80
Sex-specific waist circumferences that denote "increased risk" and "substantially increased risk" of metabolic complications associated with obesity in Caucasians.

**Risk of obesity associated metabolic complications**

<table>
<thead>
<tr>
<th></th>
<th>Increased</th>
<th>Substantially increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>≥94 cm (37 inches)</td>
<td>≥102 cm (40 inches)</td>
</tr>
<tr>
<td>Women</td>
<td>≥80 cm (32 inches)</td>
<td>≥88 cm (35 inches)</td>
</tr>
</tbody>
</table>

*International Obesity Task Force*

Regional obesity measures (WC)

**Issues of concern**

- Relationship with overall corpulence (total fat mass)
- Relationship with subcutaneous abdominal fat
- Widely disseminated cut-offs

*D’après Oppert JM, Rolland-Cachera MF 1998*
Sagittal Diameter and Mortality: the Paris Prospective Study

Oppert JM, Charles MA et al. Am J Clin Nutr 2002

Growth curve

- International cut-offs

Overweight and obesity among schoolage children (age 6-17)

Sagittal Diameter and Mortality:

- intra-abdominal fat groups
  - I
  - II
  - III
  - IV

Death rates (%)

P<0.001

P<0.009

P<0.001

7608 middle-aged men
15-y follow-up

Prevalence %

- obese
- overweight

Overweight

Obesity

International cut-offs

Overweight

Obesity

Measurement of the sagittal abdominal diameter in a supine subject. (Reprinted with permission from Kahn HS et al.)

Growth curve
The case for the importance of adult obesity in prevention programmes

1. The sharpest increase in obesity incidence is in adulthood

2. Adult weight gain (independent of weight status) is a strong risk factor for disease (CHD, type 2 DM...)

Source: Seidell JC et al. Proc Nutr Soc 2005
The case for the importance of adult obesity in prevention programmes

1. The sharpest increase in obesity incidence is in adulthood
2. Adult weight gain (independent of weight status) is a strong risk factor for disease (CHD, type 2 DM...)
3. Although the relative risk of obesity-associated disease decreases with age, the absolute risk and population-attributable risk for disease increases with age
   ie the contribution of obesity to ill health on a population level actually increases with age
   Seidell JC et al. Proc Nutr Soc 2005

4. Prevention of weight gain (and weight loss) in adults has been shown to dramatically reduce relative risks for diseases such as type 2 DM (see Finnish Diabetes Prevention Study)

Physical activity-obesity relationship

Physical activity measures/indicators

- Physical activity
- Physical inactivity
- Sedentary behavior

Physical activity

- PAEE (PAL)
- Time spent at recommended levels (HEPA)
- Inactivity: no reported PA (LTPA)
  + Steps/day (ambulatory activity)

- Settings (ie leisure-time, occupational, transport, home...)

Seidell JC et al. Proc Nutr Soc 2005
Physical activity and sedentary behavior

Sedentary behavior

3679 women, 45+ y
Questionnaire MAQ 1998

From Bertrais S et al. Am J Publ Health 2004

Odds ratios (95% CI) for meeting physical activity recommendations
(Women, SU.VI.MAX study)

<table>
<thead>
<tr>
<th>OR (95%CI)</th>
<th>OR (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (y)</td>
<td>Residence</td>
</tr>
<tr>
<td>45-49</td>
<td>Urban</td>
</tr>
<tr>
<td>50-54</td>
<td>Periurban</td>
</tr>
<tr>
<td>55-59</td>
<td>Multipolarized</td>
</tr>
<tr>
<td>≥ 60</td>
<td>Rural</td>
</tr>
<tr>
<td>Education</td>
<td>TV watching (h/d)</td>
</tr>
<tr>
<td>Primary</td>
<td>≤ 1</td>
</tr>
<tr>
<td>Secondary</td>
<td>1 - 2</td>
</tr>
<tr>
<td>University</td>
<td>2 - 3</td>
</tr>
<tr>
<td>≥ 3</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>No</td>
</tr>
<tr>
<td>Previous</td>
<td>0.99 (0.85-1.16)</td>
</tr>
<tr>
<td>Current</td>
<td>0.73 (0.59-0.91)</td>
</tr>
</tbody>
</table>

Bertrais et al. Am J Publ Health 2004

Physical activity-obesity relationship

Sedentary behavior

- Time spent sitting
- Time spent watching TV (screen viewing)
- Other sedentary pursuits?
Physical inactivity: Women
SU.VI.MAX study

OR

* * * * * * * * *

BMI >= 30 WHR>=0.85 WC>=88

n = 3222; 50.3 y; BMI 23.8; OR adjusted age, education, smoking, BMI for WHR and WC

Czernichow S et al. Diabetes Metab 2004

Obesity prevalence and sedentary behavior (UK)


Habitual level of physical activity
IPC study (n = 1735 women)

Leisure + sport activity

Occupational activity

BMI (kg/m²) WC (cm)

Age-adjusted means.

Oppert JM et al. Submitted

Physical activity-obesity relationship

- Cross-sectional studies
- Longitudinal studies
- Intervention studies
Percent body fat at follow-up according to initial level of moderate physical activity
Fleurbaix-Laventie Ville-Santé II

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Foll-up</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rissanen 1991</td>
<td>Yes (M,W)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Klesges 1992</td>
<td>Yes (W)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>French 1994</td>
<td></td>
<td>Yes (M,W)</td>
<td></td>
</tr>
<tr>
<td>Lissner 1997</td>
<td>Yes (W+fat)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coakley 1998</td>
<td>Yes (M)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paeratakul 1998</td>
<td></td>
<td>Yes (M)</td>
<td></td>
</tr>
<tr>
<td>Twisk 1998</td>
<td></td>
<td>Yes (skinfolds)</td>
<td></td>
</tr>
<tr>
<td>Delvaux 1999</td>
<td>Yes (M)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Means. Adj. for age, Tanner stage, family effect, initial value

Kettaneh, Oppert et al. Int J Obes 2005

Ambulatory activity and BMI

45 women, 44.9 y, BMI 26.9


Physical Activity and Changes in Body Weight
Prospective studies (with dietary intakes)

Adapted from Jebb & Moore. MSSE 1999
### Diabetes Prevention Program

Modifiable Activity Questionnaire

![Graph showing change in physical activity compared to lifestyle and metformin.](image)

3234 subjects without diabetes; 2.8 y
Vs. placebo: lifestyle 58%; metformine 31%


### Weight Changes

According to Fat Intake and Physical Activity

![Bar chart showing weight changes.](image)

361 Swedish women
6-y follow-up; adj. baseline age, wt, smok.

Lissner L et al. Ob Res 1997

### Reducing children’s TV viewing

<table>
<thead>
<tr>
<th>Adjusted Change (95% CI)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI (kg/m²)</td>
<td>-0.45 (-0.73 to -0.17)</td>
</tr>
<tr>
<td>Triceps SKF (mm)</td>
<td>-1.47 (-2.41 to -0.54)</td>
</tr>
<tr>
<td>Waist (cm)</td>
<td>-2.30 (-3.27 to -1.33)</td>
</tr>
<tr>
<td>Hrs/week</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>-5.53 (-8.64 to -2.42)</td>
</tr>
<tr>
<td>Videotapes</td>
<td>-1.53 (-3.39 to 0.33)</td>
</tr>
<tr>
<td>Video games</td>
<td>-2.54 (-4.48 to -0.60)</td>
</tr>
<tr>
<td>Meals in front of TV</td>
<td>-0.54 (-0.98 to -0.12)</td>
</tr>
</tbody>
</table>

(1-3 scale)

Robinson. JAMA 1999

### Odds ratios (95% CI) for eating habits according to quartiles of leisure-time physical activity (Men)

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>1.45 [1.18–1.77]</td>
<td>1.93 [1.56–2.39]</td>
<td>2.42 [1.95–3.00]</td>
<td></td>
</tr>
<tr>
<td>Meat &gt; 200g/d</td>
<td>0.75 [0.53–1.07]</td>
<td>0.49 [0.33–0.72]</td>
<td>0.68 [0.48–0.97]</td>
<td></td>
</tr>
<tr>
<td>Fish &gt; 4x/wk</td>
<td>1.24 [0.69–2.25]</td>
<td>1.42 [0.79–2.54]</td>
<td>1.74 [1.00–3.03]</td>
<td></td>
</tr>
<tr>
<td>Veg &gt; 4 x/wk</td>
<td>1.22 [0.99–1.50]</td>
<td>1.64 [1.34–2.01]</td>
<td>1.81 [1.48–2.21]</td>
<td></td>
</tr>
<tr>
<td>Fruits &gt; 4 x/wk</td>
<td>1.18 [0.96–1.46]</td>
<td>1.59 [1.29–1.96]</td>
<td>2.05 [1.68–2.52]</td>
<td></td>
</tr>
</tbody>
</table>

3737 men 20-80 y
Centre IPC, Paris

Oppert et al. Submitted
Conclusions

• The case for
  – not forgetting trends in prevalence of adult obesity
  – monitoring indicators of sedentary behaviour
  – better understand the relationships of PA and dietary indicators in the context of obesity epidemic

• Use concerns about obesity to raise awareness about the importance of HEPA as part of Public Health Nutrition

Recommendations/Goals/Equivalences

<table>
<thead>
<tr>
<th>Physical activity level</th>
<th>Steps/d</th>
<th>Min/d moderate activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivity</td>
<td>&lt; 3 000</td>
<td>0</td>
</tr>
<tr>
<td>Low activity</td>
<td>3 000 – 6 000</td>
<td>15</td>
</tr>
<tr>
<td>Chron.Dis Prev.</td>
<td>≥ 10 000</td>
<td>30</td>
</tr>
<tr>
<td>Weight gain Prev./Maint.</td>
<td>12 000 – 15 000</td>
<td>60</td>
</tr>
</tbody>
</table>

Risk of cardiovascular mortality according to weight status and fitness

Lee et al. Int J Obes 1998

21,856 men, 30-83 y
8 y follow-up, max treadmill test
Unfit = 20% least fit
Annex

2005 09 12 J Publ Health paper about HEPA Europe
Evidence-based physical activity promotion - HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity

Received: 6 January 2006 / Accepted: 12 January 2006 / Published online: 31 March 2006
© Springer-Verlag 2006

Abstract There has been a world-wide increase in scientific interest in health-enhancing physical activity (HEPA). The importance of a physically active lifestyle has now been well established both on the individual and on the population level. At the same time, physical inactivity has become a global problem. While sports for all has a long history, only a few examples of long-term integrated physical activity promotion strategies have been in place in Europe until recently, namely in Finland, the Netherlands and England. A number of countries have now begun to develop their own activities. However, there has been a noticeable lack of a platform for sharing the development and implementation of evidence-based policies and strategies. In order to fill this gap, HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity, was founded in May 2005 in Gerlev, Denmark. The goal of the network is to strengthen and support efforts and actions that increase participation in physical activity and improve the conditions favourable to a healthy lifestyle, in particular with respect to HEPA. The Network is working closely with the WHO Regional Office for Europe (http://www.euro.who.int/hepa). The network fo-
cases on population-based approaches for the promotion of HEPA, using the best-available scientific evidence, and is currently implementing its first projects. HEPA Europe has established collaboration with EU Commission projects and Agita Mundo. Priorities for future work have been defined, and interested organisations and institutions have the opportunity to join the network and participate in the process.

**Keywords** Physical activity · Public health · Prevention · Health promotion

**Introduction**

The importance of physical activity for health, or health-enhancing physical activity (HEPA), has been well established. Early important syntheses were “Moving On”, by the UK Health Education Authority (Killoran et al. 1994), and the US Surgeon General’s Report on Physical Activity and Health (CDC 1996), but extensive research has been conducted since that has contributed to the body of knowledge (Oja and Borms 2004). Physical inactivity has been identified as a leading risk factor in recent “world health reports” of the World Health Organization (WHO 2002, 2003).

While a standardised method for the population assessment of HEPA has only recently been introduced (Craig et al. 2003), the estimates available so far emphasise the public health relevance of the issue: 17% of the adult global population are estimated to be physically inactive, and another 41% are only insufficiently active for health benefits (WHO 2002). For the three European WHO subregions for which the “world health report” provides estimates, the proportion of inactive individuals ranges between 16% and 24%. WHO also estimates that, each year, physical inactivity causes 1.9 million premature deaths globally and some 600,000 in the European Region alone.

Sports-for-all promotion has a long history in many countries, but only a few examples of long-term integrated physical activity promotion strategies were in place until about 10 years ago, notably those in Finland (Vuori et al. 2004) and Canada (Edwards 2004). Since then, large national programs have been launched, first in England and the Netherlands, but later also in other countries (Foster 2000). During the same period, there has been a growth in research into the health effects of physical activity, and work has also begun to focus on assessing the effectiveness of interventions (Kahn et al. 2002; Oja and Borms 2004; Hillsdon et al. 2005; Cavill et al. in press).

**The role of international structures and contacts**

Early concepts already have defined that HEPA can take place in leisure time, at work or in domestic duties (Bouchard and Shephard 1994); more recent models also include physical activity for transport as a fourth domain (WHO 2002). International organisations have been essential in promoting the concept of regular physical activity and the recommendation of at least half an hour of moderate-intensity activities a day (CDC 1996). WHO has played an important role, with the WHO Global Initiative for Active Living, the Move for Health Day and, most recently, its Global Strategy on Diet, Physical Activity and Health (WHO 2004), along with other health organisations such as the World Heart Federation and the International Diabetes Federation. From 1996 until 2001, the first European Network for the Promotion of Health-Enhancing Physical Activity existed as a programme funded by the European Union (EU) and was instrumental in facilitating exchange and providing support for the development of integrated national approaches (Vuori 2005). The specific products of the network have been influential not only because of their content but also because of the process by which they were developed. For example, the inclusion of “Allez Hop!” in the analyses for the “Guidelines for Health-Enhancing Physical Activity Promotion Programmes” (Foster 2000) has had a political impact on the national scale in Switzerland and led to further support for the project. The European Network for the Promotion of Health-Enhancing Physical Activity was exclusively funded by the EU DG SANCO programme. Unfortunately, this support was no longer granted after 2001.

International activities in the field of environment and health have recently started to address transport-related physical activity also. The WHO Charter on Transport, Environment and Health (1999), adopted by the Third Ministerial Conference on Environment and Health, set a policy framework that acknowledges the role of transport-related physical activity in the attainment of better health. The document “Promotion of Transport Walking and Cycling in Europe: Strategy Directions” of the first European Network (Oja and Vuori 2000) has provided a valuable basis for further development, for example in the “Transnational Project Transport-Related Health Effects with a Particular Focus On Children” (Martin et al. 2004).

The number of congresses and publications covering physical activity and health has increased considerably over the last few years, and the possibilities for exchange about the scientific aspects of health effects of physical activity, about methodological issues and about the effectiveness of interventions have improved accordingly. However, after the end of the first European Network, there was no forum for regular exchange of information, nor was there an international platform supporting the development of national strategies for physical activity promotion. The nongovernmental organisation Agita Mundo provides these functions on the global level (Matsudo et al. 2004), but both practicality and cultural similarities favour a European structure. This is even more important now that many European countries are following the call of WHO’s Global Strategy (WHO 2004) to develop and implement their national strategies. At the same time, a growing wealth of experience and evidence exists but is often not available to health promotion practitioners in the field or in national administrations (Cavill et al. in press). Only a
small proportion of the evidence exists in the form of publications in scientific journals, and many documents are in the form of reports (Kroes et al. 2004; Thommen and Braun 2004) that are often only available in local languages. Some considerations for physical activity policy development exist (Shephard et al. 2004), but more work has to be done to provide concepts that can be applied in practice.

HEPA Europe

In this situation, the idea for a new European Physical Activity Promotion Network was developed during an international Physical Activity Expert Meeting in Magglingen, Switzerland, in June 2004. The Swiss Federal Offices of Sports and Public Health provided financial support for the first phase of the network, and the WHO European Centre for Environment and Health in Rome is working closely with it. An intermediate steering committee started working, and the founding meeting of HEPA Europe, the new European Network for the Promotion of Health-Enhancing Physical Activity, took place at the Gerlev Physical Education and Sports Academy in Denmark in May of 2005 (HEPA Europe 2005, see Fig. 1). A steering committee was established, and the cornerstones of the network were defined (see Table 1).

HEPA Europe will contribute to the development of the evidence base on both the health effects of physical activity and on the effectiveness of approaches to physical activity promotion. The network will work to make this evidence easily available and provide specific expertise to other partners in order to contribute to the development and implementation of national policies and strategies for HEPA in Europe. It wants to develop, support and disseminate effective strategies, programmes, approaches and other examples of good practice. It does so by organising annual network meetings for its members and by maintaining a Web site at www.euro.who.int/hepa; conferences for a wider circle of participants are a possible future development. HEPA Europe supports and facilitates the development of multisectoral approaches to physical activity promotion, and the members of the network serve as experts to a whole range of organisations and projects, including WHO Headquarters, WHO Europe’s 2006 Ministerial Conference on Counteracting Obesity, the Pan-European Programme on Transport, Environment and Health (THE PEP) and the EU Platform on Diet, Physical Activity and Health.

The role of physical activity in the prevention of overweight and obesity is a very important one, and the WHO Global Strategy on Diet, Physical Activity and Health (WHO 2004) states: “Diet and physical activity influence health both together and separately. Although the effects of diet and physical activity on health often interact, particularly in relation to obesity, there are additional health benefits to be gained from physical activity that are independent of nutrition and diet, and there are significant nutritional risks that are unrelated to obesity. Physical activity is a fundamental means of improving the physical and mental health of individuals.” From the public health perspective, the main disease burden comes from cardiovascular diseases, overweight and obesity and other metabolic diseases such as type 2 diabetes, several types of cancer and osteoporosis. Because physical activity can substantially reduce the risk of all these diseases, HEPA Europe does not limit its scope to any single health effect of physical activity promotion.

Collaboration with the European Union and global partnerships

Physical activity is addressed, together with nutrition, in the Community Public Health Programme, 2003–2008, of the EU. The recent launch of the EU Platform on Diet, Physical Activity and Health by the Directorate General for Health and Consumer Affairs DG SANCO is part of the overall strategy on nutrition and physical activity being developed by the EU Commission and follows discussions with various stakeholders about ways to address the obesity epidemic in Europe. Within the programme, the commission finances projects aimed at collecting data on obesity, nutrition and physical activity (as part of the Health Information Strand), as well as projects aimed at promoting healthy diets and physical activity (as part of the Health Determinant Strand).

A very close relationship covering virtually all projects of HEPA Europe has been established with one of these projects, the “European Network on Public Health Nutrition and Physical Activity” and its task forces on Physical

![Fig. 1](image-url)
Activity and Monitoring. In addition, HEPA Europe is collaborating with the Lifestyle Working Party Secretariat, which organised the meeting on Monitoring of Physical Activity in September 2005 in Cyprus. More possibilities for joint projects are being actively explored.

On the global level, HEPA Europe has joined Agita Mundo (Matsudo et al. 2004) and is also cooperating with the Global Alliance on Physical Activity (GAPA), which is currently emerging from a cooperative agreement of the International Union for Health Promotion and Education (IUHPE) with the US Centers for Disease Control and Prevention (US CDC) (IUHPE 2005). This alliance is coordinated from the School of Sport & Exercise Sciences at Loughborough University, UK; it is global in scope and wants to coordinate and provide strategic orientation to the activities and actions developed by nongovernmental organisations (NGOs) as well as civil society.

Current projects and activities

The direct use for the practice of physical activity promotion and intersectoral approaches are priorities of HEPA Europe. The first project of the network is a collection of case studies of collaboration between the physical activity promotion sector and the transport sector, which is carried out by the University of Basel, Switzerland (Thommen and Braun 2004) and funded by the Swiss Federal Offices of Sports and Public Health. The second project is a critical review paper of health effects related to physical activity in cost-benefit and cost-effectiveness analyses of investments in transport infrastructures and policies. The work is carried out at the Karolinska Institute in Stockholm, Sweden, and funded through resources made available to the WHO European Centre for Environment and Health by the Swedish Government.

A number of further projects have been defined in the work programme 2005–2006 (see Table 2). Interested organisations have the opportunity to join HEPA Europe, to contribute their knowledge and expertise, to benefit from experiences that have already been made and to participate in the process of this new pan-European platform at the interface between science and policymaking.

Better health through physical activity is the vision of the European Network for the Promotion of Health-Enhancing Physical Activity. The public health importance of healthy lifestyles and conditions favourable to physical activity is only beginning to emerge, and together with its partners,

### Table 1 Cornerstones of HEPA Europe as defined at the first network meeting in Gerlev, Denmark (2005)

<table>
<thead>
<tr>
<th>Vision</th>
<th>To achieve better health through physical activity among all people in Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To strengthen and support efforts and actions that increase participation and improve the conditions favourable to a healthy lifestyle, in particular with respect to Health-Enhancing Physical Activity (HEPA)</td>
</tr>
<tr>
<td>Objectives</td>
<td>To contribute to the development and implementation of policies and strategies for HEPA in Europe</td>
</tr>
<tr>
<td>Guiding principles</td>
<td>To develop, support, and disseminate effective strategies, programs, approaches, and other examples of good practice to promote HEPA; and</td>
</tr>
<tr>
<td>&amp;</td>
<td>To support and facilitate the development of multisectoral approaches to the promotion of HEPA</td>
</tr>
<tr>
<td>All activities are based on relevant policy statements, such as the WHO Global Strategy for Diet, Physical Activity and Health, and on corresponding policy statements from the European Commission.</td>
<td></td>
</tr>
<tr>
<td>The network focuses on population-based approaches for the promotion of health-enhancing physical activity using the best available scientific evidence.</td>
<td></td>
</tr>
<tr>
<td>The network emphasises the importance of monitoring and evaluation; it encourages the development of standardised measurement methods and systematic research.</td>
<td></td>
</tr>
<tr>
<td>The ongoing exchange, dissemination and sharing of experience and knowledge is encouraged.</td>
<td></td>
</tr>
<tr>
<td>Membership is open to organisations and institutions at the subnational, national or international level willing to contribute to the goals and objectives of the network.</td>
<td></td>
</tr>
<tr>
<td>Network activities support cooperation, partnerships and collaboration with other related sectors, networks, and approaches.</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2 Projects and products from the HEPA Europe work programme 2005–2006

- Collection of case studies for collaboration between the physical activity promotion and the transport sector
- Review on cost-benefit analysis methodology with regard to walking and cycling
- Advocacy booklet on the key facts and figures on physical activity for policymakers
- Inventory of existing approaches, policy documents, and targets related to physical activity promotion in countries in the WHO European Region
- Review of examples of national physical activity promotion networks, including interministerial and intersectoral approaches
- Overview of ongoing international and European activities and networks relevant to HEPA Europe
- General framework for physical activity promotion policy
- Guidelines for the development of national HEPA promotion programmes for policymakers
- Discussion paper on currently used recommendations for health-enhancing physical activity
HEPA Europe wants to provide the framework and the substance to address these issues.

References


2005 09 13 Agenda
Agenda 13 September 2005
*A European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training*

Joint Meeting of the Task Forces on “Monitoring” and “Physical Activity”.

**Date:** 13 September 2005, 14.00 to 18.00

**Venue:**
ALMYRA Hotel, Poseidonos Avenue, CY-8042 Pafos, Cyprus
(Room to be announced by the Hotel)

1. **Opening and moderation**
   Prof. Pekka Oja, Dr. Dirk Meusel

2. **Future Steps Necessary in Monitoring Physical Activity Levels in Europe**
   - **General Introduction and Summary from the Workshop**
     (Dirk Meusel)
   - **Where we are at present? – Short overview on past activities**
     (Michael Sjöström)
   - **Open Discussion**
     (Pekka Oja)

3. **Miscellaneous**
Annex

2005 09 13 Minutes
Minories of the side Programme:

Joint meeting of the Taskforces on “Monitoring” and “Physical Activity” of the European Network for Public Health Nutrition
13.09.2005, 14.30 – 17.00

Participants:
Prof. A. Trichopoulou (Athens, GRE, represented by Ch. Bamia), Prof. M. Sjöström (Stockholm, SWE), Dr Lijana Zatelei-Kragel (Ljubljana, SLO), Prof. Pekka Oja (Tampere, FIN), Prof. Jozica Maucec Zakotnik (Ljubljana, SLO), Prof. Brian Martin (Magglingen, SUI), Dr Tim Armstrong (Geneva, SUI), Dr Mairke Harro (Tallinn, EST), Prof. Jean Michel Oppert (Paris, France), D. Meusel (Dresden, GER), A. Fuchs (Dresden, GER), Dr N. Wagner (Dresden, GER), Ch. Höger (Dresden, GER), I. Kube (Dresden, GER)

Opening and moderation
• side programme was opened and led by D Meusel and P. Oja
• introductory discussion was started by D Meusel with the question about suitable measurement tools of physical activity
• comments from participants:
  • measurement tools could follow MONICA survey (comment B. Martin)
  • existing financial gaps for carrying out fieldwork to examine physical activity (comment M. Sjöström)

Work Plan 2006 from the Health Determinants Strand
• discussion about the aims for the next work plan regarding Health Determinants Strand was continued by D. Meusel
Discussion of Draft Green Paper

- a discussion paper, which was written by B. Martin introduced the topic of “Future Steps necessary in Monitoring Physical Activity Levels in Europe”

- suggestions were given by him about a pragmatic approach considering overall aspects and different aspects of physical activity implementation and carrying out physical activity by the means of:
  - cross sectional population surveys
  - representative longitudinal monitoring systems
  - Internationally standardised questionnaires instruments and objective measurements (e.g. accelerometer…)

- subsequent discussion of this paper with clarification of each point
- development of physical examination tool regarding historic view
- questionnaires need to be translated into the different European languages

Future Steps Necessary in Monitoring Physical Activity Levels in Europe

- General Introduction and Summary from the Workshop
  (Dirk Meusel)

The following questions and preparatory thoughts which were given by D. Meusel and P. Oja were the starting point for the brainstorming session in that part of the joint meeting:

- What things should be considered and have the highest priority?
- Which steps are the most necessary to provide reliable information about physical activity levels in Europe?
- Where are the most prominent gaps in the existing information bases on physical activity patterns across Europe?
- Which methodological problems need to be addressed in the near future?

- necessity of integrating standardized and simple tools for measuring
  - possible Tools:
    - IPAQ or GPAQ and with which priority
    - to get reliable information about physical activity levels in Europe
  - requirements of standard measurement tool:
    - collection and analyses of national data in order to obtain comparable information across European countries
  - periodical (every 3-5 years) surveys on physical activity across all EU member countries
  - question about use of existing systems
• e.g. Eurobarometer resp. Eurostat \(\rightarrow\) possibility of repetition?
• (\(-\)) discussion about its representiveness
• Comparability of national surveys with Eurobarometer data – does it need to be?
• WHO systems
  • World Health Survey
  • National implementation possible

• Special considerations of NMS, which have to be harmonised or coordinated
• Most prominent gaps in the existing information base on physical activity patterns across Europe
  • As some instruments exclude other activities than sport it seems that most European populations are insufficiently active
  • Measurement tool with the concept of health-enhancing physical activity
  • Little reliability cross-European information on children’s physical activity
  • Time trends of health-related physical activity nationally and in Europe
  • Problems of harmonization

Steps in the next 2-3 years:
• Fitness Monitoring
  • Maximum oxygen uptake
  • UKK Walk Test (it is a promotional tool)
• A system (like IPAQ) that is:
  • Working at national level, adapted, tested with data from EUROBAROMETER (can be used) under coordination and collaboration with DAFNE, CINDI….
  • The HEPA network could be used to find a contact person in each country
  • For that reason translation is needed (FRA, 17-18 already translated)
    • Who is in charge of the data
    • How to use data for policy process (important next step)
    • Harmonise or integrate assessment of food intake?

Which instruments should be used?
• Questionnaire, accelerometer, foot counter
• Refining the validation of questionnaires
• Surveillance system using heart rate monitors?
• Recruitment data
- Where we are at present? – Short overview on past activities
  • this presentation was held by M. Sjöström

- Open Discussion (Pekka Oja)
  • discussion was finished by P. Oja with concluding comments about following issues:
    • What is to be done/achieved ?
    • scientific evidence for enhancing physical activity
Annex

2005 09 21 02 Scope and Purpose
2) SCOPE & PURPOSE

Introduction

At that first meeting of HEPA Europe – the network for the promotion of health-enhancing physical activity - in Gerlev, Denmark, 26-27 May 2005, the network was officially established and the former “Intermediate Steering Group” was transformed into a Steering Committee, chaired by the Swiss Federal Office for Sports (BASPO). The WHO European Centre for Environment and Health in Rome has accepted the invitation to provide secretariat functions.

Reason for meeting

The 1st Meeting of the Steering Committee of HEPA Europe is convened to take stock of discussions held on the occasion of first network meeting in Magglingen and to take the necessary steps and decisions for the further work.

In addition to review progress made since the first network meeting, the Steering Committee will:

- finalize and endorse the work programme 2005/2006;
- discuss and decide on the next steps to be taken in implementing the work programme, including:
  - launch of work groups and
  - endorsement of a framework for the inventory of existing national physical activity policies, approaches and data;
- discussion of the outline of the advocacy booklet on health-enhancing physical activity; and
- discuss and decide on the next steps to be taken with regard to network funding.

Proposed outcomes of the meeting

It is expected that by the end of the meeting agreement will have been reached on:

1) the work programme 2005 / 2006, and
2) the next steps to be taken to secure the network funding.
Annex

2005 09 21 03 Draft programme
# 3) Programme

## Tuesday, 20 September 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>18:00-18:15</td>
<td>Welcome, objectives of the meeting  &lt;br&gt;&lt;i&gt;Chair &amp; Host: Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>18:15-18:30</td>
<td>Update on member recruitment  &lt;br&gt;&lt;i&gt;Sonja Kahlmeier&lt;/i&gt;</td>
</tr>
<tr>
<td>18:30-19:00</td>
<td>Current state of affairs and introduction of HEPA Europe work programme 2005 / 2006  &lt;br&gt;&lt;i&gt;Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>19:30</td>
<td>DINNER</td>
</tr>
</tbody>
</table>

## Wednesday, 21 September 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:45-09:00</td>
<td>Welcome  &lt;br&gt;&lt;i&gt;Chair &amp; Host: Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>09:00-10:00</td>
<td>Outline of possible funding sources and ideas for detailed financing concept / funding strategy  &lt;br&gt;&lt;i&gt;Francesca Racioppi&lt;/i&gt;</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Outline for the advocacy booklet “the solid facts about health-enhancing physical activity”  &lt;br&gt;&lt;i&gt;Ilkka Vuori&lt;/i&gt;</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Proposal for an inventory on existing national physical activity policies, approaches and data  &lt;br&gt;&lt;i&gt;Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>COFFEE BREAK</td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Working groups and projects: state of affairs  &lt;br&gt;&lt;i&gt;Sonja Kahlmeier&lt;/i&gt;  &lt;br&gt;- Case studies on collaboration between the PA and the transport sector  &lt;br&gt;- Overview of activities and networks relevant to HEPA Europe  &lt;br&gt;- National networks and inter-ministerial / - sectoral collaboration</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Finalization and endorsement of the HEPA Europe work programme 2005 / 2006  &lt;br&gt;&lt;i&gt;Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>12:30-12:45</td>
<td>Any other business  &lt;br&gt;&lt;i&gt;Sonja Kahlmeier&lt;/i&gt;</td>
</tr>
<tr>
<td>12:45-13:15</td>
<td>Next steps and closure  &lt;br&gt;&lt;i&gt;Brian Martin&lt;/i&gt;</td>
</tr>
<tr>
<td>13:15-14:15</td>
<td>LUNCH</td>
</tr>
</tbody>
</table>
Annex

2005 09 21 04 List of attendees
# 1st Meeting of the HEPA Europe Steering Committee

**Magglingen, Switzerland – 20-21 September 2005**

## 4) List of Attendees

### Chair & Host of the Meeting

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARTIN, Brian</td>
<td>Swiss Federal Office of Sports (BASPO)</td>
<td>2532 Magglingen, Switzerland</td>
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<td><a href="mailto:brian.martin@baspo.admin.ch">brian.martin@baspo.admin.ch</a></td>
</tr>
</tbody>
</table>

### Steering Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berggren, Finn</td>
<td>Gerlev Sports Academy / Gerlev Idraetshojskole</td>
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</tr>
<tr>
<td>RACIOPPI, Francesca</td>
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<td>+3906 4877 599</td>
<td><a href="mailto:frr@ecr.euro.who.int">frr@ecr.euro.who.int</a></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Organization</td>
<td>Address</td>
<td>Phone</td>
<td>Fax</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>RUTTER, Harry</td>
<td>Head of Health Impact Assessment</td>
<td>South East Public Health Group</td>
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<td>VAN POPPEL, Mireille</td>
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<td>+386 1 4383 484 Fax</td>
</tr>
<tr>
<td>GUEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VUORI, Ilkka</td>
<td>Ilkka Vuori, MD; PhD, professor</td>
<td></td>
<td>Jenseninkatu 19, 33610 Tampere Finland</td>
<td>+358 40 8677707</td>
<td></td>
</tr>
<tr>
<td>MEETING SECRETARIAT</td>
<td>WHO European Centre for Environment and Health</td>
<td></td>
<td>WHO European Centre for Environment and Health Via Francesco Crispi, 10 I-00187 Rome, Italy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAHLMEIER, Sonja</td>
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<td>+ 3906 4877562;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GALLITTO, Manuela</td>
<td>Programme Assistant</td>
<td>Accidents, Transport and Health</td>
<td>+ 3906 4877538;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex

2005 09 21 06 outline of advocacy booklet
06 OUTLINE OF ADVOCACY BOOKLET

Ilkka Vuori, MD, PhD, Tampere, Finland
Preliminary draft outline, Aug 28, 2005

Solid Facts
Physical Activity and Health

Physical activity (PA) and inactivity (PIA)

- Definitions
- Manifestations
  - Individual behaviours (in leisure, domestic chores, transport, work)
  - Social movements (competitive sports, Sports for All)
- Effects on individuals (special emphasis on health-related effects, direct and indirect influences, large (wide) concept of health)
- Consequences to communities and societies (population health (large concept), social and economic effects and consequences)
- Health-enhancing physical activity (HEPA) (definition, characteristics)

Levels of physical activity and inactivity (various domains, particularly in European countries)

Determinants of physical activity and inactivity

- Individual and society/community related factors
- Predisposing, enabling, and reinforcing factors

Common (important) factors hindering physical activity and enhancing physical inactivity (given partly in various population groups)

Need to increase physical activity

- Trends in populations (e.g. aging, immigration)
- Levels and trends in health status and risk factors (e.g. overweight and obesity, diabetes, atherosclerotic diseases, osteoporotic fractures, depression and anxiety, and low physical fitness and functional capacity)
- Levels and trends in physical activity (insufficient and decreasing in most populations; increase of leisure time PA in some countries is not sufficient to counterbalance the decrease in other domains)
- Physical activity: an ideal public health measure because it influences several most common problems (causally and also indirectly), rather effective, feasible, well accepted and also afforded (at least in some forms) by the majority of population, and safe (“Rose criteria”).

Ways to increase physical activity and decrease physical inactivity

- Here: emphasis on activities meeting the characteristics of HEPA
- General strategy (wide concept of PA, principles of health promotion applied to PA, and other frameworks)
- Policies (based on theoretical concepts, research evidence, and practical experience; examples of effective policies)
- Programs (frameworks or models, e.g. the WHO/CDC model of 2004, examples of well-planned and if possible successful programs in various PA domains)
- Measures (evidence-based, e.g. those found in the Community Guide)
The way forward
  • Significant changes at the population level in any domain of PA require good planning, large scale measures and considerable resources. Even then time and patience is needed – but examples of success show that favourable results can be gained despite many powerful trends favouring the opposite development.
Annex

2005 09 21 07 draft HEPA Europe work programme 2005-2006
HEPA Europe

EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

07) DRAFT WORK PROGRAMME 2005 / 2006

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   2.2 Working Groups and other projects............................................................... 4

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   3.2 Impact model and work programme 2006 / 2007 ........................................ 5
   3.3 Inventory of existing approaches, policy documents, targets and data related to physical activity promotion ......................................................... 5
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   3.5 Communication strategy and recruitment strategy ...................................... 6
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7 Overview of the activities of HEPA Europe 2005 / 2006 .................................. 17
1 Introduction

At the first meeting of the Network in Gerlev, Finland, in May 2005, a number of activities were outlined to be carried out by the Network in the following year\(^1\). The current state of affairs of these activities as well as of new activities that evolved since is summarized in chapter 2.

This work programme covers the period of October 2005 to June 2006. In chapters 3 to 5, the implementation of the planned activities and projects over this period will be described in more detail. Chapter 7 contains an overview of the work programme.

2 Overview of the current state of affairs

Below, the state of affairs of the activities of the Steering Committee and the Secretariat as well as of the working groups and other projects launched at the first network meeting as of September 2005 will be summarized.

2.1 Activities of the Steering Committee and the Secretariat

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a leaflet and a standard letter to facilitate dissemination of information about the establishment of the network and invite applications and contributions to its activities</td>
<td>Leaflet finished; additional comments on phrasing of objectives to be discussed by Steering Committee; letter developed</td>
</tr>
<tr>
<td>Development of a detailed financing concept</td>
<td>Outline of possible funding sources developed (see chapter 3.1)</td>
</tr>
<tr>
<td>Development of an impact model for HEPA Europe and of the work programme 2006 / 2007*</td>
<td>Not yet started (see chapter 3.2)</td>
</tr>
<tr>
<td>Development of an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries</td>
<td>Outline developed (see chapter 3.3)</td>
</tr>
<tr>
<td>Development of an advocacy booklet for policy makers</td>
<td>Outline developed (see chapter 3.4)</td>
</tr>
<tr>
<td>Development of a communication strategy and a recruitment strategy</td>
<td>Not yet started (see chapter (see chapter 3.5))</td>
</tr>
<tr>
<td>Development a logo for HEPA Europe</td>
<td>In preparation (see chapter 3.6)</td>
</tr>
<tr>
<td>Development of a new HEPA Europe website</td>
<td>First version finished and launched ((see chapter 3.7))</td>
</tr>
<tr>
<td>Exploration of possibilities for coordination and collaboration with other networks and activities</td>
<td>Started, ongoing (see chapter 3.8)</td>
</tr>
<tr>
<td>Annual HEPA Europe network meeting 2006</td>
<td>Date set (see chapter 3.9)</td>
</tr>
<tr>
<td>Development of ideas for and organization of a Network Conference (ideally in 2007)</td>
<td>Not yet started (see chapter 3.10)</td>
</tr>
</tbody>
</table>

\(^1\) For more details see: HEPA Europe – The European network for the promotion of health-enhancing physical activity: 1st meeting of the Network, Gerlev, Denmark, 26 – 27 May 2005. Meeting Report.
* this activity was suggested after the Gerlev meeting by the Secretariat
2.2 Working Groups and other projects

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection of case studies of collaboration between the physical activity promotion and the transport sector</td>
<td>Collection started, reminder including first results sent out (see chapter 4.1)</td>
</tr>
<tr>
<td>Overview of ongoing international and European activities and networks relevant to HEPA Europe</td>
<td>Draft work plan developed (see chapter 4.2)</td>
</tr>
<tr>
<td>Review of examples of national physical activity promotion networks</td>
<td>Draft work plan developed (see chapter 4.3)</td>
</tr>
</tbody>
</table>

3 Activities of the Steering Committee and the Secretariat

In the following sections the activities of the Steering Committee and the Secretariat to be carried out until June 2006 in more detail.

3.1 Financing concept

Aim of the activity

The financing concept for HEPA Europe describes the current funding situation, outlines possible sources for future funding and the planned steps to secure these funds for the short term as well as the medium and long term. It also contains a scheme for a voluntary membership fee.

In charge / participants

In charge: Steering Committee and Secretariat
Participants: -

Possible partners

If necessary representatives of other similar networks and activities that could provide expertise (e.g. British Heart Foundation).

Work steps

<table>
<thead>
<tr>
<th>Activity</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline of possible funding sources and draft scheme of voluntary membership fee</td>
<td>Summer 2005</td>
</tr>
<tr>
<td>Draft financing concept</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>Finalization and start of implementation</td>
<td>Second half of 2005</td>
</tr>
</tbody>
</table>
3.2 Impact model and work programme 2006 / 2007

Aim of the activity

To develop a theoretical impact model of how the stated aims of HEPA Europe shall be achieved. The model and key questions used for the development of policy evaluation concepts can serve as guidance for its development. The impact model will serve as basis to review current activities, to identify future main fields of activity and key partners as well as areas for further development.

In charge / participants

In charge: Secretariat and Steering committee
Participants: -

Possible partners

-

Work steps

<table>
<thead>
<tr>
<th>Step</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of a guided brainstorming session to develop the impact model</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Development of the impact model</td>
<td>Spring 2006 (at the 2nd Steering Committee meeting)</td>
</tr>
<tr>
<td>Finalize the impact model</td>
<td>Early Summer 2006</td>
</tr>
<tr>
<td>Development of an accordingly revised work programme 2006 / 2007, integrating the proposal for outcomes and deliverables formulated by the working group on an overview of other relevant networks and projects (see chapter 4.2)</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

3.3 Inventory of existing approaches, policy documents, targets and data related to physical activity promotion

Aim of the activity

To develop the framework for process evaluation of physical activity promotion at the national level. In a next step, relevant descriptive information will be collected from the countries already represented in HEPA Europe and later from other countries in the European region. Through the inventory, contacts will be available for obtaining more detailed information on specific elements or approaches in different countries.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: Interested parties of HEPA Europe (mailing list) and other contact persons

---

2 Based on Rossi, Lipsey, Freeman (eds) (2004): Evaluation – a systematic approach. Thousand Oaks, CA : Sage. Key questions to be answered are: Which are the causes of the problem that we want to solve? What effect will our planned activities have on these causes? Why will changing these causes solve the problem? (and thereby: are there other causes to be addressed by different activities?)
Possible partners

Department Nutrition and Food Security (NCL-NFS), WHO Copenhagen; Tim Armstrong, Department of Chronic Diseases and Health Promotion (NMH/CHP/PCD), WHO Geneva; European Commission task forces on physical activity and public health nutrition.

Work steps

<table>
<thead>
<tr>
<th>Work step</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline of framework</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>Descriptive information available from selected countries</td>
<td>Winter 2005</td>
</tr>
<tr>
<td>First version of inventory complete</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

3.4 Advocacy booklet on health-enhancing physical activity

Aim of the activity

Development of a booklet summarizing the main facts, figures and policy aspects on health-enhancing physical activity targeted at policy makers and administrations concerned with the topic.

In charge / participants

In charge: Prof. Ilkka Vuori, Finland
Participants: Secretariat and Steering Committee

Possible partners

WHO Healthy Cities programme

Work steps

<table>
<thead>
<tr>
<th>Work step</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an outline, based on other examples (The Solid Facts, Briefing on Alcohol and Violence etc.)</td>
<td>Summer 2005</td>
</tr>
<tr>
<td>Finalization of the text, layout and printing</td>
<td>End of 2005</td>
</tr>
<tr>
<td>Presentation at a suitable event (e.g. European Environment and Health Commission (EEHC) meeting in April 2006 which includes the topic of physical activity)</td>
<td>During first half of 2006</td>
</tr>
<tr>
<td>Distribution according to the communication strategy (see chapter 3.5)</td>
<td>During first half of 2006</td>
</tr>
</tbody>
</table>

3.5 Communication strategy and recruitment strategy

Aim of the activity

To develop a concept for a coherent, effective and attractive communication of the network and a related recruitment strategy that will lead to the desired number and composition of members.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: Information Outreach Department, WHO/Europe, Rome Office; communications departments/experts from other members of the Steering Committee

Possible partners

If necessary representatives of other similar networks and activities that could provide expertise.

<table>
<thead>
<tr>
<th>Work steps</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a draft communication strategy: formulation of the aims for the communication of the network, identification of the target audience(s) for communication; specification the activities to be carried out</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Development of a draft recruitment strategy: identification of the target audience(s) for recruitment; specification the activities to be carried out</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Finalization of the strategies and implementation</td>
<td>Spring 2006</td>
</tr>
</tbody>
</table>

3.6 New logo for HEPA Europe

Aim of the activity

To develop a new design element that will serve as a graphical representation of HEPA Europe to be used on all products and communication elements.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: Interested parties of HEPA Europe (mailing list) and other contact persons willing to submit proposals as well as students of Roman schools for design

Possible partners

WHO Health Information Network (HEN) for their expertise in launching a design contest.

Work steps

<table>
<thead>
<tr>
<th>Work steps</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a call for contributions, taking the necessary legal aspects into account (e.g. copyright etc.); identify a price for the winner and secure its funding (e.g. invitation to the 2006 network meeting)</td>
<td>Second half of 2005</td>
</tr>
<tr>
<td>Launch the contest, collect contributions and select the winner</td>
<td>Second half of 2005</td>
</tr>
<tr>
<td>Launch the new design element/logo</td>
<td>By the end of 2005</td>
</tr>
<tr>
<td>Presentation of the logo at the 2006 network meeting</td>
<td>June 2005</td>
</tr>
</tbody>
</table>

3.7 HEPA Europe website

Aim of the activity

To provide a comprehensive and attractive communication instrument where all relevant information on HEPA Europe is available.
In charge / participants

In charge: Secretariat and Steering Committee
Participants: Information Outreach Department, WHO/Europe, Rome Office; interested parties of HEPA Europe (mailing list) for newsletter or news items as well as for relevant events and documents

Possible partners

- 

Work steps

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a materials page for the website in close collaboration with THE PEP Clearing House (see chapter 3.8)</td>
</tr>
<tr>
<td>Perform regular updates of the website</td>
</tr>
</tbody>
</table>

3.8 Cooperation and collaboration with other networks and projects

Aim of the activity

To join forces with key partners, to benefit from synergies, and eventually, to produce better products; in addition to increase the visibility of the network.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: Members of HEPA Europe

Possible partners

Work steps

<table>
<thead>
<tr>
<th>Task</th>
<th>By when</th>
</tr>
</thead>
</table>
| **Physical Activity Task Force in the European Commission project** "European Network on Public Health Nutrition":  
- ensure that HEPA Europe is mentioned in the work plan  
- identify possibilities for joint activities  
- collaboration through observers in the Steering Committee | Summer 2005  
Continuously |
| **UNECE/WHO Transport, Health and Environment Pan-European Programme (THE PEP)**  
- Ensure close working collaborations between the HEPA Europe Secretariat and THE PEP Task Force on Walking and Cycling  
- Contribute to the further development of THE PEP Clearing House part on cycling and walking and health-enhancing physical activity through the development of a “materials” part of the HEPA Europe website (see chapter 0) | Continuously  
Second half of 2005 |
| **WHO Nutrition and Food Security (NFS): contributions to the WHO conference on counteracting obesity**  
- Participate in and contribute to technical pre-conference consultations  
- Organize side-meeting on economics of transport-related physical activity at the Walk21 Symposium in Magglingen, Switzerland  
- Promotion of multi-sectoral participation in the ministerial conference  
- Development of background papers/publications for the conference (e.g. advocacy booklet, document on case studies, inventory of national physical activity promotion approaches, overview of ongoing international and European activities and networks etc.)  
- Dissemination of information about the ministerial conference through the HEPA Europe | Continuously  
Summer 2005  
Early 2006  
Summer 2006  
Summer 2006 |
| **Working Party “Lifestyles and other health determinants”**  
- Contribute to their 2nd scientific workshop and publish a paper presenting HEPA Europe and possibly also a framework for an inventory on physical activity promotion approaches, targets and data in the Journal Public Health which could serve as basis for the inventory survey (see chapter 3.3)  
- Identify possibilities for joint activities | Summer 2005  
Continuously |
| **WHO Healthy Cities programme**  
- Participate in and contribute to their annual meeting 2005 in Bursa, Turkey  
- Contribute to the planned Healthy Cities paper on urban design and physical activity though naming experts  
- Explore possibilities for further collaboration, e.g. the implementation of a best-practice case study for the promotion of physical activity through transport interventions in a number of Healthy Cities | Summer 2005  
Summer 2005  
By the end of 2005 |
| **Agita Mundo**  
- Join the Agita Mundo Network  
- Express support for their idea to give the WHO Director General an award for his contribution to the promotion of health-enhancing physical activity (e.g. at the CDC’s 2006 conference)  
- Identify possibilities for joint activities | Summer 2005  
Second half of 2005  
Continuously |
3.9 Second annual meeting of the Network 2006

Aim of the activity

To review and discuss recent, relevant international developments as well as national approaches with regard to physical activity promotion, to elect the Steering Committee and accept new members; to review progress on ongoing activities, to decide upon changes in the Terms of References of the Network or its financing, to adopt the annual work programme and to establish new ad-hoc task forces and working groups as necessary.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: HEPA Europe members and other interested parties

Possible partners

- 

Work steps

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a draft programme</td>
</tr>
<tr>
<td>Add a corresponding page to the website</td>
</tr>
<tr>
<td>Send out invitations for registration</td>
</tr>
<tr>
<td>Organize handling of incoming registrations with organizers</td>
</tr>
<tr>
<td>Develop the background documents and support organizers in carrying out the meeting</td>
</tr>
</tbody>
</table>

3.10 Network Conference

Aim of the activity

To develop ideas for a scientific network conference (ideally taking place in 2007), taking stock of the experiences of the former European HEPA network. Such a conference should serve exchange of the latest scientific developments as well as policy aspects with regard to health-enhancing physical activity. At the same time, it would increase the visibility of HEPA Europe.

In charge / participants

In charge: Secretariat and Steering Committee
Participants: HEPA Europe members and other interested parties

Possible partners

To be defined (possibly another interested network or project or another related meeting or conference).

Work steps

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop ideas for a main topic and possible additional topics for such a conference</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Identify possible partners</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Explore identified possibilities for collaboration and develop a first draft programme</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>
4 Working Groups and other projects

4.1 Collection of case studies of collaboration between the physical activity promotion and the transport sector

Aim of the activity

To develop an overview of European experiences on cooperation between the physical activity promotion and the transport sector. Particularly of interest are projects that:

- were carried out with the contribution from different sectors contributing to the promotion of health-enhancing physical activity, such as cycling and walking, and
- were accompanied by an evaluation, possibly including measures of health outcomes, modal shifts, changes in levels of physical activity in the target groups.

In charge / participants

In charge: Oliver Thommen, Institute of Social and Preventive Medicine of the University of Basel, Switzerland
Participants: Interested parties of HEPA Europe (mailing list) and other contact persons willing to contribute case studies

Possible partners

Department Nutrition and Food Security (NCL-NFS), WHO Copenhagen

Work steps

<table>
<thead>
<tr>
<th>Collection of case studies</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis and report</td>
<td>Summer 2005</td>
</tr>
<tr>
<td>Presentation of the report at a suitable event according to the communication strategy (see chapter 3.5) (e.g. European Congress of Sport Science (07.2006) or European Public Health Association, WHO conference on counteracting obesity)</td>
<td>By the end of 2005</td>
</tr>
<tr>
<td></td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

4.2 Overview of ongoing international and European activities and networks relevant to HEPA Europe

Aim of the activity

To develop an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them. This overview would also provide the background for the identification and development of:

- an overview of relevant policy statements,
- areas where HEPA can add either a distinctive added value, make a contribution or should confine to monitoring other ongoing activities, and
- specific outcomes and deliverables for HEPA Europe.
In charge / participants

In charge: Members of the working group (Finn Berggren, Wolf Kirsten, Brian Martin (chair), representative of EU Physical Activity Task Force)
Participants: Secretariat and Steering Committee

Possible partners

- 

Work steps

<table>
<thead>
<tr>
<th>By when</th>
<th>Launch of the working group and implementation of the work plan³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autumn 2005</td>
<td>Finalization of a report on the results including a visual representation/graph</td>
</tr>
<tr>
<td>Second half of 2005</td>
<td>Presentation of the graph and report at a suitable event according to the communication strategy (e.g. WHO conference on counteracting obesity)</td>
</tr>
<tr>
<td>By summer 2006</td>
<td></td>
</tr>
</tbody>
</table>

4.3 Review of examples of national physical activity promotion networks

Aim of the activity

Review of examples of national physical activity networks, if possible including:
- challenges to overcome;
- inter-ministerial and -sectoral approaches; and
- exploration of the need and possibility to create a “network of national networks”.

In charge / participants

In charge: Members of the working group (Kees de Keyzer, Alfred Ruetten (or delegate), Radim Šlachta, Ikka Vuori (or delegate), Heidi Thommen, representative from the Netherlands)
Participants: Secretariat and Steering Committee

Possible partners

Department Nutrition and Food Security (NCL-NFS), WHO Copenhagen; Tim Armstrong, Department of Chronic Diseases and Health Promotion (NMH/CHP/PCD), WHO Geneva

Work steps

<table>
<thead>
<tr>
<th>By when</th>
<th>Clarification of the task for the working group with regard to the inventory of existing physical activity promotion approaches (see chapter 3.3), finalization of the work plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2005</td>
<td>Nomination of a chair of the working group, implementation of the work plan</td>
</tr>
<tr>
<td>Second half of 2005</td>
<td>Finalization of a report on the results</td>
</tr>
<tr>
<td>First half of 2006</td>
<td>Presentation of the report at a suitable event according to the communication strategy (e.g. WHO conference on counteracting obesity)</td>
</tr>
<tr>
<td>Summer 2006</td>
<td></td>
</tr>
</tbody>
</table>

³ For more information see: Draft work plan for the working group on activities and networks relevant to HEPA Europe. HEPA Europe – the European network for the promotion of health-enhancing physical activity. 2005.
5 Possible activities to be launched later

5.1 Review of examples of collaboration and developments with the food industry

Aim of the activity
To elaborate a review on lessons learned from examples of collaboration with the food industry (possibly including nutritional issues at large, obesity etc.) and related chances and risks.

In charge / participants
In charge: Secretariat and Steering Committee
Participants: to be defined

Possible partners
To be defined

Work steps

<table>
<thead>
<tr>
<th>Carrying out first steps:</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Finn Berggren: translation of ideas from the Danish Food Industry project</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>- Secretariat: contact European Heart Network</td>
<td></td>
</tr>
<tr>
<td>Definition of further steps based on available resources and interest of the network</td>
<td>Early 2006</td>
</tr>
</tbody>
</table>

5.2 Education and training tool on physical activity and the built environment

Aim of the activity
Explore the possibility to contribute to this project which aims at providing practical curriculum guidelines and model activities to educate and train architects, urban planners and other designers to create innovative physical activity supporting policies, designs and constructions.

In charge / participants
In charge: Jerri Husch and Bengt Kayser, University of Geneva, Switzerland
Participants: Tim Armstrong, Department of Chronic Diseases and Health Promotion (NMH/CHP/PCD), WHO Geneva; UNESCO; possibly HEPA Europe Secretariat / Steering Committee

Possible partners
Not yet defined
### Work steps

<table>
<thead>
<tr>
<th>Description</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting decision of University of Geneva to support the proposal</td>
<td>Second half of 2005</td>
</tr>
<tr>
<td>Further steps to be defined accordingly</td>
<td>Second half of 2005</td>
</tr>
</tbody>
</table>
6 Financing of the activities of HEPA Europe 2005 / 2006

6.1 Current state of funding

The funding for the current activities is coming from different sources, being mainly voluntary donations or in-kind contributions:

- Voluntary donation of the Swiss Federal Offices of Sport and of Public Health
- In-kind contributions of members of HEPA Europe in relation to products and activities, including:
  - contributions of the chair and the members of the Steering Committee, in terms of time and expertise;
  - contributions of the members of the working groups in terms of time and expertise (see chapter 4);
  - hosting of the first annual network meeting by the Gerlev Sports Academy, Denmark;
  - hosting of the second annual network meeting by the UKK Institute for Health Promotion, Finland;
  - contribution by Prof. Ilkka Vuori for the development of the advocacy booklet (see chapter 3.4);
  - clearing house function for the collection of case studies on collaboration between the physical activity promotion and the transport sector by the University of Basel, funded by the Swiss Federal Offices of Sport and of Public Health (see chapter 4.1);
  - representation of the HEPA Europe network at expert meetings by members of the Steering Committee and of the network;
  - contributions to the collection of case studies by various partners.

6.2 Future funding

The current sources of funding will secure the basic functions of the secretariat\(^4\) until the first quarter of 2006. As of this time, new funds will have to be identified and secured. The Steering Committee is developing a detailed funding strategy (chapter 3.1).

For additional functions of the Secretariat as described in its Terms of Reference\(^5\), additional funds will need to be identified and secured.

6.3 Voluntary membership fee

The Network decided that no compulsory membership fee will be requested from its members. However, the network strongly encourages and welcomes voluntary forms of contributions either on a regular basis or as a single contribution. While donations of any amount are welcome to support the functioning of the network, the Steering Committee suggests the following amounts to be donated as a voluntary membership fee: 1000 EUR / 5000 EUR / 10’000 EUR.

Institutions or organization making donations of at least 30’000EUR (which may originate from more than one institution or organization) will become funding members\(^6\).

\(^4\) For more details refer to: Terms of Reference - HEPA Europe Secretariat. HEPA Europe – European network for the promotion of health-enhancing physical activity. 29.7.2005.

\(^5\) See footnote 4

\(^6\) For more details refer to: Terms of Reference - HEPA Europe Network. HEPA Europe – European network for the promotion of health-enhancing physical activity. 29.7.2005.
## Overview of the activities of HEPA Europe 2005 / 2006

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Summer 05</th>
<th>Autumn 05</th>
<th>Winter 05/06</th>
<th>Spring 06</th>
<th>Summer 06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steering Committee/Secretariat</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Financing concept</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Impact model / Work programme 2006 - 2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Inventory of approaches to PA promotion, data etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Advocacy booklet</td>
<td></td>
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<td></td>
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<tr>
<td>3.5 Communication and recruitment strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 New HEPA Europe logo</td>
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<tr>
<td>3.7 HEPA Europe website</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3.8 Cooperation/collaboration with other networks and projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.9 Annual network meeting 2006</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3.10 Network conference</td>
<td></td>
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</tr>
<tr>
<td><strong>Working Groups / Projects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Case studies of collaboration between the PA and transport sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Overview of other relevant networks and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Review of national PA networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Possible future activities</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Review of examples of collaboration with the food industry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Education / training tool on physical activity + the built environment</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

dashed arrows: continuous activity

double dashed arrows: possible future activity
Annex

2005 09 21 09 draft work plan WG overview of rel activities
09) DRAFT WORK PLAN FOR WORKING GROUP ON ACTIVITIES AND NETWORKS RELEVANT TO HEPA EUROPE

1. **Members of the work group**
   - Finn Berggren (finnberggren@gerlev.dk, Tel. + 45 5858 4065)
   - Wolf Kirsten (wk@wolfkirsten.com, Tel. +49 30 30824887)
   - Brian Martin (Brian.martin@baspo.admin.ch, Tel. +41 32 327 6238)
   - Representative of EU Task Force: to be assigned

2. **Aim**
   To develop an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them. This overview would also provide the background for the identification and development of:
   - an overview of relevant policy statements,
   - areas where HEPA can add either a distinctive added value, make a contribution or should confine to monitoring other ongoing activities, and
   - specific outcomes and deliverables for HEPA Europe.

3. **Proposed steps of work**
   1) Fill in your absences into the time planner prepared for the work group.
   2) Agree on a schedule for the work and for the deliverables; enter it into the time planner. Send it to the secretariat.
   3) Agree on the preferred mode of communication (email and/or electronic tools such as bulletin boards and/or telephone conferences and/or one or two personal meetings?)
   4) Take stock of already existing information, e.g.:
      - the list of institutions and organizations mentioned in the Gerlev meeting report and the report of the Steering Committee in April 2005
      - the link list of institutions and organizations on the currently prepared new HEPA Europe website (see annex 1)
      - the link list on your own institution’s website
      Use the form in annex 2 to make a short description of each institution or organization identified. Please let the secretariat know if this form should be amended in any way. Its use should facilitate retrieval of information as well as the production of an overview later on.
   5) Gather additional information, e.g. by:
      - using the list of links on the already identified, relevant sites
      - asking colleagues in your own institutions and/or other national or sub-national institutions or organizations in your country for input (especially in relation to activities that might not have their own website)
      Use the form in the annex 2 to make a short description of each institution or organization identified.
   6) Know when to stop.
      The experience of other colleagues who tackled a similar endeavour shows that it will probably not be possible to identify each and every institution or organization in this vast field. So the point when you come across the same names already identified again on different sites is probably a good moment to stop.
   7) Think of good ways to communicate the results (list, diagram, drawing etc.)

8 September 2005 / Draft work plan WG overview of rel activities
ANNEX 1
LIST OF LINKS OF THE NEW HEPA EUROPE WEBSITE
(as at 5.8.2005)

WHO and other UN agencies
- WHO/Europe Programme on Transport and Health
  www.euro.who.int/transport
- WHO Headquarters: Global strategy on diet, physical activity and health
  http://www.who.int/dietphysicalactivity/en/
- WHO Headquarters: Move for health initiative
  http://www.who.int/transport/modes/20050509_1
- WHO/Europe Children's Health and Environment Action Plan (CEHAPE)
  http://www.euro.who.int/childhealthenv/policy/20020724_2
- Transport, Health and Environment Pan-European Programme (THE PEP)
  www.thepep.org
- WHO/Europe Healthy Cities Project
  http://www.euro.who.int/healthy-cities
- United Nation's international year of sports and physical education

EU and other institutions
- EU Platform on diet, physical activity and health
  http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
- European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training (EUNUTNET)
- European Nutrition and physical activity (NPA) Network
- European Commission's Sport Unit
  http://europa.eu.int/comm/sport/index_en.html
- Centers for Disease Control and Prevention (CDC): Division of Nutrition and Physical Activity
  http://www.cdc.gov/nccdphp/dnpa/physical/index.htm

Networks and nongovernmental organizations (NGOs)
- International Institute for Health Promotion (IIHP)
  http://www.american.edu/academic.depts/cas/health/iihp/
- International Physical Activity and the Environment Network (IPEN)
  http://www. ipenproject.org/
- International obesity task force
  http://www.iotf.org/
- European College of Sports Science (ECSS)
  http://www.ecss.de/
- International Council of Sport Science and Physical Education (ICSSPE)
  http://www.icsspe.org/
- European heart network (EHN)
  http://www.ehnheart.org/content/default.asp?level0=1450
- Global alliance for prevention building (including the International Association for the Study of Obesity, the International Diabetes Federation, the International Pediatric Association, the International Union of Nutritional Sciences, and the World Heart Federation)
  http://www.worldheart.org/activities-adv-obesity-coalition.php
- Trim and Fitness International Sports for All Association (TAFISA)
  http://www.tafisa.net/tafisaus/01.htm
- Sustrans
  http://www.sustrans.org.uk/
- Active for life campaign
  http://www.activeforlife.info/default.aspx
HEPA EUROPE
EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

Research institutions
• International Society for Behavioural Nutrition and Physical Activity (ISBNPA) http://www.isbnpa.org/default.cfm

Links to “Participating Institutions”
• Austrian Health Promotion Foundation http://www.fgoe.org/
• Institute of Sport Science – University of Graz http://www.uni-graz.at
• Physical Activity Network Of The Americas www.celafiscs.org.br
• AGITA MUNDO NETWORK - www.rafapana.org
• Ministry of Health of Bulgaria http://www.mh.government.bg
• Palacky University Czech Republic http://oldwww.upol.cz/UP_En/
• Gerlev Sports Academy / Gerlev http://gerlev.dk/portalpage.htm
• Ministry of Social Affairs, Finland http://www.ukkinstiututti.fi/en/
• Paris VI University http://www.sigu7.jussieu.fr/
• Institute for Sport Science, Erlangen http://www.sport.uni-erlangen.de
• International Union for Health Promotion (IUHPE) http://www.iuhpe.org/English/projects_project3
• University of Iceland http://www.hi.is/id/1002800
• VU University Medical Center, Amsterdam http://www.vumc.nl
• Ministry of Health, Welfare and Sport http://www.minwys.nl
• Directorate for Health and Social Affairs, Oslo www.shdir.no
• Norwegian School of Sport Sciences http://www.nih.no/nih.asp?i=en
• Sports Institute of Portugal http://www.idesporto.pt
• Karolinska Institute http://info.ki.se/index_en.html
• Swiss Federal Office of Sports (BASPO) http://www.baspo.admin.ch/internet/baspo/de/home.html
• Network HEPA Switzerland http://www.hepa.ch/deutsch/index.php?p_id=42
• University of Basel www.unibas.ch/ispmb
• Gesundheitsförderung Schweiz http://www.healthpromotion.ch/en/default.asp
• South East Public Health Group http://www.uhce.ox.ac.uk
• Department of Health, London www.dh.gov.uk
ANNEX 2
DESCRIPTION OF IDENTIFIED INSTITUTIONS / ORGANIZATIONS

1. Name and affiliation of the institution / organization

2. Related to / part of another activity / framework
   □ no
   □ yes (please specify)

3. www (if existing)

4. Short description of the main aims and activities of the institution / organization

5. Policy statement(s) relevant to HEPA Europe found?
   □ no
   □ yes (please specify)

6. Degree of similarity of objectives of the activity with aims of HEPA Europe
   □ high (most objectives are identical)
   □ medium (some objectives are identical)
   □ low (very few or now objectives are identical)
   (please specify, if necessary)

7. Document(s) relating to the institution / organization filed
   □ no
   □ yes (please state title)
Annex

2005 09 21 10 draft work plan WG review existing examples
HEPA Europe
EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

10) DRAFT WORK PLAN FOR WORK GROUP ON A REVIEW OF NATIONAL PHYSICAL ACTIVITY NETWORKS AND APPROACHES

1. Members of the work group
   • Kees de Keyzer (kees.dekeyzer@baspo.admin.ch, Tel. +41 32 327 61 68)
   • Alfred Rütten (alfred.ruetten@sport.uni-erlangen.de, Tel. +49 9131 8525 000) (or delegate to be assigned)
   • Radim Šlachta (r.slashta@tiscali.cz, slachta@ftknw.upol.cz, Tel. +42 07 778 02 623)
   • Ilkka Vuori (ilkka.vuori@koti.soon.fi, +35 8 40 86 77 707) (or delegate to be assigned)
   • Representative from the Netherlands, currently Mireille van Poppel (mnm.vanpoppel@vumc.nl, +31 20 444 8203)
   • possibly Anita Aadland, (ani@shdir.no) (replacing Heidi Tomten, to be clarified)

2. Aim
   Review of examples of national PA networks and challenges to overcome, if possible including:
   • inter-ministerial and -sectoral approaches; and
   • exploration of the need and possibility to create a “network of national networks”.

3. Proposed steps of work
   1) Fill in your absences into the time planner prepared for the work group.
   2) Agree on a schedule for the work and for the deliverables; enter it into the time planner. Send it to the secretariat.
   3) Agree on the preferred mode of communication (email and/or electronic tools such as bulletin boards and/or telephone conferences and/or one or two personal meetings?)
   4) Take stock of already existing information, e.g.:
      - the earlier collection of network information from the former HEPA Network (see Annex 1)
      - information given by participants at the Gerlev meeting (see meeting report and link to WHO ftp-server)
      - the inventory of existing approaches provided by the secretariat (timing to be clarified)
      Specifically look for information on inter-ministerial or –sectoral approaches. Use the form in the annex to make a short description of each network identified (preferably electronically). Please let the secretariat know if this form should be amended in any way. Its use should facilitate retrieval of information as well as the production of an overview later on.
   5) Gather additional information, e.g. by:
      - using the links on the website of already identified national networks;
      - using web search tools (e.g. google);
      - using personal contacts to colleagues in countries with lacking information.
      Try to cover as many countries of the European Region as possible. Specifically look for information on inter-ministerial or –sectoral approaches. Use the form in the annex to make a short description of each network identified.
   6) Address the possibility and necessity to create a “network of national networks” involving the networks identified.
ANNEX 1

Earlier collection of network information of former HEPA network

Extract from abstract for the Physical Activity Expert Meeting "Agita Europe", Magglingen, Switzerland; 13.-15.06.2004

The European network for the promotion of health enhancing physical activity 1996-2001 – What did member countries achieve?

Pekka Oja, Tampere, Finland

[...] In 2001 the HEPA situation in the member countries by the stages of change was as follows:

Precontemplation
• Austria: many regional HEPA programs organised by Austrian Sports Federation with partners
• Germany: no information
• Greece: no information
• Italy: no information
• Portugal: no information

Contemplation
• France: plan to develop national HEPA policy by the French Federation for Physical Activity and Health + 8 sports organisations
• Iceland: national Health Plan includes HEPA promotion
• Ireland: physical activity included in National Health Strategy

Preparation
• Spain: physical activity recommendations for youth in preparation by Ministry of Health, development of national strategy initiated

Action
• Belgium: Flemish HEPA position statement and recommendations published
• Denmark: national Forum for Physical Activity created by Ministry of Health
• England: Department of Health preparing a new physical activity strategy, National Quality Assurance Framework for Exercise Referral Systems launched by the Secretary of State for Health Northern Ireland: national campaign "Get a Life Get Active" continues national HEPA strategy?
• Norway: National Council on Nutrition and Physical Activity created, issued recommendations for physical activity and health
• Slovenia: preparation of national HEPA strategy in progress with the support of the [former] European HEPA network, national HEPA program "Slovenia on the Move" continues
• Sweden: national program "Sweden on the Move" launched, 2001 the "national physical activity year"

Maintenance
• Finland: national HEPA strategy done by Ministry of Social Affairs and Health and Ministry of Education, national HEPA program "Fit for Life" continues for second 5-year phase
• The Netherlands: national HEPA program "The Netherlands on the Move" continues with broad committed partnership
## ANNEX 2
### DESCRIPTION OF IDENTIFIED NATIONAL NETWORKS

1. **Country**

2. **National HEPA network**
   - exists (please specify since when: )
   - is in preparation
   - does not exist
   - no information (or use stages of change again?)

   **If a national network already exists:**

3. **Name and affiliation of the network**

4. **Coordinated by:**

5. **www** (if existing)

6. **Short description of the main aims and activities of the network**

7. **Does this network apply an inter-ministerial approach?**
   - no
   - yes (please specify)
8. Does this network apply an intersectoral approach?
   no
   yes (please specify)

9. Did you find evidence of an evaluation carried out on the network?
   yes, carried out
   yes, in preparation
   no, none carried out
   no information

10. Document(s) relating to the network filed
    no
    yes (please state title)
Annex

2005 09 01 HEPA Euro financing concept 05_07
HEPA EUROPE
European network for the promotion of health-enhancing physical activity

FINANCING CONCEPT
FOR THE PERIOD JUNE 2005 – MARCH 2007

February 2006
Contents

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2 Funding needs and state of funding in February 2006 .............................................. 5

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  5.2 Voluntary donations and other contributions of members .................................... 8
  5.3 WHO support for the production of the advocacy booklet on physical activity and health ........................................................................................................ 8
  5.4 Calls of the European Commission ................................................................. 9
  5.5 Associations, Federations and Foundations ..................................................... 10
  5.6 Private industry ............................................................................................... 10
1 Introduction

The vision of HEPA Europe, the European network for the promotion of health-enhancing physical activity, is to achieve better health through physical activity among all people in Europe. Its goal is to strengthen and support efforts and actions that increase participation and improve the conditions favourable to a healthy lifestyle, in particular with respect to health-enhancing physical activity (HEPA). The objectives are to:

- contribute to the development and implementation of policies and strategies for HEPA in Europe.
- develop, support, and disseminate effective strategies, programs, approaches, and other examples of good practice to promote HEPA.
- support and facilitate the development of multi-sectoral approaches to the promotion of HEPA.

Membership is open to organizations and institutions of regional, national or international importance willing to contribute to the goals and objectives of the Network. These may include (non-exhaustive list):

- government bodies (e.g. ministries, agencies) at the national and sub-national level involved with the promotion of health-enhancing physical activity (e.g. Ministries of Health, Sports, Education, Transport, agencies for health promotion, etc.);
- research and other scientific institutions; and
- non-governmental organizations.

The following types of membership exist¹ which are also related to financing:

- Funding Members (threshold of a single contribution of 30'000EUR, a number of institutions could also join forces to become one Funding Member, status for 3 years);
- Contributing Members (single financial, in-kind or other contributions of less than 30'000EUR, status for 3 years)
- Members
- Individual members (upon invitation by the Steering Committee)
- Observers

The activities to be carried out by HEPA Europe in 2005/2006 are described in the Work programme² which will be updated and endorsed at the 2nd annual network meeting in June 2006 in Tampere.

The aim of this document is to describe the current funding situation, possible sources of funding and the planned steps until the first quarter of 2007 to secure these funds for the short term as well as the medium and long term. It also contains a scheme for a voluntary membership fee.

Based on the results of the short- and medium term activities to secure the funding for HEPA Europe, the funding strategy will be updated in early 2007.

¹ Terms of Reference - HEPA Europe Network. HEPA Europe – European network for the promotion of health-enhancing physical activity. 29.7.2005.
2 Funding needs and state of funding in February 2006

The following cost estimate for the provision of Secretariat functions as laid out in the Terms of Reference\(^3\) are based on experiences of WHO and take into account the necessary tasks. The estimate results in running costs of around 214’000USD (180’000 €) per year, tentatively allotted as follows:

- USD 131’000 (€ 111’500) for cost of personnel, administrative support, travel costs, and 13% overhead
- ca. USD 30'000 (€ 25'000) for grants for members from economies in transition (can also be included e.g. in budget for hosting a meeting) and support to members that the Steering Committee decides to invite on an ad hoc basis
- ca. USD 30'000 (€ 25’000) for publications, satellite events, conference facilities, communication, translations (e.g. into Russian) etc.

As a rule, members of the network contribute by investing their own time and by covering their own costs. The network aims, however, at being able to support Members from economies in transition, as reflected above.

The current sources of funding will secure the basic functions of the Secretariat until the first half of 2006. As of this time, new funds will have to be identified and secured for the continued secretariat support as well as for any additional functions of the Secretariat as described in its Terms of Reference.

In addition to the Secretariat functions, additional funds are also needed to support the implementation of the activities as described in the work programme 2005/2006 of HEPA Europe. An overview is given in the following table.

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
<th>State of funding</th>
<th>Cost estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an advocacy booklet on the key facts and figures for policy makers</td>
<td>In-kind contribution and seed money from WHO secured, decision on additional funds pending, additional funds needed</td>
<td>€ 30’000</td>
</tr>
<tr>
<td>Inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries to develop a framework for process evaluation of physical activity promotion</td>
<td>Funding and internship for first version secured, additional funds needed</td>
<td>€ 40’000</td>
</tr>
<tr>
<td>Collection of case studies of collaboration between the physical activity promotion and the transport or other sectors to develop an overview of European experiences on cooperation between these sectors</td>
<td>Production funded, possibly additional funds needed for communication / web-presentation</td>
<td>Funds as provided by BASPO plus € 5’000</td>
</tr>
<tr>
<td>Development of a general framework for physical activity promotion policy</td>
<td>In-kind contribution, else unfunded</td>
<td>Definite estimates to be elaborated</td>
</tr>
</tbody>
</table>

\(^3\) Terms of Reference - HEPA Europe Secretariat. HEPA Europe – European network for the promotion of health-enhancing physical activity. 29.7.2005.
### Title and aim of the activity

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
<th>State of funding</th>
<th>Cost estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of guidelines for policy makers for the development of national HEPA promotion programmes</td>
<td>In-kind contribution, else unfunded (need for activity to be decided)</td>
<td>Definite estimates to be elaborated</td>
</tr>
<tr>
<td>Development of a discussion paper on currently used recommendations for health-enhancing physical activity to serve as a basis to assess the scope and desirability to propose common European recommendations</td>
<td>In-kind contribution, else unfunded</td>
<td>Definite estimates to be elaborated</td>
</tr>
<tr>
<td>Review on cost-benefit analyses methodology with regard to walking and cycling</td>
<td>Funded</td>
<td>€ 29’000</td>
</tr>
<tr>
<td>Development of an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them.</td>
<td>In-kind contribution, else unfunded</td>
<td>Definite estimates to be elaborated</td>
</tr>
<tr>
<td>Review of examples of national physical activity promotion networks, including challenges to overcome; inter-ministerial and -sectoral approaches; and the exploration of the need and possibility to create a “network of national networks”.</td>
<td>In-kind contribution, else unfunded</td>
<td>Definite estimates to be elaborated</td>
</tr>
</tbody>
</table>

### 3 Donations and contributions received so far

The funding for the current activities is coming from different sources, being mainly voluntary donations or in-kind contributions, namely:

- 1 joint voluntary donation of the Swiss Federal Offices of Sport and of Public Health
- 1 voluntary donation of the Swiss Federal Office of Sports
- Funds received from the “Swedish expertise fund” (based on a bilateral agreement between the Swedish government and WHO) for the implementation of the review on cost-benefit analyses methodology with regard to walking and cycling by Swedish experts
- Internship of Mr. Cyrus Rostami, University of Karlsruhe, Sport Science Institute, Germany, supported by the European Commission’s Leonardo da Vinci Programme, supporting the development of the first version of the inventory of policy documents and the framework for physical activity promotion;
- In-kind contributions of members of HEPA Europe in relation to products and activities, including:
  - contributions of the chair and the members of the Steering Committee, in terms of time, expertise and self-funding of trips;
  - contributions of the members of the working groups in terms of time and expertise;
  - hosting of the 1st annual HEPA Europe network meeting by the Gerlev Sports Academy, Denmark, 2005;
  - hosting of the 2nd annual HEPA Europe network meeting by the UKK Institute for Health Promotion Research, Finland, 2006;
  - hosting of meetings of the Steering Committee by several members;
  - contribution by several individual and institutional members for the production of publications and discussion papers and their translation;

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Footnote:

4 For more details on the mentioned activities refer to the Work programme 2005/2006.
o clearing house function for the collection of case studies on collaboration between the physical activity promotion and the transport sector by the University of Basel, funded by the Swiss Federal Offices of Sport and of Public Health;
o representation of the HEPA Europe network at expert meetings and conferences by members of the Steering Committee and of the network;
o contributions to the collection of case studies and the inventory of policy documents and approaches for physical activity promotion by various members and other partners.

4 Voluntary membership fees

Based on the example of other organizations similar to HEPA Europe, the Steering Committee was invited to propose a scheme with recommended voluntary membership fees of varying size as one form of becoming a Contributing Member. It would be most welcome that ministries are at least Contributing Members, but it was agreed that this should not be a prerequisite. Likewise, no time limit has been adopted for members to make a contribution.

While donations of any amount are welcome to support the functioning of the network, the following amounts to be donated as a voluntary membership fee are proposed: 1000 EUR / 5000 EUR / 10’000 EUR. Institutions or organization making donations of at least 30’000EUR (which may originate from more than one institution or organization) will become funding members.

Steps of implementation

- By June 2006, the Secretariat will develop a short document aimed at informing members (and their management) of this scheme and to promote its use for discussion at the next meeting of the Steering Committee. The document will also explain and promote the possibility to join forces among several institutions and organizations to pool support for HEPA Europe.
- At the 2nd network meeting in June 2006 in Tampere, Finland, the first group of members of HEPA Europe will be confirmed by the network.
- After the network meeting, the document will be sent to all confirmed members, inviting them to consider a contribution.
- A follow up will be sent in November.
- This procedure will be repeated each year after the annual meeting of the network.

5 Other sources of funding and proposed next steps

In the following sections the different identified sources of funding are presented. Based on the proposed timing of the next steps of implementation, they were grouped as being short term, medium term or long term. Nevertheless and mostly depending on the results of these next steps, e.g. now classified “short-term” activities may also become medium or long-term funding activities.

5.1 Voluntary donations of Ministries

The Ministries of Health of the WHO European Region were informed on the launch of the HEPA Europe network with an official letter from WHO Europe in September 2005, inviting them to join HEPA Europe and to consider contributions. All members of the Steering Committee were invited to follow up the letter with their contact persons in the Ministry of Health. Until January 2006, these efforts resulted in the following further contributions:
HEPA Europe Financing Concept – March 2006

- Swiss Federal Office of Sports: donation to support next steps in the development of the inventory (received)
- Ministry of Social Affairs and Health, Finland: possible donation to support the 2nd annual network meeting in 2006 in Finland (to be confirmed)
- 2 Letters of general support (Israel, Latvia)

In addition, in early 2006, the Secretariat had an initial exploratory meeting with the Italian Ministry of Health to understand their potential interest in supporting HEPA related activities.

Steps of implementation

- All member of the Steering Committee continue their efforts to highlight HEPA Europe and its activities to their contact persons in the Ministry of Health and to invite them to consider a contribution. The upcoming annual network meeting in June can also be used for further communication.
- The outcome of the initial discussion with the Italian Ministry of Health will be followed up.
- In addition, the possibility to contact other relevant Ministries such as for Environment, Transport, Sports or Education, will be explored and discussed at the 2nd meeting of the Steering Committee on 24 February 2006. The next steps will be taken accordingly.

5.2 Voluntary donations and other contributions of members

In addition, the Steering Committee and the Secretariat will contact other candidate members of HEPA Europe before the 2nd annual network meeting in June 2006 to invite them to consider a donation or other form of contribution.

In relation to future meetings and events, a number of expressions of interest and offers were already received, namely:

- The University of Graz offered to host the 3rd annual meeting of HEPA Europe in 2007.
- The University of Konstanz, Germany, expressed an interest to host an international meeting on children’s active travel and health in 2007.
- Jožica Maučec Zakotnik from the Slovenian Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme and Radim Šlachta from the Palacky University, Czech Republic, have expressed interest in considering hosting and organizing an event in 2007, possibly as a HEPA Europe network conference. The expressions of interest will be discussed at the next Steering Committee in February 2006 and the appropriate further steps will be taken accordingly.

Steps of implementation

- The contacts to possible contributing members will be made based on the statements made with regard to possible contributions in their application questionnaire as well as based on pre-existing contacts.
- The offers and expressions of interest with regard to meetings and events will be discussed at the next Steering Committee meeting on 24 February 2006 and the adequate further steps will be taken accordingly.

5.3 WHO support for the production of the advocacy booklet on physical activity and health

One of the activities in the work programme 2005/2006 of HEPA Europe is the production of an advocacy booklet on the key facts and figures on physical activity and health for policy makers. This advocacy booklet was submitted by the Secretariat as a proposal for the list of “high corporate priority
products” of WHO Europe in 2006/2007. These products are selected by the WHO Regional Director once every biennium and include 10 to 15 publications.

In February 2006, the advocacy booklet was selected to be such a high corporate priority product. The production will now be handled by the Health Documentation Services (HDS) unit in WHO Europe which includes editorial work, translation into Russian, and printing. The manuscript is expected to be ready by the end of June 2006 and the product will be launched at the WHO Ministerial conference in November 2006 in Istanbul.

Steps of implementation

- Through an in-kind contribution of Dr. Ilkka Vuori, a first outline was developed in fall 2005.
- The first meeting of the editorial group is taking place on 23 February 2006 in Rome, Italy. The next steps of work including questions of funding will be discussed.
- In addition to the seed money from WHO through the “high corporate priority product”, additional funds for the production of the manuscript need to be secured. One possible source of funding is the proposal submitted to DG Sanco (see chapter 5.44). Other possible sources of funding will be explored in parallel by the Secretariat.

5.4 Calls of the European Commission

a) Proposal to DG Sanco based on bilateral agreement with WHO

As part of its Community action in the field of public health (2003-2008) and more specifically the work programme 2005, DG Sanco decided to establish a bilateral agreement with WHO to allow for cooperation in the form of direct grant agreements (instead of the open call for proposals) in the areas covered by the Public Health Programme.

One of the activities submitted to be implemented under the proposal for 2005 will be to support EC Members States in developing national policies for injury prevention and physical activity. The secretariat is attempting to identify through this activity some resources for the production of the advocacy booklet on physical activity and health. The call for proposals for 2006 has been published in February 2006.

The existence of this bilateral agreement prevents the Secretariat at WHO Europe from applying for other DG Sanco funds through projects or programmes. However, the Secretariat may participate on a scientific basis in other proposals without additional costs for the European Commissions.

Steps of implementation

- The decision of DG Sanco on the submitted proposal for 2005 is expected in March 2006.
- Possible topics for submission to the WHO internal proposal by the Secretariat will be discussed at the next Steering Committee meeting in February 2006. The deadline for internal submission is in April 2006. Further steps will be taken accordingly.
- The deadline for submitting proposals to the open call of proposals is 15 May 2006.

b) Proposal to DG TREN: ACT&SAVE

By the end of January 2006, the HEPA Europe secretariat submitted a proposal to DG TREN (Transport and Environment) under the Intelligent Energy for Europe programme. The project called “ACTive and energy SAVing travEl in cities” (ACT&SAVE) aims at supporting a shift from energy intensive to energy efficient and active transport by providing tools to support decision-making and

5 http://europa.eu.int/comm/health/ph_programme/howtoapply/call_for_propal_en.htm
raising awareness about the health and environmental co-benefits of investing in active transport. The consortium consists of WHO Europe (coordinator) and 6 partners.

Steps of implementation

- The estimated date of completion of the evaluation of ACT&SAVE is the end of April 2006. In case of a positive evaluation, contract negotiations would take place and the estimated date of signature of the contract is expected toward the end of 2006. The implementation would start by late 2006/early 2007.

b) Other Directorates General (DGs)

In addition to DG Sanco and TREN, possibly also other DGs might be possible sources of funding for HEPA Europe activities.

Steps of implementation

- The published calls by the DGs Research, Environment and Transport/Energy will be monitored continuously. Arising possibilities will be discussed with the Steering Committee, also taking into account the evaluation result of the proposal submitted to DG TREN in January 2006.

5.5 Associations, Federations and Foundations

In addition to Ministries, various national or European associations and Federations related to the topic of physical activity promotion will be explored as another possible source of funding.

Steps of implementation

- As a first step, the following institutions will be contacted to explore their interest in HEPA Europe and the possibility of a donation or other form of contribution: European Cancer league, Santé Suisse (association of Swiss health insurances), Health Promotion Switzerland.
- Based on ongoing activities within WHO/Europe to identify other appropriate foundations and associations, the most suitable institutions will be identified. According to their rules of application, proposals will be submitted to these institutions as of mid 2006.

5.6 Private industry

In general, HEPA Europe will not engage in commercial interests that might in any way constitute a conflict of interest. Certain groups of donors, such as health insurances, the telecommunication sector or sports goods manufacturers would bare a lower risk of such a conflict while e.g. a donor from the food industry might bear a problem with regard to the external image of the network, especially in the first stages.

Apart from the already ongoing activity (see below), this source of funding will therefore be explored as a longer term option to further reduce the risk of an external perception of a possible conflict of interest. This will allow HEPA Europe to first establish as a network and to accrue the reputation of an impartial representative for the promotion of health-enhancing physical activity.

One member of the Steering Committee is currently in contact with a private industry representative, (TMobile Europe) to explore possibilities of contribution, but it is yet open whether such a contribution, should the negotiations be successful, would extend to national activities or (also) to activities of HEPA Europe.
Steps of implementation

- The appropriate steps with regard to a possible contribution by T-Mobile will be taken depending on the outcome of the negotiations.
- Possible donors with a low risk of a conflict of interest as well as every other possible source of funding will be identified and explored as of the beginning of 2007. Contacts with donors bearing a possible risk of a conflict will not be explored proactively, but only in case of an active step from such a donor.
- Should the question arise, the existing WHO structure would be utilized to support the decision making of the Steering Committee and every application would be handled on a case-by-case basis.
1 Background

At the 1st annual meeting of HEPA Europe in Gerlev, Denmark, in May 2005, a number of activities were outlined to be carried out in the following year. Subsequently, a work programme covering the period October 2005 - June 2006 was developed. The current state of affairs of these activities is summarized in this document. A short version is available at www.euro.who.int/hepa.

2 Foreword by the chairman

Only one year ago the new HEPA Europe, the European network for the promotion of health-enhancing physical activity, has been founded. This report gives an overview of all the activities carried out within the objectives of the Network:
- to contribute to the development and implementation of policies and strategies for health-enhancing physical activity,
- to develop, support, and disseminate effective strategies, programmes, approaches and other examples of good practice, and
- to support and facilitate multisectoral approaches.

The list of activities is impressive, and the fact that so many of the steps planned in the work programme 2005/2006 have been implemented is due to the extraordinary effort of the members of HEPA Europe, to the excellent support of WHO/Europe (European Centre for Environment and Health, Rome office) and to the productive co-operation that has been established with many partner organizations.

The interest in evidence-based physical activity promotion has grown considerably and is still on the rise. Meeting the demands for expert support in this field is more of a challenge than ever and HEPA Europe will continue to contribute to this task. We count on the support of our members for doing so.

*Brian Martin, Chairman of the Steering Committee, June 2006*

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1 For more details see: 1st meeting of the Network, Gerlev, Denmark, 26 – 27 May 2005. Meeting Report. HEPA Europe – The European network for the promotion of health-enhancing physical activity.

3 Overview of activities

3.1 Core activities of the network

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
<th>Page nr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance and regular updating of HEPA Europe website, development of a “materials” section</td>
<td>Mostly implemented, ongoing</td>
<td>4</td>
</tr>
<tr>
<td>2nd annual HEPA Europe network meeting 2006</td>
<td>Implemented as planned, concluded</td>
<td>4</td>
</tr>
<tr>
<td>Development of ideas for and organization of a Network Conference (ideally in 2007)</td>
<td>Implementation delayed, ongoing</td>
<td>5</td>
</tr>
<tr>
<td>Exploration of possibilities for coordination and collaboration with other networks and activities</td>
<td>Implementation as planned, ongoing</td>
<td>5</td>
</tr>
</tbody>
</table>

3.2 Projects and products

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
<th>Page nr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an advocacy booklet for policy makers</td>
<td>Implementation delayed, ongoing</td>
<td>7</td>
</tr>
<tr>
<td>Development of an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries</td>
<td>Implementation as planned, ongoing</td>
<td>8</td>
</tr>
<tr>
<td>Collection of case studies of collaboration between the physical activity promotion and the transport sector</td>
<td>Implementation delayed, ongoing</td>
<td>8</td>
</tr>
<tr>
<td>Development of a framework for physical activity promotion policy</td>
<td>Implementation as planned, ongoing</td>
<td>9</td>
</tr>
<tr>
<td>Development of “guidelines for the development of national HEPA promotion programs”</td>
<td>Implementation as planned, concluded for the time being</td>
<td>9</td>
</tr>
<tr>
<td>Development of a discussion paper on currently used recommendations for physical activity</td>
<td>Implementation as planned, ongoing</td>
<td>10</td>
</tr>
<tr>
<td>Review on cost-benefit analyses methodology with regard to walking and cycling</td>
<td>Implementation delayed, ongoing</td>
<td>10</td>
</tr>
<tr>
<td>Overview of ongoing international and European activities and networks relevant to HEPA Europe</td>
<td>Implementation delayed, ongoing</td>
<td>10</td>
</tr>
<tr>
<td>Review of examples of national physical activity promotion networks</td>
<td>Implementation delayed, ongoing</td>
<td>11</td>
</tr>
</tbody>
</table>

3.3 Activities aimed at optimizing the network

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
<th>Page nr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an impact model for HEPA Europe and of the work programme 2006 / 2007</td>
<td>Implementation delayed, ongoing</td>
<td>11</td>
</tr>
<tr>
<td>Development of a detailed financing concept</td>
<td>Implementation as planned, ongoing</td>
<td>12</td>
</tr>
<tr>
<td>Development of a communication strategy and a recruitment strategy</td>
<td>Not yet started</td>
<td>12</td>
</tr>
<tr>
<td>Development a design element for HEPA Europe</td>
<td>Implementation as planned, concluded</td>
<td>13</td>
</tr>
</tbody>
</table>
### 3.4 Possible activities to be launched later

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
<th>Page nr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of examples of collaboration and developments with</td>
<td>Not yet started, discontinued for the time being</td>
<td>13</td>
</tr>
<tr>
<td>the food industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and training tool on physical activity and the</td>
<td>Not yet started, concluded for the time being</td>
<td>13</td>
</tr>
<tr>
<td>built environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.5 Publications and presentations

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
<th>Page nr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications (5 reports/advocacy material, 3 external</td>
<td>Continuous activity</td>
<td>14</td>
</tr>
<tr>
<td>publications produced)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentations (9 presentations on HEPA Europe or</td>
<td>Continuous activity</td>
<td>14</td>
</tr>
<tr>
<td>mentioning it given in 2005, 9 given until June 2006)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4 Current state of affairs

4.1 Core activities of the network

4.1.1. Maintenance and regular updating of the HEPA Europe website

Planned steps in the work programme 2005/2006

<table>
<thead>
<tr>
<th></th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a materials page for</td>
<td>Second half of</td>
</tr>
<tr>
<td>the website in close</td>
<td>2005</td>
</tr>
<tr>
<td>collaboration with THE</td>
<td></td>
</tr>
<tr>
<td>PEP Clearing House</td>
<td></td>
</tr>
<tr>
<td>Perform regular updates of</td>
<td>Continuously</td>
</tr>
<tr>
<td>the website</td>
<td></td>
</tr>
</tbody>
</table>

State of affairs

The HEPA Europe website has been launched on 8 September 2005. Since then, the website has been updated regularly. User statistics are available as of February 2005 which show a varying, but overall increasing number of viewers\(^3\). However, the available time period is too short to show a clear trend:

Due to limited resources, a dedicated “materials” section in the website could not be implemented so far but preparations are underway (see also sections 4.2.2 and 4.2.3). The work will be carried forward into the new work programme 2006/2007.

4.1.2. 2nd annual HEPA Europe network meeting 2006 (14-16 June 2006)

Planned steps in the work programme 2005/2006

<table>
<thead>
<tr>
<th></th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a draft programme</td>
<td>By the end of 2005</td>
</tr>
<tr>
<td>Add a corresponding page to</td>
<td>Early 2006</td>
</tr>
<tr>
<td>the website</td>
<td></td>
</tr>
<tr>
<td>Send out invitations for</td>
<td>Early 2006</td>
</tr>
<tr>
<td>registration</td>
<td></td>
</tr>
<tr>
<td>Organize handling of</td>
<td>Spring 2006</td>
</tr>
<tr>
<td>incoming registrations with</td>
<td></td>
</tr>
<tr>
<td>organizers</td>
<td></td>
</tr>
<tr>
<td>Develop the background</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>documents and support</td>
<td></td>
</tr>
<tr>
<td>organizers in carrying out</td>
<td></td>
</tr>
<tr>
<td>the meeting</td>
<td></td>
</tr>
</tbody>
</table>

\(^3\) hits by WHO personnel excluded
State of affairs

The activity has been implemented as planned and is concluded.

4.1.3. Development of ideas for and organization of a scientific network conference

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
<th>Develop ideas for a main topic and possible additional topics for such a conference (ideally in 2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early 2006</td>
<td>Identify possible partners</td>
</tr>
<tr>
<td>Early 2006</td>
<td>Explore identified possibilities for collaboration and develop a first draft programme</td>
</tr>
<tr>
<td>Summer 2006</td>
<td></td>
</tr>
</tbody>
</table>

State of affairs

The idea to organize a network conference in 2007 was discussed by the Steering Committee at its 2\textsuperscript{nd} meeting on 24 February 2006. In view of the currently limited resources of the Network, the Steering Committee decided that 2007 was too early to organize a network conference. Instead, HEPA Europe will support the following five scientific events in 2006 and 2007:

- 1st World Congress on Public Health Nutrition, 28-29 September 2006, Barcelona, Spain;
- Satellite Symposium on children’s transport related physical activity and health, 28 February - 2 March, 2007, Constance, Germany;
- 2\textsuperscript{nd} International Conference on Promoting Health through Healthy Nutrition and Physical Activity, 2007, Slovenia;
- Satellite symposium to the 2007 annual meeting of the International Society for Behavioural Nutrition and Physical Activity (ISBNPA), June 2007, Norway;
- 5\textsuperscript{th} International Conference on Movement and Health, Olomouc, Czech Republic, 2007.

Exploring the possibility to hold a network conference (possibly in 2008) will be carried forward as an activity into the new work programme 2006 / 2007.

4.1.4. Exploration of possibilities for coordination and collaboration with other networks and activities

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
<th>Physical Activity Task Force in the European Commission project “European Network on Public Health Nutrition”:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2005</td>
<td>- ensure that HEPA Europe is mentioned in the work plan</td>
</tr>
<tr>
<td></td>
<td>- identify possibilities for joint activities</td>
</tr>
<tr>
<td></td>
<td>- collaboration through observers in the Steering Committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By when</th>
<th>UNECE/WHO Transport, Health and Environment Pan-European Programme (THE PEP):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously</td>
<td>- Ensure close working collaborations between the HEPA Europe Secretariat and THE PEP Task Force on Walking and Cycling</td>
</tr>
<tr>
<td>Continuously</td>
<td>- Contribute to the further development of THE PEP Clearing House part on cycling and walking and health-enhancing physical activity through the development of a “materials” part of the HEPA Europe website</td>
</tr>
<tr>
<td>Second half of 2005</td>
<td></td>
</tr>
</tbody>
</table>
### WHO Nutrition and Food Security (NFS): contributions to the WHO Ministerial Conference on counteracting obesity, November 2006, Istanbul

- Participate in and contribute to technical pre-conference consultations  
- Organize side-meeting on economics of transport-related physical activity at the Walk21 Symposium in Magglingen, Switzerland  
- Promotion of multi-sectoral participation in the ministerial conference  
- Development of background papers/publications for the conference (e.g. advocacy booklet, document on case studies, inventory of national physical activity promotion approaches, overview of ongoing international and European activities and networks etc.)  
- Dissemination of information about the ministerial conference through the HEPA Europe

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously</td>
</tr>
<tr>
<td>Summer 2005</td>
</tr>
<tr>
<td>Early 2006</td>
</tr>
<tr>
<td>Summer 2006</td>
</tr>
<tr>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

### Working Party “Lifestyles and other health determinants”

- Contribute to their 2nd scientific workshop and publish a paper presenting HEPA Europe and possibly also a framework for an inventory on physical activity promotion approaches, targets and data in the Journal Public Health which could serve as basis for the inventory survey  
- Identify possibilities for joint activities

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2005</td>
</tr>
<tr>
<td>Continuously</td>
</tr>
</tbody>
</table>

### WHO Healthy Cities programme

- Participate in and contribute to their annual meeting 2005 in Bursa, Turkey  
- Contribute to the planned Healthy Cities paper on urban design and physical activity through naming experts  
- Explore possibilities for further collaboration, e.g. the implementation of a best-practice case study for the promotion of physical activity through transport interventions in a number of Healthy Cities

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2005</td>
</tr>
<tr>
<td>Summer 2005</td>
</tr>
<tr>
<td>By the end of 2005</td>
</tr>
</tbody>
</table>

### Agita Mundo

- Join the Agita Mundo Network  
- Express support for their idea to give the WHO Director General an award for his contribution to the promotion of health-enhancing physical activity (e.g. at the CDC’s 2006 conference)  
- Identify possibilities for joint activities

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2005</td>
</tr>
<tr>
<td>Second half of 2005</td>
</tr>
<tr>
<td>Continuously</td>
</tr>
</tbody>
</table>

### State of affairs

- Physical Activity Task Force in the European Commission project “European Network on Public Health Nutrition”: Implemented as planned, ongoing. UNECE/WHO Transport, Health and Environment Pan-European Programme (THE PEP): implemented as planned, ongoing (see also section 3.1.1 regarding the materials part of the website).  
- WHO Nutrition and Food Security (NFS): contributions to the WHO Ministerial Conference on counteracting obesity, November 2006, Istanbul: implemented as planned, ongoing.  
- Working Party “Lifestyles and other health determinants”: implemented as planned, development of a framework for physical activity promotion is ongoing and will be carried forward into the new work programme 2006/2007;  
- WHO Healthy Cities programme: implemented as planned, new activities ongoing with regard to the advocacy booklet;
HEPA Europe Activity report 2005/2006

- Agita Mundo: implemented as planned, ongoing, in addition participation in CDC international conference on physical activity and public health and RAFA-PANA meeting April 2006.

In addition, contacts with the following activities and networks took place:
- An invitation to join the European Union’s platform on nutrition, physical activity and health has been received in early 2006 which will be followed up as part of the new work programme 2006 / 2007.
- HEPA Europe was contacted by the “sports participation platform” currently being established. Possibilities for collaboration will be explored as part of the new work programme 2006 / 2007.

4.2 Projects and products

4.2.1. Development of an advocacy booklet on the key facts and figures for policy makers

Planned steps in the work programme 2005 /2006

| Development of an outline, based on other examples (The Solid Facts, Briefing on Alcohol and Violence etc.) | Summer 2005 |
| Finalization of the text | End of 2005 |
| Possibly production of a short version / policy summary, layout and printing | Spring 2006 |
| Presentation at a suitable event (e.g. European Environment and Health Commission (EEHC) meeting in April 2006 which includes the topic of physical activity) | During first half of 2006 |
| Distribution according to the communication strategy | During first half of 2006 |

State of affairs

The activity has been implemented with delay and is ongoing: the HEPA Europe booklet on physical activity was selected by the WHO Regional Director for Europe to be one of the "high corporate priority products" of the office for 2006/2007. Therefore, the production process needed to be coordinated with the WHO Europe publication department. The text is currently being prepared by a main editor (Nick Cavill, UK), supported by an international editorial group⁴. The final text will be ready by mid June 2006. During summer and fall 2006, it will be edited, layouted and printed.

In addition, a second booklet is developed on “Promoting Physical Activity and Active Living in Urban Environments: The Role of Local Governments” by the WHO Healthy Cities and Urban Governance Programme. A coordinated approach for the production of the two booklets has been taken. Both booklets will be launched in November 2006 on the occasion of the WHO Ministerial Conference on Counteracting Obesity.

⁴ Members are: Francesca Racioppi, Agis Tsouros, Sonja Kahlmeier, Finn Berggren, Eva Martin, Pekka Oja, Jean-Michel Oppert, Mireille van Poppel, and Ilkka Vuori.
4.2.2. **Inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries to develop a framework for process evaluation of physical activity promotion**

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th></th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline of framework and questionnaire</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>Descriptive information available from selected countries</td>
<td>Winter 2005</td>
</tr>
<tr>
<td>First version of inventory completed</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

**State of affairs**

The activity has been implemented as planned and is ongoing. A report on a first version of the inventory focussing on policy documents has been distributed in May 2006. It is foreseen to complete this first version in a stepwise process while in parallel, a first online-version of the inventory focussing on national policy documents should also be made available in summer 2006.

4.2.3. **Collection of case studies of collaboration between the physical activity promotion and the transport or other sectors to develop an overview of European experiences on cooperation between these sectors**

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th></th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection of case studies</td>
<td>Summer 2005</td>
</tr>
<tr>
<td>Analysis and report</td>
<td>By the end of 2005</td>
</tr>
<tr>
<td>Presentation of the report at a suitable event according to the communication strategy (e.g. European Congress of Sport Science (07.2006) or European Public Health Association, WHO conference on counteracting obesity)</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

**State of affairs**

The activity has been implemented with delay and is ongoing. The collection of case studies has been completed in early 2006 and a draft report has been ready by June. The final report will be available in later this summer, as well as an online version of the collected case studies.
4.2.4. Development of a general framework for physical activity promotion policy

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
<th>Collection of available examples and input for the development of a draft framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter 2005/2006</td>
<td>Development of a draft version for discussion at the 2nd Steering Committee meeting</td>
</tr>
<tr>
<td>February 2006</td>
<td>Finalization of a proposed framework Early Summer 2006</td>
</tr>
<tr>
<td></td>
<td>Discussion of the proposed framework at the 2nd HEPA network meeting Early Summer 2006</td>
</tr>
<tr>
<td></td>
<td>Definition of the next steps according to the outcomes of the discussion Summer 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented as planned and is ongoing.

4.2.5. Development of guidelines for policy makers for the development of national HEPA promotion programmes

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
<th>Assessment of usability of the document developed by the former HEPA Europe network (1998-2001) as a basis for revision and update</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of 2005</td>
<td>Definition of the further work steps: depending on the outcome of the assessment Early 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented as planned and is concluded for the time being. The existing document was judged as being too outdated to serve as a good basis for a new guideline document. Before further steps for the development of new guidelines can be envisaged, the inventory of available policy documents on physical activity promotion (see chapter 4.2.2) should be in a more advanced state to allow in depth- analysis of approaches in place and experiences made, on which new guidelines should be based.

http://www.ukkinstituutti.fi/upload/3dr9zkxo.pdf
4.2.6. Development of a discussion paper on currently used recommendations for health-enhancing physical activity to serve as a basis to assess the scope and desirability to propose common European recommendations

Planned steps in the work programme 2005/2006

<table>
<thead>
<tr>
<th>By when</th>
<th>4.2.6. Develop. of a discussion paper on currently used rec. for health-enhancing physical activity to serve as a basis to assess the scope and desirability to propose common European rec.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection of recommendations currently used</td>
<td>Winter 2005 / 2006</td>
</tr>
<tr>
<td>Development of a draft discussion paper for discussion at the 2nd Steering Committee meeting</td>
<td>February 2006</td>
</tr>
<tr>
<td>Finalization of the draft discussion paper</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>Discussion of the draft at the 2nd HEPA network meeting</td>
<td>June 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented as planned and is ongoing.

4.2.7. Review on cost-benefit analyses methodology with regard to walking and cycling

Planned steps in the work programme 2005/2006

<table>
<thead>
<tr>
<th>By when</th>
<th>4.2.7. Review on cost-benefit analyses methodology with regard to walking and cycling</th>
</tr>
</thead>
<tbody>
<tr>
<td>International workshop</td>
<td>Spring 2006</td>
</tr>
<tr>
<td>Publication of a report on the meeting's outcome including operational guidance for practitioners</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented with delay and is ongoing. The updated planning foresees the following steps:
- Setting up a consultation group (underway – by end April 2006);
- Systematic review of approaches to the inclusion of health effects of cycling and walking in cost-benefit analysis and appraisals of interventions (by early July 2006);
- International consensus workshop (tentatively October 2006);
- Meeting report (tentatively December 2006).

4.2.8. Development of an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them.

Planned steps in the work programme 2005/2006

<table>
<thead>
<tr>
<th>By when</th>
<th>4.2.8. Development of an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection of recommendations currently used</td>
<td>Winter 2005 / 2006</td>
</tr>
<tr>
<td>Development of a draft discussion paper for discussion at the 2nd Steering Committee meeting</td>
<td>February 2006</td>
</tr>
<tr>
<td>Finalization of the draft discussion paper</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>Discussion of the draft at the 2nd HEPA network meeting</td>
<td>June 2006</td>
</tr>
</tbody>
</table>
State of affairs

The activity has been implemented with delay and is ongoing. It will be carried forward to the next work programme 2006/2007.

4.2.9. Review of examples of national physical activity promotion networks, including challenges to overcome; inter-ministerial and -sectoral approaches; and the exploration of the need and possibility to create a “network of national networks”.

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>Description</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarification of the task for the working group with regard to the inventory of existing physical activity promotion approaches, finalization of the work plan</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>Nomination of a chair of the working group, implementation of the work plan</td>
<td>Autumn 2005</td>
</tr>
<tr>
<td>Finalization of a report on the results</td>
<td>First half of 2006</td>
</tr>
<tr>
<td>Presentation of the report at a suitable event according to the communication strategy (e.g. WHO conference on counteracting obesity)</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented with delay and is ongoing. The tasks of the work group have been clarified in early summer 2006 and the activity will be carried forward into the new work programme 2006 / 2007.

4.3 Activities aimed at optimizing the networks

4.3.1. Impact model for HEPA Europe of how the stated aims of HEPA Europe shall be achieved, and based on this model, development of the work programme 2006 / 2007

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>Description</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of a guided brainstorming session to develop the impact model</td>
<td>Early 2006</td>
</tr>
<tr>
<td>Development of the impact model at the 2nd Steering Committee meeting</td>
<td>February 2006</td>
</tr>
<tr>
<td>Finalization of the impact model</td>
<td>Early Summer 2006</td>
</tr>
<tr>
<td>Development of an accordingly revised work programme 2006 / 2007, integrating the proposal for outcomes and deliverables formulated by the working group on an overview of other relevant networks and projects</td>
<td>Summer 2006</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented with delay and is ongoing. The guided brainstorming session will be held during one of the next meetings of the Steering Committee. Therefore, the new work programme 2006 /2007 was developed without the outcomes of the brainstorming session which will, however, be used for the implementation of this work programme as well as the development of the following ones.
4.3.2. Development of a detailed financing concept to identify and secure the future funding

Planned steps in the work programme 2005 /2006

| Outline of possible funding sources and draft scheme of voluntary membership fee | Summer 2005 |
| Draft financing concept | Autumn 2005 |
| Finalization and start of implementation | Second half of 2005 |

State of affairs

The activity has been implemented as planned and is ongoing. The current sources of funding will secure the basic functions of the Secretariat until the first half of 2006. As of this time, new funds will have to be identified and secured for the continued secretariat support as well as for any additional functions of the Secretariat as described in its Terms of Reference. In addition to the Secretariat functions, additional funds are also needed to support the implementation of the activities as described in the work programme 2005/2006 of HEPA Europe.

The draft financing concept for the period June 2005 – March 2007 has been discussed and endorsed at the 2nd meeting of the Steering Committee on 24 February 2006 in Rome. The finalized version of the concept will be presented at the 2nd annual meeting in June in Tampere; its implementation is ongoing.

4.3.3. Development of a communication strategy and a recruitment strategy for HEPA Europe

Planned steps in the work programme 2005 /2006

| Development of a draft communication strategy: formulation of the aims for the communication of the network, identification of the target audience(s) for communication; specification the activities to be carried out | Early 2006 |
| Development of a draft recruitment strategy: identification of the target audience(s) for recruitment; specification the activities to be carried out | Early 2006 |
| Finalization of the strategies and implementation | Spring 2006 |

State of affairs

Due to limited resources, this activity has not been started yet and will be carried forward into the work programme 2006 / 2007.
4.3.4. Development of a design element for HEPA Europe

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a call for contributions, taking the necessary legal aspects into account (e.g. copyright etc.)</td>
</tr>
<tr>
<td>Launch the contest, collect contributions and select the winner</td>
</tr>
<tr>
<td>Launch the new design element/logo</td>
</tr>
<tr>
<td>Presentation of the logo at the 2006 network meeting</td>
</tr>
</tbody>
</table>

State of affairs

The activity has been implemented with delay but is now concluded. The new logo and layout for HEPA Europe have been launched in April 2006.

4.4 Possible activities to be launched later

4.4.1. Review of examples of collaboration and developments with the food industry

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying out first steps:</td>
</tr>
<tr>
<td>- Finn Berggren: translation of ideas from the Danish Food Industry project</td>
</tr>
<tr>
<td>- Secretariat: contact European Heart Network</td>
</tr>
<tr>
<td>Definition of further steps based on available resources and interest of the network</td>
</tr>
</tbody>
</table>

State of affairs

Due to limited resources, this activity has not been implemented yet. Depending on interest expressed at the 2nd annual meeting in June 2006 in Tampere, the activity will be carried forward into the work programme 2006 / 2007 or will be discontinued for the time being.

4.4.2. Education and training tool on physical activity and the built environment

Planned steps in the work programme 2005 /2006

<table>
<thead>
<tr>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting decision of University of Geneva to support the proposal</td>
</tr>
<tr>
<td>Further steps to be defined accordingly</td>
</tr>
</tbody>
</table>

State of affairs

By June 2006, no further information has been received from the group in Geneva. For the time being, this activity will not be followed up.
4.5 Publications and presentations

4.5.1. Publications

The following publications were produced from October 2005 – June 2006 (in chronological order):

Reports and information material

- HEPA Europe information brochure (available at www.euro.who.int/hepa)
- Project on “Collaboration between physical activity promotion and the transport sector: Examples from European countries”:
  o First intermediate report (October 2005)
  o Second intermediate report (February 2006)
  o Third intermediate report (April 2006)
- Overview of inventory of documents on physical activity promotion in the European Region and Call for contributions. April 2006.
- HEPA Europe newsletter, Issue no. 1 (April 2006) (available at www.euro.who.int/hepa)

External publications

- HEPA Europe - the European network for the promotion of health-enhancing physical activity. In: Best practice for physical activity promotion around the world. CELAFICS (Centro de Estudos do laboratório de aptidão física de São Paolo Caetano do Sul) and CDC (Centers for Disease Control and Prevention) – editors. 2006: page 229.

4.5.2. Presentations

From October 2005 – June 2006, 18 presentations on HEPA Europe or mentioning it where held by members of the Steering Committee. An overview of these presentations is given in the following table:

<table>
<thead>
<tr>
<th>Events</th>
<th>Title of the presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td></td>
</tr>
</tbody>
</table>
| Velo-City 2005  
Dublin, Ireland, 30 May-3 June 2005  
www.velo-city2005.com | The European Health Enhancing Physical Activity network: where health meets with transport and urban planning to deliver the full potential of cycling  
Delivering the vision  
Cycling in the wider context: the health policy perspective |
| Technical consultation for the WHO conference on counteracting obesity  
Amsterdam, the Netherlands, 18 June, 2005  
www.euro.who.int/obesity | HEPA Europe |
<p>| 2nd Scientific Workshop of the Working Party 'Lifestyle | HEPA Europe – The European Network for the |</p>
<table>
<thead>
<tr>
<th>Events</th>
<th>Title of the presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>and Other Health Determinants' within the Public Health Programme of</td>
<td>Promotion of Health-Enhancing Physical Activity</td>
</tr>
<tr>
<td>the European Commission</td>
<td></td>
</tr>
<tr>
<td>Paphos, Cyprus, 11-13 September 2005</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.public-health.tu-dresden.de/dotnetnuke3/eu">www.public-health.tu-dresden.de/dotnetnuke3/eu</a>]</td>
<td></td>
</tr>
<tr>
<td>Healthy Cities Network Meeting</td>
<td>Physical activity and health: A possible role for cities and local authorities</td>
</tr>
<tr>
<td>Bursa, Turkey, 22 September 2005</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.healthycitiesbursa2005.com">www.healthycitiesbursa2005.com</a>]</td>
<td></td>
</tr>
<tr>
<td>17th dvs University Meeting</td>
<td>Health Enhancing Physical Activity – Trends and Perspectives</td>
</tr>
<tr>
<td>Leipzig, Germany, 22-24 September 2005</td>
<td></td>
</tr>
<tr>
<td>Technical consultation for the WHO conference on counteracting obesity,</td>
<td>Physical activity in the European Region: Challenges and opportunities</td>
</tr>
<tr>
<td>Workshop on Physical Activity</td>
<td></td>
</tr>
<tr>
<td>Copenhagen, Denmark, 10-12 October 2005</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.euro.who.int/obesity">www.euro.who.int/obesity</a>]</td>
<td></td>
</tr>
<tr>
<td>46th conference of the International Council for Health, Physical</td>
<td>ICHPER-SD and physical inactivity</td>
</tr>
<tr>
<td>Education, Recreation, Sport, and Dance (ICHER-SD)</td>
<td></td>
</tr>
<tr>
<td>Instanbul, Turkey, November 2005</td>
<td></td>
</tr>
<tr>
<td>European Conference on Chronic Disease Prevention (EURONCD), National</td>
<td>HEPA Europe, the European network for the promotion of health-enhancing physical activity: A new contribution to address physical inactivity and sedentary lifestyles.</td>
</tr>
<tr>
<td>Public Health Institute KTL</td>
<td></td>
</tr>
<tr>
<td>Helsinki, Finland, 8-10 December 2005</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.ktl.fi/euroncd">www.ktl.fi/euroncd</a>]</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>IASO/WHO Consultation with nongovernmental organizations and</td>
<td>Physical activity and its determinants</td>
</tr>
<tr>
<td>professional networks for the WHO</td>
<td></td>
</tr>
<tr>
<td>European Ministerial Conference on Obesity, Brussels, Belgium,</td>
<td></td>
</tr>
<tr>
<td>February 2006</td>
<td></td>
</tr>
<tr>
<td>International conference on physical activity and public health,</td>
<td>HEPA Europe – the European Network for the Promotion of Health-Enhancing Physical Activity</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention, Atlanta, USA, 17-20 April</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Evidence-based physical activity promotion: the approach of HEPA Europe, the European network for the promotion of health-enhancing physical activity (poster)</td>
</tr>
<tr>
<td>Annual meeting of the Physical activity network of the Americas -</td>
<td>HEPA Europe – the European Network for the Promotion of Health-Enhancing Physical Activity</td>
</tr>
<tr>
<td>Red de actividad fisica de las Americas (RAFA-PANA)</td>
<td></td>
</tr>
<tr>
<td>Atlanta, USA, 21 April 2006</td>
<td>An intersectoral approach: The role of the transport sector</td>
</tr>
<tr>
<td>[<a href="http://www.rafapana.org/">http://www.rafapana.org/</a>]</td>
<td>The role of sport, culture and leisure time in the promotion of health-enhancing physical activity</td>
</tr>
<tr>
<td>WHO Member States intersectoral consultation on promoting physical</td>
<td></td>
</tr>
<tr>
<td>activity for health for the preparation of the WHO</td>
<td></td>
</tr>
<tr>
<td>Ministerial Conference on Counteracting Obesity</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.euro.who.int/obesity">www.euro.who.int/obesity</a>]</td>
<td></td>
</tr>
<tr>
<td>Strategies to counteract obesity: meeting with the Regions,</td>
<td>La strategia dell’OMS per la promozione dell’attività fisica</td>
</tr>
<tr>
<td>organized by the Ministry of Health Rome, Italy, 19 May 2006</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.euro.who.int/obesity">www.euro.who.int/obesity</a>]</td>
<td></td>
</tr>
<tr>
<td>Muoversi di piu per vivere meglio: politiche, strategie e interventi</td>
<td>Attivita’ fisica e salute: problemi e strategie. Una prospettiva internazionale</td>
</tr>
<tr>
<td>di promozione dell’attività fisica nella popolazione. Rimini Wellness.</td>
<td></td>
</tr>
<tr>
<td>Rimini, Italy, 19 May 2006</td>
<td></td>
</tr>
<tr>
<td>Annual congress of the European College of Sports Science (ECSS)</td>
<td>Principles of physical activity promotion in public health: the idea of HEPA Europe</td>
</tr>
<tr>
<td>Lausanne, Switzerland, 5-8 July 2006</td>
<td></td>
</tr>
<tr>
<td>[<a href="http://www.ecss2006.com">www.ecss2006.com</a>]</td>
<td></td>
</tr>
</tbody>
</table>
Annex

2005 09 01 HEPA Euro activity report_05_06 short
The European network for the promotion of health-enhancing physical activity (HEPA Europe) was launched in May 2005 as an international, collaborative initiative which closely collaborates with WHO/Europe. “Health-enhancing physical activity” (HEPA) is any form of physical activity that benefits health and functional capacity without undue harm or risk. The overall vision of this initiative is to achieve better health through physical activity among all people in Europe. For more information see [www.euro.who.int/hepa](http://www.euro.who.int/hepa).

At the 2nd annual meeting in Tampere, Finland, the following work programme was endorsed for the period July 2006 to June 2007. At the next annual meeting in May 2007, progress on ongoing activities will be reviewed and the next annual work programme will be defined.

### 1. Core activities of the network

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance and regular updating of the HEPA Europe website (<a href="http://www.euro.who.int/hepa">www.euro.who.int/hepa</a>)</td>
</tr>
<tr>
<td>Holding of the 3rd annual HEPA Europe network meeting (16-18 May 2007, Graz, Austria)</td>
</tr>
<tr>
<td>Development of ideas for and possibly organization of a scientific network conference (possibly in 2008)</td>
</tr>
<tr>
<td>Support and contributions to other conferences and events upon request</td>
</tr>
<tr>
<td>Cooperation and collaboration with other activities, projects, and networks to join forces with key partners and to benefit from synergies</td>
</tr>
</tbody>
</table>

### 2. Projects and products

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalization of an advocacy booklet on physical activity and health with the key facts and figures for policy makers</td>
</tr>
<tr>
<td>Continue collating an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries to facilitate information access for Member States and to develop a framework for process evaluation of physical activity promotion at the national level</td>
</tr>
<tr>
<td>Review of examples of national approaches and networks for physical activity promotion, including challenges to overcome; inter-ministerial and -sectoral approaches; and the exploration of the need and possibility to create a “network of national networks”.</td>
</tr>
<tr>
<td>Finalization of the collection of case studies of collaboration between the physical activity promotion and the transport or other sectors to develop an overview of European experiences</td>
</tr>
<tr>
<td>Development of a general framework for physical activity promotion policy</td>
</tr>
<tr>
<td>Development of a discussion paper on currently used recommendations for health-enhancing physical activity to serve as a basis to assess the scope and desirability to propose common European recommendations</td>
</tr>
</tbody>
</table>
### 2. Projects and products: continued

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review on cost-benefit analyses methodology with regard to walking and cycling and organization of an international workshop</td>
</tr>
<tr>
<td>Finalization of an overview of ongoing international and European activities and networks relevant to HEPA Europe, including a visual representation of the activities and the interconnections between them</td>
</tr>
<tr>
<td>Launch of an exchange of experiences in physical activity and sports promotion in children</td>
</tr>
<tr>
<td>Development of a European Region course on physical activity and public health</td>
</tr>
</tbody>
</table>

### 3. Optimizing the network

<table>
<thead>
<tr>
<th>Title and aim of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an impact model for HEPA Europe of how the stated aims shall be achieved, and based on this model, development of the future work programmes</td>
</tr>
<tr>
<td>Implementation and updating of the financing concept to identify funding sources and secure the future funding</td>
</tr>
<tr>
<td>Development of a communication strategy and a recruitment strategy for HEPA Europe</td>
</tr>
</tbody>
</table>
Annex

2005 09 01 HEPA Eur work prog 2006_2007

michael.sjostrom@prevnut.ki.se +46 8 608 9140 (office) +46 70 5379870 mobile
PrevNut, Novum Novum, Hiss F, Plan 6 +46 8 608 3300 (switchb) www.prevnut.ki.se
SE-14157 Huddinge, Sweden Hälsovägen 7, Huddinge +46 8 608 3350 (fax) Org number: 202100 2973
1 Background

At the 1st annual meeting of HEPA Europe in Gerlev, Denmark, in May 2005, a number of activities were outlined to be carried out in the following year1. Subsequently, a work programme covering the period October 2005 - June 2006 was developed2. The current state of affairs of these activities is summarized in this document.

2 Foreword by the chairman

Only one year ago the new HEPA Europe, the European network for the promotion of health-enhancing physical activity, has been founded. This report gives an overview of all the activities carried out within the objectives of the Network:

- to contribute to the development and implementation of policies and strategies for health-enhancing physical activity,
- to develop, support, and disseminate effective strategies, programmes, approaches and other examples of good practice, and
- to support and facilitate multisectoral approaches.

The list of activities is impressive, and the fact that so many of the steps planned in the work programme 2005/2006 have been implemented is due to the extraordinary effort of the members of HEPA Europe, to the excellent support of WHO/Europe (European Centre for Environment and Health, Rome office) and to the productive co-operation that has been established with many partner organizations.

The interest in evidence-based physical activity promotion has grown considerably and is still on the rise. Meeting the demands for expert support in this field is more of a challenge than ever and HEPA Europe will continue to contribute to this task. We count on the support of our members for doing so.

Brian Martin, Chairman of the Steering Committee, June 2006

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1 For more details see: 1st meeting of the Network, Gerlev, Denmark, 26 – 27 May 2005. Meeting Report. HEPA Europe – The European network for the promotion of health-enhancing physical activity, available at www.euro.who.int/hepa

3 Overview of activities

3.1 Core activities of the network

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance and regular updating of HEPA Europe website, development of a “materials” section</td>
<td>Mostly implemented, ongoing</td>
</tr>
<tr>
<td>2nd annual HEPA Europe network meeting 2006</td>
<td>Implemented as planned, concluded</td>
</tr>
<tr>
<td>Development of ideas for and organization of a Network Conference (ideally in 2007)</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Exploration of possibilities for coordination and collaboration with other networks and activities</td>
<td>Implementation as planned, ongoing</td>
</tr>
</tbody>
</table>

3.2 Projects and products

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an advocacy booklet for policy makers</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Development of an inventory of existing approaches, policy documents, and targets related to physical activity promotion in different countries</td>
<td>Implementation as planned, ongoing</td>
</tr>
<tr>
<td>Collection of case studies of collaboration between the physical activity promotion and the transport sector</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Development of a framework for physical activity promotion policy</td>
<td>Implementation as planned, ongoing</td>
</tr>
<tr>
<td>Development of “guidelines for the development of national HEPA promotion programs”</td>
<td>Implementation as planned, concluded for the time being</td>
</tr>
<tr>
<td>Development of a discussion paper on currently used recommendations for physical activity</td>
<td>Implementation as planned, ongoing</td>
</tr>
<tr>
<td>Review on cost-benefit analyses methodology with regard to walking and cycling</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Overview of ongoing international and European activities and networks relevant to HEPA Europe</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Review of examples of national physical activity promotion networks</td>
<td>Implementation delayed, ongoing</td>
</tr>
</tbody>
</table>

3.3 Activities aimed at optimizing the network

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of an impact model for HEPA Europe and of the work programme 2006 / 2007</td>
<td>Implementation delayed, ongoing</td>
</tr>
<tr>
<td>Development of a detailed financing concept</td>
<td>Implementation as planned, ongoing</td>
</tr>
<tr>
<td>Development of a communication strategy and a recruitment strategy</td>
<td>Not yet started</td>
</tr>
<tr>
<td>Development a design element for HEPA Europe</td>
<td>Implementation as planned, concluded</td>
</tr>
</tbody>
</table>
### 3.4 Possible activities to be launched later

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of examples of collaboration and developments with the food industry</td>
<td>Not yet started, discontinued for the time being</td>
</tr>
<tr>
<td>Education and training tool on physical activity and the built environment</td>
<td>Not yet started, concluded for the time being</td>
</tr>
</tbody>
</table>

### 3.5 Publications and presentations

<table>
<thead>
<tr>
<th>Activity</th>
<th>State of affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications (5 reports/advocacy material, 3 external publications produced)</td>
<td>Continuous activity</td>
</tr>
<tr>
<td>Presentations (9 presentations on HEPA Europe or mentioning it given in 2005, 9 given until June 2006)</td>
<td>Continuous activity</td>
</tr>
</tbody>
</table>
Annex

2005 10 10 Agenda TF PA Mon
EUR NETWORK ON PHN
Physical Activity Task Force/ Monitoring Task Force
Meeting in Trieste, 10-11 October 2005

PROVISIONAL AGENDA

Activity reports
• Cyprus meetings
• Magglingen meetings
• communications with DG SANCO
• Durban congress
• budget
• other

Overview of PATF actions up till now
• TF meetings
• other actions

DG SANCO Green Paper
• comments
• proposals for contributions (see the boxes in draft text)

DG SANCO strategy 2007-2013
• current situation
• how to act
PATF report
- comments on draft text
- further work on report

PATF further work
- time schedule
- EUR NETWORK meetings
- TF meetings
- other meetings
- specific tasks

Other business
Annex

2005 10 10 Update
Update from Physical Activity Task Force

Trieste, 11 October 2005

Our work since Southampton has taken place in the following areas:

- We have made suggestions for the DG SANCO 2006 workplan
- We have made comments on the DG SANCO Green paper on physical activity and nutrition, and we are still formulating further proposals. Horst Klebbenburg says that this is an important discussion paper for the 2007 PH strategy so we see this as a good route through which to propose PA and nutrition comments
- The DG SANCO Health and Consumer Protection strategy 2007-13 is a key document and we have worked on responses to the consultation
- We have been engaged in extensive networking, including close work with the HEPA Europe network, with participation in their recent meetings in Denmark and Switzerland
- We have been developing our final report. This includes a condensed review of reviews on physical activity and health, and impact of physical activity and nutrition promotion interventions on health. Our project proposals to DG SANCO and possibly to DG Research will be a core part of the report, and there may be some funding proposals within it
- Detailed discussion of potential funding proposals will take place after the 2006 workplan has been published
- We have been involved in developing funding proposals with WHO, which is working on this theme across their offices in Rome, Copenhagen and Geneva

Physical Activity Task Force
11 October 2005
Annex

2005 10 10 Minutes TF PA Mon
Note of joint meeting of Physical Activity and Monitoring Task Forces of the EUR NET in PHN
Trieste, 10-11 October 2005

Present:
- Vicky Benetou
- Dirk Meusel
- Pekka Oja
- Jean-Michel Oppert
- Harry Rutter
- Michael Sjöström
- Jozica Zakotnik

Activity reports

Cyprus meetings
- Followed by a joint meeting of the PA and monitoring TFs
- The meeting was attended by Horst Kloppenborg, who works within C2 within Health Information Unit under John Ryan
- The presentations, programme, and minutes are all listed at www.public-health.tu-dresden.de.eu
- Issue 2, of the Springer-published Journal of Public Health will feature a report of the workshop
- PATF members worked on developing an approach for future project proposals for the DG SANCO workplan 2006
- We all expressed our thanks to DM for all his hard work

Magglingen meeting
- Two meetings in Magglingen in September 2005:
Walk21 Satellite Symposium on transport-related physical activity 18-20 September
- Excellent conference from a range of different sectors: transport, health, physical activity, researchers, policy makers
  There is potential to develop economic instruments for influencing policy. There was also a workshop on GIS as a tool for evaluating the impact of the built environment on physical activity
- presentations are available from the symposium homepage at www.walk21satellite.ch

HEPA Europe steering committee meeting 20-21 September
- Pekka attended the meeting
- Agenda and minutes on the HEPA Europe website
- Steering Committee defined the workplan, the agenda for the working groups, and dates of next year’s meeting
- Started discussing proposals for a European HEPA congress
- We need to work on terms of reference for shared work between EC PATF and HEPA Europe network

Communications with DG SANCO
- Suggestions for DG SANCO health determinants strand have been sent to the appropriate staff members

International Congress on Nutrition, Durban, September 2005
- Michael gave a keynote lecture on monitoring PA at population level. This was followed by several papers on PA within the session given by members of the monitoring TF. 2500 participants at the congress, with more discussion of PA than
  Discussion about the tendency for physical activity to be subsumed under the heading of nutrition
  It is important that PA and nutrition sectors work together to maximise public health benefit, and we should work to raise and maintain the profile of physical activity

TF budgetary issues
- PA TF budget is in line with expectations
- Michael will review the budget again following this Trieste meeting and let us know the budget position

Other
- Vicky reported on the EuroCadet project from Erasmus University which will look at PA in the context of cancer
  - Uses a model known as the Prevent model which identifies the impact of interventions on risks of cancer
  - Related to the EPIC study
- Jean-Michel related a project he has been involved in with a booklet rather like Solid Facts for PA and nutrition in France, primarily for primary care physicians (written in French) - he co-ordinated the writing. 25,000 copies currently being printed, will also be available online
Overview of PATF actions to date

- TF meetings all listed on the document ‘EC TF meetings 2005-6’
  - Updates made during the meeting
  - HR will circulate for comments
- PATF actions listed on the document ‘EC TF actions 2005-6’

Overview of Monitoring TF actions to date

- MS, VB and DM to work on producing meeting and action lists for the Monitoring TF

DG SANCO work plans 2006

- We need to respond once the final workplan is issued
- Proposals for inclusion in 2006 workplan of population monitoring of PA across Europe:
  - Suggestion was to use IPAQ, within existing data collection systems. Inclusion of the short form IPAQ in the Euro Barometer would achieve this as there are already systems set up. Short IPAQ was included in a Euro Barometer survey in 2002 (reported by Alfred Rutten in Swiss PH journal Sozial- und Präventivmedizin). Euro Barometer data are easily available online (bigger for Germany, smaller for Luxembourg, etc)
  - Sample of ~1,000 per country across 15 member states
  - Euro Barometer is produced by DG PRESS, likely to move across to EuroStat. There is a major task to adapt the IPAQ across at least 40 different languages (Spain has 3 major languages, Belgium has 2, we have 10 new member states), along with cultural adaptation and validation.
  - There are also questions about the absolute validity of the IPAQ so there should be validation using doubly labelled water studies. And questions about reliability of the tool for monitoring workplace activity
  - Other indicators that could be monitored:
    - measures of environmental determinants of PA. Three groups in Europe working on this, with one linked to a group in the US: IPEN
    - measures of physical fitness, which has tended to be neglected eg 2km walk test
    - Indicators of other determinants such as nutrition, tobacco, alcohol, sexual health, etc
  - So there is a wide range of indicators that could fit within a functioning system of data collection
- We could make a harmonised proposal across DG RESEARCH and DG SANCO that aims to strengthen monitoring of PA and potentially other indicators, linked to a research proposal to develop the tools
  - Implement the existing IPAQ into the Euro Barometer survey
  - Translate IPAQ and validate translations across all 25 member states, including regional languages
  - With a third strand to DG SANCO for further research into indicators on workplace, environment, measures of fitness
Antonia’s proposals

- Vicky presented some proposals from Antonia Trichopoulou. The main focus was on enlargement of the DAFNE database to include:
  - More countries
  - More datasets
- She also presented a proposal for a pan-European food survey based on household budget food surveys
  - The national spending surveys focus on households and the PA monitoring instruments work at an individual level
  - There is work on sub-samples of these surveys to link the household data to individual behaviour
- It is difficult to decide on how to act on this opportunity at this stage but we will review in the light of the published workplan

DG SANCO Green Paper

- We made a start on making a list of comments on the Green Paper for discussion with DG SANCO determinants strand - for internal discussion only at this stage
- This is a very interesting and important document and we are very pleased to be invited to comment on it
- We would prefer the focus to be on tackling chronic diseases, including obesity, through physical activity and healthy diets
- Questions on how to act are in many cases so general that it is difficult to respond to them eg ‘how can the existing evidence be transferred into policy and practice?’ (box on page 6)
- page 3 - under the heading ‘Relationship between diet PA and health’ - the list does not include overweight and obesity
- Box on page 6
  - misses two questions:
    - What are the impacts of integrating diet and PA?
    - How do we change people’s behaviour?
  - Missing fields include the health impacts of combining approaches to PA and healthy nutrition for improving health, and the effectiveness of interventions whereby PA and healthy eating have been combined
  - Recommendations on PA should be tailored to the nutritional environment
- Box on page 10
  - Second bullet point is important - how should BMI be measured, and how should it be used (ie cut-offs, population mean, etc)
  - Physical fitness is another potential indicator for consideration here
- Box on page 11
  - First bullet point - the answer is yes, in the area of prevention of chronic diseases
  - Need to strengthen the evidence on energy output relative to energy input
• Further comments to be fed back to Harry and discussed in a phone conference in early November

DG SANCO strategy 2007-2013
• HR has contacted the appropriate member of staff in the DH in England to make representation about the presence of PA in the draft strategy on behalf of the PATF
• Monitoring TF to send suggestions to HR for him to pass on to appropriate member of staff in the DH in England
• HR will check on what is happening about the public consultation and let the PATF know

Task Force reports
• HR will circulate a draft structure for the interim report incorporating agendas and minutes of our meetings to date
  • MS will write a summary and introduction
  • All members of the group will comment on the draft
• Pekka was congratulated on the work he has done on the interim report
  • Harry will add his comments

Task force further work
• consensus that it is not appropriate for us to participate in the EU Platform on diet and physical activity
• Potential final meeting in Barcelona, late September 2006
  • we will submit an abstract of PATF final report
  • If funds can be made available then we will hold our final meeting there; if not our final meeting will be in Vienna but we will try to ensure we have funding for Pekka to attend the Barcelona conference

Any other business
• We will establish a TF website on the [www.public-health.tu-dresden.de](http://www.public-health.tu-dresden.de) server for storage of our up-to-date documents

Documents to circulate
• Harry will circulate the following documents for comments:
  • Draft workplan
  • Actions
  • Meetings
  • Draft interim report
  • Note of this meeting
  • Draft update of our activities for circulation around the other task forces
Next meeting

- We will hold a phone conference on Friday 4 November 2005 at 10.00am CET. Michael will organise this
Annex

2005 11 04 Note on Teleconference
EUR NETWORK ON PHN Physical Activity Task Force

Note of telephone meeting

4 November 2005

Present:
- Pekka Oja
- Jean-Michel Oppert
- Michael Sjöström
- Harry Rutter

Apologies:
- Jozica Zakotnik
- Brian Martin

Trieste meeting reports

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DG SANCO work plans 2006

We have established contact with the working party in the commission and Michael is leading on maintaining this link

DG SANCO Green Paper

Pekka has made a first attempt at listing key comments which he sent round today. We will all send comments back to him by 11 November. He will then get back to us all with the division of labour for further writing to emphasise the evidence base underpinning our arguments.
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We have all the material ready for this report. Harry will finish his contributions and send to Michael who will finalise this.

PATF report
Harry will meet with Finn Berggren in Copenhagen on 1 Dec to work on the network chapter of the report.

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Other business
Expectations of WHO Rome office that the TF will be involved in the joint project between the Swedish Govt and WHO on health economics and active travel. Michael will send the proposal to Harry.
Annex

2005 11 10 Abstracts

Chairpersons: Wilhelm Kirch, Research Association Public Health, Dresden, Germany, Horst Kloppenburg, European Commission, DG SANCO, Luxembourg

Organisers: Wilhelm Kirch, Dirk Meusel, Research Association Public Health, Institute of Clinical Pharmacology, Medical Faculty Carl Dresden, Germany
Contact details: wilhelm.kirch@mailbox.tu-dresden.de

The European Commission, Directorate General Health and Consumer Protection (DG SANCO), carries out the recent Public Health Programme 2003 - 2008. It is divided into three priority areas. Within the health information priority area, seven working parties (WP) have been initiated. According to the mandate of one of these WP's, the WP "Lifestyle and other Health Determinants" encompasses the lifestyle related topics such as nutrition and physical activity. Health enhancing physical activity and healthy nutrition are important components for reducing the arising epidemic of obesity. The workshop presents European projects that contribute components to the WP's strategy on physical activity and nutrition. The added value of this workshop is making aware and visible to a wide range of scientific experts of EUPHA and discusses it with them. Possible opportunities of future involvement of scientists of the network of EUPHA within the WP and the Public Health Programme will be outlined.

The European Nutrition and Health Report 2004: an example for nutrition and health monitoring in Europe
Ibrahim Elmadfa

Elmadfa I, Weichselbaum E
Department of Nutritional Sciences, University of Vienna, Austria

Background
The European Nutrition and Health Report 2004, in which 14 European countries participated, was a project within the European Health Monitoring System. Its main goal was the compilation of already existing data about the nutrition and health situation in the European Union.

Methods
National and regional nutrition and health data were collected by the participants and forwarded to the coordinating center, the Department of Nutritional Sciences, University of Vienna, which prepared the final report. Data about food supply and availability were taken from already existing sources, the FAO food balance sheets and DAFNE IV, respectively. Some of the health data was derived from the WHO and other sources.

Results
Regional differences in food availability were found. The highest fruit and vegetable availability was found in South Europe, but also the highest availability of added lipids. Also the highest availability of fish was observed in this region, followed by countries of North Europe. On the nutrient intake level a general high intake of fat, sugar and cholesterol could be noted. The intake of vitamin D, calcium, potassium and iodine, and of iron in women, was generally low and must be considered critical. A high prevalence of overweight and obesity was found in European adults and already in children. This is not only a consequence of a high energy intake, but also of the general low amount of physical activity in Europe. High intakes of salt and alcohol, and high proportions of smokers were observed in most participating countries – important factors associated with the incidence of non-communicable diseases.

Conclusions
To achieve higher international comparability of nutrition and health data, uniform assessment methods should be used in future surveys. Particularly the data about physical activity were not comparable, and efforts should be made in this direction

Monitoring health enhancing physical activity across Europe
Michael Sjöström
Background
WHO urges its Member States to collaborate in implementing a global strategy on diet, physical activity and health for the prevention and control of non-communicable diseases (WHA, May, 2004). Such a strategy demands, to be efficient, a better understanding of to what extent, and in what way, the populations are physically active.

Methods
The International Physical Activity Questionnaire (IPAQ) short and long versions have been developed and tested (Craig et al., 2003; www.ipaq.ki.se). IPAQ has already been, and will continue to be, used in international population studies, including a number of studies across Europe.

Results
Eurobarometer Study. In the autumn 2002 the topic for wave 58.2 chosen was Health, including physical activity. The items from IPAQ short version were selected. One thousand individuals per country were interviewed. The data collected show how the total activity varies in between countries and show also that the activity pattern all over Europe is different from that from studies of exercise habits.
The International Physical Activity Prevalence Study (IPS) was commenced in 2002 to demonstrate the feasibility of using IPAQ to collect nationally representative data on physical activity, and has been running with about 20 countries participating. The random sample in each country has been about 1500 individuals. Data collection is completed and analyses are undertaken. A scoring protocol has been developed to facilitate analysis and make data handling and presentation in between different centres/countries comparable.

Conclusions
The EU now contains 25 Member States and further work using IPAQ will include development of the translation process to ensure better and more comparable data. This new instrument gives insights into how, and to what extent, people are active. The data also raise a number of issues regarding lifestyle physical activity. There is obviously a need for a discussion about the current recommendation for health enhancing physical activity.

Food Consumption Patterns in Europe using the Data Food Networking (DAFNE) databank
Antonia Trichopoulou

Trichopoulou A
Department of Hygiene and Epidemiology, Medical School, University of Athens, Greece

Background
In a world dominated by rapid changes the ability to monitor and compare dietary patterns of different populations is important. The DAFNE databank directly contributes to ongoing international initiatives employed to improve public health nutrition strategies and knowledge.

By identifying dietary patterns, their socio-demographic determinants and monitoring dietary changes over time in 24 European countries, the DAFNE databank was conceived to produce a tool for providing information for decision making.

Methods
The DAFNE databank includes comparable between countries dietary and socio-demographic data, from 24 European countries, collected through the standardized, regular and country representative household budget surveys (HBS). Before being incorporated in the databank, the nationally collected dietary information is post-harmonized to allow for international comparisons.

Based on HBS data collected from 1980 to 2000, the daily individual food availability was estimated, taking into consideration the energy requirements of the household members. Dietary patterns were identified using exploratory statistical methods and regression models were fitted to evaluate the effect of socio-demographic determinants.

Results
Standardization of management, processing and harmonizing of European HBS data allows for the identification of dietary patterns and their trends, for example, the dietary patterns of South Europe are still characterized by the consumption of foods of plant origin, yet over time a deviation from the traditional diet is however observed. With indications observed, for example, that in Europe vegetable and fruit consumption is still below recommendations, public health strategies can be planned accordingly. There is also an identification of population sub-groups whose dietary habits are not favourable in relation to current scientific knowledge on the association of diet and health.

Conclusions
By providing dietary pattern and trend information the DAFNE databank offers a relevant medium that contributes to both national and international public health strategies.

The Ageing Nutrition-Project: Comparative analysis of existing data on nutrition and lifestyle of the ageing population in Europe, especially in the „new” Baltic, Central and Eastern regions of the Community.
Lioba Pauly

Pauly L 1, Stehle P 1, Szabolcs I 2, Haas K 3, Elmadfa I 1, Volkert D 1 for the AgeingNutrition-Group
1 Department of Nutritional Science, University of Bonn, Bonn, Germany
2 Semmelweis University, College of Health Care, Department of Dietetics, Budapest, Hungary
3 University of Vienna, Institute of Nutritional Sciences, Vienna, Austria

Background
Demographic changes result in an increasing number and proportion of elderly people all over the world. Nutrition as well as lifestyle are important determinants of health and well-being in the elderly. In Europe, our knowledge in these areas is presently fragmentary. From Western European countries the multicentre SENECA study, several nationwide surveys and a variety of regional studies are available. Information about the situation in Eastern European Countries is on the whole missing – or at least not published.

Methods
The overall aim of the AgeingNutrition-Project, funded by the European Commission, is to collect existing data about nutrition and lifestyle in Europe with special focus on the Baltic, Central and Eastern regions of the European Community. In a first step information about the availability of data is collected in each of the participating countries (Austria, Belgium, Czech Republic, Estonia, Germany, Greece, Hungary, Latvia, Poland, Romania, Slovak Republic, Slovenia, Spain, Turkey). Subsequently, study results are gathered at group level and compiled in a comparative manner. The following topics are covered: General study information, basic characteristics of participants, nutritional status, food intake, nutrient intake, dietary habits and lifestyle.

Results
The project will give a comprehensive overview about existing data on nutrition and lifestyle of the ageing population in Europe. Presently it can be reported that relevant data are available in all participating countries. Because of great differences in study design, methods and parameters used, the comparative evaluation is limited to selected parameters.

Conclusions
The study results will allow a standardisation of methods and parameters for further research and serve as a basis for future monitoring of nutrition and lifestyle of the European elderly population.

Available health information on physical activity and nutrition under the Public Health Programme 2003-2008 of the European Commission, DG SANCO
Dirk Meusel

Meusel D, Kirch W
Research Association Public Health, Institute of Clinical Pharmacology, Medical Faculty Carl Gustav Carus, Dresden University of Technology, Germany

Issue
The issue addressed is twofold. Firstly, comparable health information across all Member States of the
European Community is crucial to a European wide drafting of policy recommendations as well as evidence based European politics. Producing data to generate such comparable health information is extremely challenging due to the heterogeneous backgrounds and traditions in data collection at national levels in Europe. Secondly, health enhancing physical activity and healthy nutrition present the essential components for reducing the arising health risks of obesity. Gathering reliable information on physical activity levels and the nutritional status not only involve methodological difficulties at national level, but even more with the demand of comparability at a European wide level.

Description
The Public Health Programme 2003-2008 of the European Commission, Directorate General Health and Consumer Protection, initiated within it thematic priority ‘health information’ a Working Party “Lifestyle and other health determinants”. In this context, a scientific secretariat is being supported that aims at (1) appropriately tackling the above outlined issue and (2) coordinating the strategic planning of projects undertaken in this context. The secretariat is being run between 2004 and 2006. This innovative practice shall furthermore draft recommendations to be implemented at national level.

Lessons learned
By employing the organisational structure of a scientific secretariat, projects related to gathering lifestyle related health information were able to formulate a joint strategy towards producing reliable and comparable health information on the topic of physical activity and nutrition. Methods and indicators on assessing physical activity levels and nutritional status are being proposed to be employed at national settings in European countries. Available health information on this topic is being summarised.

Conclusions
The importance of these lessons contribute to the innovative coordination of the efforts that Members States of the European Community put into the production of reliable and comparable health information on the topic of physical activity and nutrition. Therewith, policy recommendation can be drafted and effective political measures are being enabled.
2005 12 09 Note on Teleconference
EUR NETWORK ON PHN Physical Activity Task Force

Note of telephone meeting

4 November 2005

Present:
• Pekka Oja
• Jean-Michel Oppert
• Michael Sjöström
• Harry Rutter

Apologies:
• Jozica Zakotnik
• Brian Martin

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**Other business**

Expectations of WHO Rome office that the TF will be involved in the joint project between the Swedish Govt and WHO on health economics and active travel. Michael will send the proposal to Harry.
Annex

2006 02 02 Note on Teleconference
Note of telephone conference by
EUR NETWORK ON PHN, Physical Activity Task Force
2 February 2006

Present:
• Pekka Oja (Chair)
• Jean-Michel Oppert
• Michael Sjöström
• Harry Rutter

Apologies:
• Jozica Zakotnik

1. Michael’s report on recent EU developments
The DG SANCO call for proposals for 2006 workplan is expected to be published soon; DG Research released its call for proposals in December 2005. We need to consider applications under the DG research strand and be prepared for applications to DG SANCO when we have seen the published call for proposals.
• See item 5 below.

2. Other reports from Task Force members
• Jean Michel has submitted his paper to the European Journal of Public Health. Brian Martin’s article for the Journal of Public Health is in press. Eva and Brian Martin have produced a paper for the HEPA Europe meeting in Rome on 24 February proposing an evidence-based model for HEPA promotion
• Brian will attend the ministerial conference in Copenhagen next week on tackling obesity. Harry will be representing HEPA Europe in Brussels on 21-22 February at a WHO/IASO NGO meeting.
• Technical review paper for WHO inactivity and health paper is being prepared for presenting to the Ministerial conference in Turkey: Michael is responsible for one
chapter of it (it is about the role of PA in the genesis of obesity in different age groups).

- WHO Rome office is preparing another chapter on effectiveness of interventions for promoting physical activity.

3. Comments to DG SANCO green paper

We need to get our contributions to Pekka by Wednesday 8 February; Pekka will collate comments. Michael will send in the comments from the Karolinska with a covering letter to Wilfred Kamphausen.

4. EU Network meeting in Stockholm 2-3 March

The date of the main meeting has now been provisionally confirmed as 1-2 March; we will however meet on 2-3 March. Harry and Jean-Michel will attend from lunchtime on 2 March until mid-afternoon on 3 March. Pekka and Michael will attend on 1 March as well if that turns out to be the start date of the main meeting.

- Unfortunately Jozica cannot attend at all.

5. Proposals

We are optimistic that there will be a call for proposals on the assessment of physical activity in the health information strand of the 2006 DG SANCO workplan. There will be a 3 month period for responses once the call has been released, so we will need to work fast if it is issued. If it is released we will consider our response during the Stockholm meeting on 2-3 March. We would need to find partners, probably aiming for one partner per country.

We are also optimistic that nutrition and physical activity will be included in the health determinants strand of the workplan.

The DG Research workplan which was published last December also includes a call for proposals on research related to the policy making process. Deadline is 22 March.

For more information visit http://www.cordis.lu/lifescihealth/ssp.htm

6. Next Steps

- We need to finalise our Green Paper consultation response
- We need to consider the potential for us to respond to the existing and anticipated calls for proposals
- We need to prepare for the Stockholm meeting

7. AOB

Pekka will only be able to attend the Rome HEPA Europe meeting on the afternoon of Friday 24 February (he arrives in Rome 10.30)
Annex

2006 03 Response Green Paper TF Physical Activity
RESPONSE STATEMENT

DG SANCO Green paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic disease", COM (2005) 637 final

Comments from the Task Force on Physical Activity of the European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training

March 2006

Pekka Oja (Chair)
Jean-Michel Oppert
Harry Rutter
Michael Sjöström
Jozica Zakutnic
The EU funded project *European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training (EU project 2003320)* consists of academics and experts within five Task Forces; Monitoring, Physical Activity, Breastfeeding, Fruits and Vegetables, and Training. Each taskforce has worked independently with the Green Paper to identify specific aspects within their area of expertise, which may need a larger, or different, focus and a stronger support from the community.

The Task Forces on Monitoring, Breastfeeding and Training, respectively, have submitted their comments in a separate report.

**Key messages from Physical Activity Task Force**

- Increasing levels of physical activity across the population is an essential part of the work required for tackling obesity
- The role of physical activity in the management of overweight and obesity is threefold:
  1. Prevention of weight gain
  2. Prevention of health consequences of obesity, and
  3. Weight reduction
- From the public health perspective the two first areas are the most important. The specific nature of these areas should be considered when designing promotional strategies.
- There is a lack of adequate scientific evidence on the dose-response relationship between physical activity and body weight and how this relationship is modified by the nutritional context of the population. Effective policy making requires urgent research on this topic.
- Most health benefits of physical activity are accrued through daily moderate-intensity activity. The key message to the population and to policy makers should focus on active lifestyles in an activity-friendly environment.
- Increasing levels of obesity in children and young people is especially worrying because of the potentially life-long health costs of obesity at a young age, and the importance of establishing healthy lifestyle patterns early in life. It is essential to place particular focus on tackling obesity in this age group.
- Adult obesity is however also important because:
  1. The sharpest increase in obesity incidence is found in adulthood
  2. Adults usually continue to gain weight during adulthood
  3. Weight gain during adulthood is associated with development of serious chronic diseases
  4. The population-attributable risk for diseases increases with age
  5. Prevention of weight gain (and successful weight loss) in adults has been shown dramatically to reduce the relative risk for chronic diseases such as type 2 diabetes mellitus.
• Research findings suggest that interventions targeting an increase in lifestyle activities such as walking and cycling through the provision of safe, convenient and appealing environments has great potential to increase physical activity and decrease physical inactivity. Collaboration with the transport sector has proven particularly promising for increasing population physical activity through the promotion of non-motorised transport.

• When choosing areas of actions for obesity prevention the considerations should be based on a comprehensive evidence-based framework. The key questions to be addressed are:
  1. Why should we do something about obesity?
  2. What are the causative and protective factors that could potentially be targeted for interventions?
  3. How and when could we intervene?
  4. What are the specific potential interventions and what is their likely effectiveness and cost-effectiveness?
  5. What is a balanced portfolio of initiatives that is achievable, yet sufficient to reduce obesity?

• For successful promotion of health-enhancing physical activity countries need reliable information on the levels and patterns of health-enhancing physical activity (HEPA) and their trends in the population. Monitoring tools for measuring health-enhancing physical activity need to be valid, reliable and acceptable to individuals. One promising method for population monitoring of HEPA is the recently developed International Physical Activity Questionnaire (IPAQ). In addition, monitoring of health-related fitness as a health indicator needs to be considered.

• Non-governmental civic organisations can play a strong role in the advocacy and service provision of HEPA and they should be considered an integral part of efforts to tackle obesity and other non-communicable diseases. The European Network for the Promotion of Health-Enhancing Physical Activity has recently been established as an international collaborative project with the aim of promoting population levels of physical activity. It is an important new resource for promoting public health through physical activity across Europe.

**General comments; The role of physical activity in weight management**

The Physical Activity Task Force emphasises that there are several different dimensions to weight management and that physical activity has a specific role in each of these:

**Primary prevention i.e. prevention of weight gain:**
As noted in the document, there is no definite consensus on the amount of physical activity that is necessary to prevent weight gain at population level. However, although the shape of the dose-response curve is not clearly delineated, a minimum of 60 minutes of moderate-intensity physical activity has been suggested (e.g. Saris et al. 2003, Fogelholm & Kukkonen-Harjula 2000). It should be noted that this is double the level recommended for general health benefits.
Secondary prevention i.e. prevention of health consequences of obesity:
A major health consequence of obesity is type 2 diabetes. It has been shown that a comprehensive lifestyle intervention, including advice on regular physical activity, delays the onset of type 2 diabetes in at-risk individuals (Tuomilehto et al. 2001). A more recent intervention study indicates that moderate physical activity alone is associated with a substantial reduction in diabetes risk (Laaksonen et al. 2005). These findings suggest that increases in physical activity as a part of normal lifestyles can have a substantial impact on the disease burden of populations.

Weight reduction:
From a public health perspective, physical activity is more effective at keeping weight off than reducing it. Thus the focus should be on the prevention of weight regain after weight loss (e.g. Klem et al. 1997). Again, there is no consensus on the level of physical activity needed for prevention of weight regain, though there is some suggestion that it would be at least 60 minutes per day, i.e. twice the 30 min recommendation of moderate physical activity for general health benefits (Saris et al. 2003).

Whatever the volume of physical activity needed for prevention of weight gain or weight regain might be, it will obviously be dependent on dietary habits of the individuals and population in question. This means that the nutritional context has to be taken into account. Recommendations made e.g. for North American populations might therefore not be directly applicable in the European context. This is not because the physiology of exercise differ between these populations, but because levels of energy intake are different.

Specific comments
(with reference to the item numbers in Green Paper 08.12.2005)

IV.3. Health across EU policies
Response to question # 3 in the box
There are indeed areas where the evidence on the relations between energy intake and output and body weight/obesity needs further strengthening. Most notably these are:

1) what is the dose-response relationship between physical activity and body weight
2) how is this relationship modified by the nutritional context of the population.

V.2. Consumer education
Consumer education is necessary but not sufficient for achieving changes in people’s physical activity behaviour. In order to achieve the full public health potential of physical activity, individuals need to be supported by an activity-friendly cultural, social and physical environment (see later point V.6).

In consumer education, the key message for physical activity should be ‘active lifestyle in an activity-friendly environment’.

In 1995 the U.S. Center for Disease Control (CDC) and the American College of Sport Medicine (ACSM), based on extensive collection and analysis of available evidence (Pate et al. 1995), issued the following recommendation for health-enhancing physical activity (HEPA):
“All children and adults should accumulate 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week.”

This recommendation has been subsequently adopted with some variations by several international and national authorities and organisations (e.g. WHO & FIMS 1995, USDHHS 1996). For children, even more daily activity has been recommended (Strong et al., 2005).

New scientific evidence continues to support this CDC-ACSM recommendation (Kesäniemi et al. 2001, Oja 2004) in that the most important metabolic or metabolically mediated health benefits are accrued through regular, moderate-intensity physical activity. In this context all such physical activity at work, domestic chores, transport and leisure-time is relevant. This suggests that many types of life-style activities can provide these health benefits to large population segments, and especially to those people who are sedentary or irregularly active. Murphy (2004) concluded in her recent review that “increasing evidence shows that lifestyle activities improve fitness and health of previously inactive people”, and further that “encouraging, if not yet convincing, evidence shows that lifestyle activities are better than traditional exercises in supporting sustained activity behaviour.”

Support for sport and structured leisure activities has an important place in increasing levels of physical activity, but it is only a part of the answer. Formal activities of this sort will only ever appeal to a minority of the population, and in the face of busy modern lifestyles they have to compete with other demands on people’s time. Lifestyle activities, such as physically active travel, are thus essential if we are to increase levels of activity across all sections of the population.

V.3. A focus on children and young people

Paying particular attention to young age groups in the prevention of obesity is well justified, especially considering the decline in habitual physical activity and increase in sedentary behaviours over the course of adolescence documented in several European countries (Strong et al. 2005). However, as emphasized recently by Seidell and colleagues (Seidell et al. 2005), adults should not be neglected as a target population. This seems especially relevant when considering obesity prevention strategies. The arguments put forward by these authors include the following:

1) the sharpest increase in obesity incidence is found in adulthood
2) adults usually continue to gain weight during adulthood
3) weight gain during adulthood, independently of overall corpulence, is associated with development of serious chronic diseases such as coronary heart disease (Willett et al. 1995)
4) although the relative risk of obesity-associated disease decreases with age, the absolute risk and population-attributable risk for disease increase with age, and hence the contribution of obesity to ill health at population level actually increases with age
5) prevention of weight gain (and successful weight loss) in adults has been shown dramatically to reduce the relative risk for chronic diseases such as type 2 diabetes mellitus (Tuomilehto et al. 2001).

V.6. Addressing obesogenic environment
In order to target relevant interventions to provide a supportive environment for physically active lifestyle as part of the prevention of obesity and other chronic diseases it is important to understand the environmental determinants of physical activity. While the research in this area is still young, the best available evidence indicates a number of environmental attributes to be related to physical activity:

- At home: presence of exercise equipment in the home
- In the neighbourhood: density of pay exercise facilities; distance to facilities, street footpaths, visible shops, number of trees, traffic volume; aesthetically pleasing and convenient surroundings; enjoyable scenery (Owen et al. 2004).

If we are successfully to increase population levels of physical activity it is essential that we tackle the barriers to physical activity in the built environment. Interventions targeting an increase in lifestyle activities such as walking and cycling through the provision of safe, convenient and appealing environments have great potential to increase physical activity and decrease physical inactivity through achievable changes to many people’s lifestyles. Collaboration with sectors outside healthcare, especially transport, urban planning, and architecture, is essential to achieve this goal. There is particularly promising work between the transport and health sectors in this area, with collaborations such as the WHO/UNECE Transport Health and Environment Pan-European Programme (THE-PEP) a particularly good example of this. It is also important to note that a modal shift away from motorised transport to walking, cycling, and increased public transport carries a large number of other social, health, economic and environmental benefits, so there is the potential for important synergistic advantages to this approach.

Policies that promote a physically active environment include:

- Support for walking and cycling in transport policies. This may include formal promotion of these modes, with funding and support for infrastructure, as well as for other measures such as fiscal incentives on equipment
- Macro-level spatial planning that supports local travel and reduces the need for car-based travel, such as by prioritising urban centres over edge-of-town malls, and also promotion of parks and green spaces
- Micro-level spatial planning such as situating car parks a short distance from buildings so that drivers have the opportunity to walk as part of their journey
- Improvements in road safety that favour pedestrians and cyclists such as lower speed limits, especially in urban areas, and legal frameworks that reflect the danger imposed by different categories of road users on others (such as strict liability for drivers involved in crashes with cyclists)
- Building codes that support physical activity such as increasing the prominence and appeal of staircases, and reducing usage of elevators and escalators
- Better incorporation of health costs and benefits into transport appraisal mechanisms which tend not to address these issues adequately at present. This is partly because of a lack of strong data to support his kind of economic evaluation, so more research is needed in this area.
- General improvements to the quality of the built environment that make it more appealing to walk and cycle
As some of the limits of educational and behaviour-change interventions for individuals and groups have become clear, research has investigated how better to understand the processes by which broader social and environmental innovations may be introduced into HEPA promotion. Common sense tells us that the sorts of policies listed above will increase opportunities for physical activity. If we are to deliver the most effective and cost-effective solutions we need to ensure that we add to the evidence base both through formal research and by evaluation of interventions that are put in place.

V.8. Fostering an integrated and comprehensive approach

When choosing areas of actions for obesity prevention the considerations should be based on comprehensive evidence-based framework. Swinburn et al. recently (2005) proposed such a framework. The framework is defined by five key policy and programme issues that form the basis for it. These are:

1) building a case for action on obesity
   (‘Why should we do something about obesity?’)

2) identifying contributing factors and points of intervention
   (‘What are the causative and protective factors that could potentially be targeted for interventions?’)

3) defining the opportunities for action
   (‘How and when could we intervene?’)

4) evaluating potential interventions
   (‘What are the specific potential interventions and their likely effectiveness and cost-effectiveness?’)

5) selecting a portfolio of specific policies, programmes, and actions
   (‘What is a balanced portfolio of initiatives that is achievable yet sufficient to reduce obesity?’)

Each issue has a different set of evidence requirements and analytical outputs to support policy and programme decision-making.

So far such comprehensive approaches to promote health-enhancing physical activity are rare. A recent international comparison of national physical activity promotion programs in England, Switzerland and Finland has shown interesting similarities between countries when designing evidence-based approaches (Cavill et al.). These tended to answer the following questions, which are in part similar to those of Swinburn et al. referred to above:

- What is the nature of the problem?
- What are the problem’s extent and economic consequences?
- What is the most effective way to tackle this problem?
- How can progress be monitored and evaluated?

However, the attention paid to each component varied from country to country. All three countries took similar approaches to ‘making the case’ for physical activity using academic reviews. However while Finland and Switzerland were careful to collect trend data and use them for advocacy, in England the biggest survey in the world gave way to some of the
worst monitoring. More recently England seems to have ‘caught up’ with its comprehensive approach to reviewing evidence on what works and disseminating this to influence good practice, while the other countries rely mainly on individual evaluation studies. In all countries, the evaluation of projects and programmes clearly remains a significant challenge, one requiring additional training and dedicated funding. As a result much of current “good practice” is based upon experience and not robust evidence.

V.11. Other issues

Monitoring physical activity
For successful promotion of health-enhancing physical activity every country needs reliable information on the levels and patterns of HEPA and their trends in the population. Monitoring tools need to be HEPA-specific and to have measurement properties that are acceptable to those being measured. While a wide variety of measurement tools of physical activity have been used in the past the most promising method for population monitoring of HEPA is the recently developed International Physical Activity Questionnaire, IPAQ (Craig et al. 2004, IPAQ). The core method has been used in international scientific studies and in population surveys among the EU member countries. It provides, among other things, the level of vigorous, moderate and total physical activity, amount of walking and amount of sitting as an indicator of inactivity. For European wide adoption IPAQ needs further refinement particularly in terms of its cultural adaptability and this should be subject to scientific inquiry.

Other useful HEPA-related indicators should also be considered in population monitoring. These include knowledge and attitudes towards physical activity, attributes of the physical environment (e.g. cycle paths, pedestrian areas), facilities, policy statements, and good practices for promotional implementation and evaluation.

Physical fitness is positively and strongly related to a number of health outcomes. As an objective measure it has many advantages as a potentially important health indicator. Well established measurement tools are available for children and adolescents, and HEPA-specific fitness measures have been proposed for adults and elderly people. Measurement of fitness as a health indicator needs to be carefully considered in the near future, and it is likely to become a much more widely used indicator.

Non-governmental organisations and relevant international initiatives
Non-governmental civic organisations have recently shown increasing interest in promoting physical activity for health. These organisations include public health associations, patient associations (e.g. heart, rheumatism, lung diseases, cancer) as well as sport and physical activity associations. These organisations can play a strong role in the advocacy and service provision of HEPA and they should be considered an integral part of efforts to tackle non-communicable diseases.

Recently, a Europe-wide collaborative project, The European Network for the promotion of Health-Enhancing Physical Activity was founded (www.euro.who.int/hepa). This network is a multidisciplinary organisation of policy makers, professionals and researchers devoted to the promotion of physical activity for health. It is an important new resource to promote public health through physical activity in Europe.
References


IPAQ. The International Physical Activity Questionnaire, [http://www.ipaq.ki.se/](http://www.ipaq.ki.se/)


Annex

2006 03 08 Draft Report Rome
Executive Summary

The 2nd meeting of the Steering Committee was convened to:

- update on important recent international developments and activities;
- assess and decide on the first applications for membership;
- review the implementation of the work programme 2005/2006;
- prepare the next annual meeting of the network in June 2006;
- discuss and decide on the next steps with regard to network funding.

The meeting was attended by twelve participants from European organizations and institutions located in Denmark, Finland, France, Italy, Sweden, the Czech Republic, the Netherlands, the United Kingdom, and Switzerland as well as one invited guest (see list of participants in Annex 1). It was chaired by Brian Martin from the Swiss Federal Office of Sports, and hosted and assisted by the WHO European Centre for Environment and Health, Rome Office.

1. Evaluations of applications for membership
All 24 applications for membership were accepted by the Steering Committee. The applicants will now be given the status of “temporary members” until confirmation by the network at its next annual meeting on 14-16 June 2006 in Tampere, Finland.

With regard to the participation of commercial members, it was decided that HEPA Europe will continue its inclusive approach in welcoming applications for membership rather than excluding certain groups per se. With regard to the role and responsibilities of members, a change to the Terms of Reference of HEPA Europe was endorsed and will be submitted to the network for approval at the annual meeting.

2. Update on recent international activities and developments
An update was given on the ongoing activities on the international level, including:

- Activities of the WHO
- Activities of the EU
- Other international activities and events.

3. Review of progress with regard to the work programme 2005/2006
- A draft framework for physical activity promotion was discussed. It will be developed further for discussion at the next meetings.
• The results of the first step of development of an inventory of existing policy documents and approaches to physical activity promotion was presented and discussed. The first version of the inventory will be made available online in summer. Further steps of development include sending the current list to the HEPA Europe mailing list and the Task Force on Cycling and Walking of the Transport, Environment and Health Pan-European Programme (THE PEP) for input and completion.

• The outcomes of the first meeting of the editorial board for the advocacy booklet on physical activity and health (23 February 2006) were summarized. The deadline for the finalization of the text is 9 June 2006 and the booklet will be launched at the WHO Ministerial Conference on Counteracting Obesity on 15-17 November 2006 (Istanbul, Turkey).

• An overview on currently used recommendations for physical activity was presented and further steps of work were discussed. An updated version of the presentation will be presented at the next meeting of the Steering Committee and the annual network meeting.

• The launch and first steps of the work group on a review of national approaches for physical activity promotion will be defined in close coordination with the ongoing work on the inventory of national approaches to physical activity promotion.

4. Draft financing concept
The draft concept gives an overview of the current status of funding and contributions received so far, describes possible funding sources and the planned steps to secure these funds. It also contains a scheme for a voluntary membership fee. The next steps with regard to funding were decided upon. The document will be finalized for endorsement at the next annual network meeting.

5. Network meetings and events
• In the preparation of the 2nd annual meeting of HEPA Europe on 14-16 June 2006 in Tampere, Finland, various organizational questions were clarified and a number of topics were proposed for the meeting.

• The pledge of the University of Graz to host the 3rd annual meeting of HEPA Europe in 2007 was warmly welcomed and accepted by the Steering Committee.


• In view of the currently limited resources of the Network, the Steering Committee decided that 2007 was too early to organize a network conference.

6. Next meetings of the Steering Committee
A work meeting will be organized with the 7 members of the Steering Committee participating in the International Congress on Physical Activity & Public Health (ICPAPH) on 17-20 April 2006 in Atlanta, USA. The next meeting of the Steering Committee will be a full-day event taking place on 14 June 2006, back to back with the annual meeting of the network at the UKK Institute in Tampere, Finland.
1 Welcome and agenda

The first meeting of the Steering Committee was convened to:
- update on important recent international developments and activities;
- assess and decide on the first applications for membership;
- review progress made and discuss the next steps in the implementation of the work programme 2005/2006;
- prepare the next annual meeting of the network in June 2006; and
- discuss and decide on the next steps to be taken with regard to network funding.

The meeting was attended by twelve participants from European organizations and institutions located in Denmark, Finland, France, Italy, Sweden, the Czech Republic, the Netherlands, the United Kingdom, and Switzerland as well as one invited guest (Eva Martin, Swiss Federal Institute of Sports, Switzerland) (see also list of participants in Annex 1). The meeting was chaired by Brian Martin from the Swiss Federal Office of Sports (BASPO) and hosted and assisted by the WHO European Centre for Environment and Health (ECEH), Rome Office.

The chair warmly welcomed the attendees and invited them to briefly introduce themselves. Dr Eddy Engelsman from the Ministry of Health, Welfare and Sports, the Netherlands, was especially welcomed as a new participant. He is working directly with the secretary general being responsible for all activities of the Ministry with regard to physical activity. His main focus is on the development of new cross-sectoral partnerships.

The proposed topics of the agenda were accepted.

2 Evaluation of applications for membership

Sonja Kahlmeier introduced the summaries of the 24 applications received so far (see Annex 2). All applications were accepted. The applicants will now be given the status of “temporary members” until confirmation by the network at its next annual meeting on 14-16 June 2006 in Tampere, Finland (see also chapter 6.1). It will be proposed to award the status of “funding member” to:
- Swiss Federal Office of Sports (together with the Swiss Federal Office of Public Health, should they decide to apply for membership)

The status of “contributing member” is proposed to be awarded to:
- Karolinska Institutet, Sweden (member of the Steering Committee)
- Ministry of Social Affairs and Health, Finland (member of the Steering Committee)
- Palacky University (member of the Steering Committee)
- Pekka Oja, Finland (member of the Steering Committee)
- Swiss Federal Office of Sports (member and chair of the Steering Committee)
- South East Public Health Observatory, United Kingdom (member of the Steering Committee)
- UKK Institute, Finland (hosting of the 2nd annual network meeting)
- University of Graz, Austria (translation of the HEPA Europe leaflet into German)

It was also decided to give the status of “observer” to Helena Subirats, Accion para el bienestar y la Salud, Mexico (as being a non-European applicant). Wendy Creelman, in motion, Fraser Health, Canada expressed interest to participate as a temporary observer in the work group on a review of national physical activity but chose not to formally apply for membership. The expression of interest and the proposed status was accepted by the Steering Committee. All other applicants will have the status of “members”.

- 4 -
The network now counts 26 members, including 5 of the members of the Steering Committee and 2 individual members (Pekka Oja and Ilkka Vuori). The other 5 members of the Steering Committee who did not yet submit their formal application are kindly invited to do so by 1 June 2006. They will also be proposed for the status of “contributing members”.

It was decided that WHO ECEH, Rome Office, should also appear as a member on the website but that is not necessary for WHO as the host institution to formally apply for membership. The website will be updated after the Tampere meeting when the temporary members will have been confirmed by the network.

The participation of commercial institutions in HEPA Europe was discussed in more detail.

- It was decided that at least in the early stages HEPA Europe will take an inclusive approach in welcoming applications for membership rather than excluding certain groups per se. This approach should be re-assessed once the network reaches a larger number of members or in case of any problems occurring with members.
- Since the secretariat does not have the means to carry out an external assessment of every applicant, the information provided by them in their letter of intent and application questions will also in the future be taken as basis for the evaluation of each application. Further action will only be taken in case of the applicants acting against the rules and regulations as laid out in the Terms of Reference, which are also part of the application.
- In addition, the advice and support of the WHO’s department for External Cooperation and Partnership (PAR), which is responsible for the collaboration between WHO and external partners, will be sought with regard to applications from the private sector.
- The following proposed change in the Terms of Reference (section 7.4) was endorsed: “commercial or other members of HEPA Europe may not use their membership status in a way that is contradictory to the goals and standards of HEPA Europe and WHO”. The updated version of the Terms of Reference will be submitted to the network for approval at the meeting in June in Tampere.
- Commercial applicants will be given the same status and will have the same obligations and rights as non-commercial ones. Contributions are not a prerequisite for becoming a member.

3 Update on recent international activities and developments

3.1 Overview and calendar of events

The following events will be presented more in detail in the following sections as well as in chapters 6.3.

<table>
<thead>
<tr>
<th>Date and Place</th>
<th>Event</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Feb 2006, Copenhagen, DEN</td>
<td>Meeting of the WHO Obesity Task Force and of the Expert Committee for the preparation of the WHO Ministerial Conference on Countering Obesity (see below)</td>
<td>Brian Martin, Francesca Racioppi</td>
</tr>
<tr>
<td>21-22 Feb 2006, Brussels, BEL</td>
<td>NGO consultation meeting for the preparation of the WHO Ministerial Conference on Countering Obesity (see below)</td>
<td>Harry Rutter</td>
</tr>
<tr>
<td>30-31 March 2006, Dublin, IRE</td>
<td>Third meeting of the Children’s Environment and Health Action Plan for Europe (CEHAPE) Task Force</td>
<td>Francesca Racioppi</td>
</tr>
<tr>
<td>17-20 Apr 2006,</td>
<td>International conference on physical activity and public health</td>
<td>Finn Berggren,</td>
</tr>
<tr>
<td>Location</td>
<td>Event Description</td>
<td>Participants</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Atlanta, USA</td>
<td>Annual meeting of the Physical activity network of the Americas - Red de actividad física de las Americas (RAFA-PANA)</td>
<td>Sonja Kahlmeier, Brian Martin</td>
</tr>
<tr>
<td>21 Apr 2006,</td>
<td></td>
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<tr>
<td>Atlanta, USA</td>
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<tr>
<td>9-10 May 2006,</td>
<td>Intersectoral consultation of Member States on promoting physical activity for the preparation of the WHO Ministerial Conference on Counteracting Obesity (see below)</td>
<td>Sonja Kahlmeier, Francesca Racioppi</td>
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<tr>
<td>Slovenia</td>
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chapter 11 on the micro- and macro-level determinants of physical activity (including transport, housing/urban development, leisure time/sport, education/school setting as well as occupational settings); and

• chapter 16 on the effectiveness of interventions to promote physical activity.

First draft versions of both chapters were submitted by the end of January. Brian Martin, Harry Rutter, Jean-Michel Oppert and Pekka Oja will act, among others, as reviewer for these chapters. Comments are due for early March. A second version of the chapters will be produced until 10 April, followed by a second review process. Final draft version should be submitted by 5 June, which will then be discussed with Member States.

Harry Rutter represented HEPA Europe at the NGO consultation meeting on 21-22 February 2006 convened as part of the work of WHO Europe to involve stakeholders in preparation for the Ministerial Conference. The aim of the consultation was to bring NGOs together to establish what, from an NGO perspective, should be the primary focus and priority for actions that Health Ministers should agree to in Istanbul. Harry Rutter explained that the meeting outcomes were positive and that the presence of HEPA Europe as one of two representatives from the physical activity side was highly appreciated. He concluded that there seems to be great potential for input from the physical activity side. The presence of NGOs at the conference was also discussed and it was concluded that side events would be preferred to a parallel event due to the reduced attendance of the later.

The main up-coming events in the preparatory process are:

• 9-10 May 2006: Intersectoral consultation of Member States on promoting physical activity, Slovenia. The event will be organized by the WHO Regional Office for Europe in Copenhagen. The agenda is still being drafted and contributions of the secretariat and HEPA Europe are not yet finalized. Support in the involvement of other sectors has also been offered to the organizers, especially through the mechanism already in place with the Pan-European Programme on Transport, Environment and Health (THE PEP);

• 28-30 June 2006: Pre-conference meeting with Member States, Amsterdam, hosted by the Netherlands. For this event, we can also suggest topics for side-events to take place e.g. during lunch breaks or after the official sessions in the late afternoon. Suitable topics would be e.g. the report on the case study collection (see chapter 4.6). Other suggestions for other topics to be presented are welcome. The secretariat will follow this up with Eddy Engelsman, who is involved in the preparation of the meeting, in coordination with the responsible unit in the WHO Regional Office.

Also for the main conference itself, proposals for side events can be made and the secretariat will follow this possibility up with the organizers.

UNECE/WHO Pan-European Programme on Transport, Environment and Health (THE PEP)

On 10-11 April 2006, a meeting of the Steering Committee of THE PEP will take in place in Geneva. One of the items discussed in relation to progress made in the work programme will be the activities related to the project on the promotion of safe walking and cycling in urban areas. In the background paper prepared on this item, HEPA Europe and two of its activities are featured, namely the collection of case studies (see chapter 4.6) and the project on cost-benefit analysis of walking and cycling. The other main topic on the agenda will be the preparation of the third High Level Meeting of THE PEP taking place in 2007 where also the future of this programme will be decided.

1 http://www.thepep.org/en/welcome.htm
2 http://unece.uno.e.ch/the-pep/en/workplan/candw/candw.htm
European Environment and Health Committee (EEHC)

The EEHC oversees the coordination and follow-up of the outcomes of the Environment and Health process in the European Region, and helps to promote and ensure reporting back on the implementation of the commitments made at the Fourth Ministerial Conference on Environment and Health which took place in Budapest in June 2004. It brings together representatives from health ministries, environment ministries, intergovernmental organizations, and civil-society organizations. The next meeting will take place on 15-16 May in Oslo, Norway. This meeting will review scientific evidence and progress made on the Regional Priority Goal 2 of the Children’s Environment and Health Action Plan for Europe (CEHAPE) (ensure protection from injuries and adequate physical activity). Harry Rutter and Francesca Racioppi are the main authors of a paper that will be presented at the meeting on safety aspects and physical activity. Harry Rutter will also deliver one of the key note speeches.

Children’s Environment and Health Action Plan for Europe (CEHAPE)

The third meeting of the CEHAPE task force will take place on 30-31 March in Dublin, Ireland. The task force was set up at the first meeting of the new EEHC in January 2005 (see above) to bring together Member States to share experience, progress and challenges as they implement the CEHAPE whose purpose is to protect children and future generations against environmental hazards to their health. This meeting will also focus on the Regional Priority Goal 2 of the CEHAPE (see above). The secretariat will participate at the meeting and two case studies on physical activity will be presented (on children’s physical activity with regard to their mode of travel to school, Denmark, by Karsten Froberg, and schoolway.net, Austria).

3.3 Activities of the EU

Michael Sjöström, Eddy Engelsman and Jean-Michel Oppert presented the following updates on ongoing activities.

EU Platform on Diet, Physical Activity and Health

The Platform brings together industry associations, consumer groups, health NGOs and political leaders to take voluntary action to halt and hopefully reverse the rise in obesity, particularly among children.

- The process of commenting on the draft Green paper “Promoting healthy diets and physical activity” is still ongoing. Pekka Oja and Harry Rutter are in the last steps of preparing a comment on behalf of the Task Force on Physical Activity of the European Network for Public Health Nutrition. Francesca Racioppi provided input into a joint response currently developed by WHO Europe and shared it also with the Task Force as well as with Alison Giles, Ministry of Health, UK, who is also preparing a comment. It was decided that Brian Martin will prepare a separate comment on behalf of HEPA Europe which will, however, be mainly based on the answer of the Task Force for mutual reinforcement.

- In order to activate more sports organizations to react on the Green Paper, the members of the Steering Committee will provide the secretariat with contact information of relevant organizations.

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5 http://www.euro.who.int/eehc
6 http://www.euro.who.int/childhealthenv/policv/20020724_2
7 http://www.euro.who.int/eehc/20050407_1
8 see footnote 6
9 http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
4 Review of progress with regard to the work programme 2005/2006

4.1 Framework for physical activity promotion

Eva Martin presented a draft proposal for such a framework. The framework was deemed useful and specific comments were made that are already included in the updated version of the paper (separate annex to this meeting report). The next version will be distributed for discussion at the next meetings of the Steering Committee (see chapter 7).

4.2 Inventory of existing approaches, policy documents and targets related to physical activity promotion

Cyrus Rostami presented the stepwise approach applied to develop the inventory and the first results. The first step focused on the identification of national policy documents on physical activity promotion and on national physical activity promotion networks. A total of 54 policy documents were identified, including 49 from the WHO Euro region (among those 10 from the United Kingdom), covering 14 countries. 33 documents were found with guidelines and recommendations and 3 on legislation. 143 documents on knowledge and evidence on physical activity promotion were also

25 http://www.acsm.org/meetings/annualmeeting.htm
26 http://www.hepa.ch/gf/mph/2006/MPH%202006%20Ausschreibung.pdf
27 http://www.nutrition2006.com/
included, even though completeness in this area was not the aim of this first step. In addition, 56
documents on activities and projects were identified.

While in general, the framework for physical activity promotion (see chapter 4.1) facilitated the
categorization of the identified documents, the classification of documents according to sectors (such
as transport, health, sports, land use, economy etc.) was found to be very difficult due to the
multitude of sectoral arrangements in different countries.

Next steps include:
- Web presentation of the first version
- Filling the gaps:
  - HEPA Europe Steering Committee, members and mailing list
  - THE PEP Task Force on Cycling and Walking
  - Information from questionnaire for meeting of the Task Force of the Children's
    Environment and Health Action Plan for Europe (CEHAPE) (30-31 March 2006)
- Possibly inclusion in the preparatory process of the WHO Ministerial Conference on
counteracting obesity
- Content analysis / evaluation of documents: depending on available resources

The main points of discussions can be summarized as follows:
- The distribution of documents per country and the number of countries across the region
  covered will become more balanced once country representatives have been given the
  chance to complete the list of documents.
- Since the available resources do not allow evaluating the content or quality of each
  document in detail, they will be made available with a corresponding disclaimer.
- Input as well as in-kind contributions for the further steps and for secondary analysis of the
  documents (e.g. by further internships or as in-kind contributions of co-workers) are
  warmly invited by the Steering Committee.
- With regard to the web-presentation it was suggested to explore the use of keywords instead of a fix list of search categories.

4.3 Advocacy booklet on physical activity and health for policy makers

Eva Martin summarized the outcomes of the first meeting of the editorial board for the booklet which
took place on 23 February 2006 in Rome. In addition to her, the meeting was attended by Francesca
Racioppi, Sonja Kahlmeier, Finn Berggren, and Agis Tsouros (WHO Regional Office for Europe).
Currently, two booklets on physical activity are being developed: the one by HEPA Europe on
physical activity and health and the other one on physical activity in the urban environment and the
role of local governments by the WHO Healthy Cities Programme. Both booklets will be launched in
November on the occasion of the WHO Ministerial Conference on Counteracting Obesity. Therefore
a coordinated approach for the production of the booklets has been taken. This will be ensured by a
common Steering Committee. In addition, separate editorial boards were formed which will be
supported by experts as needed. Two main editors will be in charge of drafting the publications on
the basis of the expanded outlines and taking into account the contributions from the members of the
editorial board. For the HEPA Europe booklet, Nick Cavill was proposed as main editor which was
welcomed and accepted by the Steering Committee.

Since the HEPA Europe booklet on physical activity was selected by the WHO Regional Director for
Europe to be one of the “high corporate priority products” of the office for 2006/2007, the costs for

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29 See http://www.flickr.com/ for an example.
30 Based on the outline developed by Ilkka Vuori and discussed and updated at the last meeting of the Steering Committee
  in Magglingen, 21 September 2005, see also Meeting Report.
4.4 Discussion paper on currently used recommendations for physical activity

Pekka Oja presented an overview of currently used recommendations and the following list of questions for further discussion:

- Are quantitative recommendations needed?
- The current recommendations are mainly US based -> is there a need for European recommendations (e.g. with regard to the cultural differences in Europe)
- Is there overlapping work in progress (e.g. ECSS work group)?
- If new recommendations are being considered:
  - for whom should they be targeted?
  - who should issue them, role of HEPA Europe?
  - what would be the process to develop them?

Based on the discussion of these open questions it was concluded that the work done so far should be taken one step further to give a slightly more detailed overview of the existing recommendations and the similarities and differences. The level of the evidence should also be taken into account as far as possible.

An updated presentation will be given by Pekka Oja at the work meeting of the Steering Committee in April in Atlanta and a more extensive one could be prepared as keynote speech for the annual network meeting in Tampere (see also chapter 6).

4.5 Review of national networks and inter-ministerial / - sectoral collaboration

Due to time limitations, the updated draft work plan for the work group was not discussed in detail. The work plan will be developed further by Radim Šlachta as chair of the work group and the secretariat. The activities will be coordinated closely with the inventory of existing physical activity promotion approaches (see chapter 4.2). The updated work plan will be discussed that the next meeting of the Steering Committee while the work group may take up its activities already earlier.

4.6 Case studies on collaboration between the physical activity promotion and the transport sector

This item was also not presented or discussed in detail. The handouts on the intermediate results and the current state of the project are attached in Annex 3 for further information.

31 Currently, members of this work group are: Radim Šlachta (chair), Czech Republic, Britta Jorde, Norway, Kees de Keyzer, Switzerland, Alfred Ruetten, Germany, Mireille van Poppel, the Netherlands, Ilkka Vuori, Finland, and Wendy Creelman, Canada (as temporary observer).
5 Financing concept

The draft financing concept\(^3\) was presented by Sonja Kahlmeier and Francesca Racioppi, who attended this part of the meeting via telephone conference. The document gives an overview of the current status of funding and contributions received so far, describes possible funding sources and the planned steps to secure these funds. It also contains a scheme for a voluntary membership fee.

Based on a cost estimate, running costs to secure the basic functions of the secretariat (including travel, support from members from economies in transition and funds for publications and events) amount to about 214'000 USD per year (about 180'000 EUR). The current sources of funding will secure the basic functions of the secretariat until the first half of 2006.

The following sources of funding were discussed:

- **Voluntary membership fees:**
  - The proposed steps of implementation were accepted.

- **Voluntary donations of Ministries:**
  - The proposed steps of implementation were accepted. Not only donations, but also additional letters of general support are very welcome by the secretariat.

- **Voluntary and other contributions of members:**
  - The proposed steps of implementation were accepted.

- **WHO support for the production of the advocacy booklet:**
  - The proposed steps of implementation were accepted.

- **Calls of the European Commission:**
  - The proposed steps of implementation were accepted. In addition, also the Directorate-General for Education and Culture should be added to the list to be monitored for suitable calls.

- **Associations, Federations and Foundations:**
  - The proposed steps of implementation were accepted.

- **Private Industry:**
  - The proposed steps of implementation were accepted. Radim Šlachta informed the Steering Committee that his negotiations with TMobile did not result in an offer to support HEPA Europe.

In addition, it was underlined that the experience made so far supports the earlier assessment that it will be easier to secure funds for specific activities and products than for the basic functions of the secretariat.

The members of the Steering Committee were invited to use their contact within Ministries to raise interest for HEPA Europe. Also the general expression of interest expressed by DG Sanco contacts for HEPA Europe will be followed up.

The necessity to develop a fund raising brochure will be explored by the secretariat.

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6 Network meetings and events

6.1 2nd annual meeting of HEPA Europe, June 2006, Tampere, Finland

Mari Miettinnen presented the currently ongoing preparation of the meeting at the UKK Institute. To secure further financial support for the meeting, she has submitted a proposal to her Ministry on which a decision will be made in April 2006.

Katriina Kukkonen joined the discussion of this item via telephone conference. The Steering Committee expressed their warmest thanks to the UKK Institute for hosting and organizing the meeting. An information circular was already drafted by Katriina Kukkonen and colleagues which will be most useful to accompany the call for registration and abstracts.

The following draft programme for the meeting was endorsed:

- 14 June 2006, evening:
  - Opening speech on the activities of the UKK Institute (Mikael Fogelholm)
  - informal get together

- 15 June 2006 morning:
  - Key note speeches which could include the following:
    - How can physical activity promotion be integrated into the political process?
      Proposed speaker: Tuija Brax, Finish Green Party (to be confirmed)
    - Physical activity and counteracting obesity (Mikael Fogelholm)
    - Discussion paper on recommendations for physical activity (Pekka Oja, see also chapter 4.4)
    - Possibly physical activity promotion in general (NN)

- 15 June afternoon:
  - International and national activities (the latter as commented poster presentations)

- 15 June evening:
  - Social events and dinner

- 16 June morning:
  - Applications for membership, progress of HEPA Europe work programme 2005/2006 and endorsement of work programme 2006/2007, financing, and next steps

On the weekend following the meeting (17-18 June 2006), a large orienteering rally is taking place in Salo, situated between Helsinki and Turku. Teams consist of 7 persons for men and 4 for women. It was suggested to promote the creation of a "HEPA Europe team" as well to invite meeting attendees to join the general pool of participants (to complement teams of less than 7 / 4 persons, respectively).

The invitations for the meeting will be sent out in April, in coordination between the secretariat and Katriina Kukkonen at the UKK Institute and Mari Miettinnen. The registrations will be handled by the secretariat and then passed along to the UKK Institute.

Back to back with the annual network meeting, a full-day meeting of the Steering Committee will take place on 14 June.

6.2 **3rd annual meeting of HEPA Europe, 2007**

Sylvia Titze has conveyed a pledge on behalf of the University Graz, Austria, to host the annual network meeting of HEPA Europe in 2007. The expression of interest was warmly welcomed and accepted by the Steering Committee. The secretariat will contact Sylvia Titze to explore possible dates in May or June 2007.

6.3 **Network conferences and other events**

The main aims of a HEPA Europe conference would be:

- To raise funds;
- To exchange and discuss state-of-the-art knowledge on physical activity promotion;
- To raise the profile of HEPA Europe;
- To support membership recruitment;
- To support networking.

The proposed criteria for the selection of a hosting institution will be discussed in detail in due time.

Jožica Maučec Zakotnik from the Slovenian Countrywide Integrated Non-communicable Diseases Intervention (CINDI) programme and Radim Šlachta from Palacky University, Czech Republic, have expressed interest in hosting and organizing an event in 2007, possibly as a HEPA Europe scientific network conference.

While both expressions of interest were welcomed by the Steering Committee, it was concluded that due to the still limited resources available, 2007 would be too early to organize a network conference. In addition, it was decided that while a stand-alone event would be preferred, at least initially collaboration with another event which is organized independently should be sought to reduce the work load.

In addition, Cyrus Rostami conveyed an expression of interested on behalf of the University of Konstanz, Germany, to host and co-organize with HEPA Europe an international Satellite Symposium on children’s transport related physical activity and health as a side event to the International meeting on health enhancing physical activity interventions and programs in different settings for children and youth ("Kinderkongress")\(^34\) in February 2007.

In conclusion, the following 5 events will be supported (e.g. through presentations or the organization of side-events), but not co-organized by HEPA Europe:

- **1st World Congress on Public Health Nutrition**\(^35\), organized by the Spanish Society of Community Nutrition and the International Union of Nutritional Sciences, 28-29 September 2006, Barcelona, Spain (see also chapter 3.4, page 11);
- Satellite Symposium to the International meeting on health enhancing physical activity interventions and programs in different settings for children and youth ("Kinderkongress") on children’s transport related physical activity and health, organized by the Universities of Konstanz and of Karlsruhe, 28 February – 2 March, 2007, Constance, Germany;
- **2nd International Conference on Promoting Health through Healthy Nutrition and Physical Activity**, organized by CINDI Slovenia, Slovenia, late spring or early autumn of 2007;
- Satellite symposium to the 2007 annual meeting of the International Society for Behavioural Nutrition and Physical Activity (ISBNPA) on the projects HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) and IDEFICS (Identification and

\(^{34}\) [www.kinderkongress-karlsruhe.de](http://www.kinderkongress-karlsruhe.de) (English website available as of April 2006)

prevention of dietary and lifestyle-induced health effects in children and infants), organized by the Karolinska Institute, June 2007, Norway (possibly Oslo) (see also chapter 3.4); and
• 5th International Conference on Movement and Health, hosted by the Faculty of Physical Culture, Palacky University, Olomouc, Czech Republic, second half of 2007.

The use of the HEPA Europe name and design element will be permitted, if HEPA Europe Steering Committee is involved in the organization or the scientific committee of the event. Should there be an interest for WHO co-sponsorship of events, the appropriate application has to be submitted.

7 Next steps and closure

To take advantage of 7 members being present at the ICPAPH meeting from 17-20 April in Atlanta, a work meeting will be organized. Time, place and agenda of the meeting will be communicated in due time.

The next meeting of the Steering Committee will be a full-day event taking place on 14 June 2006, back to back with the annual meeting of the network at the UKK Institute in Tampere, Finland. Steering Committee members are kindly invited to consider arriving on the evening of 13 June in Tampere to allow for a timely start.

The possibility to organize a meeting of the Steering Committee side-by-side to the Annual Conference of the European Public Health Association (EUPHA), tentatively on 15 November 2006; will be explored further with regard to a possible overlap with the WHO Ministerial Conference on Counteracting Obesity on 15-17 November 2006.

Preliminary agenda items for the work meeting in April, Atlanta, USA

• Updated framework for physical activity promotion;
• Updated overview of PA recommendations;
• Update on advocacy booklet on physical activity and health;
• Update on the preparation of the Tampere meetings of the Steering Committee and the Network

Preliminary agenda items for the next meeting of the Steering Committee, 14 June 2006, Tampere, Finland

• Update on recent, relevant international developments
• Review of progress with regard to the work programme
• Brainstorming on an impact model for HEPA Europe;
• Finalized financing concept;
• Outline of a communication and recruitment strategy;
• Assessment of new applications for membership;
• Ideas with regard to the role of HEPA Europe in the Car Free Day (22 September);
• Changes to the phrasing of the HEPA Europe aims and objectives in the leaflet.

Brian Martin closed the meeting and thanked the attendees and especially also the invited guest for the most valuable and constructive discussions and inputs.

Sonja Kahlmeier – Brian Martin / 9.3.2006
# ANNEX 1: LIST OF PARTICIPANTS

## HOSTS OF THE MEETING

<table>
<thead>
<tr>
<th>Hosts of the Meeting</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAHLMEIER, Sonja and</td>
<td>+39 06 4877562</td>
</tr>
<tr>
<td>RACIOPPI, Francesca</td>
<td>+39 06 4877545</td>
</tr>
<tr>
<td>Transport and Health</td>
<td>+3906 4877599</td>
</tr>
<tr>
<td>WHO European Centre for Environment and Health</td>
<td><a href="mailto:ska@ecr.euro.who.int">ska@ecr.euro.who.int</a></td>
</tr>
<tr>
<td>Via Francesco Crispi, 10</td>
<td><a href="mailto:frr@ecr.euro.who.int">frr@ecr.euro.who.int</a></td>
</tr>
<tr>
<td>I-00187 Rome, Italy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+3906 4877599</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ska@ecr.euro.who.int">ska@ecr.euro.who.int</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:frr@ecr.euro.who.int">frr@ecr.euro.who.int</a></td>
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<td>+39 06 4877545</td>
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<td></td>
<td>+39 06 4877562</td>
</tr>
</tbody>
</table>

## CHAIR

<table>
<thead>
<tr>
<th>Chair</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARTIN, Brian</td>
<td>+41 32 327 6238</td>
</tr>
<tr>
<td>Swiss Federal Office of Sports (BASPO)</td>
<td>+41 32 327 6405</td>
</tr>
<tr>
<td>CH-2532 Magglingen, Switzerland</td>
<td><a href="mailto:brian.martin@baspo.admin.ch">brian.martin@baspo.admin.ch</a></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## STEERING COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Steering Committee Members</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGGREN, Finn</td>
<td>+45 5858 4065</td>
</tr>
<tr>
<td>Gerlev Sports Academy / Gerlev Idraetshojskole</td>
<td><a href="mailto:finnberggren@gerlev.dk">finnberggren@gerlev.dk</a></td>
</tr>
<tr>
<td>Skaelskor Landevej 28</td>
<td></td>
</tr>
<tr>
<td>DK 4200 Slagelse, Denmark</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+45 5857 0934</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:finnberggren@gerlev.dk">finnberggren@gerlev.dk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENGELSMAN, Eddy</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diplomat, Diet, Physical Activity and Health</td>
<td>+31 7034 06383</td>
</tr>
<tr>
<td>Ministry of Health, Welfare and Sport</td>
<td>+31 7034 06318</td>
</tr>
<tr>
<td>PO Box 20350, NL-2500 The Hague</td>
<td><a href="mailto:el.engelsman@minvws.nl">el.engelsman@minvws.nl</a></td>
</tr>
<tr>
<td>The Netherlands</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>MIETTINEN, Mari</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Social Affairs and Health</td>
<td>+358 9 1607 4720</td>
</tr>
<tr>
<td>Senior planning officer</td>
<td>+358 9 1607 4317</td>
</tr>
<tr>
<td>PO Box 33, FIN-00023 Government, Finland</td>
<td><a href="mailto:mari.miettinen@stm.fi">mari.miettinen@stm.fi</a></td>
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<table>
<thead>
<tr>
<th>OJA, Pekka</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired - UKK Institute for Health Promotion Research</td>
<td>+358 3 2829 282</td>
</tr>
<tr>
<td>P.O. Box 30 - Kaupinpuistonkatu 1</td>
<td>+358 3 2828 200</td>
</tr>
<tr>
<td>FIN-33501 Tampere, Finland</td>
<td><a href="mailto:pekka.oja@uta.fi">pekka.oja@uta.fi</a></td>
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<table>
<thead>
<tr>
<th>OPPERT, Jean-Michel</th>
<th>Contact Details</th>
</tr>
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<tbody>
<tr>
<td>Professor of Nutrition, University Paris VI</td>
<td>+33 1 42 34 84 52</td>
</tr>
<tr>
<td>Department of Nutrition, Hotel-Dieu University hospital</td>
<td>+33 1 40 51 00 57</td>
</tr>
<tr>
<td>1, place du Parvis Notre-Dame</td>
<td><a href="mailto:jean-michel.oppert@htd.ap-hop-paris.fr">jean-michel.oppert@htd.ap-hop-paris.fr</a></td>
</tr>
<tr>
<td>F-75004 Paris, France</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title/Position</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>RUTTER, Harry</td>
<td>Head of Health Impact Assessment</td>
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<td>SLACHTA, Radim</td>
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<td>SJÖSTRÖM, Michael</td>
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<td>GUEST</td>
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<td>MARTIN, Eva</td>
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<tr>
<td>ROSTAMI, Cyrus</td>
<td>Intern</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>GALLITTO, Manuela</td>
<td>Programme Assistant</td>
</tr>
</tbody>
</table>

**MEETING SECRETARIAT**

WHO European Centre for Environment and Health  
Via Francesco Crispi, 10  
I-00187 Rome, Italy

RUTTER, Harry  
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GUEST  
MARTIN, Eva  
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Switzerland

MEETING SECRETARIAT  
WHO European Centre for Environment and Health  
Via Francesco Crispi, 10  
I-00187 Rome, Italy
## ANNEX 2: LIST OF APPLICATIONS FOR MEMBERSHIP

<table>
<thead>
<tr>
<th>Organization / Institution</th>
<th>Country</th>
<th>Represented through</th>
<th>Proposed type of membership</th>
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<tr>
<td>1 University of Akdeniz</td>
<td>Turkey</td>
<td>Hakan Yaman</td>
<td>member</td>
</tr>
<tr>
<td>2 Federazione Italiana Aerobica &amp; Fitness - FIAeF</td>
<td>Italy</td>
<td>Maria-Emilia Rodriguez</td>
<td>member</td>
</tr>
<tr>
<td>3 Catholic University</td>
<td>Italy</td>
<td>Geltrude Mingrone</td>
<td>member</td>
</tr>
<tr>
<td>4 NHS Health Scotland</td>
<td>United Kingdom</td>
<td>Helen Cogan</td>
<td>member</td>
</tr>
<tr>
<td>5 Omron Healthcare Europe B.V.</td>
<td>The Netherlands</td>
<td>Peter Redert</td>
<td>member</td>
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<tr>
<td>6 Finnish Centre for Health Promotion</td>
<td>Finland</td>
<td>Nella Mikkonen</td>
<td>member</td>
</tr>
<tr>
<td>7 Cavill Associates</td>
<td>United Kingdom</td>
<td>Nick Cavill</td>
<td>member</td>
</tr>
<tr>
<td>8 Sustrans</td>
<td>United Kingdom</td>
<td>Philip Insall</td>
<td>member</td>
</tr>
<tr>
<td>9 HEPA Makedonija</td>
<td>Macedonia</td>
<td>Vera Simovska</td>
<td>member</td>
</tr>
<tr>
<td>10 Faculdade de Ciências do Desporto e de Educação Física da Universidade do Porto</td>
<td>Portugal</td>
<td>Jorge Mota</td>
<td>member</td>
</tr>
<tr>
<td>11 BHFNC, National Centre for Physical Activity &amp; Health</td>
<td>United Kingdom</td>
<td>Fiona Bull</td>
<td>member</td>
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<tr>
<td>12 Lithuanian Academy of Physical Education</td>
<td>Lithuania</td>
<td>Alvydas Kalvenas</td>
<td>member</td>
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<tr>
<td>13 Palacký University</td>
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<td>Radim Slachta</td>
<td>contributing member</td>
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<tr>
<td>14 University of Graz</td>
<td>Austria</td>
<td>Sylvia Titze</td>
<td>contributing member</td>
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<tr>
<td>15 Swiss Federal Office of Sports</td>
<td>Switzerland</td>
<td>Brian Martin</td>
<td>funding and contributing member</td>
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<tr>
<td>16 Norwegian Directorate for Health and Social Affairs</td>
<td>Norway</td>
<td>Brita Jorde</td>
<td>contributing member</td>
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<tr>
<td>17 South East Public Health Observatory</td>
<td>United Kingdom</td>
<td>Harry Rutter</td>
<td>contributing member</td>
</tr>
<tr>
<td>18 Ghent University (on behalf of IPEN)</td>
<td>Belgium</td>
<td>Ilse De Bourdeaudhuij</td>
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</tr>
<tr>
<td>19 UKK Institute</td>
<td>Finland</td>
<td>Mikael Fogelholm</td>
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<tr>
<td>20 University of Erlangen</td>
<td>Germany</td>
<td>Alfred Ruettien</td>
<td>member</td>
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<tr>
<td>21 Accion para el bienestar y la Salud</td>
<td>Mexico</td>
<td>Elena Subirats</td>
<td>observer</td>
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<tr>
<td>22 Ministry of Health</td>
<td>Bulgaria</td>
<td>Irina Kovacheva</td>
<td>member</td>
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<tr>
<td>23 Karolinska Institutet</td>
<td>Sweden</td>
<td>Michael Sjöström</td>
<td>contributing member</td>
</tr>
<tr>
<td>24 Ministry of Social Affairs and Health</td>
<td>Finland</td>
<td>Mari Miettinen</td>
<td>contributing member</td>
</tr>
</tbody>
</table>
ANNEX 3: HANDOUT OF SLIDES ON CASE STUDY COLLECTION

HEPA EUROPE – the European Network of Health enhancing Physical Activity

Collaboration between Physical Activity Promotion and the Transport Sector: Case Studies from European Countries

2nd intermediate report

Oliver Thommen, University of Basel, Switzerland

HEPA EUROPE – the European Network of Health enhancing Physical Activity

Number of case studies per country

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of case studies</th>
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<tr>
<td>Belgium</td>
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<td>Denmark</td>
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<tr>
<td>Finland</td>
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<td>Greece</td>
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<td>Spain</td>
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HEPA EUROPE – the European Network of Health enhancing Physical Activity

Number of case studies per type

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<tr>
<td>health-related outcomes (HEP) / HEP (e.g. suitable pedestrian crossings, reduced speed)</td>
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<tr>
<td>Engineering/infrastructure measures combined with predictive/motivational measures</td>
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<tr>
<td>to promote health-related outcomes (HEP) / HEP (e.g. construction of a</td>
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<tr>
<td>cycle path network combined with a broad range of PA activities promoting</td>
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<td>walking)</td>
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<tr>
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<td>Behaviour change campaigns with an influence on changes in lifestyle and health</td>
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<td>Policy to encourage cycling campaigns</td>
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<tr>
<td>Survey of employees and employers / research on company culture / health</td>
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<tr>
<td>outcomes</td>
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<td>Total</td>
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Annex

2006 03 01 2006 03 02 Model PA Promotion
Towards an integrated framework for evidence-based HEPA promotion – a discussion paper (02.03.2006)
Eva Martin-Diener*, Urs Mäder*, Cyrus Rostani°, Sonja Kahlmeier°, Francesca Racioppi°, Brian Martin*
*Physical Activity and Health Branch, Swiss Federal Institute of Sports Magglingen, Swiss
Federal Office of Sports
°WHO, European Centre for Environment and Health, Rome Office; Italy

1. The purpose of this document
Physical inactivity has been clearly recognised as an important public health risk. However, no clear concepts about what can be done to increase health-enhancing physical activity HEPA on the population level have been established outside a very limited circle of experts and ideas in a broader audience seem to vary between isolated motivational and PR campaigns as one extreme and purely infrastructural changes as the other. One of the reasons for this situation is the fact that there is still a clear lack of evidence on the effectiveness of many interventions in the historically young field of physical activity promotion; another one seems to be the lack of models and frameworks for physical activity promotion that adequately mirror the complexity of the issue and at the same time are simple and striking enough to be used in the communication towards a broader audience.
The document presented here is part of a development that is carried out in the Steering Committee of HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity (www.euro.who.int/hepa). Chapters 1 to 5 represent the results of the meeting of the Steering Committee on 24 February. As similar discussions are currently taking place in other organisations, it is also made available to WHO Headquarters’ Virtual Network of Experts for the Global Strategy on Diet, Physical Activity and Health, to WHO Europe’s Expert Committee for the Preparation of the 2006 Ministerial Conference on Counteracting Obesity, to the Global Alliance of Physical Activity GAPA and to Agita Mundo.

2. Existing models
There are numerous models and frameworks describing factors influencing physical activity behaviour and health outcomes. Not all of them will be discussed here, but four are briefly introduced, because they are used as the basis for the integrated framework presented in this document.

**Public Health Action Cycle**

The Public Health Action Cycle was first suggested by the US Institute of Medicine (1) and further developed by Rosenbrock (2). It is widely used to illustrate principles of evidence-based public health. The Public Health Action Cycle describes the assessment of a health problem, the policy development, implementation of action and evaluation as a continuous process and has inspired the overall structure of the integrated framework.
A Model for Policy Research
Schmid, Pratt and Witmer (3) suggest a framework for physical activity promotion policy research. They define policies as legislative or regulatory action taken by a government, government agency, or nongovernmental organisations that provides an organizing structure and guidance for collective and individual behaviour.
According to the authors, policies can be conceptualized at three levels:
1) formal written codes, regulations or decisions bearing legal authority.
2) Written standards that guide choices; guidelines
3) Unwritten social norms

The authors introduce a causal model with different levels, in which they conceptualize ‘environment’ in a broad sense, including the physical (built and natural), social, cultural and communications environment. As the association between physical activity and health (levels D and E) is well established and there is growing evidence also for the effect of environment on physical activity (C – D), policy research focuses on the top of the chain.

The authors suggest a three-dimensional framework to conceptualize policy research and define priorities. The definitions and the three-dimensional framework from Schmid, Pratt and Witmer (3) are suggested for use in the “policy process” of the integrated framework.

Causal Model from Formulation of a Policy to Health Outcomes

<table>
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<tr>
<td>Environment</td>
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<tr>
<td>Physical Activity</td>
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<tr>
<td>Health</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>E</td>
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</table>

Physical Activity Policy Framework
The Outcome Model of Health Promotion Switzerland (4) is inspired by the work of Don Nutbeam and is recommended by the foundation for the evaluation of its health promotion projects. The model is presented here in an adaptation for physical activity promotion particularly because of its possibilities for categorising programmes and activities based on the levels A and B.

**Mobile Ecological Model (Matsudo et al)**

This model has been developed and used for guidance in the design of physical activity promotion interventions for 'Agita Sao Paolo' and emphasises the different modifiable determinants and non-modifiable factors that are related to physical activity behaviour (5). It is suggested to use the modifiable determinants from this model in the integrated framework.
The benefits of physical activity for health with its biological, psychological and social dimension are widely recognized and the respective causal associations have been quantified (6, 7).

Physical activity behaviour can be differentiated according to its context. Common domains are (8):
1 - physical activity during work (or school-based physical activity in children)
2 - physical activity as leisure time activity
3 - physical activity for transport to get from point A to point B
4 - physical activity in the domestic environment

Different factors of an individual’s psychological characteristics and of his or her environment are correlated with physical activity behaviour (9). For physical activity promotion, factors that can be modified are of interest; these modifiable factors are called determinants of physical activity. It is suggested to use the modifiable determinants from the Mobile Ecological Model presented on page 3 of this document.

Physical activity determinants can be influenced by many different factors. Among them are specific programmes and activities to promote physical activity. It is suggested to develop a framework for programmes and activities based on the categories of the Outcome Model of Health Promotion Switzerland presented in chapter 2 of this document.
Though programmes and activities can sometimes be generated independently, they are ideally based on a policy process. It is suggested to use the definitions and the categories of the Model for Policy Research presented in chapter 2 of this document and to develop additional elements if necessary.

Though in real life there are other influencing factors on all levels and there are direct effects of programmes and activities on the policy level, the concept suggested so far seems to provide a framework for the overall process. However, it still does not incorporate the concept of evidence and it lacks the sort of feedback loop suggested by the Public Health Action Cycle. It therefore sadly reflects the activism still found in many areas of physical activity and sports promotion these days.

4. Development of an integrated framework for evidence-based HEPA promotion

In direct analogy to the Public Health Action Cycle, a framework could be suggested that includes monitoring of health outcomes and feedback to the policy process. However, this does not include the concept of pre-existing experiences, data and formal study results (best-available evidence) and the fact that evaluation and monitoring should not only take place at the health level, but at all other levels as well.
By evaluating and monitoring all levels of the process and by systematic documentation of knowledge and experiences the knowledge base is fed.

The complete framework includes the “feeding mechanisms” for the evidence base through monitoring and evaluation as well as the use of the best available evidence in the “active” stages, namely in the policy process and in the development of programmes and activities.

As the success of Public Health interventions often depends on factors outside the system, it is also important to learn about the interaction between the interventions and these other factors and to integrate this knowledge into the planning and implementation.
5. Extensions of the framework

Recognising the fact that physical activity is only one behavioural dimension out of many that have a public health impact, the framework can be extended by other layers of a multi-dimensional health policy. In this way it can also conceptualise the interaction between the different dimension, not only at the level of behavioural patterns, but also at the level of the determinants, the programmes and the policy process.

If not health, but physical activity behaviour is chosen as the outcome of interest, the framework can be used to illustrate the influence of the different sectors and their interaction. It has to be taken into account that for many of the sectors and the players involved health and even physical activity are not the main focus of their activities, but that they focus on other outcomes like traffic congestions for example.

6. Visualisation of the different aspects of evidence-based health promotion through physical activity and health

An evidence-based approach to HEPA promotion can focus on different levels of the framework. Cavill et al (10) have suggested to adapt the concept of type I and type II evidence for Public Health developed by Brownson for physical activity, and Schmid et al (3, see chapter 2) have suggested a focus for policy research that focuses on other aspects of the framework.

Types of evidence for Public Health

**Type I evidence**

Disease ⇐ risk factor (e.g. physical inactivity)

"Why should something be done?"

**Type II evidence**

Intervention ⇒ prevalence of risk factor

"What should be done?"

Cavill et al 2006, adapted from Brownson et al 1999
Type 1 evidence (10) can therefore be conceptualised as the part of the knowledge base that deals with the effects of physical activity on health both on the individual and on the population level and it includes research into causal effects, effect sizes and monitoring of levels of physical activity in the population and in sub-groups.

Type 2 evidence (10) looks at the effectiveness of interventions in influencing physical activity determinants and physical activity behaviour.

Policy research as defined by Smith et al (3) relies on type 1 and type 2 evidence and focuses particularly on the effectiveness of the policy process.

### 7. Further development of the framework

A detailed framework will be developed for the different elements of the integrated framework (physical activity behaviour; physical activity determinants; programmes & activities; policy process) as pointed out in chapter 2.
8. Possible applications of the framework

Several ways of using the integrated framework can be envisioned once it has been developed in its definite form:

- Definition of the role and priorities of the work of HEPA Europe and other similar organisations
- Development of a structure for the “Inventory of existing approaches, policy documents, and targets related to physical activity promotion in countries in the European region” currently being developed by HEPA Europe
- Development of a framework for monitoring HEPA promotion
- Communication of the principles of HEPA Promotion and the role of the different players to a wider audience

9. References


Annex

2006 04 19 Minutes
SUMMARY OF THE HEPA EUROPE STEERING COMMITTEE WORK MEETING

Participants:
- Brian Martin, Switzerland (Chair)
- Finn Berggren, Denmark
- Sonja Kahlmeier, WHO Europe
- Pekka Oja, Finland
- Jean-Michel Oppert, France
- Mireille van Poppel, the Netherlands
- Tom Schmid, CDC, USA (guest)

1) Update on the preparation of the Tampere meetings the Network and of the Steering Committee

The draft programme of the meeting was discussed. Regarding the key note speeches, it was decided that in view of the available time only the 3 speeches already arranged shall be given.

Free communications should not be mentioned specifically in the call for abstracts. If someone proposes an additional topic, it can still be decided where to fit it best.

The orienteering rally will be added as additional social event on the information circular. Pekka Oja agreed to serve as direct contact person for interested participants.

2) Updated overview of physical activity recommendations

Pekka Oja updated the participants of the meeting on the open question regarding the necessity to have European recommendations, including for example:

- the difference in the baseline prevalence of physical activity between the US and Europe which may affect the physiological response to a certain amount of recommended physical activity;
- a different cultural point of view (prescriptive versus more "soft" approach regarding recommendations); and
- the large cultural variability across the European Region.

He will prepare the topic further for his keynote speech at the upcoming annual meeting to launch a discussion within the HEPA Europe network.

Tom Schmid informed the participants that there are also updated US recommendations in preparation. The essence will be the same but they will probably include more detailed recommendations for different population groups.

3) Update on advocacy booklet on physical activity and health

Sonja Kahlmeier informed that Nick Cavill is serving as main author of the booklet, supported by an editorial group. An extended outline had been discussed in a separate meeting in Atlanta and the work is going on as planned. The booklet will be launched 15-17 November 2006 on the occasion of the WHO Ministerial conference on counteracting obesity in Istanbul, Turkey (http://www.euro.who.int/obesity/conference/20060216_1).

The development of the booklet is coordinated with a second booklet prepared by the Healthy Cities programme which focusses on physical activity in local/urban settings.

4) Updated framework for physical activity promotion

Brian Martin presented an updated version of the framework on which input was given. The slides including the input are attached for further information.

Annex

< <060419 SC Meeting Model for Physical Activity Promotion> >
Eur Network on PHN - Physical Activity Task Force

Draft report

1. Introduction
   • programme
   • goal of the network
   (to be added)

2. Framework and focus

**WHO global strategy on diet, physical activity and health**

The overall goal of the WHO global strategy on diet, physical activity and health is to promote and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels that will lead to reduced disease and death rates related to unhealthy diet and physical inactivity.

For healthy diet it is recommended:

- achieve energy balance and a healthy weight
- limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids
- increase consumption of fruits and vegetables, and legumes, whole grains and nuts
- limit the intake of free sugars
- limit salt consumption from all sources and ensure that salt is iodised

For physical activity it is recommended:

- individuals engage in adequate levels throughout their lives.
• different types and amounts of physical activity are required for different health outcomes: at least 30 minutes of regular, moderate-intensity physical activity on most days reduces the risk of cardiovascular disease and diabetes, colon cancer and breast cancer.
• muscle strengthening and balance training can reduce falls and increase functional status among older adults.

Diet and physical activity in EU health promotion

• Current strategy
• Green paper
• New strategy 2007-2013
(to be added)

Goal and objectives of PATF work

• (prevention of) chronic diseases with particular focus on obesity
• importance of integrating physical activity and nutrition
(to be added)

3. Health potential of physical activity and nutrition

Health burden of poor nutrition and physical inactivity

The World Health Report 2002 states, among other things, the following:

In most countries a few major risk factors account for much of the morbidity and mortality. For non-communicable diseases, the most important risks include high blood pressure, high concentrations of cholesterol in blood, inadequate intake of fruit and vegetables, overweight or obesity, physical inactivity and tobacco use. Five of these risk factors are closely related to diet and physical activity.

Unhealthy diets and physical inactivity are among the leading causes of the major non-communicable diseases, including cardiovascular disease, type 2 diabetes and certain types of cancers, and contribute substantially to the global burden of disease, death and disability.

The underlying determinants of non-communicable diseases are largely the same. Factors that increase the risk of these diseases include elevated consumption of energy-dense, nutrient-poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at school, at work and for recreation and transport; and use of tobacco.

Diet and physical activity influence health both together and separately. Although the effects of diet and physical activity on health often interact, particularly in relation to obesity, there are additional health benefits to be gained from physical activity that are
independent of nutrition and diet... Physical activity is a fundamental means of improving the physical and mental health of individuals.

Overweight and obesity globally and in Europe

- *The SuRF Report 2*

(to be added)

Health benefits of physical activity and nutrition

In the following the findings of the report of the Joint WHO/FAO Expert Consultation “Diet, Nutrition and the Prevention of Chronic diseases” (WHO 2003), end selected recent reviews are summarised briefly under the headings of the following health outcomes: overweight and obesity, type 2 diabetes and metabolic syndrome, cardiovascular diseases, cancers, and osteoporosis. (See also tables 1 and 2)

Overweight and obesity

*Joint WHO/FAO Expert Consultation (2003)*

Physical activity:

According to this extensive scientific review there is convincing evidence to state that regular physical activity is protective against unhealthy weight gain, while sedentary lifestyles, particularly sedentary occupations and inactive recreation such as watching television, promote it. Most relevant epidemiological studies show smaller risk of weight gain, overweight and obesity among persons who currently engage regularly in moderate to large amounts of physical activity. Studies measuring physical activity at baseline and randomised trials of exercise programs show more mixed results, probably because of the low adherence to long-term changes. The available evidence suggests that it is ongoing physical activity itself rather than previous physical activity or enrolment in an exercise program that is protective against unhealthy weight gain.

The recommendation for individuals to accumulate at least 30 minutes of moderate-intensity physical activity on most days is largely aimed at reducing cardiovascular diseases and overall mortality. The amount needed to prevent unhealthy weight gain is uncertain but is probably significantly greater than this. Two consensus meetings have recommended that about 45-60 minutes of moderate-intensity physical activity is needed on most days or every day to prevent unhealthy weight gain. Preventing weight gain after substantial weight loss probably requires even more, about 60-90 minutes, of daily activity.
Diet:

Based on two reviews of randomised trials the evidence is considered convincing that high intake of dietary fibre promotes weight loss, while high intake of energy-dense foods promotes weight gain. These energy-dense foods are not only highly processed but also micronutrient-poor, further diminishing their nutritional value. The long term effectiveness of most dietary strategies for weight loss, including low-fat diets, remains uncertain unless accompanied by changes in behaviour affecting physical activity and food habits. These latter changes at the public health level require an environment supportive of healthy food choices and an active life.

The WHO/FAO review considers it probable, that home and school environments that promote healthy food and activity choices for children, and breastfeeding are protective against overweight and obesity. Conversely, heavy marketing of fast-food outlets and energy-dense, micronutrient-poor foods and beverages, a high intake of sweetened beverages, and adverse socioeconomic conditions, especially for women in high-income countries, increase the risk of obesity.

There is further evidence that low-glycaemic foods possibly protect against weight gain. Weight gain may be promoted by large portion sizes and eating outside the home. The eating pattern may also influence the risk: the “flexible restraint” psychological pattern can lower the risk of weight gain while the “rigid restrain/periodic dis-inhibition” pattern can increases the risk.

Recent reviews

Norris et al. (2005) conclude that weight-loss strategies using dietary, physical activity, or behavioural interventions produce significant improvements in weight in persons with pre-diabetes (i.e. impaired glucose tolerance, and impaired fasting glucose), and a significant decrease in diabetes incidence.

Volek, VanHeest & Forsythe (2005) find that very low-carbohydrate diets are more effective at promoting short-term weight loss and improving characteristics of the metabolic syndrome than low-fat diets. They note that few studies have examined the interaction of exercise with different diets.

Hill & Wyatt (2005) state that there is an inverse relationship between physical activity and weight gain. Increasing physical activity by 100 kcal/day could theoretically prevent weight gain in most of the population. This is comparable to an additional 1-1.5 mile of walking or an additional 2000 steps each day. Although physical activity does not appear to contribute significantly to weight loss, it is critical for maintenance of weight loss: 60-90 minutes/day of moderate-intensity physical activity is required to maintain a significant weight loss. Hill & Wyatt hypothesise that there may be an optimal level of
physical activity below which it is difficult for most people to achieve a balance between energy intake and expenditure at a healthy body weight, but more research is needed to verify this.

**Diabetes/Metabolic syndrome**

The WHO/FAO review (2004) conclude that the association between excessive weight gain, central adiposity and the development of type 2 diabetes is convincing. It has been repeatedly demonstrated in longitudinal studies in different populations, with a striking gradient of risk apparent with increasing levels of BMI, adult weight gain, waist circumference or waist-to-hip ratio. The latter two reflect abdominal or visceral adiposity and are more powerful determinants of subsequent risk of type 2 diabetes than BMI. Central adiposity is also an important determinant of insulin resistance, the underlying abnormality in most cases of type 2 diabetes. Voluntary weight loss improves insulin sensitivity and has been shown to reduce the risk of progression from impaired glucose tolerance to type 2 diabetes. Also vigorous exercise has the potential to substantially enhance insulin sensitivity. Furthermore, convincing evidence show that increased physical activity reduces the risk of developing type 2 diabetes regardless of the degree of adiposity. The minimum intensity and duration of physical activity required to improve insulin sensitivity has not been established.

There are number of dietary factors that may decrease the risk of developing type 2 diabetes. These include dietary fibre, n-3 fatty acids, low glycaemic index foods, and exclusive breastfeeding. Likely dietary factors that increase the risk are saturated fats, intrauterine growth retardation, total fat intake, and trans fatty acids.

**Recent reviews**

Bassuk & Manson (2005) conclude from their review that physically active individuals have a 30-50% lower risk of developing type 2 diabetes than do sedentary persons.

LaMonte, Blair & Church (2005) argue that there is evidence to show that the major behavioural causal factor in the increasing prevalence of diabetes is low levels of activity-related energy expenditure. Moreover, there is compelling evidence that an active and fit way of life reduces mortality risk in individuals with diabetes.

Roberts & Barnard (2005) summarise that exercise training (aerobic and/or resistance) has been shown to reduce progression to diabetes and reverse overt diabetes, and that combined interventions have documented reversal of existing diabetes. Life-style interventions unequivocally show that progression to diabetes in those with elevated fasting glucose or impaired glucose tolerance can be mitigated by exercise and diet and are superior to drug therapy. The major mechanism for risk reduction appears to be improvement in insulin sensitivity. Regarding fitness, there is a relationship between
cardiovascular fitness and metabolic syndrome: the mortality risk of unfit vs. fit men with metabolic syndrome is similar to the same comparison in healthy men. Many studies have shown amelioration of risk factors comprising the metabolic syndrome, including insulin resistance, blood pressure, lipid levels, inflammation, and endothelial dysfunction.

**Cardiovascular diseases**

The WHO/FAO review finds conclusive evidence to show that regular physical activity decreases the risk of cardiovascular diseases. Physical activity is related to the risk of cardiovascular diseases, especially coronary heart disease, in a consistent inverse dose-response fashion when either volume or intensity is used for assessment. These relationships apply to both incidence and mortality rates from all cardiovascular diseases and from coronary heart disease. However, no consistent dose-response relationship can be found between risk of stroke and physical activity. The lower limits of volume or intensity of the protective dose of physical activity have not been defined with certainty, but the current recommendation of at least 30 minutes of at least moderate intensity physical activity on most days of week is considered sufficient. A higher volume or intensity of activity would confer greater protective effect.

Dietary factors that conclusively decrease the risk of cardiovascular diseases are linoleic acid, fish and fish oils, vegetables and fruits (including berries), potassium, and low to moderate alcohol intake. Increased risk is caused by myristic and palmitic acids, trans fatty acids, high sodium intake, overweight, and high alcohol intake (for stroke).

The risk is probably decreased by alpha-linolenic acid, oleic acid, dietary fibre, wholegrain cereals, nuts (unsalted), plants sterols/stanols, and folate. Dietary cholesterol and unfiltered boiled coffee probably increase the risk of cardiovascular diseases.

There is further evidence for possible risk factors. Beneficial factors are flavonoids and soy products, and negative factors are fats rich in lauric acids, impaired fetal nutrition, and beta-carotene supplements.

**Recent reviews**

Roberts & Barnard (2005) state that physical inactivity and dietary factors both contribute vitally to atherosclerosis and consequent coronary artery disease. Inactivity may be as predictive of CAD risk as conventional risk factors, and exercise training may improve endothelial function and is superior to precutaneous angioplasty for short term survival. Several dietary factors such as fiber, fat (amount and type), glycemic load, and fruit and vegetable consumption appear to significantly modulate CAD risk.
Combined exercise and diet interventions mitigate atherosclerosis progression and may induce plaque regression and/or improve myocardial flow reserve. These benefits are, at least in part, due to reductions in plasma lipids, lipid oxidation, and inflammation. Improvements in risk factors with diet may be as great as with statin therapy, and lifestyle interventions combined with statin therapy possess additive effects on lipid lowering. Although obesity contributes to CAD, the risk can be modified independent of large changes in weight.

Roberts & Barnard’s message for dose recommendation is: It is essential to make recommendations that are effective and to strive to achieve them, knowing that even some modification, i.e. performing 30 min of activity per day and consuming five fruits and vegetables, will possess important health benefits. In addition, weight loss is a beneficial side effect of diet and exercise, and focus should be shifted to chronic disease reduction because many patient will experience modest weight loss and in the majority of cases still be classified as overweight or obese, yet still significantly reduce their chronic disease risk profile independent of significant weight loss.

Bassuk & Manson (2005) conclude from their review that physically active individuals have a 30-50% lower risk of developing coronary heart disease than do sedentary persons. Physical inactivity has been linked to so many potential risk factors for diabetes and its cardiovascular sequelae that researchers have not yet fully disentangled the more important and the less important pathways by which exercise lowers disease risk.

The clinical and public health message regarding exercise for disease prevention should remain “30 min per day of moderate activity is good; and more is better, to a reasonable extent”.

**Cancer**

According to the WHO/FAO review there are only a few definite relationships between diet and cancer risk. Overweight and obesity, and a high intake of alcoholic beverages, aflatoxins, and some forms of salting and fermenting fish increase the risk of cancers. Physical activity decreases the risk of colon cancer.

It is probable that the risk is decreased by fruits and vegetables (oral cavity, oesophagus, stomach, colorectum), and physical activity (breast), and increased by preserved meat (colorectum), salt-preserved food and salt (stomach), and very hot drinks and food (oral cavity, pharynx, oesophagus).

**Recent reviews**

Roberts & Barnard (2005) state that several forms of cancer are influenced by lifestyle factors, and cancers of the prostate, breast, and colon are significantly affected by
exercise and diet. Several dietary factors can affect cancer progression, including fiber, fat (amount and type), and meat intake. Also exercise has been documented to be associated with reduced risk of developing several forms (???) of cancer.

Willett (2005) in his editorial argues that the current body of evidence clearly indicates that increasing fruit and vegetable consumption during midlife will not have a major effect on overall incidence of breast cancer. Among the international correlations between dietary factors and various cancers, the relation between meat consumption and colon cancer has been the strongest. Although the overall data for red meat and colon cancer are strongly suggestive of an important relation, they are not conclusive.

Osteoporosis

The WHO/FAO review concludes that there is convincing evidence that in older people the risk for osteoporotic fractures is reduced with sufficient intake of vitamin D and calcium together and physical activity. The risk increases with high consumption of alcohol and low body weight.

Recent reviews

(to be added)

Health benefits of combining physical activity and nutrition

4. Promotion of healthy physical activity and diet
   • physical activity interventions
   • dietary interventions
   • integrating physical activity and dietary interventions

5. Positioning PATF’ work
   • Global
   • WHO
   • EU/ DG SANCO
   • NGO’s
6. Proposals

- DG SANCO workplans 2006
- DG SANCO Green Paper
- DG SANCO Strategy 2007-2013
- DG Research
- Networking
  - HEPA Europe
  - ISBNPA
  - Others
Annex

2006 06 17 Schedule Summer School Public Health Nutrition
<table>
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<tr>
<th>Time</th>
<th>Friday 17th</th>
<th>Saturday 18th</th>
<th>Sunday 19th</th>
<th>Monday 20th</th>
<th>Tuesday 21st</th>
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<td>9.00-9.30</td>
<td>Opening session</td>
<td>Student Reflections on summer school</td>
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<td>9.30-11.00</td>
<td>Public Health Nutrition in Europe</td>
<td>European food Standards Authority</td>
<td>Health Information</td>
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<td>Fruit &amp; Vegetable intake</td>
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<td>Coffee</td>
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<td>EU – how it works, structure and</td>
<td>Food safety, food labelling, food</td>
<td>How to write a proposal to the</td>
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<td>Basil Mathioudakis</td>
<td>Michael Sjöström</td>
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<td>13.00-14.00</td>
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<td>14.00-15.30</td>
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<td>Presentation of preparatory work</td>
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<td>Common Agriculture Policy (CAP)</td>
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Annex

2006 06 14 Programme
# Preliminary Programme

## 14 June 2006

**As of 17:00**

**Registration**

- **18:00-19:00**
  - Welcome to UKK Institute for Health Promotion Research
  - Overview of UKK’s Institute’s activities
    - Director Mikael Fogelholm
  - Activities of the health promotion department,
    - Riita Luoto
  - Testing of health-related fitness
    - Jaana Suni

**19:00**

*Informal get together and buffet dinner*

## 15 June 2006

**9:15**

**Opening of the meeting** Host Mikael Fogelholm and Chair Brian Martin

**9:30-11:30**

**Keynote lectures** (and coffee break)

- Physical activity and counteracting obesity
  - Mikael Fogelholm, UKK Institute
- How can physical activity promotion be integrated into the political process?
  - Tuija Brax, Finnish Green Party, Member of the Finnish Parliament
- Does Europe need own recommendations for physical activity?
  - Pekka Oja, formerly UKK Institute

**11:30-12:30**

**What is happening in European countries?**

National developments and experiences on health-enhancing physical activities

- **Poster presentations (part 1)**

**12:30-14:00**

**Lunch**

**14:00-15:00**

**What is happening in European countries? (continued)**

National developments and experiences on health-enhancing physical activity

- **Poster presentations (part 2) and plenary discussion**

**15:00-16:45**

**What is happening internationally?** (and coffee break)

International developments and experiences on health-enhancing physical activity

**16:45-19:00**

**Social event**

- Nordic walking, walking test and sauna (see information circular)
- **Buffet dinner at the Lakeside Cottage**

## Friday, 16 June 2006

**9.15-10.00**

**What is happening internationally? (continued)**

**10.00-13.00**

**HEPA Europe network topics**

- Confirmation of membership
- HEPA Europe activity report
- Next steps: work programme 2006/2007

**13.00**

**Closing of the meeting and optional lunch (or sandwiches to take away)**
Annex

2006 06 14 StC mtg Tampere Minutes
3rd Meeting of the Steering Committee of HEPA Europe
Tampere, Finland - 14 June 2006

Executive summary

1. Background

The meeting was convened to:

- assess and decide on applications for membership received from March to May 2006;
- review the activity report 2005/2006, and to take the necessary steps and decisions for the further work;
- finalize the draft work programme 2006/2007;
- finalize preparations for the 2nd annual meeting of the network.

The meeting was attended by 9 members of the Steering Committee from 7 countries as well as 3 invited guests. It was chaired by Brian Martin from the Swiss Federal Office of Sports, hosted by the UKK Institute for Health Promotion Research, Tampere, Finland, and assisted by the WHO European Centre for Environment and Health, Rome Office, and the UKK Institute.

2. Evaluation of applications for membership

All 11 applications received since the last meeting on 24 February 2006 were accepted by the Steering Committee. These 11 and the 24 temporary members as well as 2 individual members accepted earlier will be proposed for confirmation at the upcoming 2nd annual meeting.

3. Update on recent international activities and developments

An update was given on the ongoing activities on the international level, including:

- activities of the WHO;
- activities of the EU; and
- other international activities.

4. Review of progress with regard to the work programme 2005/2006

The activity report 2005/2006 was discussed and endorsed. The finalized version will be presented at the upcoming 2nd annual meeting. A summary of the final version will be made available on the HEPA Europe website at www.euro.who.int/hepa.

5. 2nd annual meeting of HEPA Europe

The organization of the 2nd annual meeting (14-16 June 2006) which is also kindly hosted by the UKK Institute for Health Promotion Research in Tampere, Finland, was finalized and the detailed programme was decided upon. The summary of the meeting will be available at www.euro.who.int.
6. Collaboration with other international organizations and activities

Discussions for the development of a strategy to address the challenge from the increasing number of invitations to contribute to or collaborate with ongoing international activities were started. Important conclusions could be drawn but the strategy on the further approach is not yet finalized. The discussion will be continued at the next Steering Committee in relation to the development of an impact model for HEPA Europe.

7. Network meetings and events

The 3rd annual meeting of HEPA Europe will take place on 16-18 May 2007, kindly hosted by the University of Graz, Austria.

Ideas for the organization of a scientific network conference, ideally to take place in 2008, were discussed. Two preliminary expressions of interest to host an event in 2008 were received by the Steering Committee so far. The Steering Committee will follow them up and clarify the process for formal biddings. A decision will be taken based on a list of criteria which was endorsed at the last Steering Committee meeting.

No new events were added to the list of 5 events which are supported but not co-organized by HEPA Europe.


The draft work programme was discussed and decisions about the activities to be proposed to the network at the upcoming 2nd annual meeting for implementation in the next year were taken. A short version of the finalized work programme will be made available at www.euro.who.int/hepa.

9. Next meetings of the Steering Committee

The 4th meeting of the Steering Committee will be organized in fall 2006, probably back to back with the workshop to launch the activity 4.9 on “Exchange of experiences in physical activity and sports promotion in children” at Federal Office of Sports (BASPO), Magglingen, Switzerland.

The invitation expressed by CINDI Slovenia to host the 5th meeting next spring, back to back with the 2nd International Conference on Promoting Health through Healthy Nutrition and Physical Activity which will be organized by CINDI Slovenia and supported by HEPA Europe, was warmly welcomed and accepted.
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1. Introduction and welcome

The Steering Committee of HEPA Europe, the European network for the promotion of health-enhancing physical activity, is meeting two to three times per year. So far, 2 meetings took place (21 September 2005 – Magglingen1, Switzerland; 24 February 2006 – Rome, Italy2). The 3rd meeting of the Steering Committee was convened to:

- assess and decide on applications for membership received from March to May 2006;
- review the activity report 2005 / 2006, and to take the necessary steps and decisions for the further work for endorsement by the network at the 2nd annual meeting which followed this Steering Committee meeting (14-16 June 2006, Tampere, Finland);
- finalize the draft work programme 2006 / 2007;
- develop a strategy for collaboration with other international organizations and activities; and
- finalize preparations for the 2nd annual meeting of the network.

The meeting was attended by 9 members of the Steering Committee from the following countries: Czech Republic, Denmark, Finland, the Netherlands, Slovenia, Switzerland, and United Kingdom. In addition, 3 invited guests attended (Roar Blom, WHO Regional Office for Europe; Mikael Fogelholm and Katriina Kukkonen, UKK Institute for Health Promotion Research for part of the meeting; see list of participants in the Annex).

The meeting was kindly hosted by the Urho Kekkonen (UKK) Institute for Health Promotion Research, Tampere, Finland, and chaired by Brian Martin from the Swiss Federal Office of Sports (BASPO), the chairman of HEPA Europe. It was assisted by the WHO European Centre for Environment and Health (ECEH), Rome office, and the UKK Institute for Health Promotion.

The meeting was opened by a welcome note of the host, Mikael Fogelholm, Director of the UKK Institute for Health Promotion Research, who expressed his pleasure about hosting the Steering Committee at one of the birth places of health-enhancing physical activity promotion. The chairman Brian Martin also warmly welcomed the participants and thanked the host for the kind reception.

The proposed programme and agenda of the meeting were accepted without changes.

2. Evaluation of applications for membership

Since the last Steering Committee meeting on 24 February 2006, the following 11 applications have been received (proposed type of membership in brackets):

1. International Health Consulting, Berlin, Germany (member)
2. Scottish Physical Activity Research Collaboration (SPARColl), Department of Sport, Culture and the Arts, University of Strathclyde, Glasgow, United Kingdom (member)
3. National Nutrition Center, Ministry of Health, Vilnius, Lithuania (member)
4. UPMC Paris6 Hotel-Dieu Hospital, Department of Nutrition, Paris, France (contributing member)
5. Department of Health, Government Office for the South East, Guildford, United Kingdom (contributing member)
6. Sports Institute of Portugal, Lisbon, Portugal (member)
7. Fit for Life Program / LIKES Research Center for Sport and Health Sciences, Jyväskylä, Finland (member)

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2 2nd meeting of the Steering Committee – 24 February, Rome, Italy: report. HEPA Europe, European network for the promotion of health-enhancing physical activity. WHO Regional Office for Europe, 2006. Summary available at www.euro.who.int/hepa
The Steering Committee accepted all applications. It was confirmed that for the time being, private for profit organizations will be accepted as members on a case by case if there is no apparent conflict of interest.

These 11 as well as the 24 temporary members and 2 individual members accepted at the last meetings of the Steering Committee will be proposed to the network for confirmation at the upcoming 2nd annual meeting.

Changes proposed to the following three sections of the Terms of Reference of HEPA Europe were discussed:

- Section 6 - introduction: to be added “Organizations and institutions whose activities or goals are contradictory to the goals and standards of HEPA Europe and WHO are not eligible for membership in HEPA Europe.”
- Section 7.4: to be added “Commercial and other members of HEPA Europe may not use their membership status in a way that is contradictory to the goals and standards of HEPA Europe and WHO.”
- Section 8: forms of contributions that are invited (financial and in-kind) specified more in detail

It was decided to present these changes to the network as well at the upcoming annual meeting for endorsement.

3. Update on recent developments in relevant international activities and projects

On a number of ongoing international activities of WHO, the European Commission (EC) as well as other projects updates on recent developments were presented. The WHO related activities will also be presented in more detail at the 2nd annual meeting on 16 June.

3.1 WHO related activities

Transport, Health and Environment Pan-European Programme (THE PEP)

Sonja Kahlmeier explained that on 10-11 April 2006, the fourth meeting of the Steering Committee of THE PEP had taken place. On this occasion, also the activities related to the promotion of safe cycling and walking, some of them carried out in collaboration with HEPA Europe, were presented.

One of the main decisions of the Steering Committee at this meeting was to postpone the 3rd High Level Meeting by one year to take place in spring 2008 to allow more time for preparations, especially regarding exploring needs and possibilities to introduce a legally binding instrument on transport, environment and health.

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Children’s Environment and Health Action Plan for Europe (CEHAPE) and the European Environment and Health Committee (EEHC)

Sonja Kahlmeier informed the attendees that the main steering body of this process, the European Environment and Health Committee had met in May to discuss progress made regarding the Regional Priority Goal 2 of the CEHAPE which includes the promotion of physical activity in children. On this occasion, Harry Rutter and Francesca Racioppi together with Peter Jacobsen presented a paper and Harry Rutter delivered a key note speech on “Safety and physical activity: explaining the links”.

WHO Ministerial Conference on Counteracting Obesity

Roar Blom gave an update on the recent events to prepare this conference which will take place on 15-17 November 2006, hosted by the Turkish Government. He also reported from the technical consultation on physical activity which took place on 9-10 May 2006 with significant contributions from the Steering Committee of HEPA Europe. At this consultation, two of the main documents which are being prepared for the conference were for the first time discussed with the Member States: draft elements for a European Charter on Obesity and a Framework for Action on Physical Activity. In addition, an executive summary document based on the full version of the technical review paper to which HEPA Europe members contributed three chapters on physical activity related topics will also be presented at the conference.

Roar Blom also mentioned that at the 59th World Health Assembly in May 2006, it was mentioned by a number of Member States in relation to the ongoing implementation of the Global Strategy that they would like to see more focus on physical activity, vis-à-vis nutrition.

In addition, the preparatory process for a 2nd European Action Plan on Food and Nutrition 2007-2012 has started. One of the main points of the currently ongoing discussion in this regard concerns the best way of inclusion of physical activity. A first draft is foreseen for October 2006.

3.2 European Commission (EC) related activities

European platform on diet, physical activity and health

Pekka Oja and Eddy Engelsman presented an update on the recent events and developments of the EU platform, especially on a conference on “Good practices Action on Diet, Physical Activity and Health” which took place on 11-12 May 2006, co-chaired by the EC and the US Department of Health and Human Services.

The participation of the physical activity sector is still being considered as rather weak. In this regard, Brian Martin informed that HEPA Europe has received an invitation to participate in the platform meeting on 2 May 2006. Due to the very short notice attendance was not possible, but participation in a future meeting will be explored further.

European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training (EU NUTNET)

Pekka Oja explained that this EU funded project has now been running for 2 years and that it will end officially in fall 2006. To secure funding for a continuation, the project is preparing 2 new proposals:

5 www.euro.who.int/eehc
6 www.euro.who.int/obesity
7 http://www.euro.who.int/nutrition
8 http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
9 http://www.nutriplatform.org/
ALPHA (Assessment of Levels of Physical Activity) was submitted to DG Sanco in May. The Karolinska Institute, Sweden, is project leader together with the University of Dresden, Germany. The proposal comprises a large consortium of about 20 partners with an important contribution from the IPAQ group. It consists of 8 work packages. The outcome will be known in fall.

HOPE (Health Promotion through Obesity Prevention across Europe) includes one work package on physical activity under the leadership of Jean-Michel Oppert, Paris 6 University, France. It was submitted to DG Research.

In addition, comments to the Green Paper on “Promoting healthy diets and physical activity”10 by DG Sanco were prepared recently. Apparently, several hundred comments have been received on the Green Paper. They are now being analysed by a Dutch contractor and a summary should be available soon.

Finnish presidency of the EU

Finland will hold the EU presidency from July to December 2006. In October, a meeting with the EU Members States will be carried out. One of the four topics proposed for the agenda is physical activity and health. Another major event of the presidency will be a conference on “Health in all Policies”11 which includes physical activity. Pekka Puska will present this topic. Francesca Racioppi will participate in a workshop meeting on “Transport - environment - health: shared policy goals?”.

3.3 Other activities

Agita Mundo

Brian Martin informs that Victor Matsudo has brought up the idea to install a “rotating presidency” for Agita Mundo. However, the participants agreed that the approach of HEPA Europe does not include the strong focus on mass events that is an important element of Agita Mundo.

Global Alliance for Physical Activity (GAPA)

This new international initiative, jointly launched by the International Union for Health Promotion and Education (IUHPE) and the Centres of Disease Control and Prevention (CDC), aims at coordination, integration and providing a strategic orientation to the activities and actions developed by international and national initiatives, as well as civil society, to support countries in their efforts to address physical activity. GAPA will be presented more in detail at the 2nd annual meeting by its coordinator Fiona Bull from the Loughborough University, United Kingdom.

International Conference on Physical Activity and Public Health (ICPAPH)

The conference was organized by CDC and took place from 17-20 April 2006 in Atlanta, United States. It counted about 900 participants from 45 countries. Many of the members of the Steering Committee of HEPA Europe participated which allowed for holding a work meeting of members present. HEPA Europe was presented both through an oral and a poster presentation. In addition, an abstract based on the poster was published in the conference proceedings12. In addition, an abstract

10 http://ec.europa.eu/health/ph_determinants/life_style/nutrition/keydocs_nutrition_en.htm
about HEPA Europe was published in a “best-practice” collection launched by the Physical activity network of the Americas - Red de actividad física de las Americas (RAFA-PANA) at the conference.\(^\text{13}\)

Brian Martin explains that HEPA Europe was approached by the organizers of this conference with an invitation to consider organizing the next similar conference in Europe, ideally in 2008. Should the ICPAPH conference make a profit, which seems to be the case, some of it could be made available for the organization of the next conference. This item was discussed further later during the meeting (see below).

**International Association for the Study of Obesity (IASO)**

IASO has a task force on physical activity\(^\text{14}\) (members including for example Jean-Michel Oppert, Willem van Mechelen, Nannette Mutrie, and Adrian Baumann). Its chair Steven Blair has invited Brian Martin on behalf of HEPA Europe to explore possibilities to collaborate more closely.

**Measurement instruments for physical activity**

Pekka Oja informs that there are several efforts to create a unified measurement instrument. Further work is needed to ensure compatibility, especially between the two most often used instruments “International physical activity questionnaire (IPAQ)”\(^\text{15}\) and the “Global Physical Activity Questionnaire (GPAQ)”\(^\text{16}\).

**Conference on Obesity and Related Disease Control, 21-23 November 2006, Beijing, China**

Harry Rutter informs that he was invited as a speaker for this conference.

### 4. Review of progress with regard to the work programme 2005/2006

The progress made was discussed based on the draft activity report 2005/2006. In relation to chapter 4.1.1 on the HEPA Europe website, additional information on the web statistics was discussed. It was decided that in view of the limited resources available at the secretariat, work will focus on the public part of the website. The protected area for the Steering Committee will mainly serve as an archive for documents and slides for presentations. Current documents will be emailed as attachments again since the retrieval from the protected area was perceived as too cumbersome.

A list of publications and presentations of HEPA Europe will be added to the activity report.

Based on these discussions, the document was endorsed and will be finalized for distribution at the upcoming 2nd annual meeting. A summary of the final version will be made available on the HEPA Europe website.

In addition, the invitation to members to contribute – financially or in-kind – to the activities of HEPA Europe was discussed as well and the finalized version will be distributed at the upcoming meeting as well as together with the formal confirmations of membership later this year.

\(^{13}\) HEPA Europe - the European network for the promotion of health-enhancing physical activity. In: Best practice for physical activity promotion around the world. CELAFICS (Centro de Estudos do laboratório de aptidão física de São Paolo Caetano do Sul) and CDC (Centers for Disease Control and Prevention) – editors. 2006: page 229.

\(^{14}\) [http://www.iaso.org/patf.asp](http://www.iaso.org/patf.asp)

\(^{15}\) [http://www.ipaq.ki.se/](http://www.ipaq.ki.se/)

5. **2nd annual meeting of HEPA Europe**

With the participation of Katriina Kukonen of the UKK Institute for Health Promotion Research, who kindly coordinated the preparations of the meeting, last organizational details were discussed. The detailed programme was finalized as well.

In addition, the voting procedures for the upcoming confirmation of temporary members and the Steering Committee were discussed. It was concluded that all standing members of the Steering Committee are available for confirmation. Pekka Oja will clarify with Michael Sjöström what their status will be once the EU NUTNET project is ending since now they serve as observers as representatives of this project. It was also mentioned that financial constraints might prevent some of the members at some point to serve further as members in the Steering Committee since HEPA Europe is not able to subsidize travel costs to participate in the meetings.

As additional member, a German representative would be most welcome. Brian Martin will approach Winfried Banzer from the German Sportbund and Alfred Rütten from the University of Erlangen to explore their interest.

6. **Collaboration with other international organizations and activities**

As one of the main topics of this meeting, the attendees discussed the further strategy HEPA Europe should apply to address the increasing interest for coordination and collaboration from other international organizations and activities.

The main questions to be discussed were:

- Which are the priorities for the next years regarding energy and resources?
- How much resources should be put into contributing to ongoing activities with a low visibility for HEPA Europe such as the WHO Ministerial Conferences?

The discussion did not lead to a final answer regarding the future strategy. Below, the main points made and conclusions taken are summarized:

- The work of the secretariat was deemed highly important for the network and it was concluded that in view of the limited resources available, first and foremost the secretariat’s function need to be secured.
- It was judged that the inward impact of HEPA Europe (e.g. learning from one another, internal effectiveness) is excellent while the outward impact is much more difficult to achieve. It was judged that HEPA Europe has not yet been very successful in creating a brand “HEPA Europe”.
- Visibility of the HEPA topic was generally judged important. Visibility of HEPA Europe as an organisation might be important in view of collaboration and ensuring funds.
- To ensure visibility, high-quality products such as the advocacy booklet or the technical review papers are important. However, it should be kept in mind which of the products will provide most visibility (e.g. executive summary for the conference versus full version of the technical review paper which will only be published later) and resources should be allocated accordingly.
- The combination of giving input into ongoing processes such as the Ministerial Conference while at the same time producing own products such as the advocacy booklet was judged as promising in creating a need for HEPA Europe on the international level.
- Instead of trying to be present in as many of the ongoing processes as possible, another strategy could be to focus on those where physical activity is underrepresented.
- The knowledge and support of the members of the network beyond the Steering Committee has not yet been made enough use of. The recruitment strategy should also be developed in view of the inputs and support most needed for the current activities.
- In addition, the expectations of the members vis-à-vis HEPA Europe and which of the services offered they find most useful are not well known at the moment. Depending on availability of resources, a survey could be carried out to clarify this question further.
In conclusion, most participants agreed that the work programme currently comprised too many activities and that the work load of the secretariat and the Steering Committee needs to be reduced. Therefore, this discussion should be continued with a stronger link to the preparation of the next work programme. [NOTE: It is foreseen to continue this discussion at the next Steering Committee meeting as part of the development of the impact model for HEPA Europe.]

7. Network meetings and events

7.1 3rd annual meeting of HEPA Europe

The next annual meeting will take place on 16-18 May 2007, kindly hosted by the University of Graz, Austria. Even though Thursday, 17 May is ascension day this was deemed the most suitable date but Harry Rutter might not be able to participate.

7.2 Scientific network conference

Ideas for the organization of such an event, ideally to take place in 2008, were discussed. It was concluded that in view of the limited resources, HEPA Europe cannot bare the main work of organizing such a big event. Therefore, an engagement could only be envisaged if the hosting organization could ensure to bear the main work load while HEPA Europe would provide the network contacts and support in advertising the event as well as the name and design element. It would also need to be clarified if the science or the practical applications would be at the centre of such an event.

At the moment, there are two preliminary expressions of interest to host an event in 2008: one by Willem van Mechelen's group at the VU Medical Centre, Amsterdam, and one by Nanette Mutrie at Strathclyde University. Bill Kohl from CDC has also been in touch directly with Wilem van Mechelen. Brian Martin will contact both to clarify the current state of affairs. At the upcoming 2nd annual meeting the participants will be informed that we received these preliminary expressions of interest, receive a confirmation that the network agrees to potentially envisage the co-organization of such a conference and that the bidding procedure will be organized by the Steering Committee.

The following list of criteria was endorsed as a basis for decision on biddings which will be taken solely by the Steering Committee:
   1) level of competence local physical activity promotion in the scientific committee
   2) level of experience of the local organizing committee in organizing international events
   3) level of support of the hosting institution
   4) level of attractiveness and reachability of the venue and accommodation
   5) quality of the communication concept for local and international visibility
   6) budget resulting in a net gain for the organizers and HEPA Europe
   (7 possibly as of the second conference: geographic distribution of hosting institutions)

Interested parties will be invited to confirm their interest by a letter to HEPA Europe. Depending on confirmations received, the Steering Committee will decide on the further procedures and deadlines. From now on, the Steering Committee will inform the network members when expressions of interest are received and will set a case-by-case deadline until which further expressions of interest can be submitted.

7.3 Events supported by HEPA Europe

No new events were added to the list of 5 events which are supported but not co-organized by HEPA Europe. New invitations will be considered upon a case-by-case basis and the availability of a member of the Steering Committee.

The draft work programme was discussed and endorsed by the Steering Committee. As additional activity possibly launched in the future, a project on economic valuations of external health effects of transport in children will be added. The final draft will be proposed and discussed at the upcoming 2nd annual meeting. A summary of the final version will again be made available on the HEPA Europe website.

9. Other business

Car-free day 22 September 2006

It could be considered to publish a press release on the occasion of this day, for example based on the results or one specific “good practice” example of the collected case studies on collaboration between the physical activity promotion and the transport sector but the event was not judged as highly important for HEPA Europe.

10. Next meetings and closure

The tentative date of 15 November envisaged earlier for the 4th meeting of the Steering Committee of HEPA Europe is not suitable. Proposals for a new date in fall will be communicated soon, probably in relation to the workshop to launch the activity 4.9 on “Exchange of experiences in physical activity and sports promotion in children” at Federal Office of Sports (BASPO), Magglingen, Switzerland.

Andrea Backovic Jurican conveyed the invitation of CINDI Slovenia to host the 5th meeting next spring, back to back with the 2nd International Conference on Promoting Health through Healthy Nutrition and Physical Activity which will be organized by CINDI Slovenia and supported by HEPA Europe. The invitation was warmly welcome and accepted. Holding a meeting one month before the next annual meeting will also allow optimizing its preparation process which was quite hectic this time due to the back to back organization of Steering Committee and annual meeting. Proposals for dates will be organized with the secretariat.

Brian Martin warmly thanked all participants for the lively and most useful discussions and inputs. He also expressed again his gratitude to the hosts of the UKK Institute for Health Promotion Research.
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Annex

2006 06 14 02 STC Scope and purpose
2 Scope and purpose

Introduction

The first two meetings of the Steering Committee of HEPA Europe took place in Magglingen in September 2005 and in Rome in February 2006. At the last meeting, progress in the implementation of the work programme 2005/2006 was discussed, decisions on the next steps for were taken and the first applications for membership were discussed and accepted.

Reason for meeting

The 3rd Meeting of the Steering Committee of HEPA Europe is convened to assess and decide on applications for membership received March 2006 to May 2006, review the activity report 2005 / 2006, and to take the necessary steps and decisions for the further work for endorsement by the network at the 2nd annual meeting which follows this Steering Committee meeting.

In particular the Steering Committee will review progress made since the last meeting:

- finalize preparations for the 2nd annual meeting of the network (14-16 June 2006, Tampere, Finland);
- develop a strategy for collaboration with other international organizations and activities; and
- to finalize the draft work programme 2006 / 2007.

Proposed outcomes of the meeting

It is expected that by the end of the meeting agreement will have been reached on:

1) the membership applications (March 2006 - May 2006);
2) the detailed programme of the 2nd annual network meeting;
3) the next steps to be taken for the implementation of the new work programme 2006 / 2007; and
4) the next steps to be taken to secure network funding.
Annex

2006 06 14 03 STC Provisional programme
## 3 Provisional programme

**09.00-09:15**  
**Welcome**  
Chair: Brian Martin & Host: Mikael Fogelholm / Katriina Kukkonen

**09:15-09:45**  
**Evaluation of applications for membership**  
Sonja Kahlmeier

**09:45-10:30**  
**Update on recent, relevant international activities and developments**  
Brian Martin  
- **WHO activities**  
  Sonja Kahlmeier, Roar Blom  
- **EU activities**  
  Michael Sjöström, Pekka Oja, Jean-Michel Oppert, Harry Rutter  
- **Other activities**  
  all participants

**10:30 -11:00**  
COFFEE BREAK

**11:00-12.00**  
**Review of progress with regard to the work programme 2005/2006**  
Brian Martin

**12:00-12:30**  
**2nd annual network meeting in June 2006, Tampere**  
Sonja Kahlmeier, Katriina Kukkonen

**12:45-14:00**  
LUNCH

**14.00-15.00**  
**Collaboration with other international organisations and activities**  
Eddy Engelsman

**15:00-15:30**  
**Network meetings and events:**  
Sonja Kahlmeier  
- 3rd annual network meeting in 2007  
- Network conference 2008 and procedures for the choice of the hosting institution

**15:30-16:00**  
COFFEE BREAK

**16:00-16:45**  
**Work programme 2006 / 2007**  
Brian Martin

**16:45-17:00**  
**Any other business**  
Brian Martin

**17:00**  
**Closure**  
Brian Martin

(Teleconference with Francesco Racioppi from 16.30 to 17.00)
Annex

2006 06 14 04 STC List of participants
4 Provisional list of participants

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2006 06 14 13 STC towards integrated framework
13 Towards an integrated framework for evidence-based HEPA promotion
   – a discussion paper
Towards an integrated framework for evidence-based HEPA promotion – a discussion paper (11.06.2006)

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1. The purpose of this document

Physical inactivity has been clearly recognised as an important public health risk. However, no clear concepts about what can be done to increase health-enhancing physical activity (HEPA) on the population level have been established outside a very limited circle of experts and ideas in a broader audience seem to vary between isolated motivational and PR campaigns as one extreme and purely infrastructural changes as the other.

One of the reasons for this situation is the fact that there is still a clear lack of evidence on the effectiveness of many interventions in the historically young field of physical activity promotion; another one seems to be the lack of models and frameworks for physical activity promotion that adequately mirror the complexity of the issue and at the same time are simple and striking enough to be used in the communication towards a broader audience.

The document presented here is part of a development that is carried out in the Steering Committee of HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity (www.euro.who.int/hepa). Chapters 1, 2, 3.1, parts of 3.2, 3.3, 3.6, 4 and 5 represent the results of the meeting of the Steering Committee on 24 February and of a meeting of members of the network in Atlanta on 19 April 2006. The detailed framework elements of chapters 3.4 and 3.5 have been discussed among the authors of this discussion paper, but not yet with a wider circle of experts. As similar discussions are currently taking place in other organisations, it is also made available to WHO Headquarters’ Virtual Network of Experts for the Global Strategy on Diet, Physical Activity and Health, to WHO Europe’s Expert Committee for the Preparation of the 2006 Ministerial Conference on Counteracting Obesity, to the Global Alliance of Physical Activity GAPA and to Agita Mundo.

2. Existing models

There are numerous models and frameworks describing factors influencing physical activity behaviour and health outcomes. Not all of them will be discussed here, but four are briefly introduced, because they are used as the basis for the integrated framework presented in this document.

### Public Health Action Cycle

The Public Health Action Cycle was first suggested by the US Institute of Medicine (1) and further developed by Rosenbrock (2). It is widely used to illustrate principles of evidence-based public health. The Public Health Action Cycle describes the assessment of a health problem, the policy development, implementation of action and evaluation as a continuous process and has inspired the overall structure of the integrated framework.
**A Model for Policy Research**

Schmid, Pratt and Witmer (3) suggest a framework for physical activity promotion policy research. They define policies as legislative or regulatory action taken by a government, government agency, or nongovernmental organisations that provides an organizing structure and guidance for collective and individual behaviour. According to the authors, policies can be conceptualized at three levels:

1) formal written codes, regulations or decisions bearing legal authority.
2) Written standards that guide choices; guidelines
3) Unwritten social norms

The authors introduce a causal model with different levels, in which they conceptualize ‘environment’ in a broad sense, including the physical (built and natural), social, cultural and communications environment. As the association between physical activity and health (levels D and E) is well established and there is growing evidence also for the effect of environment on physical activity (C – D), policy research focuses on the top of the chain.

The authors suggest a three-dimensional framework to conceptualize policy research and define priorities. The definitions and the three-dimensional framework from Schmid, Pratt and Witmer (3) are suggested for use in the "policy process" of the integrated framework.
### Outcome Model of Health Promotion Switzerland

The Outcome Model of Health Promotion Switzerland (4) is inspired by the work of Don Nutbeam and is recommended by the foundation for the evaluation of its health promotion projects. The model is presented here in an adaptation for physical activity promotion particularly because of its possibilities for categorising programmes and activities based on the levels A and B.

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<tr>
<th>Measures</th>
<th>Influencing factors</th>
<th>Determinants</th>
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<tr>
<td>A1 Development of offers</td>
<td>B1 – Offers</td>
<td>C1 – Material environment</td>
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<tr>
<td>A2 Lobbying/ Collaboration with organisations</td>
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<td>A3 Mobilisation of communities</td>
<td>B3 – Community potential and commitment</td>
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</tr>
<tr>
<td>A4 Development of individual competences</td>
<td>B4 – Individual competences</td>
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</table>

**Mobile Ecological Model (Matsudo et al)**

This model has been developed and used for guidance in the design of physical activity promotion interventions for 'Agita Sao Paolo' and emphasises the different modifiable determinants and non-modifiable factors that are related to physical activity behaviour (5). It is suggested to use the modifiable determinants from this model in the integrated framework.

![Figure 1 — Mobile Ecological Model to Promote Physical Activity proposed and used by Agita Sao Paulo Program.](image)
3. Development of an integrated framework for HEPA promotion

3.1 Physical activity and health

The benefits of physical activity for health with its biological, psychological and social dimension are widely recognized. The respective causal associations have been quantified (6, 7), though evidence is not equally strong for the three dimensions.

3.2 Physical activity behaviour

Physical activity behaviour can be conceptualized in form of specific activities (such as walking or a specific sport), or globally as overall or total physical activity. It is characterised by three dimensions:
- Duration
- Frequency
- Intensity

It can also be of importance to assess in which context an activity takes place (e.g. being active in a group or alone as social context).

Modes of physical activity

Often activities are grouped in modes relevant for monitoring and intervention. Commonly used modes are (8):
- physical activity as leisure time activity
- physical activity during work (or school-based physical activity in children)
- physical activity in the domestic environment
- physical activity for transport to get from point A to point B

Dimensions of physical activity

The frameworks below illustrate the different dimensions of physical activity.
3.3 Determinants of physical activity

Different factors of an individual’s psychological characteristics and of his or her environment are correlated with physical activity behaviour (9). These factors or determinants can - or cannot - be influenced by interventions.

Determinants can also interact with each other and therefore interventions can aim at reaching determinants indirectly.

The modifiable determinants are categorised in three groups as suggested by the Mobile Ecological Model described in chapter 2:
- intrapersonal determinants
- determinants in the social environment
- determinants in the physical environment

Determinants in the social and physical environment are sometimes conceptualised in settings closer (e.g. family) or more remote (e.g. society) from individuals, so-called micro- or macro-environments.

Interventions aim at modifying determinants that are modifiable. There are also non-modifiable factors that can be determinants for physical activity such as age, gender or ethnicity. They must be taken into account in the development of interventions for specific target groups.
3.4 Programmes & activities

Physical activity determinants can be influenced by many different factors. Among them are specific programmes and activities to promote physical activity. Programmes and activities can take on different forms, exist at different scales and involve different sectors.

The elements of the suggested framework for programmes and activities are based on the categories of the Outcome Model of Health Promotion Switzerland presented in chapter 2 of this document. As far as physical activity promotion by the health sector is concerned, this list covers virtually all elements. When a truly multi-sectoral approach is taken (see chapter 5), there are many other activities outside the health sector to be taken into account (e.g. construction work or law enforcement).

This part of the framework has been discussed among the authors of this discussion paper, but not yet with a wider circle of experts.

3.5 Policy process

Though programmes and activities can sometimes be generated independently, they are ideally based on a policy process. This part of the framework is based on the Model for Policy Research presented in chapter 2 of this document. It distinguishes between policy determinants and policy outcomes. Policy determinants are key factors influencing the outcome of a policy process. Policy outcomes are legislation, recommendations & guidelines as well as policy and strategy documents.
Also policy processes can take place on different levels and in different sectors.

A policy process may result in a policy that potentially encourages more physical activity or has potentially adverse effects on physical activity behaviour.

This part of the framework has been discussed among the authors of this discussion paper, but not yet with a wider circle of experts.

3.6 Other influencing factors

Though in real life there are other influencing factors on all levels and there are direct effects of programmes and activities on the policy level, the concept suggested so far seems to provide a framework for the overall process. However it still does not incorporate the concept of evidence and it lacks the sort of feedback loop suggested by the Public Health Action Cycle. It therefore sadly reflects the activism still found in many areas of physical activity and sports promotion these days.

4. Development of an integrated framework for evidence-based HEPA promotion

In direct analogy to the Public Health Action Cycle, a framework could be suggested that includes monitoring of health outcomes and feedback to the policy process. However, this does not include the concept of pre-existing experiences, data and formal study results (best-available evidence) and the fact that evaluation and monitoring should not only take place at the health level, but at all other levels as well.
By evaluating and monitoring all levels of the process and by systematic documentation of knowledge and experiences the knowledge base is fed.

The complete framework includes the “feeding mechanisms” for the evidence base through monitoring and evaluation as well as the use of the best available evidence in the “active” stages, namely in the policy process and in the development of programmes and activities.

As the success of Public Health interventions often depends on factors outside the system, it is also important to learn about the interaction between the interventions and these other factors and to integrate this knowledge into the planning and implementation.
5. Extensions of the framework

Recognising the fact that physical activity is only one behavioural dimension out of many that have a public health impact, the framework can be extended by other layers of a multi-dimensional health policy. In this way it can also conceptualise the interaction between the different dimension, not only at the level of behavioural patterns, but also at the level of the determinants, the programmes and the policy process.

If not health, but physical activity behaviour is chosen as the outcome of interest, the framework can be used to illustrate the influence of the different sectors and their interaction. It has to be taken into account that for many of the sectors and the players involved health and even physical activity are not the main focus of their activities, but that they focus on other outcomes like traffic congestions for example.

6. Visualisation of the different aspects of evidence-based health promotion through physical activity and health

An evidence-based approach to HEPA promotion can focus on different levels of the framework. Cavill et al (10) have suggested to adapt the concept of type I and type II evidence for Public Health developed by Brownson for physical activity, and Schmid et al (3, see chapter 2) have suggested a focus for policy research that focuses on other aspects of the framework.

Types of evidence for Public Health

Type I evidence
Disease ← risk factor (e.g. physical inactivity)
“Why should something be done?”

Type II evidence
Intervention → prevalence of risk factor
“What should be done?”

Cavill et al 2006, adapted from Brownson et al 1999
Type 1 evidence (10) can therefore be conceptualised as the part of the knowledge base that deals with the effects of physical activity on health both on the individual and on the population level and it includes research into causal effects, effect sizes and monitoring of levels of physical activity in the population and in sub-groups.

Type 2 evidence (10) looks at the effectiveness of interventions in influencing physical activity determinants and physical activity behaviour.

Policy research as defined by Schmid et al (3) relies on type 1 and type 2 evidence and focusses particularly on the effectiveness of the policy process.
7. Further development of the framework
The different elements of the integrated framework (physical activity behaviour; physical activity determinants; programmes & activities; policy process) will be developed further as pointed out in chapter 2.

8. Possible applications of the framework
Several ways of using the integrated framework can be envisioned once it has been developed in its definite form:

- Definition of the role and priorities of the work of HEPA Europe and other similar organisations
- Development of a structure for the “Inventory of existing approaches, policy documents, and targets related to physical activity promotion in countries in the European region” currently being developed by HEPA Europe
- Development of a framework for monitoring HEPA promotion
- Communication of the principles of HEPA Promotion and the role of the different players to a wider audience

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16 Provisional list of participants 2\textsuperscript{nd} annual network meeting

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Annex

2006 10 13 Note on Teleconference
EUR NETWORK ON PHN

Physical Activity Task Force, Monitoring Task Force

13 October 2006

Present:
- Michael Sjöström
- Pekka Oja (Chair)
- Jean-Michel Oppert
- Dirk Meusel
- Harry Rutter

Apologies:
- Jozica Zakotnik
- Brian Martin

EUR NETWORK final reports

Technical report
The deadline is in 10 days. Michael has most of the technical details. Michael will complete the report, and will ask the rest of us for input as required.

Executive summary
Harry will make some more changes and send it to Michael today for him to finish it off.

CBA of transport related physical activity
Michael and Pekka had a useful meeting in Barcelona with Francesca and Sonja where they made decisions on how to proceed. Harry will develop his existing draft report by 12 November for a meeting in Magglingen on 20 November.

After the Magglingen meeting we will invite a core group of experts to comment on the proposal. This group will comment on the draft and based on this step a proposal to be
consensus recommendations on harmonised methodology on CBA of transport policy and PA.

One of the topics we need to address in Magglingen is how we ensure that the guidance is relevant for countries that are not represented among the experts involved.

EU HOPE project

JMO has heard no further news on the HOPE project, which is going through contract negotiation.

EU ALPHA project

Michael has received confirmation that the project has been approved, with €1 million for 3 years. We have been asked to revise the proposals in the light of the €0.8 million cuts from the original proposal. We need to link the nutrition elements with another project proposal being led by Heiner Boeing who has been involved in the EPIC study. Michael has a hard copy of the Boeing proposal and will end it round to us all. Dirk will also email round the scientific elements of the ALPHA project. The initial deadline for sending back our revised proposal is 3 Nov.

We will hold a meeting in Stockholm on 23 October. Michael will arrange funding for this meeting. Dirk will put together an agenda for the meeting.

EU DG SANCO

Green Paper

The Commission has published a summary of the comments made on the Green Paper. There is nothing further for us to do at present.

Work Plan 2007

There is still time to consider our comments on the Work Plan for 2007; we should spend some time during the meeting on 23 October on this.

WHO/Europe Ministerial Conference on Counteracting Obesity

Reports

JMO will make his contribution to Chapter 5 in the next few days.

Conference, November 15-17 Istanbul

JMO may be attending the conference. MS will be there. HR may be there.

HEPA Europe

Steering Committee membership

Pekka will continue as representative of the previous HEPA Europe network, and Michael will continue representing Karolinska.

Steering Committee meeting, November 21 Magglingen

MS, PO, JMO, HR will be at the meeting.
Any other business

Possible symposium for ISBNPA Oslo 2007

The organisers have asked for proposals for symposia by the end of this month. We could take this opportunity to present our work and our ideas to this community. We should follow this up at our meeting in Stockholm on 23 October and send in our response after that. We will consider symposia from our perspective, and it would also be good for HEPA to consider running a symposium.
Annex

2006 11 EUPHA conference workshop
Track A8: Workshop: DG SANCO: working party on lifestyle and other health determinants—assessment of lifestyle among young individuals

Chairpersons: Wilhelm Kirch, Horst Kloppingen
Organiser: Wilhelm Kirch, Michael Sjöström, Grit Neumann
Research Association Public Health, Institute of Clinical Pharmacology, Medical Faculty Carl Gustav Carus, Dresden, Germany

Promotion of healthy nutrition habits and a physically active lifestyle during the childhood and adolescence period is a critical public health strategy. Data describing the nutritional status and physical activity habits among the young people in the population situation are scarce, policymakers and health administrators are insufficiently informed about the situation, and action plans are only briefly considering the specific circumstances related to the young age groups. Pre-requisites for an effective promotion of healthy nutrition and a physically active lifestyle should be:

(i) more and better methods for assessment of nutritional status and the amount and pattern of physical activity in the population;
(ii) more and better basic data, including reference data, to clearly define problems and target groups;
(iii) well-formulated national and local policies and action plans outlining the design of effective interventions; and
(iv) networking, co-ordination, and collaboration in public health nutrition at national and international levels.

On this basis European projects [Working Party Lifestyle and other Health Determinants, European Youth Heart Study (EYHS), HELENA, and IDEFICS] are presented, which develop assessment methodology to ensure the collection of comparable data on lifestyle among young individuals. Possible opportunities of future involvement of scientists of EUPHA within the WP and the Public Health Programme of DG SANCO will be outlined.

The special report on available health information on lifestyle determinants of obesity

Grit Neumann
D Meusel, G Neumann, W Kirch
Research Association Public Health, Institute of Clinical Pharmacology, Medical Faculty Carl Gustav Carus, Dresden, Germany

Issue
Many health information activities have been initiated during the past years by several institutions and European networks. The multitude of projects, scopes, and methodologies used make it necessary to bring the results of these activities into a coordinated framework.

Description of the project

Lessons learned
The special report will outline the present knowledge about Lifestyle Determinants of Obesity in Children, as it derives from the results of health information activities carried out in the past.

Conclusions
The importance of these lessons contribute to the coordination of the efforts that Members States of the European Community put into the future production of reliable and comparable health information on obesity prevention.

The European Youth Heart Study (EYHS)
Michael Sjöström
M Sjöström, P Bergman, M Hagströmer, A Hurtig-Wennlöf, P Oja, F Ortega, D Meusel, T Nilsson, E Patterson, E Poortvliet, N Rizzo, J Ruiz, J Wärnberg

The European Youth Heart Study (EYHS) focuses on CVD risk factors in children and adolescents by studying the nature, strength, and interaction between personal, environmental, and lifestyle influences in a large population of children of differing age, gender, culture, and ethnicity. A minimum of 1000 children, aged 9 and 15 years, have been recruited in each study location (country) using cluster (school) sampling stratified by gender and age.

In Swedish and Estonian children, significant differences have been found among cardiorespiratory fitness quartiles for sum of five skin-folds, insulin resistance, triglycerides, and total cholesterol and high-density lipoprotein cholesterol ratio in girls, whereas in boys sum of five skin-folds and insulin resistance were significantly different.

Thus, cardiorespiratory fitness in children is a more important health marker than total physical activity and thus should be considered to be included in a pan-European health monitoring system. Data have now recently been collected, on the same children, also 6 years after the first cross-section.

Healthy lifestyle by nutrition in adolescence: the HELENA study
Luis A. Moreno

LA Moreno on behalf of the HELENA Study Group
EU Ciencias de la Salud, Universidad de Zaragoza, Zaragoza, Spain

Non-communicable diseases are still the most common causes of morbidity and mortality in European countries. Its relationship to the adolescence process is poorly understood.

The HELENA project includes cross-sectional, crossover, and pilot community intervention multi-centre studies, as an integrated approach to the above-mentioned problems. Eight aspects will provide full information about the nutritional status of the European urban adolescents.

The HELENA Study Group describes the nutritional status and lifestyle of adolescents across Europe to improve the health-related nutritional aspects by proposing a lifestyle education intervention and developing new healthy foods attractive for the European adolescents.

Acknowledgements
The HELENA Study takes place with the financial support of the European Community Sixth RTD Framework Programme (Contract FOOD-CT-2005-007034). The content of this article reflects only the author’s views and the European Community is not liable for any use that may be made of the information contained therein.
IDEFICS—a European epidemiological study to understand and prevent childhood obesity and related disorders

W Ahrens on behalf of the IDEFICS consortium

Epidemiological Methods and Etiologic Research, Bremen Institute for Prevention Research and Social Medicine (BIPS), University of Bremen, Germany

The environment of infants and children in Europe has drastically changed over the past decades. The IDEFICS study (Identifier and prevention of dietary-induced and lifestyle-induced health effects in children and infants) is a 5 year multi-level epidemiological approach proposed under the sixth EU framework to counteract the threatening epidemic of diet-induced and lifestyle-induced morbidity by evidence-based interventions.

A population-based cohort of 17 000 children aged 2–10 years will be established in nine European countries to investigate the aetiology of the mentioned diseases.

Results

IDEFICS compares ethnic, regional, and sex-specific distributions of the above disorders and their key risk factors in children across Europe. The impact of lifestyle and environmental factors, food preferences, and differences in sensory perception and children’s consumer behaviour are elucidated.

Conclusions

An evidence-based set of guidelines, taking into account ethnic and social variations, will aid in setting up public health actions to prevent diet-related and lifestyle-related diseases.

Track A9: Workshop: Healthy ageing: social environments and socially related health problems

Chairpersons: Katharina Meyer*, Switzerland; Mikkel Vass, Denmark
Organiser: Katharina Meyer, Swiss Health Observatory & University of Bern, Neuchâtel, Switzerland

*Contact details: katharina.meyer@bfs.admin.ch

In the elderly, untreated hearing impairment contributes to social isolation, depression, and loss of self-esteem and, thus, is a socially related health problem. The same is true for falls. In Western Europe at least one fall per year is reported in 30% and/or 40% of people aged >65 and >80, respectively, living at home. Consequently, almost 50% are left with a physical limitation, and 20% need permanent care. Sufficient hearing and a stable gait are prerequisites to social participation of older people. An active social involvement is a precondition to successful ageing and vice versa. Thus, measures on the prevention of hearing problems and falls prevention are important to support social integration of older people. Initiators from three European countries will present new strategies and programmes on social integration and activation of elderly community residents (‘capacity building’) and on prevention of falls and/or hearing impairment.

Supportive environments for actively integrating the elderly

Horst Noack

RH Noack1, K Reis-Klingspiegl2

1Institute of Social Medicine and Epidemiology, Medical University Graz, Austria
2Styria vitalis, Graz, Austria

The size and social quality of the family network and of the extended social web are known to represent strong determinants both of the distribution and level of functional autonomy and of the health-related quality of life among the elderly population. Innovative community-based efforts to develop supportive social networks are increasingly seen as an important element of public policy aiming at sustained improvement of active healthy ageing.

A 3 year community-based health promotion project for elderly people (‘Modellprojekt Lebenswerte Lebenswelten für ältere Menschen’) commissioned by the Austrian Health Promotion Foundation was conducted in 13 rural and semi-urban communities in Styria, one of the most rapidly ageing regions in Austria. Project aims were 2-fold: (i) to develop, implement, and evaluate innovative strategies and community infrastructures supporting active healthy ageing; and (ii) to activate and empower elderly people, thereby, improving their health-related quality of life.

The project combined three complex strategies based on a general model of capacity building: (i) incorporating health as a social value and health promotion as a participatory effort into community structures (administration, organizations, networks); (ii) developing sustained health-supporting community resources (knowledge, management, project funds, health action plans); and (iii) fostering effective leadership and strong partnerships (shared vision, commitment, joint action, communication networks).

Findings from pre-intervention and post-intervention face-to-face interviews with a cohort of 1400 elderly people and systematic observation indicate three major results: (i) Given appropriate structural and strategic capacities health-promoting social structures can be developed in rural and semi-urban community settings. (ii) Sustained activation and empowerment of elderly people is a demanding professional activity that may or may not be successful. (iii) Developing successful health-promotion programmes in communities takes time. To fully explore and analyse the opportunities and limitations of a community-development approach to actively integrate the elderly would require about two more years.

Prevention of Falls Network Europe (ProFaNE): developing an evidence base to change the population’s behaviour

Chris Todd

CJ Todd1, J Yardley2 on behalf of the Profane Group

1School of Nursing, Midwifery & Social Work, The University of Manchester, Manchester, UK
2School of Psychology, University of Southampton, Southampton, UK

Background

Falls pose a major public health problem for older people. 30–40% community dwellers aged >65 years fall each year; rates are even higher in those aged >75. Systematic reviews of randomized controlled trials show that risk of falling can be reduced by prevention programmes, especially exercise based or multi-factorial interventions. However, refusal rates to take up interventions are very high and adherence low; uptake of intervention in the community has been <10%. There is little
Annex 4:4 Supporting documents from Breastfeeding
Infant and young child feeding: standard recommendations for the European Union
Infant and young child feeding: standard recommendations for the European Union

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Foreword

EUNUTNET (European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training) is a European Commission funded project (SPC 2003320) co-ordinated by Agneta Yngve, Unit for Preventive Nutrition, Department of Biosciences, Karolinska Institute. The project brought together European scientists and public health experts in order to, inter alia, ensure the development and implementation of sustainable evidence-based coherent training and promotion strategies on nutrition and physical activity. Within EUNUTNET, a task force coordinated by Adriano Cattaneo, Unit for Health Services Research and International Health, Institute for Child Health IRCCS Burlo Garofolo, has drawn up, after extensive review of the research evidence and much consultation, these standard recommendations on infant and young child feeding to complement the Blueprint for Action for the Protection, Promotion and Support of Breastfeeding in Europe (European Commission funded project SPC 2002359). These recommendations, once published and launched, will be offered to relevant national associations, organizations and government bodies as a guide to professional practice in Europe.

The recommendations were formulated between March 2005 and June 2006 by:

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- Maureen Fallon, Midwife, National Breastfeeding Coordinator, Department of Health and Children, Dublin, Ireland;
- Gabriele Kewitz, Paediatrician and Lactation Consultant (IBCLC), Public Health Service for Children and Young People, Berlin, Germany; President, European Lactation Consultant Association;
- Krystyna Mikiel-Kostyra, Paediatrician, Department of Public Health, Institute of Mother and Child, Warsaw, Poland;
- Aileen Robertson, Public Health Nutritionist, SUHR’S University College, Copenhagen, Denmark;

in consultation with the scientists and public health experts involved in EUNUTNET.

They have been reviewed by:

- Genevieve Becker, International Lactation Consultant Association (ILCA);
- Lida Lhotska, International Baby Food Action Network (IBFAN);
- Elizabeth Hormann, European Lactation Consultant Association (VELB);
- Amal Omer-Salim, Elisabeth Kylberg, Clara Aarts, Kerstin Hedberg-Nykvist, World Alliance for Breastfeeding Action (WABA);
- Mary J Renfrew, Professor of Mother and Infant Health, Director, Mother and Infant Research Unit, University of York, UK;
- Anthony F Williams, Senior Lecturer and Consultant Paediatrician, St George's, University of London, UK;

who provided many useful suggestions for the improvement of the manuscript.

They have been endorsed so far by:

- European Association of Perinatal Medicine;
- European Breast Cancer Coalition;
- European Federation of Nurses Associations;
- European Lactation Consultant Association;

*a* Use this address for correspondence. The document can be downloaded at http://www.burlo.trieste.it/old_site/Burlo%20English%20version/Activities/research_develop.htm
• European Midwives Association;
• Federation of European Nutrition Societies;
• International Baby Food Action Network, Europe;
• International Confederation of Midwives;
• International Council of Nurses;
• International Pediatric Association;
• Union of National European Paediatric Societies and Associations;
• World Alliance for Breastfeeding Action;
• World Health Organization Regional Office for Europe.
Abstract

These standard best practice recommendations on infant and young child feeding have been developed within the European Commission funded project EUNUTNET (European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training) to complement the Blueprint for Action for the Protection, Promotion and Support of Breastfeeding in Europe, the result of a previous European Commission funded project. A common set of European best practice recommendations has many advantages: health professionals moving from one country to another will not need to change their practices; it will be possible to share resources, especially for planning, teaching and research; there will be a common basis for data collection and programme evaluation; harmonization and enforcement of marketing regulations will be facilitated. The recommendations are based on a large body of evidence published by United Nations agencies, governments, researchers, professional associations and non-governmental organizations. They also take into account the Convention on the Rights of the Child when it recognizes, in Article 24, the important role breastfeeding plays in the achievement of the child’s right to the highest attainable standard of health. The recommendations consist of standard practice guidelines organised in a life cycle pattern: before pregnancy, in pregnancy, at childbirth, in the first few days of life, in the first month, between one and six months, and after six months. They also include guidelines for pre-term and low birth weight infants and on breastfeeding and young child feeding friendly environments. The recommendations end with four annexes. These present a supportive standard policy and give details on situations where breastfeeding may be contraindicated, on the risks of a decision not to breastfeed, and on safe alternative feeding. These recommendations, once published and launched, will be offered to relevant national associations, organizations and government bodies as a guide to professional practice in Europe. The recommendations have already been endorsed by many European and international professional associations, by relevant non-governmental organizations, and by the World Health Organization Regional Office for Europe.
Background

The European Union (EU), through its institutions: “emphasizes … the importance of nutrition as one of the key determinants of human health”; “is concerned by the consequences of the increase in obesity and overweight … particularly among children and adolescents”; “considers that action on nutritional health must be given an adequate place in the future Community action programme on public health”; and “invites Member States, within the context of their national nutritional health policies, to … continue to develop the production, dissemination and implementation of nutritional health guidelines on the basis of sound scientific evidence”.

In this context, the development of standard recommendations on optimal infant and young child feeding is appropriate and timely. Using a common set of best practice recommendations has many advantages. For example, health professionals moving from one country to another will not need to change their practices; it will be possible to share resources, especially for planning, teaching and research; there will be a common basis for data collection and programme evaluation; harmonization and enforcement of marketing regulations will be facilitated.

The recommendations encompass the contents of the Global Strategy for Infant and Young Child Feeding, unanimously adopted by all World Health Organization (WHO) member states at the 55th World Health Assembly (WHA) in May 2002, as well as the large body of evidence published by United Nations agencies, governments, researchers, professional associations and non-governmental organizations. The recommendations also take into account the Convention on the Rights of the Child, signed and ratified by all EU Member States, when it recognizes, in Article 24, the important role breastfeeding plays in the achievement of the child’s right to the highest attainable standard of health.

Introduction

Breastfeeding is the natural way to feed infants and young children. Exclusive breastfeeding for the first six months of life ensures optimal growth, development and health. After that, breastfeeding, with appropriate complementary foods, continues to contribute to the infant’s and young child’s growth, development and health. Low rates and early cessation of breastfeeding have important adverse health, social and economic implications for women, children, the community and the environment, result in greater expenditure on national health care provision, and may increase inequalities in health. Despite difficulties in interpreting available data, it is clear that current initiation, exclusivity and duration rates of breastfeeding in virtually every country worldwide, including EU countries, fall short of recommended levels. In some EU countries, initiation rates are very low, but even in countries where they are high, there is a marked fall-off in the first six months and throughout most of Europe the exclusive breastfeeding rate at six months is low. The most common identified barriers to the initiation and continuation of breastfeeding include:

- insufficient coverage and quality of prenatal education on infant and young child feeding;
- suboptimal maternity hospital policies and practices;
- lack of timely follow-up and competent support;
- misinformation and lack of guidance and encouragement from health workers;
- lack of or poor implementation of the International Code of Marketing of Breast milk Substitutes;
- early return to work in the absence of workplace facilities and support for breastfeeding;

In this document, infants are aged less than 12 months, young children are aged 12 months up to three years (36 months). Older infants (more than six months) and young children are expected, according to these recommendations, to continue breastfeeding while at the same time eating a well balanced diet of nourishing family foods.

The International Code of Marketing of Breast milk Substitutes and the subsequent relevant WHA Resolutions are jointly referred to in this document as the International Code.
• lack of family and broad societal support; and, in some countries,
• media portrayal of formula feeding as the norm.

Appropriate complementary feeding and transition towards a well balanced diet of nourishing family foods are also important for the growth, development and health of young children. The Green Paper recently issued by the European Commission recognises that “important lifestyle choices pre-determining health risks at adult age are made during childhood and adolescence; it is therefore vital that children be guided towards healthy behaviours”. Promoting healthy eating behaviours in young children is acknowledged, with the promotion of physical activity, as one of the main interventions for the control of the current epidemic of obesity.

The aim of this document is to provide recommendations that will inform all health workers - whether in primary health care, in hospitals or other community health care settings - caring for parents and children during pregnancy, childbirth and in the first three years of life, of the best evidence-based practices to protect, promote and support optimal feeding of infants and young children in their different work settings. The document concentrates on what health workers should do rather than detailing how the recommendations should be implemented, as the latter will depend on local structures, capacities and circumstances. In addition to the standard practice guidelines, the document includes four annexes. These present a supportive standard policy and details on situations where breastfeeding may be contraindicated, on the risks of a decision not to breastfeed, and on safe alternative feeding.

The document does not include the research-based benefits of breastfeeding, for three reasons:
• Firstly, breastfeeding is the natural and species-specific way to feed human infants and young children, therefore it does not require evidence to endorse it.
• Secondly, because “exclusive breastfeeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes”. Thus, the burden of proof for the superiority or the equivalence of alternative ways to feed infants and young children should fall to those who propose these alternatives.
• Thirdly, because the benefits of breastfeeding are already well-known and readily accessible in numerous professional peer reviewed journals and in many policy statements.
Standard practice guidelines

These guidelines are organised in a life cycle pattern, except for the section on pre-term and low birth weight infants which is conveniently located after the section on the first few days of life. The guidelines are aimed at meeting the information needs of a generic health worker thereby ensuring that all health worker groups, regardless of their sphere of responsibility and expertise, operate from the same set of evidence-based recommendations. The guidelines are consistent with the Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, and the EU Blueprint for Action for the Protection, Promotion and Support of Breastfeeding. They are also consistent with the recommendations and policy statements issued by relevant professional associations and health service bodies.

1. Before pregnancy

Parents usually make decisions on infant and young child feeding shortly before or early in pregnancy. The choice of infant feeding method can, however, be influenced by attitudes established long before a pregnancy is even contemplated. It is therefore important to represent breastfeeding to the general public as the natural way to feed infants and young children and create an environment where breastfeeding becomes the normal, easy and preferred choice for the vast majority of parents. It is important that boys and men should also receive infant and young child feeding information because, as potential future fathers, they will have an important supportive role to play in the decision to breastfeed and in the success of breastfeeding. This can be done:

1.1. Through the education system by integrating information about breastfeeding and infant and young child feeding in curricula and textbooks from pre-school education onwards.

1.2. During individual or group contacts between prospective parents and health, social and allied workers appropriately trained in infant and young child feeding by:

1.2.1. Informing prospective parents and the general public that there are very few situations where breastfeeding is not recommended or achievable (Annex 1), while acknowledging there may be some barriers to breastfeeding, especially where formula feeding is common and where practices in health and social systems might not be conducive to the success of breastfeeding. These obstacles, however, can be overcome with appropriate support to mothers and families.

1.2.2. Informing prospective parents that most women can breastfeed and that because breastfeeding is how nature intended human babies to be fed no special preparation is needed. This does not mean that individual support is unnecessary to initiate, establish and continue breastfeeding.

1.2.3. Informing prospective parents that the use of certain substances (tobacco, alcohol, heroin, cocaine, amphetamines) pose risks to the foetus and the newborn infant, because they pass through the placenta and are present in breast milk. The use of these substances should be discontinued during pregnancy and lactation, or at least reduced to a minimum. Individual counselling should be available to assist parents to make appropriate decisions in these situations.

1.3. In the media, switching from the current representation of bottle feeding as the norm to the representation of breastfeeding as the normal, natural and optimal way of feeding infants and young children.

1.4. With full implementation of the International Code, i.e. protecting consumers from the marketing of breast milk substitutes and from misinformation on infant and young child feeding.
2. **Pregnancy**

Health education classes specifically dedicated to breastfeeding and multiple individual contacts with competent health workers, lactation consultants and/or peer counsellors, as part of a multifaceted programme with consistent messages that continue after childbirth, are an effective way to promote the initiation and extend the duration of breastfeeding.\(^d\) The use of printed material alone, such as information booklets given to mothers, has not been found to be effective.\(^e\) For women who may not use antenatal care services (clinics and classes) even when access is freely available (e.g. women from ethnic minority groups, adolescent mothers, women from lower socio-economic groups, women who left school early), the health care system should not only ensure easier access to services but also identify and remove any barriers (e.g. geographical, economic, linguistic, cultural) that may make these women less likely to use existing antenatal care services. This may require alternative service provision specifically adapted to meet the identified needs of these vulnerable expectant parents.\(^e\) During antenatal care:

**2.1.** Health workers should assume that most expectant mothers intend to breastfeed. All expectant parents should be given information about the benefits of breastfeeding, as well as about the normal process of establishing breastfeeding following the birth and how this can be facilitated (i.e. the 10 Steps to Successful Breastfeeding).\(^d\)

2.1.1. Expectant parents who indicate that they intend to breastfeed should receive positive reinforcement and approval for their choice. Health workers should help parents develop their own realistic breastfeeding plan.\(^20,21\) Opportunities should be provided to discuss real or perceived barriers to breastfeeding and how these can be overcome.

2.1.2. Expectant parents who indicate that they intend to formula feed their infants should be given information on the risks and inconveniences of a decision not to breastfeed (Annex 2), to ensure that this is an informed decision.

2.1.3. If expectant parents do not indicate their infant feeding choice during pregnancy, health workers should ask the mother how she intends to feed her baby only after she has given birth, when the baby is placed skin-to-skin on her chest. The first skin-to-skin contact between mother and newborn infant offers a golden opportunity to actively encourage breastfeeding.

**2.2.** Ultimately it is the responsibility of health workers to provide best evidence-based information that is independent of commercial interests, and thus to assist parents to make an informed infant feeding decision. Once the decision is made, health workers should document and respect it, and give the mother all the expert help she requires to fulfil it.

**2.3.** In conjunction with group antenatal education classes, all expectant parents should receive individual education on the following aspects of infant and young child feeding:

2.3.1. The optimal duration of breastfeeding, the importance of exclusive and continued breastfeeding, and appropriate complementary feeding.

2.3.2. The physiology of lactation, including information on the signs of correct positioning and attachment, signs of early feeding readiness, signs of effective breastfeeding, the variable frequency and duration of breastfeeding episodes they should expect with breastfeeding on demand.

2.3.3. The routine practices that are known to favour the initiation and establishment of breastfeeding from the moment of birth onwards (i.e. the 10 Steps to Successful Breastfeeding).

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\(^d\) A small number of women may have medical conditions that require different recommendations. This small number of women will require individually adapted education and counselling relevant to their particular needs.

\(^e\) The need to pay particular attention to the most vulnerable groups and to remove barriers for them in accessing health and social services is placed in this paragraph because of the life cycle approach taken in this document, however, this point applies to all health care services.
2.3.4. The prevention of and solution to breastfeeding problems.
2.3.5. How to express, collect and store breast milk.
2.3.6. The risks of a decision not to breastfeed.

2.4. Fathers, grandparents and/or significant others identified by the new mother should be involved in infant and young child feeding education programmes to create a social environment that will support optimal infant and young child feeding.

2.5. Pregnant women should receive consistent information, as set down in best evidence-based policies, in all antenatal consultations and in all infant and young child feeding information materials (written or audio-visual) provided during antenatal care and lactation. It is important that such material be independent of and free from commercial interests and advertising.

2.6. Women with special needs (e.g. primiparae, immigrant women, adolescent mothers, mothers who will be parenting alone, mothers who have had previous difficult and/or unsuccessful breastfeeding experiences, women with multiple pregnancies) should receive care and support tailored to their specific needs.

2.7. Tobacco use (e.g., cigarettes, waterpipe, chews) should be discouraged and women should be advised to seek help to stop or reduce its use to a minimum. However, they can be reassured that tobacco use is not a contraindication to breastfeeding. Parents should be advised of the dangers of passive smoking, particularly for infants and young children.

2.8. Pregnant women and those intending to breastfeed should be advised to avoid alcohol and given information on the risks involved for the developing foetus during pregnancy and its adverse effects on breastfeeding and the baby. Health workers should inform pregnant women and breastfeeding mothers of these dangers and counsel them to avoid alcohol or reduce its use to a minimum. If an occasional alcoholic drink is consumed, breastfeeding should be avoided for two hours afterwards.

2.9. There are no special dietary requirements during pregnancy and lactation. Women should be advised to eat a nutritious well balanced diet. Economic support should be provided if needed to ensure adequate nutrition. Access to appropriately trained health workers (dieticians/nutritionists) should be available as needed. Iron and folic acid supplements may be prescribed based on individual need or local recommendations. The nutritional status of mothers does not adversely affect their ability to breastfeed, except in cases of extreme malnutrition.

2.9.1. In some regions, where the local diet may not provide an adequate amount of iodine, women should be advised to eat extra portions of fish, to use iodised salt (taking a maximum recommended intake of 5 grams per day), or to take iodine supplements (200-300 µg/day) if the prevalence of iodine deficiency is high.

2.9.2. In some regions the local diet, the latitude, and some environmental and cultural determinants of exposure to sunlight may lead to insufficient intake and levels of vitamin D in some pregnant women; these women should receive supplements, either 400 IU per day during the whole pregnancy or 1000 IU per day during the third trimester.

2.10. Evidence suggests that overweight and obese women may be less likely to breastfeed or breastfeed for shorter periods. They may need extra support to establish lactation following delivery.

2.11. Regular physical activity is beneficial and recommended during pregnancy and lactation for all women.

2.12. The routine examination of breast and nipples during antenatal care to assess suitability to breastfeed is unnecessary. Pregnant women should be reassured that almost all breast and nipple shapes and sizes are compatible with effective breastfeeding, once positioning and attachment are correct. Women with previous breast surgery or breast diseases, or who have previously experienced difficulties with breastfeeding should get
individual specialised care from a competent professional to achieve correct attachment. Nipple preparation of any kind does not improve the practice of breastfeeding, may undermine women’s self-confidence and damage delicate breast tissue.61,62

2.13. In rare situations and diseases occurring in pregnancy or during lactation, breastfeeding may be temporarily or permanently contraindicated or rendered difficult. Women in these situations should receive appropriate care, support and information from health professionals competent in both breastfeeding and lactation management and the specific disease or condition.

2.14. Group education classes on preparation of formula feeds should be avoided during the antenatal period (and after childbirth), regardless of the infant feeding decision of the expectant parents attending. There may, however, be group education on the risks of formula feeding.

3. Childbirth

Optimal care for the effective initiation and establishment of exclusive breastfeeding is the same whether the birth takes place in the home, at a birth centre, or in a maternity hospital setting. Contact between the mother and her baby, as described below, is important for all regardless of method of infant feeding because it promotes bonding and facilitates the colonisation of the baby with maternal germs.

3.1. To facilitate the initiation of breastfeeding, the newborn should be dried and placed skin-to-skin on the mother’s chest and abdomen immediately after birth, or as soon as possible thereafter and covered with a dry warm blanket or towel. This initial skin-to-skin contact should last for as long as possible, ideally for at least two hours after birth or until after the first breastfeed. All the routine neonatal procedures that are not life saving (e.g. washing, weighing and non-urgent medical procedures) should be postponed until after the first breastfeed.63-65 If the baby or the mother need urgent medical care, skin-to-skin contact should be offered as soon as they are stable.

3.2. During the initial skin-to-skin contact, the baby will find and explore (i.e. nuzzle and lick) the breast, and will eventually find the nipple and latch on for the first breastfeed. Health workers should not force or accelerate this occurrence, but rather help the mother to choose a comfortable position. Good positioning and attachment will often occur spontaneously. If this does not happen, health workers should help the mother and the newborn achieve correct positioning, if possible using a hands-off technique.38,66 The first breastfeed should last until the baby stops sucking and releases the nipple.

3.3. During the first and subsequent early breastfeeds, health workers should observe the mother and the baby for signs of good positioning and attachment and of effective or ineffective breastfeeding (Table 3.3). There is no need to intervene when breastfeeding is going well. When signs of possible difficulty are detected, competent health workers should gently encourage mothers to improve their and/or their babies’ position and attachment and show how to check when this is done correctly. A hands-off technique is always recommended in these situations.

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6 A hands-off technique means that health workers use only verbal advice to enable mothers to position and attach their babies for themselves, without actually doing it for them.
Table 3.3. Signs of good positioning and attachment and of effective/ineffective breastfeeding.

<table>
<thead>
<tr>
<th>Signs that breastfeeding is going well</th>
<th>Signs of possible difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position of the mother and the baby</strong></td>
<td><strong>Shoulders tense, leans over baby</strong></td>
</tr>
<tr>
<td>Mother relaxed and comfortable</td>
<td>Baby held away from mother’s body</td>
</tr>
<tr>
<td>Baby held close to mother’s body</td>
<td>Baby’s head and neck twisted to feed</td>
</tr>
<tr>
<td>Baby's head and body in line, facing breast</td>
<td>Baby’s chin not touching breast</td>
</tr>
<tr>
<td>Baby’s chin touching breast</td>
<td>Only head and neck supported</td>
</tr>
<tr>
<td>Baby's whole body supported</td>
<td>Baby approaches lower lip/chin to nipple</td>
</tr>
<tr>
<td>Baby approaches breast nose to nipple</td>
<td>No mother/baby eye contact</td>
</tr>
<tr>
<td>Eye contact between mother and baby</td>
<td></td>
</tr>
</tbody>
</table>

| **Suckling** | |
| -------------- | |
| Baby’s mouth open wide | Mouth not wide open |
| Lower and upper lips turned outwards | Lips pursed or turned in |
| Tongue cupped around nipple and areola* | Baby's tongue not observed* |
| Cheeks full and rounded when suckling | Cheeks pulled in when suckling |
| More areola seen above baby’s upper lip | More areola seen below lower lip |
| Slow deep sucks, with pauses | Rapid shallows sucks |
| Can see or hear swallowing | Smacking or clicking sounds |

| **Signs of effective transfer of milk** | |
| ------------------------------------- | |
| Moisture around the baby’s mouth | Baby fussy or unsettled, coming on and off the breast |
| Baby gradually relaxing hands and arms | Mother feeling pain or discomfort in the breast or nipple |
| Breast gradually softening while feeding | |
| Milk leaking from the opposite breast | Breasts looking red, swollen or sore |
| Signs of oxytocin reflex noticed** | No signs of oxytocin reflex noticed** |
| Baby releasing the breast by him/herself when the feed is finished | Mother taking the baby off the breast |

* This sign cannot be observed during suckling, only during rooting and latching on.
** Mother feeling thirsty, getting relaxed or drowsy, increased uterine contractions and increased lochia flow during feeding.

3.4. There is growing evidence that pharmacological analgesia during labour may interfere with the spontaneous breast seeking and breastfeeding behaviour of the newborn infant. However, epidural analgesia does not seem to affect breastfeeding rates at discharge and at 6-8 weeks postpartum. When these interventions are used, mothers and babies may need additional support and time to initiate breastfeeding. Prior to pharmacological analgesia being offered to mothers, they should be fully informed of the possible effects on breastfeeding initiation. Alternative non-pharmacological labour pain relief methods should also be available.

4. The first few days of life

4.1. Within 24 hours of birth, mothers should be shown how to recognise and respond to their own baby’s early feeding cues (e.g. increased alertness or activity, rapid eye movements, mouthing or rooting, hand-to-mouth and sucking movements, soft cooing or sighing, sucking sounds and fussiness - crying is a late indicator of hunger) that demonstrate his/her readiness to feed and informed of the importance of baby-led or demand feeding. During this time mothers should also be shown how to correctly position and attach their baby at the breast and what signs to look for when this is done effectively. The normal pattern of expected initial weight loss and subsequent gain, and the number of wet nappies (6 or more in 24 hours) to expect as an indication of sufficient milk intake when breastfeeding is exclusive, should also be explained.
4.2. As the separation of the newborn infant from his/her mother may have a negative impact on breastfeeding, it should only be done for valid medical reasons and with informed consent. Without a valid medical reason mothers should be advised of the crucial importance of staying in the same room with their baby 24 hours a day (rooming-in). While in hospital babies should be placed in a separate cot in the same room as the mother or in a special clip-on cradle attached to the mother's bed.

4.3. Those mothers (and fathers) who decide to share a bed with their baby (bedding-in or co-sleeping) while in hospital and after discharge should be advised to use a wide bed with a firm mattress and place the baby on his/her back below or away from pillows. Bed sharing parents should also be advised not to use soft pillows, quilts or mattresses; not to have an unprotected gap between the side of the bed and surrounding structures; not to use heavy duvets or other sources of excessive heat; not to sleep on sofas; not to smoke or use alcohol or narcotic drugs or prescription drugs that affect alertness.

4.4. Newborn infants should have access to unrestricted breastfeeding. Mothers should be informed that it is perfectly normal for newborn infants to want to breastfeed up to 12 times or more in 24 hours; frequent feeding is normal and helps to establish and maintain a good milk supply. Some infants may want to suckle continuously for long periods of time and their sleep cycles may vary. But mothers should also be informed that in the early days newborn infants need at least eight effective breastfeeds in 24 hours. Finally, mothers should be informed that some infants are satisfied with one breast, while others will breastfeed on both breasts at every feeding. Babies should be breastfed on the first breast until they spontaneously release the nipple before they are offered the second breast.

4.5. All new mothers should understand the basics of breastfeeding. This should include the following information in both verbal and written formats:

4.5.1. The process of milk production and how it is regulated by the baby, i.e. the more milk the baby removes from the breast, the more milk is produced.

4.5.2. The baby shows his/her readiness to feed by a series of early feeding cues that mothers should be able to recognise and respond to, because crying is a late sign of hunger.

4.5.3. The duration of each feed, as well as the number of feeds, is regulated by the baby, and is dependent on the effectiveness of suckling, the baby's fluid and energy needs, and the time lag between feeds. The healthy baby will self-regulate his/her own breast milk intake if allowed to suckle freely.

4.5.4. The signs that breastfeeding is going well and the signs of possible difficulty.

4.5.5. The prevention of engorgement by early, frequent and effective breastfeeding, and the prevention of sore nipples by correct positioning and attachment.

4.6. If effective feeding is not initiated within 12 hours after birth, the mother should be shown how to express her breast milk by hand and how to feed this to her baby (e.g. with a cup or a spoon); at the same time she should continue to receive help with positioning and attachment.

4.7. If an effective breastfeed has not taken place within the first 24 hours, the feeding technique should be re-evaluated and support provided at each feed until the problem has been solved. If breastfeeding difficulties persist, the baby should be seen by a paediatrician to exclude medical reasons.

4.8. Some neonatal weight loss is usual, due to loss of excess fluids. With correct support for exclusive breastfeeding as described above, weight loss is minimised and weight recovery starts on average on day four. About 3% of term newborn infants lose more than 10% of birth weight and these need careful observation and support to improve the frequency and effectiveness of breastfeeding. They may also need to be seen by a paediatrician to exclude medical reasons for the weight loss. Only a small minority of these infants will require supplementation with donor breast milk or infant formula to
avoid excessive weight loss and/or hypernatraemic dehydration.\textsuperscript{76,77} If the hospital staff observe more than 5% of newborn term infants losing more than 10% of birth weight, a reassessment of hospital breastfeeding and birthing policies, practices and guidelines should be undertaken.

4.9. Unless medically indicated, the healthy term newborn infant should not be given supplements of infant formula, glucose solution, water, tea or camomile tea. The mother’s own expressed breast milk or donor human milk should be the supplement of choice, if a supplement is medically indicated. Acceptable medical reasons for supplementation are: very low birth weight (less than 1500 g) or gestational age (less than 32 weeks), infant small for gestational age with potentially severe hypoglycaemia, serious infant or maternal illness, weight loss of 8-10% accompanied by delayed lactogenesis (more than 5 days).

4.10. Non-haemolytic jaundice may occur in exclusively breastfed newborn infants. However, the level and duration of the jaundice is lessened by giving the first breast feed as soon as possible after birth, with frequent breastfeeds thereafter. The number of infants requiring phototherapy decreases when the practice of early and frequent breastfeeding increases.\textsuperscript{78,79}

4.11. Neonatal hypoglycaemia is a rare occurrence if exclusive breastfeeding is supported as described above.\textsuperscript{80,81} Routine blood glucose monitoring in appropriate weight for gestation healthy term infants is not justified.

4.12. Because breast milk may not ensure the amount of vitamin K required to prevent deficiency bleeding, 1 mg of parenteral vitamin K should be administered to all newborn infants.\textsuperscript{82,83}

4.13. Discharge from hospital should be delayed until effective breastfeeding has been observed or the continuity of support after discharge is guaranteed either by the staff of the maternity hospital or by suitably qualified primary care providers and/or lactation consultants, peer counsellors and mother-to-mother support groups, where available.\textsuperscript{38,84-87}

4.14. The healthy term newborn does not need to use pacifiers (soothers); there is no evidence that the use of these in the first month of life provide any benefit.\textsuperscript{88,89} It is normal for an infant to engage in comfort or non-nutritive suckling at the breast from time to time.

4.15. The mother should not receive commercial discharge packs, especially if these contain information or marketing materials or samples of products related to formula feeding.\textsuperscript{38,91}

5. Pre-term and low birth weight infants

Some infants born at or near term who are small for gestational age may not require additional support to effectively breastfeed, but will require extra monitoring. However, additional support, as described below, will be needed for most pre-term and low birth weight infants. These recommendations can also be adapted for ill newborns.

5.1. If a pre-term or high risk baby is anticipated, the parents should receive prenatal information about optimum feeding and nutrition and the importance of own mothers milk and breastfeeding. Testing the mother for cytomegalovirus antibodies may be considered to decide whether pasteurisation or other methods of treating expressed breast milk is needed before giving it to pre-term infants less than 32 weeks of gestational age.\textsuperscript{92-94}

5.2. As soon as possible after the birth parents should be facilitated and encouraged to visit their baby in the intensive care unit and allowed to hold, or at least touch, and photograph their baby. At the same time, but within the first six hours after birth, the

\textsuperscript{6} There is some evidence that using a pacifier at nap and bed time after the first month, i.e. after breastfeeding is firmly established, may reduce the risk of Sudden Infant Death.\textsuperscript{72,90}
mother should be encouraged to start breastfeeding or to express colostrum. Expressed colostrum should be fed to the infant by the mother herself or in her presence if possible, unless there is a contraindication for enteral feeding. This process will support long-term milk production.95

5.3. If the baby is initially too immature to breastfeed or to ill to tolerate enteral feeds, the mother should get help to initiate and establish a pattern of frequent and regular effective milk expression or pumping and advised on the safe handling and storage of breast milk for later use by her baby. No colostrum or breast milk should be wasted.

5.4. Health workers should try to lessen the factors that might cause extra stress to the mother. Stress may hinder the flow of milk but not its production, and might therefore lead to milk stasis. The mother should be informed of the physiology of milk production and shown how to massage the breast to facilitate let-down and milk flow. This information should also be given in written format with ample use of diagrams/pictures.

5.5. As soon as possible and no later than day 3, a regular pattern of expressing/pumping breast milk every three hours and at least eight times per 24 hours, with at least one expression/pumping during the night, should be established. If possible, expressing or pumping should be done next to the infant’s cot/incubator; otherwise, a room with a comfortable chair and a quiet peaceful atmosphere should be made available for this purpose. A double pumping set can minimise the pumping time and at the same time increase the milk yield. The advantages and disadvantages of all methods of expressing and pumping should be discussed with the mother and she should be provided with the opportunity to try different pumping options before she decides which method is most efficient and suitable in her situation.

5.6. Kangaroo mother care (KMC) or skin-to-skin-contact should be started immediately or as soon as possible after birth, depending on the infant’s medical condition and on the mother’s willingness and ability to be present in hospital, and continued for prolonged periods of time, at least one hour at a time or as often as possible. Extended KMC, up to full-time, is of benefit.64,98,99

5.7. If milk production is low, the cause should be explored (e.g., check the pumping technique, does it cause discomfort or is pumping too infrequent, is there retention of placental tissue, is the mother using medication that can reduce milk production). Milk production of 600 ml per day at the end of the 2nd week is a positive predictor of sufficient milk supply during subsequent weeks.100

5.8. At 27-29 weeks gestational age, as soon as the infant does not need a ventilator, Continuous Positive Airway Pressure or other assisted ventilation treatments, and does not respond adversely to handling, his/her nose and lips can be brought in close contact to the mother’s nipples. The baby is developmentally able to lick/drink small amounts of milk from the breast.101,102 Full breastfeeding is possible from a gestational age of 33-34 weeks.

5.9. Breastfeeding is less exhausting and no more dangerous than bottle feeding at any gestational age. Evidence suggests that there is less oxygen de-saturation associated with breastfeeding than with bottle feeding.103,104

5.10. The pre-term infant should be given the opportunity to breastfeed when he/she is awake and stable, irrespective of current maturational level or age, and especially when the infant demonstrates feeding readiness cues. The guiding principle should be that breastfeeding should occur as frequently as possible, or as often as the infant needs/wants feeding, depending on his/her medical condition. Regular checking of positioning and attachment should continue to ensure effective and comfortable breastfeeding. Tube or cup feeding and/or intravenous nutrition can continue, while the mother pumps/expresses with the same frequency.

5.11. After about 35 weeks gestational age, breastfeeding on demand can be started while continuing and facilitating rooming-in and skin-to-skin contact or KMC. Supplementary
feeding (if possible with own mother expressed breast milk) should be used if weight gain is insufficient (monitoring of body weight once a day may be necessary, not more frequently). Pre-term infants generally do not have the neurological maturation needed for true demand feeding. The mother should therefore be well versed in recognising feeding readiness cues, when and how to stimulate a sleepy infant to breastfeed, and signs of correct latch-on in order to achieve a sufficient number of feeds per 24 hours (semi-demand feeding), and to identify signs of correct latch-on. If the mother cannot be present for all feeds, her milk, or donor human milk, can be given by cup or tube.

5.12. At the mother’s discharge, she should be able to effectively hand express her milk or have available to her a modern, well functioning and comfortable pump that she is familiar with, and she should be well informed on the correct expressing/pumping technique and on how to safely handle, store, freeze and transport her expressed breast milk. Health workers should confirm that the mother knows all sources of breastfeeding support available to her, including mother-to-mother groups, lactation consultants and special support groups or organisations for mothers/parents of pre-term infants or newborns with health problems.

6. First month of life

6.1. All mothers and newborn infants should be visited, seen or otherwise communicated with within 48 hours after discharge, by a competent health professional and/or a trained peer counsellor to check that exclusive breastfeeding is progressing satisfactorily. Most problems identified at this stage can be easily solved. Difficult problems should be referred to a lactation consultant or a trained health professional with a recognised competence in breastfeeding support. The longer the first visit is delayed the more difficult it is to solve any problems that might have arisen. 105

6.2. During this visit, and subsequent visits as necessary, the health worker or peer counsellor should observe a breastfeed to ensure correct position and attachment, confirm good milk transfer, and reassure the mother that she is doing a good job in order to maximise her self confidence. The mother’s knowledge and practice of breastfeeding should be reinforced.

6.3. Breastfeeding problems such as sore nipple and breast engorgement, i.e. the potential precursors of mastitis, can be prevented by ensuring correct positioning and attachment and with baby-led breastfeeding (i.e. feeding on demand). 106 If these conditions have already occurred, treatment will depend on individual presentations. None of these problems require the discontinuation of breastfeeding and short-term interruption is rarely needed.

6.4. Mothers perceiving infant crying and frequent feeding as breast milk insufficiency need explanation, reassurance and support. Episodes of increased feeding frequency are normal, they are a regulating mechanism of milk removal and milk synthesis to meet the evolving needs of the baby. 107-109 These episodes often coincide with a normal growth spurt and reassurance and extra support is generally all that is needed in these situations.

6.5. Data regarding weight gain for exclusively breastfed infants in the first weeks of life are now available. 110,111 Table 6.5 shows the 3rd and 97th percentile of weight-for-age until the completion of the first four weeks of age, for boys and girls, based on the new WHO child growth standards. If an infant of this age fails to gain 200 g/week on average, girls slightly less than boys, health workers should check the effectiveness of breastfeeding and correct feeding technique if necessary. Should growth faltering persist, health workers should check for medical problems and act accordingly.

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[b]Weight gain should always be calculated from the lowest post-partum weight, not from birth weight.
Table 6.5. 3rd and 97th percentiles of weight (in kg) for age (in weeks) for boys and girls.110

<table>
<thead>
<tr>
<th>Age in weeks</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3rd</td>
<td>97th</td>
</tr>
<tr>
<td>0</td>
<td>2.5</td>
<td>4.3</td>
</tr>
<tr>
<td>1</td>
<td>2.6</td>
<td>4.5</td>
</tr>
<tr>
<td>2</td>
<td>2.8</td>
<td>4.9</td>
</tr>
<tr>
<td>3</td>
<td>3.1</td>
<td>5.2</td>
</tr>
<tr>
<td>4</td>
<td>3.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>

6.6. Mothers should be advised to eat a balanced nutritious diet, with no need to avoid specific foods. Breastfeeding mothers who avoid meat, fish, poultry, eggs and dairy products are at significant risk of calcium, iron and vitamin B12 deficiency that may cause health problems in their babies. These babies should be monitored regularly by a paediatrician and given vitamin B12, iron and calcium supplements as needed.112

6.7. Lactation is not affected by the amount of ingested fluids and mothers should be advised to drink sufficiently to satisfy their thirst. Water and pure unsweetened fruit juices are the best sources of fluid.

7. From one to six months

7.1. If exclusive breastfeeding is well established, there is no need to supplement breast milk with other foods or fluids. Mothers should be advised to check growth, e.g. by arranging for infant weight checks monthly, and to continue breastfeeding on demand.

7.2. At around six months, most infants will show an interest in complementary foods (i.e. solids) as well as breastfeeds. Provided infants are in good health parents should be advised to observe their infants’ feeding behaviour and respond appropriately to it (i.e. never force infants to eat).

7.3. In settings where micronutrient deficiency in infants under six months of age is a concern, improved maternal intake during pregnancy and lactation, instead of premature introduction of complementary foods, is the most effective, and less risky, way of preventing deficiencies.

7.4. Vitamin D deficiency may occur in exclusively breastfed infants who are not sufficiently exposed to sunlight, i.e. confined indoors during daylight hours, covered with clothing while outdoors, living at high latitudes with seasonal variation of ultraviolet radiation, living in urban centres where high rise buildings and pollution can block sunlight, darker skin pigmentation, use of sun screens. Short 15-minute exposures to sunlight several times a week is a sufficient and safe way to ensure adequate vitamin D synthesis and avoid burns. Giving vitamin D supplements to at risk infants will prevent this deficiency.113 Formula-fed infants do not need these supplements if they use vitamin D enriched formula.

7.5. Growth charts are useful to monitor infant growth, but should not be the sole determinant of the need for the introduction of complementary feeding. This applies not

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1 To clarify, “six months” is defined as the end of the first six months of life (180 days), when the infant is 26 weeks old, as opposed to the start of the sixth month of life, that is at 21-22 weeks of age. For pre-term infants this means six months corrected age.

2 Tea is given to infants in some societies; this is not recommended and can be harmful (especially if sugar is added), because it undermines breastfeeding.

3 This document uses the terms “complementary feeding” and “complementary foods” rather than the more commonly used terms “weaning” and “weaning foods”. Weaning and weaning foods are misleading because they imply that complementary foods substitute for rather than complement breast milk and are intended to lead to the cessation of breastfeeding. Instead, breastfeeding should continue after the introduction of complementary foods and the infant and young child should not be weaned off breast milk.
only to the growth charts in predominant use for the past 40 years, which are based mainly on cohorts of formula-fed infants, but also to the newly recommended WHO growth charts based on infants exclusively or predominantly breastfed for at least four months, who continued breastfeeding for at least 12 months and who received complementary foods from the age of four/six months. The WHO growth charts indicate in which percentile or z-score the growth of a given baby falls when compared with the average growth of infants optimally fed in the same age group; they are not an indication of readiness for complementary foods.

7.6. To facilitate mothers in the paid workforce to breastfeed exclusively up to six months and to continue breastfeeding after that in combination with appropriate complementary foods for as long as they wish, a breastfeeding supportive workplace as well as family and social support is needed. Access to ongoing expert support and help from health workers and/or peer counsellors and/or mother-to-mother support groups, and information on expression, safe handling and storage of breast milk, is also required. Employers, trade unions, politicians and society as a whole are responsible for putting in place legal protections for the breastfeeding mother in the paid workforce.

7.7. Exclusively breastfeeding mothers who use the Lactation Amenorrhoea Method (LAM) of birth control have a high rate of protection from unwanted pregnancy until their infants are six months old. After this, or if LAM is not used, mothers who wish to avoid a pregnancy should use other contraceptive methods. Among hormonal methods of birth control, progestin-only contraceptives are highly effective and have no inhibitory effect on lactation, however, combination contraceptives appear to be associated with a decline in milk production.

8. After six months

While allowing for some individual need variation, breast milk alone is no longer sufficient to meet all the nutritional requirements of infants and young children after six months of age. Complementary foods are generally needed after this age along with breast milk. Complementary foods can be subdivided into:

- Transitional (puréed, mashed, semi-solid) foods, which are foods specifically selected from the main food groups and adapted to meet the particular nutritional and physiological needs of the infant.
- Family foods, largely based on a normal well-balanced varied family diet, with some minor adaptations.

8.1. Both transitional and family foods, should be based on the family diet if this is varied and well balanced, sufficiently high in energy, protein and micronutrients, and adapted to the eating capabilities of a growing and developing infant. The change from breastfeeding alone to transitional foods and then to a normal family diet with the eventual cessation of breastfeeding, should be gradual.

8.2. Starting complementary feeding too soon is not advisable because:

8.2.1. Breast milk can be displaced by other fluids or foods of poorer quality that may not be sufficiently nutrient and energy dense to meet the infant’s requirements, and giving these foods or fluids can lead to a reduction in the mother’s breast milk supply.

8.2.2. Infants are not yet able to digest certain foods.

8.2.3. The early exposure of infants to microbial pathogens potentially contaminating complementary foods and fluids puts them at increased risk of diarrhoeal disease and consequently malnutrition.

8.2.4. The early exposure of infants to certain foods may trigger allergies.

8.2.5. There is an earlier return to fertility for mothers, because decreased suckling reduces the period during which ovulation is suppressed.
8.3. Delaying the introduction of complementary foods for too long is also not advisable because:

8.3.1. Breast milk alone may not provide enough energy and nutrients and may lead to growth faltering and malnutrition.

8.3.2. Breast milk alone may not meet the infant’s growing requirements of some micronutrients, especially iron and zinc.

8.3.3. The optimal development of oral motor skills, such as the ability to chew, and the infant’s ready acceptance of new tastes and textures may be adversely affected.

8.4. Infants should, therefore, be started on complementary foods at or shortly after six months of age. Between 6-8 months these foods should be given 2-3 times a day, increasing to 3-4 times daily after nine months of age, with additional nutritious snacks offered 1-2 times per day, as desired, after 12 months. Breast milk, however, should remain the primary source of nutrition for the whole of the first year of life. During the second year of life, family foods should gradually become the primary source of nutrition. While fully accepting that mothers make the decision about how long they and their babies wish to breastfeed, they should receive all the support necessary to help them continue breastfeeding to two years of age and beyond, as recommended by WHO and most national and professional policies and practice recommendations.\(^2,4,20-26\)

8.5. By around six months most infants can sit with support and can “sweep a spoon” with their upper lip, rather than merely sucking semi-solid food off the spoon. By around eight months they have developed sufficient tongue flexibility to enable them to chew and swallow more solid lumpier foods in larger portions. From 9-12 months most infants have the manual skills to feed themselves, drink from a standard cup using two hands and eat food prepared for the rest of the family, with only minor adaptations, e.g. cut into bite-sized portions and eaten from a spoon, or as “finger” foods. It is important, for nutritional and developmental reasons, to give age-appropriate foods at the correct consistency and by the correct method.\(^123\) Table 8.5 shows examples of the types of food that can be consumed and swallowed successfully at given ages and stages of development; it does not necessarily indicate that these foods should be offered at these ages.\(^124,125\)

8.6. The main factors influencing whether an infant’s energy and nutrient requirements are met are the consistency (thickness) and energy density (energy per unit volume) of the semi-solid food plus the quantity and frequency of feeds. To ensure that the energy and nutrient needs of growing children are met, they should be offered a wide variety of foods of high nutritional value. Moreover, offering children a more varied diet improves their appetite. Although patterns of food consumption vary from meal to meal, children’s overall daily energy intake is normally relatively constant. When offered a range of nourishing foods most children tend to select a variety and so instinctively choose a nutritionally complete diet.

8.7. A number of features, such as flavour, aroma, appearance and texture, affect the infant’s intake of semi-solid foods. Taste buds detect four primary taste qualities: sweet, bitter, salt and sour. Sensitivity to taste helps protect against the ingestion of harmful substances and, in addition, can help regulate a child’s intake. Children’s preferences for the majority of foods are strongly influenced by learning and experience; they develop a preference in relation to the frequency of exposure to particular tastes. The only innate preference is for the sweet taste, and even newborn infants will avidly consume sweet substances, if given them. Increasing the variety of foods will enhance a child’s acceptance of different tastes.\(^126\) It is therefore important not to introduce sugar in any concentrated form (e.g. desserts, ice creams) until the infant has a chance to experience and develop a taste for other flavours, especially vegetables and fruits.
Table 8.5. Examples of age-appropriate foods for different ages and stages of development (these foods are merely examples and are not the only ones that can be introduced).

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Reflexes/skills</th>
<th>Types of food that can be consumed</th>
<th>Examples of foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6</td>
<td>Suckling/sucking and swallowing</td>
<td>Liquids</td>
<td>Breast milk only</td>
</tr>
<tr>
<td>4–7</td>
<td>Appearance of early “munching”; increased strength of suck; movement of gag reflex from mid to posterior third of tongue</td>
<td>Puréed foods (only if the individual child’s nutritional requirements call for addition of complementary foods)</td>
<td>Breast milk plus cooked puréed meat; vegetable (e.g. carrot) or fruit (e.g. banana) purées; mashed potato; gluten-free cereals (e.g. rice)</td>
</tr>
<tr>
<td>7–12</td>
<td>Clearing spoon with lips; biting and chewing; lateral movements of tongue and movement of food to teeth. Fine motor skills developing to facilitate self-feeding.</td>
<td>Increasing variety of mashed or chopped foods and finger foods-combining new and familiar foods. Give three meals per day with two snacks in between.</td>
<td>Breast milk plus cooked minced meat; mashed cooked vegetables and fruit; chopped raw fruit and vegetable (e.g. banana, melon, tomato); cereal (e.g. wheat, oats) and bread^1</td>
</tr>
<tr>
<td>12–24</td>
<td>Rotary chewing movements; jaw stability</td>
<td>Family foods</td>
<td>Breast milk plus whatever the family is eating, provided the family diet is healthy and well-balanced</td>
</tr>
</tbody>
</table>

8.8. Children appear to consume more when they receive a varied diet compared with a limited monotonous one.\(^{130}\) It is important that children, for whom all complementary foods are initially unfamiliar, have repeated exposure to new foods during the early complementary feeding period in order to establish a healthy food acceptance pattern. It has been suggested that a minimum of 8–10 exposures are needed, with clear increases in food acceptance appearing after 12–15 exposures.\(^{131}\) Parents should thus be reassured that the rejection of new foods is normal. Foods should be offered repeatedly, as those that are initially rejected are often accepted later. If the child’s initial rejection is interpreted as unchangeable, the food will probably not be offered to the child again and the opportunity for building up a broad range of exposure to and acceptance of new foods and tastes will be lost. Breastfed infants may accept solid foods more rapidly than those fed on infant formula, as they have become accustomed to a range of flavours and odours derived from their mothers’ diet and conveyed to them in breast milk.\(^{131-133}\) The use of commercial complementary foods may delay the infant’s acceptance of the family’s normal diet and represents an unnecessary financial burden on family budgets.

8.9. Adding salt is not recommended when preparing complementary foods or family foods for infants and young children, or indeed for any family members. Therefore, not adding salt in any food preparation will benefit the whole family. Very salty foods such as pickled vegetables, salted meats, stock cubes and soup powders should be avoided. If using salt, salty foods or spices for the rest of the family, a portion of family food should be removed for the infant or young child, prior to adding these. Sugar should not be added to foods for infants and young children either.

\(^{1}\) The age of introduction of cereals containing gluten is still the subject of research. It appears that breastfeeding is a protective factor for coeliac disease and that gluten should not be introduced early (at 4–6 months), particularly if breastfeeding has already stopped. If breastfeeding continues, the risk of coeliac disease associated with the introduction of gluten may be lower if this happens after 7–8 months. Other factors, including genetic and environmental factors, as well as the amount of gluten given to the infant, also seem to play a role.\(^{127-129}\)
8.10. Vegetables and fruit provide vitamins, minerals, starch and fibre. They play a major protective role, helping to prevent micronutrient deficiency, and generally have a low fat content. Vegetables and fruit make the most significant contribution to vitamin C intake. Eating vegetables and fruit that contain vitamin C along with iron rich foods such as beans, lentils and whole-grain cereals, will improve the absorption of non-haem iron from plant foods. Other micronutrients present in vegetables and fruits are the B vitamins, including vitamin B₆. Dark-green leaves and orange-coloured fruits and vegetables are rich in carotenoids, which are converted to vitamin A, and dark-green leaves are also rich in folate, with potassium and magnesium present in significant levels. It is therefore advisable to choose a variety of vegetable and fruit to meet daily nutrient recommendations. Some of the health benefits associated with vegetable and fruit consumption may come from non-nutrient components such as antioxidants and phytosterols. This is one reason why vitamins and minerals are best obtained from vegetables and fruit rather than from tablets or supplements.

8.10.1. The availability of fresh vegetables and fruit varies by season and region, although frozen and preserved vegetables and fruits can ensure a supply of these foods throughout the year. If processed or preserved fruit and vegetable products are used, they should contain the minimum possible amounts of added fats, oils, sugars and salt. Many green leafy vegetables are cooked before consumption. Cooking in water can lead to leaching and thermal losses of vitamin C, especially when the vegetables are left to stand before consumption. Steaming or boiling using a minimum amount of water, or boiling for a very short time, reduces vitamin loss.

8.10.2. Fruit juice refers to the juice produced by compressing fruits. Nutritionally, fruit juices produced from compressed fruit contain all the nutrients present in fruits, with the exception of the dietary fibre. Fruit juices are a good source of vitamin C, and if given as part of a meal will improve the bioavailability of non-haem iron present in plant foods. It is nevertheless important to limit the amount of fruit juice offered to avoid reducing the intake of breast milk and decreasing the acceptance for savoury foods in the diet. Furthermore, fruit juices contain natural glucose, fructose, sucrose or other sugars which, because of their acidity can cause dental caries and erosion of the teeth. The term “fruit drink” is sometimes used to describe a drink made from jam or fruit compote mixed with water and sugar. These drinks contain negligible vitamin C and therefore have none of the benefits of the fruits from which “real” fruit juice is made.

8.10.3. Concerns have also been raised about the over consumption of so-called fruit juices containing artificial sweeteners and simple carbohydrates other than glucose, sucrose or fructose. Those containing sugar alcohols, such as mannitol and sorbitol, have been linked with causing diarrhoea in some children. Excessive consumption of fruit juices (whether “real” or “so-called”) also decrease the child’s appetite for other foods, and may cause loose stools. For this reason, no more than 120-180 ml of fruit juice per day is recommended. Excess fruit juice consumption has also been linked with failure to thrive and with short stature and obesity.

8.10.4. Finally, the use of a bottle to give the infant fruit juices and other sweet drinks, especially if taken to bed, has been associated with an increased incidence of dental caries. Parents should be warned that such practice entails a risk and should be advised to use a cup instead.

8.11. Nutrients are more concentrated in lean meat tissue than in fat meat. Liver is naturally low in fat and has the additional benefit of being easily cooked and puréed without becoming stringy, which makes it easier for infants and young children to eat. Lean meat contains substantial amounts of protein and is an important source of highly bio-
available minerals such as iron and zinc. Young children may have difficulty eating meat because of its stringy nature, lean meat should therefore be minced, finely chopped or puréed before giving to infants, at least in the early months of complementary feeding. Some meats are expensive but some, like liver, are not; small amounts, however, can provide much needed nutritional benefits for infants and young children.

8.12. Fish is also an important source of high quality protein and weight-for-weight has the same amount as lean meat. Moreover all fish (freshwater fish, saltwater fish and shellfish) are rich sources of essential amino acids. As well as being good sources of protein, white fish and shellfish are also very low in fat, and the fat in other fish (such as salmon, tuna, sardines, herring and mackerel) has a high proportion of n-3 long-chain polyunsaturated fatty acids, which are important for neurodevelopment. Fish also provides a good source of iron and zinc, which are found in slightly lower concentrations than in meat, with the exception of shellfish. Saltwater fish are the key source of iodine for infants, apart from breast milk. Iodine deficiency is still prevalent in Europe, especially where salt is not iodised, and iodine is essential for optimal child development and growth.

8.13. Eggs provide a versatile food source. Egg proteins contain amino acids essential to growth and development, and the lipids in eggs are rich in phospholipids with a high ratio of polyunsaturated to saturated fatty acids. Their iron content is relatively high, but it is bound to phosphoprotein and albumin and is therefore less bio-available. Eggs are relatively cheap and are a valuable means of improving the intake of animal protein. Uncooked or partially cooked eggs are a potential cause of salmonella poisoning, and therefore, require thorough cooking. Eggs are therefore recommended for infants after six months and young children. For infants with a family history of egg allergy, eggs should be avoided in the first 12 months of life, then egg yolk can be introduced, followed by egg white.

8.14. Milk should continue to be an integral part of a diet based on complementary foods. It is recommended that breastfeeding should continue throughout the first two years of life and beyond. If the volume of breast milk is still high, there is no reason to introduce other milks. In non-breastfeeding infants and young children an excessive intake of infant formula before one year of age or cow’s milk thereafter can limit the intake and diversification of complementary foods in the diet, which is important in exposing the infant to new tastes and textures that promote the development of eating skills. A young child consuming either one litre of cow’s milk or an equivalent formula milk product is meeting as much as two thirds of his or her energy requirement from this source, leaving very little appetite for other more varied healthy foods. For non-breastfed infants after six months of age it is therefore recommended to give 280-500 mL/d of iron-fortified infant formula, if other animal-source foods are included in the diet, 400-550 mL/d if they are not. For non-breastfed young children over one year, undiluted whole cow’s milk can be used, 200-400 mL/d if other animal-source foods are included in the diet, 300-500 mL/d if they are not.

8.14.1. To ensure that animal milks are microbiologically safe, it is important that they be either pasteurized or boiled before consumption. Low fat, skimmed (usually <0.5% fat) or semi-skimmed (1.5-2% fat) cow’s milk has a significantly lower energy and fat-soluble vitamin content than whole cow’s milk and is therefore not recommended for children under two years of age. Similarly, powdered milk made from dried, skimmed milk is also not recommended due to its low energy content. Furthermore, like commercial infant formula, powdered milk may be intrinsically contaminated during the manufacturing process or extrinsically contaminated in the process of handling and reconstitution. It is therefore essential to sterilise all equipment and prepare it under hygienic conditions, reconstituting only as required. Strictly following the manufacturers’ instructions for
reconstitution also avoids over-concentration or over-dilution, both of which can also prove detrimental to health.

8.14.2. Fresh liquid milk has a short shelf life. Fermentation extends its shelf life and thereby allows milk and its products to be stored and transported. Fermented milks are nutritionally similar to unfermented milk, except that some of the lactose is broken down to glucose and galactose. Fermented milks represent an excellent source of nutrients such as calcium, protein, phosphorus and riboflavin. The two most common fermented milk products available are yoghurt and cheese. They can be introduced in small amounts into the complementary feeding diet at around 6–9 months of age.

8.15. Because breast milk is around 87% water, healthy infants and young children who are breastfed on demand generally receive plenty of fluids. However, non-breastfed children need to obtain fluids from other sources when complementary foods are given as well as infant formula. Non-breastfed infants and young children need at least 400-600 mL/d of extra fluids (in addition to the 200-700 mL/d of water that is estimated to come from milk and other foods) in a temperate climate, and 800-1200 mL/d in a hot climate. Clean tap water (boiled before use up to one year of age, or longer, depending on the quality of the water supply) should be offered several times per day for non-breastfed infants to ensure that their thirst is satisfied.

8.16. Tea is not recommended for infants and young children. Tea contains tannins and other compounds that bind iron and other minerals, thereby reducing their bioavailability. Furthermore, sugar is often added to tea, which increases the risk of dental caries. Also, sugar consumed in tea may blunt the appetite and inhibit the consumption of more nutrient-dense foods. Sweetened soft drinks should be avoided for the same reasons. In many countries there is a growing trend towards the use of “natural” substances and alternative medicines, and this has led to an increase in the use of herbal preparations for infants. Owing to their small size and rapid growth rate infants are potentially more vulnerable than adults to the pharmacological effects of some of the chemical substances present in herbal teas. Herbal teas such as camomile and green tea may also have the same adverse effects on non-haem iron absorption as other teas. There is moreover a lack of scientific data on the safety of various herbs and herbal teas for infants.

8.17. Honey may contain the spores of Clostridium botulinum, the causal agent of botulism. Since the gastrointestinal tract of infants contains insufficient acid to kill these spores, honey should not be given to infants under one year of age.

8.18. Vegetarian diets exclude, to varying degrees, animal products; vegan diets exclude all animal products. The main area of concern regarding vegetarian diets is the small but significant risk of nutritional deficiencies. These include deficiencies of iron, zinc, riboflavin, vitamin B₁₂, vitamin D and calcium (especially in vegans), and inadequate energy intake. These deficiencies are highest in those with increased requirements, such as infants, children and pregnant and lactating women. Although the inclusion of animal products does not automatically ensure the adequacy of a diet, it is easier to select a balanced diet with animal products than without them. A vegetarian diet with egg, milk and milk products provides high-quality protein and is also a good source of the B group vitamins and calcium. Problems may occur as a result of vegan diets. Infants and young children aged 6–24 months fed on these diets must be given a good variety of plant proteins; each meal should contain two complementary sources of plant protein, such as legumes accompanied by wheat, or rice with lentils. A very restrictive vegan or macrobiotic (a restrictive vegetarian regimen coupled with adherence to natural and organic foods) diet may have serious adverse effects and should be discouraged during the complementary feeding period. These carry a high risk of nutrient deficiencies and have been associated with protein–energy malnutrition, rickets, growth retardation and
delayed psychomotor development in infants and children.\textsuperscript{139-141}

8.19. Commercial baby foods are popular with parents because they are quick, easy and convenient to use. These advantages need to be balanced against the relative cost, which may be prohibitive for low-income families. Moreover, they offer no nutritional advantages over properly prepared family foods, except where there is a particular need for micronutrient fortification. Even if caregivers decide to feed commercially prepared infant foods, home-prepared foods should also be given to accustom the infant to a greater range of flavours and textures.

8.20. The way in which caregivers facilitate feeding and encourage eating plays a major role in the food intake of infants and young children. There are four dimensions of appropriate feeding:

8.20.1. Adaptation of the feeding method to the psychomotor abilities of the child (ability to hold a spoon, ability to chew).

8.20.2. Responsiveness of the caregiver, including encouragement to eat, by offering varied additional foods.

8.20.3. Interaction with the caregiver, including the conveying of affection.

8.20.4. The feeding situation, including the organization, frequency, duration and regularity of feeding, and whether the child is supervised and protected while eating and by whom.

8.21. Adapting to the child’s changing motor skills requires close attention by the caregiver, since these skills change rapidly during the first two years of life. The time required for a child to eat a specific amount decreases with age for solid and viscous foods, but not for thinner purées. A child’s ability to hold a spoon, handle a cup or grasp a piece of solid food also improves with age. Caregivers need to be sure that children are capable of the self-feeding expected of them, as well as giving children the opportunity to develop these motor skills. Children have a drive for independence, and may eat more if they are allowed to use newly learned finger skills to pick up food.

8.22. A relaxed and comfortable atmosphere during meals will facilitate good eating practices as well as providing an opportunity for social interaction and cognitive development. A responsive caregiver who can also adapt to a child’s possible food refusals with gentle encouragement in a non-confrontational way, can ensure that these episodes are transient thus maintaining adequate food intakes. Consistency in meal times and place, with sufficient undisturbed time allotted for meals and food that is accessible to the young child, are also important to ensure that meals are enjoyable and intake is adequate.

8.23. For safety reasons infants and young children should always be supervised during meals. Foods that may cause choking, e.g. nuts, grapes, small pieces of raw carrots, should be avoided. Thorough washing of caregivers’ and children’s hands before food preparation and eating, safe food handling, preparation and storage, and the effective cleaning of utensils and surfaces used to prepare and serve foods are very important in avoiding contamination with potential pathogens.

9. Breastfeeding and young child feeding friendly environments

9.1. The way infant feeding is portrayed and represented in a culture (as reflected in textbooks, in the mass media and in signs, for example, indicating infant feeding/changing facilities in airports, shopping centres and railway stations) may influence the prevalence and duration of breastfeeding. Breastfeeding should be represented as the norm, with formula feeding portrayed as the exception.

9.2. Breastfeeding should be made as compatible as possible with the lives and commitments of women in modern society. This means that women should be supported and encouraged to breastfeed whenever and wherever it is necessary to do so.
and this support should continue for as long as the mother and her baby want to continue breastfeeding. In cultures where breastfeeding may not be universally accepted in public areas there should be legislation in place to protect mothers from harassment and discrimination for breastfeeding in public service areas (e.g. cinemas, restaurants, theatres, parks, shopping centres etc.). Facilities should also be provided in these areas for women who request more privacy.

9.3. Making exclusive breastfeeding achievable for the first six months and making it easier for women to also extend breastfeeding for up to two years of age or beyond should involve reinforcement of existing or adoption of better legislation for adequate paid maternity leave for all women, whether employed in full, part-time, contract or casual work, as well as legislation giving entitlement to paid breastfeeding/lactation breaks following the mother’s return to the workplace.142

9.4. The decision to breastfeed and breastfeeding itself, for as long as it continues, should not be undermined by the commercial promotion of breast milk substitutes and other products used to formula feed (bottles, teats). The International Code should be fully incorporated into the relevant EU directives and national legislations, and comprehensively implemented and enforced with regular independent monitoring and prosecution of violations.

9.5. Finally, as recommended by the Global Strategy for Infant and Young Child Feeding2 and by the document on Protection, Promotion and Support of Breastfeeding in Europe: a Blueprint for Action,19 health care systems should be Baby Friendly, i.e. should fully implement the Baby Friendly Hospital Initiative and other initiatives to make community health and social services Baby Friendly.

A policy is a series of statements that define the actions that a national or local public authority decides to put into practice to address a matter of public health concern, such as achieving optimal infant and your child feeding. The following policy statements are recommended:

- Breastfeeding is a right that everyone will respect, protect and help families accomplish, however, mothers will not be obliged to breastfeed, as putting undue pressure on them to do so is as unacceptable as putting undue pressure to opt for formula feeding.
- All expectant parents will be provided with evidence-based and objective (i.e. independent from commercial interests) infant feeding information in order to ensure they make an informed decision.
- All mothers who decide to breastfeed will be supported to initiate breastfeeding, to breastfeed exclusively for six months and to continue breastfeeding, with appropriate complementary foods, until two years and beyond, or as long as the mother and baby wish.
- Special support for optimal infant and young child feeding will be offered to disadvantaged individuals, groups and communities with low breastfeeding rates and with poor infant and young child feeding practices.
- Because there is no evidence for the superiority or equivalence of formula feeding when compared to breastfeeding, competent health workers will not recommend it as an alternative or a complement to breastfeeding, unless there are legitimate medical reasons for doing so.
- All pregnant women and mothers will be educated and get one-to-one counselling on optimal infant and young child feeding in antenatal classes/clinics and after the birth of their baby.
- Every effort will be made to facilitate mothers in the paid workforce to exclusively breastfeed up to six months and to continue breastfeeding after that for as long as the mother and baby wish, in combination with appropriate complementary foods.
- Before their infants reach six months, all parents will receive information and advice on appropriate complementary foods and when and how to introduce these to their infants’ diet.
- After six months, all parents will be advised to introduce and gradually increase the frequency, consistency and variety of healthy family foods, adapting them to the infant’s requirements and abilities, while avoiding sugary drinks and drinks with low nutrient value.
- All hospitals, maternity units and primary health care facilities will adopt and implement effective strategies for the protection, promotion and support of breastfeeding, such as those included in the Baby Friendly Initiative.
- All health, social and allied workers caring for mothers, infants and young children will get the education, training and skill development required to implement this policy.
- All health, social and allied workers and institutions caring for mothers, infants and young children will fully comply with all the provisions of the International Code.
- Collaboration between health workers, lactation consultants, other service providers and other support groups in the community will be encouraged.
- The media will be encouraged to represent breastfeeding and appropriate complementary feeding as the normal, natural and optimal way of feeding infants and young children.
- Comprehensive, timely and accurate data on breastfeeding rates and practices, using standard agreed definitions and methods, will be collected for planning, evaluation and operational research purposes.

Once adopted, the policy will be communicated to all health and relevant allied workers caring for mothers, infants and young children. The policy will be revised every 3-5 years, or earlier if new evidence warrants it. The policy will be followed by practice guidelines, such as those presented in this document, and a plan of action based, for example, on the EU Blueprint for Action for the Protection, Promotion and Support of Breastfeeding.
Annex 2. Situations where breastfeeding is contraindicated.

A. Situations where breastfeeding is contraindicated for medical reasons

There are very few situations in which breastfeeding is contraindicated. These include:

- Infants with galactosaemia, a rare inborn error of metabolism. Infants with phenylketonuria can be partially breastfed.
- Infants born to mothers affected by HTLV I and II infections.
- Infants of mothers with HIV/AIDS where suitable replacement infant formula is acceptable, feasible, affordable, safe and sustainable should not be breastfed. However, if suitable replacement feeding is not acceptable, feasible, affordable, safe and sustainable, and if a safe source of donor breast milk is not available, the safest alternative is exclusive breastfeeding for the first months of life, until the infant is developmentally ready to obtain its full nutrient requirement with transitional and family foods.

B. Situations where breastfeeding is temporarily contraindicated

- Some viral infections can be transmitted to the baby and can cause serious illness, especially if the baby is pre-term or otherwise immune-compromised. Infants whose mothers have an active herpes simplex lesion on the nipple or areola should not be breastfed from the affected breast until the lesion has cleared. The infant may feed from the other breast if it is unaffected, provided contact between the baby and the active lesions is prevented (i.e. by keeping the affected breast covered during feeding from the unaffected breast) and given the expressed breast milk from the affected side via cup or spoon. The same recommendation applies to mothers with active herpes zoster lesions (shingles). Varicella (chickenpox) present up to five days before and two days after delivery can be transmitted to the infant in a severe form. The mother should therefore be isolated during the contagious phase until lesions crust. Varicella-zoster immunoglobulin or standard immunoglobulin should be given to the infant as soon as possible. The mother’s breast milk should be expressed and given to the infant.
- Infants of mothers with active untreated tuberculosis should be separated from the mother until treatment is fully established and the mother is medically deemed to be no longer infectious. The mother’s breast milk should be expressed and given to the infant. These infants should also receive appropriate immunization and chemoprophylaxis.
- Where lactating mothers are receiving diagnostic or therapeutic radioactive isotopes, breastfeeding should be interrupted for a time equal to five half lives of the isotope used.
- Nearly all common health problems can be treated pharmacologically by drugs which are compatible with breastfeeding. Lactating mothers receiving antimetabolites or chemotherapeutic drugs (cyclophosphamide, cyclosporine, doxorubicin, methotrexate) and a number of other drugs (e.g. amiodarone, bromocriptine, cabergoline, ciprofloxacin, ergotamine, indomethacine, lithium, sulphas, tetracyclines, cloramphenicol, first generation antidepressant such as monoamino oxidase inhibitors) should not breastfeed until these medications are discontinued and her breast milk is clear of these drugs. The recommendations periodically published by WHO and UNICEF will be useful to update the list of drugs that render breastfeeding temporarily contraindicated.

C. Situations where breastfeeding may be mistakenly thought to be contraindicated

- Everybody is today exposed to some environmental chemical agents. However, the benefits of breastfeeding outweigh any potential risk associated with these environmental

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This list is not exhaustive and may change over time. Health workers who are unsure if breastfeeding is permanently or temporarily contraindicated in a particular situation should seek expert clinical advice.

In these situations maternal lactation should be maintained through regular daily expressing and discarding of breast milk until the prevailing medical condition or treatment has ceased to be a contraindication for breastfeeding.
current levels of chemical residues in breast milk in Europe are within acceptable limits and do not justify recommending restrictions to breastfeeding or eliminating specific foods from maternal diets.

- Breastfeeding is not contraindicated for infants born to mothers who are hepatitis B surface antigen–positive, mothers who are infected with hepatitis C virus (persons with hepatitis C virus antibody or hepatitis C virus-RNA–positive blood), mothers of healthy term newborns who are seropositive carriers of cytomegalovirus, and mothers who are febrile, unless fever is caused by a disease that contraindicates breastfeeding permanently or temporarily.
- The vast majority of infants and young children who suffer from allergies or gastro-oesophageal reflux should continue breastfeeding and do not require special formulae (e.g. Hypo Allergenic and Anti Reflux formulae).
- Mastitis is not a contraindication to breastfeeding; on the contrary, effective milk removal from the breast is part of the recommended treatment. In addition, there is no evidence that babies who suck from an affected breast get infected.

Mothers need ready access to trained and competent health workers or skilled lactation consultants to obtain expert information on the above and any other related issues and, even more importantly, to receive prompt and skilled support if they are experiencing breastfeeding difficulties.
Annex 3. The risks of a decision not to breastfeed and the disadvantages of formula feeding.

A. Risks for the child:
- Increased risk of several infectious diseases, mainly infections of the gastrointestinal and respiratory tracts as well as ear, urinary tract infection and other general infections.\(^4\)
- Increased risk of several non infectious and chronic diseases mainly related to metabolic and immune disorders (e.g. type I and II diabetes mellitus, allergies), but also including sudden infant death syndrome, hypertension and some forms of cancer (e.g. lymphoma, leukaemia, Hodgkin disease).\(^4\)
- Increased risk of malnutrition, including protein-energy malnutrition in low-income populations and overweight and obesity in both low- and high-income populations, with all their health, developmental, social and economic consequences.\(^4\)
- Increased risk of dental malocclusion.\(^162,163\)
- Increased risk of infant and young child mortality in low-income countries and of post-neonatal mortality in high income countries.\(^164,165\)
- Increased risk of hospitalisation in both low- and high-income countries.\(^166,167\)
- Poorer outcomes in brain development and performance tests for cognitive development.\(^168,169\)

B. Risks for the mother:\(^172\)
- Increased risk of post-partum bleeding and slower uterine involution.
- Reduced birth intervals and increased menstrual blood loss.\(^115\)
- Delayed return to pre-pregnancy weight.
- Increased risk of breast and ovarian cancer.\(^173\)
- Increased risk of osteoporosis and hip fracture after menopause.

C. Other disadvantages of formula feeding for women, families and communities:
- Increased cost for the purchase of formula, with ready-to-feed products being more expensive than dried infant formulae.
- Cost for the purchase of bottles, teats, fuel, water, sterilising products and equipment.
- Time needed for preparation and feeding, less time for attention to siblings and other family matters.
- Increased health care cost for the family and for the health and social services.\(^174-177\)
- Increased parental absenteeism from work.\(^178\)
- Negative national food balance sheet and significant national economic loss.\(^179,180\)
- Increased amount of waste and energy expenditure, with its resultant environmental consequences.\(^181\)

Mothers who formula feed should be supported to maximise bonding opportunities (e.g. using feeding times for close skin-to-skin contact with the baby and not delegating feeding to anyone other than a parent, where possible).

Pregnant women who, after receiving information on breastfeeding, decide to formula feed their infants should be provided with one-to-one support and information on how to do so correctly and safely. This applies also to the small number of women for whom breastfeeding is not possible or is contraindicated, and to those women who, having to work outside the home before their babies are six months old, may not be able to continue exclusively breastfeeding/breast milk feeding and may need infant formula to supplement breastfeeding when they are apart from their babies. All these mothers should be fully informed that:

- Dried infant formulae are not sterile products; there is evidence of intrinsic contamination with potentially harmful bacteria. Extrinsic contamination is also possible in the handling, storage and preparation of these products. To minimise the risks involved, strict hygienic practices should be adhered to.

- Commercial ready-to-feed liquid infant formulae, usually sold in single-use feeding bottles or in tetra-pack cartons, are sterile products. These, however, can be contaminated with potentially harmful environmental bacteria after opening or during the handling and administration of feeds. Strict hygienic procedures should therefore be followed also in using these products, to minimise the risks involved.

- For dried infant formulae, the instructions on the tin or carton for reconstituting and preparing feeds must be followed exactly to ensure that the preparation is not too concentrated or too dilute; over-concentration and over-dilution can both be dangerous to the infant.

- Undiluted cow’s milk (or milk from other mammals), or condensed milk, or skimmed or semi-skimmed milks, or home adaptations of these should not be used for infants under one year of age. After one year of age, if using cow’s milk, full fat milk should be used and not skimmed or semi-skimmed milks. These latter products should be avoided at least until the child is over two years of age.

The following practices are recommended for reconstituting, storing and feeding dried infant formula, and for the safe handling of ready-to-feed liquid infant formula at home:

- Avoid contamination (e.g. wash hands, ensure cleanliness of kitchen and equipment).
- Prepare powdered infant formula fresh for each meal.
- Use germ-free containers (i.e. thoroughly washed and sterilised by boiling for 10 minutes, by immersion in chemical sterilising liquids, or by using microwave sterilisers).
- Reconstitute formula in hot water (>70°C) or water that has been boiled and cooled to 70°C, avoiding recontamination.
- Cool the reconstituted formula rapidly (no longer than 30 minutes) and use it immediately; be cautious about the temperature to avoid the risk of burning the infant’s mouth.
- Discard any remaining formula after each feed.

Similar and even stricter measures are needed in hospitals where ready-to-feed formula is not used:

- Caregivers should be trained to safely reconstitute dried formula in centralized units and in neonatal health care units.
- Good hygienic measures are essential to avoid contamination (e.g. ensure cleanliness and sterility of equipment, wash hands).
- Sterile containers should be used to reconstitute the formula under an air sterile cabinet, avoiding recontamination.
- Formulae should always be reconstituted in hot water (>70°C), avoiding recontamination.
- The reconstituted formula should be cooled rapidly to temperatures below the growth range of *Enterobacter sakazakii* (below 4-5°C) and maintained at this temperature until used.
- If continual feeding is necessary, the maximum hang time should be no more than two hours.
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Annex 4:5 Supporting documents from Training
Poster: Summer school in Southampton, 17-21 June, 2005
EU Basics in Public Health Nutrition

June 17 - 21, 2005 in Southampton

Deadline for applications: 15 March 2005
7.5 ECTS (including pre- and post-distance learning)
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A part of the European Master Programme in Public Health Nutrition

Organised by the Unit for Preventive Nutrition, Karolinska Institutet (Sweden) and University of Southampton (UK). In conjunction with the European Commission (Directorate of Health and Consumer Protection, DG SANCO).
Participants and lecturers to the summer school in Southampton, 17-21 June, 2005
A European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training

Second meeting, 20-21 June 2005, Southampton

Participants and Lecturers for summerschool

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Ma Daniel de Almeida
Maureen Fallon
Nick Kennedy
Gabriele Kewitz
Knut-Inge Klepp
Joop van Raaij
Barrie Margetts
Jozica Maucec-Zakotnik
Dirk Meusel
Krystyna Mikiel-Kostyra
Pekka Oja
Suzanne Piscopo
Harry Rutter
Michael Sjöström
Inga Thorsdottir
Agneta Yngve
Susanna Thulin

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Jennie Davies
Ingrid Keller
Maria Hagströmer
Bettina Ehrenblad
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Alan Jackson
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Summer school, 17-21 June 2005, Southampton

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Schedule to the summer school in Southampton, 17-21 June, 2005
<table>
<thead>
<tr>
<th>Time</th>
<th>Friday 17th</th>
<th>Saturday 18th</th>
<th>Sunday 19th</th>
<th>Monday 20th</th>
<th>Tuesday 21st</th>
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<tbody>
<tr>
<td>9.00-9.30</td>
<td>Opening session</td>
<td>Student Reflections on summer school</td>
<td>Student Reflections on summer school</td>
<td>Student Reflections on summer school</td>
<td>Presentations proposals</td>
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<tr>
<td>9.30-11.00</td>
<td>Public Health Nutrition in Europe</td>
<td>European food Standards Authority</td>
<td>Health Information</td>
<td>Health Determinants; Fruit &amp; Vegetable intake</td>
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<td></td>
<td>Barrie Margetts</td>
<td>Barrie Margetts</td>
<td>The DAFNE project</td>
<td>Knut-Inge Klepp</td>
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<td></td>
<td>Agneta Yngve</td>
<td>Francesco Branca</td>
<td>Ada Naska</td>
<td>Physical Activity Surveys</td>
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<td>Physical Activity Surveys</td>
<td>Maria Hagströmer</td>
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<tr>
<td>11.00-11.30</td>
<td>Coffee</td>
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<tr>
<td>11.30-13.00</td>
<td>EU –how it works, structure and function</td>
<td>WHO Global strategy &amp; European office</td>
<td>How to write a proposal to the EC</td>
<td>Breastfeeding in Europe</td>
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<td>DG SANCO</td>
<td>Barrie Margetts</td>
<td>DG SANCO</td>
<td>Adriano Cattaneo</td>
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<td></td>
<td>Agneta Yngve</td>
<td>Francesco Branca</td>
<td>Michael Sjöström</td>
<td>Group work</td>
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<tr>
<td>13.00-14.00</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Closure (13:00)</td>
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<tr>
<td>14.00-15.30</td>
<td>Presentation of Preparatory Work with supervisor</td>
<td>Health claims, food labelling, and food additives</td>
<td>Proposals Group Work</td>
<td>CAP</td>
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<td></td>
<td>Jonathan Back</td>
<td>Jonathan Back</td>
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<td>Tim Lang</td>
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<tr>
<td>15.30-16.00</td>
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<tr>
<td>16.00-18.00</td>
<td>Introduction to group work</td>
<td>Southampton PHN Network</td>
<td>Research in Southampton</td>
<td>Global strategy</td>
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<td></td>
<td>Roger Hughes</td>
<td>Jenny Davies</td>
<td>Alan Jackson</td>
<td>Ingrid Keller</td>
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<tr>
<td>1830-1930</td>
<td>Guided Tour</td>
<td>Dinner break</td>
<td>Free evening</td>
<td>Civic reception</td>
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<tr>
<td>19:30 – 21:00</td>
<td>Beer Festival, Civic center</td>
<td>Group work</td>
<td>Group Work</td>
<td>Party</td>
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<td>Venue to be decided</td>
<td>Vermilion and EUNUTNET</td>
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Thursday 16 June 2005 - Seminar Room LC51, Level C, Centre Block, Southampton General Hospital (Student reception)
Friday 17 June 2005 – Seminar Room LE30, Level E, Centre Block, Southampton General Hospital
Saturday 18 June 2005 – Seminar Room LE30, Level E, Centre Block, Southampton General Hospital
Sunday 19 June 2005 – Seminar Room LE30, Level E, Centre Block, Southampton General Hospital
Monday 20 June 2005 – Seminar Room LC51, Level C, Centre Block, Southampton General Hospital
Tuesday 21 June 2005 – Seminar Room LC51, Level C, Centre Block, Southampton General Hospital
Poster: Summer school in Vienna 1-9 July, 2006
SUMMER SCHOOL
EU Basics
in public health nutrition

July 1-9, 2006, in Vienna

Deadline for applications: 1\textsuperscript{st} of March, 2006
7,5 ECTS (including pre- and post-distance learning)
E-mail: prevnut@prevnut.ki.se
Phone: +46 8 608 33 00, Fax: +46 8 608 33 50
Further information and application form: www.prevnut.ki.se
Schedule to the summer school in Vienna 1-9 July, 2006
### Summer School Public Health Nutrition schedule

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<th>Time</th>
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<tr>
<td>9-10.30</td>
<td>Opening session&lt;br&gt;Local representatives, Ibrahim Elmadfa, Roger Hughes, Agneta Yngve</td>
<td></td>
<td>DG Consumer Health and Protection&lt;br&gt;Green paper&lt;br&gt;Jonathan Back</td>
<td>Health Information; Monitoring Public Health&lt;br&gt;Dirk Meusel</td>
<td>Excursion&lt;br&gt;Common Agriculture Policy (CAP)&lt;br&gt;Charlie Clutterbuck</td>
<td>Public health nutrition competencies&lt;br&gt;Roger Hughes</td>
<td>Group work handed in before 11.00</td>
<td>Presentations of group work</td>
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<td>10.30-11</td>
<td>Coffee</td>
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<td>11-13</td>
<td>Public Health Nutrition in Austria and internationally; Introductory session Professor Ibrahim Elmadfa&lt;br&gt;Fruit &amp; Veg; Pro Children&lt;br&gt;Alexandra Wolf</td>
<td></td>
<td>Food safety, food labelling, food additives, health claims&lt;br&gt;Jonathan Back</td>
<td>Health Determinants; EuroDiet &amp; Breastfeeding in Europe&lt;br&gt;Agneta Yngve</td>
<td>Excursion&lt;br&gt;CAP continued</td>
<td>Group work</td>
<td>Free time</td>
<td>Continued presentation of group work&lt;br&gt;Discussion regarding home examination</td>
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<td>13-15.00</td>
<td>Lunch</td>
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<tr>
<td>15.00</td>
<td>Arrival of students, registration and welcome reception&lt;br&gt;EC Public Health Executive Agency (PHEA)&lt;br&gt;Ingrid Keller&lt;br&gt;Diet, physical activity and the prevention of chronic diseases</td>
<td></td>
<td>Preparatory work and Introduction to group work&lt;br&gt;Roger Hughes</td>
<td>Group work</td>
<td>Excursion</td>
<td>Group work</td>
<td>Group work</td>
<td>Party prep</td>
<td>Final closure 14.00</td>
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<tr>
<td>Evening session</td>
<td>REUNION&lt;br&gt;Vermilion</td>
<td>City walk</td>
<td>Group work</td>
<td>Group work</td>
<td>Free evening</td>
<td>Group work</td>
<td>Group work</td>
<td>Party</td>
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</tbody>
</table>
Suggested lecturers:

From Vienna: Professor Ibrahim Elmadfa, Ms Alexandra Wolf

From Stockholm: Dr Agneta Yngve, Dr Roger Hughes

Support Staff: Ms Jenny Rossen, Dr Ann Fox, Two PhD students from Stockholm plus possibly an intern.

From European commission: Mr Jonathan Back

From PHEA Ms Ingrid Keller
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<td>PhD, Msc Nutrition</td>
</tr>
</tbody>
</table>
The Vermilion Initiative
Welcome!

The Vermilion Initiative is a network to facilitate and encourage participants of the EU Basics in Public Health Nutrition summer schools to stay in contact with each other well after the schools have ended.

Although primarily for past students, future students, lecturers, researchers and public health nutritionists are all welcome to be involved.
Meetings are held annually, in conjunction with the EU Basics in Public Health Nutrition summer school, and at events where many Vermilion members are likely to be.

Where does the name come from?

The first meeting of the network took place after the 2004 summer school in Dublin. The name is taken from the restaurant in which the meeting was held.
San Sebastian summerschool, 10-12 July, 2005
Aims: The aims of the course are centered in offering one updated view of transition from undernutrition to overnutrition and chronic related diseases. The aims will be achieved through the presentation/diagnosis of the problem and examination of action points. The contents will involve aspects concerning nutritional status evaluation, prevalence of malnutrition and prevention strategies including fortification nutritional vigilance and intervention with emphasizes in obesity etiology and consequences. Nutrition education and healthy dietary recommendations as a tool for health maintained will be considered in a scientific framework. The participation of English speaking teachers will benefit the scope of the course.

Objetivos: Los objetivos del curso se centran en ofrecer una visión actualizada de los procesos de transición de la desnutrición en algunos países y sociedades a las enfermedades crónicas relacionadas con la cultura de la opulencia. Estas metas se cubrirán a través de la presentación de la problemática y examen de estrategias de actuación. Los contenidos a abordar incluyen conceptos de valoración nutricional, aspectos relacionados con la malnutrición y modelos de prevención (fortificación, vigilancia epidemiológica, etc.), con la obesidad (causas, consecuencias, etc.) así como recomendaciones dietéticas para el mantenimiento de la salud y potenciales aplicaciones de los avances de la nutrición en un contexto científico.

Registration prices: before 31 May: 90 €. From 1 June: 108 €.

Academic validity: 40 hours.
Validez académica: 40 horas.

Official language: English and Spanish.
Idioma oficial: inglés y castellano.

European course
Curso europeo

PROGRAMA

JULY 10 DE JULIO

15:30 h Entrega de documentación

16:00 h “Valoración del estado nutritivo: Fundamentos”
“Nutritional status assessment: Fundamentals”
D. ALFREDO MARTÍNEZ HERNÁNDEZ.
Universidad de Navarra. Pamplona.

17:30 h “Valoración del estado nutritivo: Aplicaciones”
“Nutritional status assessment: Applications”
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19:00 h “Nutritional markers as affected by social and lifestyle factors”
“Estilo de vida e índices nutritivos”
Dña. AGNETA YNGVE.

JULY 11 DE JULIO

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“Aspectos multidimensionales implicados en los factores de riesgo cardiovascular”
Dña. AGNETA YNGVE.

10:45 h “Recommended dietary intakes in Europe”
“Ingestas dietéticas recomendadas en Europa”
D. IBRAHIM ELMADFA.
University of Vienna. Viena.

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“Deficiencias de micronutrientes en Europa”
D. FRANCESCO BRANCA.

13:30 h Sesión de síntesis/Synthesis session

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D. IBRAHIM ELMADFA.
University of Vienna. Viena.

19:00 h “Strategies to correct micronutrient deficiencies”
“Estrategias para corregir deficiencias en micronutrientes”
D. FRANCESCO BRANCA.

JULY 12 DE JULIO

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“Lactancia materna en Europa”
Dña. AGNETA YNGVE.

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Universidad de Navarra. Pamplona.

19:00 h “Genetica y genómica: interacciones entre nutrición y obesidad”
“Genetics and genomics: Interactions between nutrition and obesity”
D. ALFREDO MARTÍNEZ HERNÁNDEZ.
Universidad de Navarra. Pamplona.
Certification of a European Master in Public Health Nutrition
Draft Agreement concerning the establishment of a
Certification of A European Master in Public Health Nutrition

During the final meeting of the Training taskforce within the EUNETNET project, it was decided to make it possible for students to get an additional certificate from their home university (the university where they got their master degree in nutrition), which indicates that the student has passed all requirements of the European Master Programme in Public Health Nutrition. We agreed that such a certificate should be produced by the home university partner in The European Master Programme a current list of partners is available at www.prevnut.ki.se and that the certificate can be designed in agreement with the individual university rules and regulations. The criteria for providing a certificate need to be in line with the Course Document 2000 from the European Master Programme in Public Health Nutrition (www.prevnut.ki.se and download the pamphlet, "Making way for a healthier lifestyle in Europe") or in agreement with the updated version of the Course Document, available during 2007. Furthermore, the certificate is NOT a degree but an additional document showing the fulfillment of the agreed standards. The certificate needs to be signed by departmental representatives of the European Network for Public Health Nutrition, according to the current list of partners provided at the website.
Regulations governing the certification of proficiency in relation to the European master programme in public health nutrition

Requirements and obligations of students:

The students that wish to acquire a certificate in EMPHN must accept the following conditions concerning common courses, thesis and exchange:

- to have completed a master’s level programme in nutrition or in public health nutrition at their home university,
- to complete the core courses as described by the EMPHN core course document or equivalent,
- to complete at least one module in another EMPHN partner institution, or to have performed a substantial part of the thesis work in another EMPHN partner institution,
- to make sure that the master thesis has a clear European dimension and is available in English,
- to accept that the EMPHN certification as such is not a legal document, but is a certification of the student’s level and proficiency in EMPHN

Rules concerning the partners of EMPHN:

A evaluating committee comprising one representative from four universities supervise the EMPHN certification process. The committee elects a chairman, who does not represent his/her institution.

Each institution offering a master’s degrees will be giving such degree to the master students enrolled in that institution. Master students furthermore have the opportunity to acquire a certification of their EMPHN following the requirements described by the EMPHN.

Each partner of EMPHN who is willing to provide the certificate need to support the certification process of their own students and be responsible for evaluation the student’s eligibility and sending out the whole documentation of the student’s courses, international courses and thesis topic to two other partners of the EMPHN for review. The final decision of eligibility for certification will be taken by the evaluation committee.

Appendices required for assessment of eligibility:

- List of attended courses and course plans
- Summary by main signatory including motivation for eligibility
Certificate of fulfillment of the requirements for a European Master in Public Health Nutrition

The student LEA LAWSON, birth date 1984-11-18 has been assessed according to the guidelines from the European network for public health nutrition and deemed as fulfilling the requirements for a European master in public health nutrition.

The courses that Lea Lawson has taken are listed in the appendix and the motivation from the home university for eligibility stated as a summary by the main signatory from the home university.

This document is not a degree document, but merely describes the content and quality of the training programme.

Stockholm, 1 January 2007

Anna Andersson
Head of unit for preventive nutrition

University of Stockholm

London, 1 January 2007

John Smith
Head of unit for applied nutrition

University of London

Barcelona, 1 January 2007

Pedro Banderas
Head of unit for food safety

University of Barcelona
Core courses in the European master programme for public health nutrition

Principles of Nutritional Sciences
Principles of Public Health
Principles of Physical Activity
Health Promotion in PHN
Assessment of N&PA
Epidemiology & Biostatistics
Food & Food habits
Food Policy
Food Safety
EU Basics in PHN
Research project with a European dimension named

Summary of eligibility written by main signatory, including a statement of in which context the above listed courses were taken, as a part of the home university studies, as separate modules, at other university. In this summary the course(s) taken in other countries of the European Union or EFTA should also be listed.

EXAMPLE appendices

Relevant course plans
Summary
Participation in summerschool San Sebastian regarding nutrition education

COURSE D.6 CURSO TRANSITION FROM UNDERNUTRITION TO OBESITY IN THE XXI CENTURY (C) / TRANSICIÓN DESDE LA DESNUTRICIÓN A LA OBESIDAD EN EL SIGLO XXI (C)

Universidad de Navarra. Pamplona.

Aims: The aims of the course are centered in offering one updated view of transition from undernutrition to overnutrition and chronic related diseases. The aims will be achieved through the presentation/diagnosis of the problem and examination of action points. The contents will involve aspects concerning nutritional status evaluation, prevalence of malnutrition and prevention strategies including fortification nutritional vigilance and intervention with emphasizes in obesity etiology and consequences. Nutrition education and healthy dietary recommendations as a tool for health maintained will be considered in a scientific framework. The participation of English speaking teachers will benefit the scope of the course.

Objetivos: Los objetivos del curso se centran en ofrecer una visión actualizada de los procesos de transición de la desnutrición en algunos países y sociedades a las enfermedades crónicas relacionadas con la cultura de la opulencia. Estas metas se cubrirán a través de la presentación de la problemática y examen de estrategias de actuación. Los contenidos a abordar incluyen conceptos de valoración nutricional, aspectos relacionados con la malnutrición y modelos de prevención (fortificación, vigilancia epidemiológica, etc.), con la obesidad (causas, consecuencias, etc.) así como recomendaciones dietéticas para el mantenimiento de la salud y potenciales aplicaciones de los avances de la nutrición en un contexto científico.

Registration prices: before 31 May: 90 €. From 1 June: 108 €.

Academic validity: 40 hours.
Validez académica: 40 horas.

Official language: English and Spanish.
Idioma oficial: inglés y castellano.

European course
Curso europeo

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**D. ALFREDO MARTÍNEZ HERNÁNDEZ.**
*Universidad de Navarra. Pamplona.*
Submitted TAN
European Commission

SOCRATES PROGRAMME

Application form for PRE-PROPOSALS

Please tick the appropriate Action for this application:

☐ COMENIUS 3 (Comenius Networks)
☑ ERASMUS 3 (Thematic Network Projects)
☐ ERASMUS 3 (Thematic Network Projects - Dissemination)
☐ GRUNDTVIG 1 (General European Co-operation Projects)
☐ GRUNDTVIG 1.1 (Grundtvig Training Courses)
☐ GRUNDTVIG 4 (Grundtvig Network Grants)
☐ GRUNDTVIG 4.1 (Grundtvig Thematic Seminars)
☐ LINGUA 1
☐ LINGUA 2
☐ MINERVA

CLOSING DATE FOR SUBMISSION: 1 NOVEMBER 2005 (as per postmark)
Applications bearing a postmark after this date will not be considered. Applications must be sent by post.
Applications solely submitted by fax or e-mail will not be accepted.

The original and 4 copies of this application are to be sent to:
Socrates, Leonardo and Youth Technical Assistance Office
Rue Colonel Bourg 139 Kolonel Bourgstraat
B-1140 Brussels
Application procedure

• The original and 4 copies of the application must be sent in the same envelope to the address given on the front cover by the closing date indicated.

• In the case of pre-proposals relating to Grundtvig 1, Grundtvig 1.1, Lingua 1 and 2, and Minerva, a copy of the application must be sent to the appropriate National Agency in each of the countries which are participating in the project, accompanied if possible by a translation of the project description. Failure to provide a copy to all the relevant National Agencies will be considered a negative element during the selection. The National Agencies address list is available from the following site: http://europa.eu.int/comm/education/socrates/nat-est.html A paper copy of this list is available from the Socrates, Leonardo and Youth Technical Assistance Office at the address indicated on the front cover of this form.

• The Commission will make the selection decisions on the basis of the information provided in the form: supplementary documents will not be considered and should not be submitted.

• All applications will be acknowledged.

• With a view to full application following this pre-selection stage, applicants are invited to pay attention to the financial rules and conditions mentioned in the Call for proposals 2006.

• Applicants under Grundtvig 4 and 4.1 should consult the additional Information Note which accompanies the call.

Selection Procedure

• Pre-proposals will be judged against the eligibility and quality criteria provided in the Guidelines for Applicants and the Call for proposals 2006. Copies of these documents can be consulted and downloaded from the Commission's website at http://europa.eu.int/comm/education/socrates.html.

• Following the assessment of the pre-proposals, the coordinators of the shortlisted applications will be invited to submit a full proposal for 1 March 2006.
### 1. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Project/Network title</th>
<th>Training and Accreditation of Public Health Nutritionists</th>
</tr>
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<tr>
<td>Acronym</td>
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<td>Language choice for official communications.</td>
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<td>Number of institutions expected to participate in the project/network</td>
<td>Number of countries expected to participate in the project/network</td>
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<td>Applicant Organisation (= Participating institution 1):</td>
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<tr>
<td>Any institution or body, private, public or semi-public declaring its intention, in accordance with the set procedures, to submit a proposal for a project/network.</td>
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#### Identification

<table>
<thead>
<tr>
<th>Full legal name of the institution in the national language</th>
<th>KAROLINSKA INSTITUTET</th>
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<td>Website</td>
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#### Legal representative and legal address of the organisation

The person legally authorised to enter into legal and financial commitments on behalf of the organisation to which he/she belongs.

<table>
<thead>
<tr>
<th>Title</th>
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<tr>
<td>First name</td>
<td>Jan</td>
</tr>
<tr>
<td>Department/Unit</td>
<td>Department of Research and Postgraduate Education</td>
</tr>
<tr>
<td>Official function within of the institution</td>
<td>Professor and Decanus</td>
</tr>
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#### Legal address of the institution

<table>
<thead>
<tr>
<th>Street</th>
<th>Nobels väg 5</th>
</tr>
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<td>Country Code</td>
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<tr>
<td>Postcode</td>
<td>177 77</td>
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<tr>
<td>Town/City</td>
<td>STOCKHOLM</td>
</tr>
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**Project / Network Coordinator**
The person selected among the institutions of the formal partnership to be responsible for the necessary co-ordination and day-to-day management tasks at the implementation stage.

<table>
<thead>
<tr>
<th>Full legal name of the coordinator institution in the national language</th>
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**Name and Contact Address of the coordinator**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Family name</td>
<td>Yngve</td>
</tr>
<tr>
<td>First name</td>
<td>Agneta</td>
</tr>
<tr>
<td>Department/Unit</td>
<td>Unit for Preventive Nutrition, Dept. of Biosciences, KI</td>
</tr>
<tr>
<td>Official function within the institution</td>
<td>Head of unit for Preventive Nutrition, Dept. of Biosciences,</td>
</tr>
<tr>
<td>Street</td>
<td>Novum, Hälsovägen</td>
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<td>SE-141 57</td>
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<tr>
<td>Telephone</td>
<td>++46/8 608 9209</td>
</tr>
<tr>
<td>Fax</td>
<td>++46/8 608 3350</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Agneta.yngve@prevnut.ki.se">Agneta.yngve@prevnut.ki.se</a></td>
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**Other participating institutions**

**Participating institution n° 2**

<table>
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<tr>
<th>Full legal name of the institution in the national language</th>
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<td></td>
<td>Prof</td>
</tr>
<tr>
<td>Family name</td>
<td>Elmadfa</td>
</tr>
<tr>
<td>First name</td>
<td>Ibrahim</td>
</tr>
<tr>
<td>Telephone</td>
<td>+431313368213</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:ibrahim.elmadfa@univie.ac.at">ibrahim.elmadfa@univie.ac.at</a></td>
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**Participating institution n° 3**

<p>| Full legal name of the institution in the national language | UNIVERSITEIT GENT |</p>
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**Family and first name of contact person**

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<tr>
<th>Title</th>
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<tbody>
<tr>
<td>prof</td>
<td>Remaut de Winter</td>
<td>Anne-Marie</td>
</tr>
</tbody>
</table>

**Telephone**

+3292646180

**E-mail**

annemarie.dewinter@rug.ac.be

---

**Participating institution n° 4**

**Full legal name of the institution in the national language**

JUSTUS-LIEBIG-UNIVERSITY GISSEN

**Type of institution**

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<tbody>
<tr>
<td></td>
<td>Leonhäuser</td>
<td>Ingrid-Ute</td>
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</table>

**Telephone**

+496419939080

**E-mail**

leonhaeuser-ebvv@eraehrung.uni-giessen.de

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**Participating institution n° 5**

**Full legal name of the institution in the national language**

UNIVERSITY OF ATHENS

**Type of institution**

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<tbody>
<tr>
<td></td>
<td>Trichopoulou</td>
<td>Antonia</td>
</tr>
</tbody>
</table>

**Telephone**

+30107462075

**E-mail**

antonia@nut.uoa.gr

---

**Participating institution n° 6**

**Full legal name of the institution in the national language**

UNIVERSITY OF ICELAND

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<tbody>
<tr>
<td></td>
<td>Thorsdottir</td>
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</tr>
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</table>

**Telephone**

+3545601536

**E-mail**

ingathor@landspitali.is
## Participating institution n° 7

<table>
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<th>Full legal name of the institution in the national language</th>
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<tr>
<td>Family name</td>
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<td>First name</td>
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<tr>
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<tr>
<td>First name</td>
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</tr>
<tr>
<td>Telephone</td>
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<tr>
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<tr>
<td>Telephone</td>
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| Participating institution n° 18 | |

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Family and first name of contact person | Title

Family name | Margetts | First name | Barrie

Telephone | +442380796529

E-mail | b.m.margetts@soton.ac.uk
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<td><strong>Family name</strong>: Terela</td>
</tr>
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<td><strong>Telephone</strong>: +3713717876081</td>
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<tr>
<td><strong>E-mail</strong>: <a href="mailto:sanda_terela@vm.gov.lv">sanda_terela@vm.gov.lv</a></td>
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<td><strong>Telephone</strong>: +3614766469</td>
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<td>First name</td>
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</tr>
<tr>
<td>Telephone</td>
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In addition to the participating organisation presented above, will there be additional partner institutions which you hope to recruit before submitting a full proposal? If so, please provide brief details of these.

We are currently identifying with the help of WHO, Europe regional office, university members in Denmark, Turkey, Switzerland, Lichtenstein and Luxembourg. We will be completed by the time of the full proposal. However, with reservation of that in some countries higher education in Public Health Nutrition is not yet fully developed nor structured.
1. Project / network content

1.1 Why is the project / network / thematic seminar needed? Explain the rationale and the background of the project / network / thematic seminar.

The rationale behind the joint public health nutritionist thematic network began and developed in the wider context of the voluntary governmental process following the Bologna declaration, the Lisbon convention and the Salamanca convention. In the joint public health nutrition thematic network, the recognition of qualification of PH nutritionists is of particular importance. The need for a joint public health nutritionist thematic network has been identified during expert discussions within the currently running European Network in Public Health Nutrition and is furthermore based on the experiences and results of former projects, (Master Course in Public Health Nutrition and the European Monitoring Program in Public Health Nutrition) and the work of the development towards the setting and mapping of national registers and recognition of public health nutritionists’ qualification by the Nutrition Society. A web survey concerning the needs of certification is currently undertaken.

1.2 In case of networks / thematic seminars, what is the main targeted thematic area?

The primary targeted thematic area is Public Health Nutrition (PHN) training with the purpose to develop joint programmes and specialised courses in PHN and thereby increase the ability to provide continuous training and the possibility for a European wide register of professionals in PHN. The thematic network will focus on the development of possible ways to register Nutritionists and their professional recognition. The network will give an understanding of the variation of nutritionists professional recognition and identify ways to register the national variation on a European level.

1.3 What are the objectives of the project / network / thematic seminar? What is the expected impact of the project / network / thematic seminar on the situation described under point 1.1?

The specific objectives to this aim are:

- The network will map the current situation of advanced training of PH nutritionists in Europe and identify national efforts leading to/aiming at registration/licensing.

- The gaps will be analyzed with a view to identify needed training strategies and how to follow up the Bologna process and quality assurance.

- Best practice will be disseminated through the network by the establishment of a joint programme and specialised courses open for all memberstates and EFTA countries, with joint content and level of criteria

- The thematic network will have an Europe wide impact since the network will contribute to:
  - Framework development of a European registration of a PH nutritionist workforce
  - Structure development for continuous training and updates
  - The European wide adaptation of a PHN training based on 2 cycles
  - The European wide adaptation of a system of readable and comparable degrees and qualifications

1.4 What are the main outputs / products (e.g. training courses and modules, guides, directories, common tools, Web-based services, multimedia products, syntheses, needs analyses, reports, comparative analyses, conferences, seminars etc.) to be developed by the project / network?

The main outputs will be:
Project reference number : 228240-CP-1-2006-1-BE-ERASMUS-TNPP

Report on the state of present national training courses and the identification of barriers to a European workforce in public health nutrition

Needs analysis of curricula development for PH nutritionists

Establishment of a joint program and specialised courses open for all memberstates and EFTA countries

Comparative and needs analysis of professional recognition of nutritionists

Database on PH nutritionists, who underwent the joint European program in public health nutrition

Recommendations on pathways towards registration/licensing at national and European level

1.5 What are the main activities of the project / network in order to achieve the outputs / products? If possible please provide the approximate timetable foreseen.

The main activity will be:

Setting up of a secretariat for the infrastructure of the joint programme and specialised courses will be month 1 of the project

Needs analyses and syntheses on PHN training will be month 6 of the project

Establishment of a joint program and specialised courses open for all memberstates and EFTA countries in the course of the project

Comparative and needs analysis on professional recognition of nutritionists will be month 6 in the project

Seminar on workforce development will be on month 12

Database on PH nutritionists, who underwent the joint European program in public health nutrition or fulfilled the criteria of will be after first course finalised

Report on the state of present national training courses and the identification of barriers to an European workforce in public health nutrition will be month 12 of the project

Recommendations on pathways towards registration/licensing at national and European level will be month 36 of the project

1.6 What are the precise target groups which will benefit directly and indirectly from the outputs / products and activities of the project / network / thematic seminar?

The primary target groups are institutions who provide continuous vocational training in Public Health Nutrition. The primary sectors for employment are the health and social sector and the educational sector. The primary potential end users will be individuals who need training and recognition in PHN. In addition, a network that focuses on the vocational perspective of Public Health Nutrition, will be extremely useful for a wide range of stakeholders involved in public health nutrition, especially decision-makers in the health sector.

1.7 What are the main pedagogical concepts and methodological / didactical approaches underlying the project / network / thematic seminar?

The pedagogical and the methodological approach will be assessed and analysed through a needs analysis. The range of learning materials will
be from a wide range of sources: face to face taught courses, web based platform for providing teaching materials; paper document, electronic document downloadable from the web based platform and up-to-date conference presentations.

1.8 What do you consider to be innovative about the project / network / thematic seminar? What is the European dimension of the project / network / thematic seminar?

As in the case of Sweden, member states do not yet have an institutional structure of advanced courses that focus on public health nutrition nor that recognises the particular skills and competencies needed for public health nutritionists. Nor are strategies identified on how to contribute to a dialogue between stakeholders. The project will introduce a joint program open for all member states and thereby contributing to the overall development of vocational advanced courses in public health nutrition and investigating possibilities for recognition of qualification/certification and registration/licensing at an official level. The current problems with the pan-european overweight/obesity epidemic underlines the need for competent and skilled PH nutritionists.

1.9 What is the dissemination potential of the outputs / products you have described above, beyond the institutions (and, if possible, countries) participating in the partnership?

The dissemination and exploitation will be secured by the joint program and specialised courses open for all member states and EFTA countries. This will attract new students and secure continuous training. The database with highly qualified professionals in public health nutrition will be assessed to all by means of internet. Recent interest in collaboration has been expressed from a consortium of universities in Australia regarding workforce development.

Additional action-specific questions (Note: Applicants under Grundtvig 4 4.1 should consult the additional Information Note which accompanies the call for proposals and provide important additional information for applicants).

1.10 For Comenius networks, please demonstrate to what extent the activities proposed are networking activities which cannot be achieved within another action of Comenius.

1.11 For Comenius and Grundtvig networks, applications for an extension of a previous or a currently supported network, are requested to specify the new outputs and new activities to be undertaken and the added value for each of them in terms of their expected impact.

1.12 For Grundtvig Training Courses, please provide information also on the precise topic(s) of the course, the types of participants to whom the course is addressed, the teaching approach envisaged, the approximate number of teaching hours, the approximate dates and locations of the course (to be provided on at least two occasions during the course of the project), the languages of tuition, the ways in which participants will receive certification for their attendance and the European dimension of the course (theme / content, team of trainers giving the course, etc.).

1.13 For Grundtvig Thematic Seminars, please describe the preparatory as well as the research activities that will take place prior to the seminar (e.g. provide details regarding the analysis of needs, obstacles and constraints in the field concerned, the identification of examples of good practice at regional, national and European level, the steps to be taken to draw together existing projects in the chosen field, etc.). In addition, please provide information also on the approximate date(s) and location of the seminar. Please consult the information note available on the Europa website.

1.14 For Lingua projects, please specify additionally, using the codes listed in the table on page 2 of this form, the target languages of the outputs / products, i.e. the languages the knowledge of which is to be improved by means of the output / project.
1.15 For Minerva projects, please specify additionally, under question 1.1, under which of the four Minerva priorities mentioned in the Call for Proposals 2006 does your project fall. As a reminder, these priorities are: 1) Understanding Innovation; 2) New methods and educational resources; 3) Providing access to existing resources and 4) Exchange of ideas and experience. Please refer to the text of the Call for Proposals for a full description of the four priorities.

2. Partnership composition and contribution

2.1 Provide for each participating institution an approximate translation of their title into English, French or German and a brief description of their main types of activity.

The Unit of Preventive Nutrition, KI is responsible for training of public health nutritionists in Sweden. The Gent university has a new training programme for public health nutritionists. University of Vienna has a very strong training programme in general nutrition. University of Giessen, Germany has a strong background in dietetics training and has a master programme in public health nutrition. University of Dresden is heavily involved in the programme for monitoring lifestyles in the European Union. University of Athens has occasional training in PHN for medical students. University of Navarre has a training programme for dieticians. University of Las Palmas has a Masters’ programme in PHN. Trinity College is currently developing a training programme PH nutritionists. University of Kupio has a strong background in dietetics training. University of Southampton, has a vocational training programme for PH nutritionists. The Nutrition Society is identifying licensing issues in the U.K.

2.2 What is the specific expertise provided by each participating institution?

The unit for Preventive Nutrition, KI has a generally good overview of public health nutrition training in Europe, as being the co-ordinator of a joint European master programme in Public Health Nutrition. Role in the project: Co-ordinator and active in developing European issues and novel nutrition training strategies.

2.3 For Comenius, Grundtvig and Erasmus networks, please describe briefly how the partnership will be managed with a view to pooling the expertise of the institutions involved.


2.4 For Comenius and Grundtvig networks as well as for Grundtvig Thematic Seminars, please give indications on previous and/or current activities under Comenius and/or Grundtvig and/or other Socrates actions undertaken by the participating institutions, specifying also the reference numbers of the projects.

2.5 For Comenius networks, please indicate concretely what will be the involvement of public authorities in the network.

2.6 For Grundtvig projects, networks and thematic seminars, please explain how your partnership was formed. If your partnership is the result of a contact seminar or a funded preparatory visit, please specify.

3. Monitoring and evaluation
3.1 What methods will be used within the project / network / thematic seminar to monitor its progress towards the stated objectives?

A secretariat for the proposed network will be set up at the beginning of the project. Its task with respect to valorisation of results involve: the setting up of a steering committee and a set of taskforces. The taskforces will be: 1, recognition of qualification of certification and registering/licensing issues. 2, Competency and skills issues. 3, Novel Nutrition issues and 4, the European dimension.

3.2 What methods will be used within the project / network / thematic seminar to evaluate its success in attaining the stated objectives?

The internal evaluation will be assessed by students and health professionals undertaking the joint programme and specialised courses, as well as feedback from users of the database. The external evaluation will be assessed by relevant stakeholders, projects and network that will be consulted in the end of the project.

4. Other aspects

4 Are there any other aspects of the proposed project / network activities / thematic seminar which you feel the Commission should take into account when assessing your pre-proposal? If so, please provide brief details.

PHN touches many aspects of human activities and there is a political consensus to mainstream health in all policies. “A high level of health protection shall be ensured in the definition and implementation of all Community policies and levels” (Amsterdam Treaty; Art 152).

Health advocates and policy planners recognize that health professionals are crucial for helping in complex policy-making that generally evolves from the participation of various stakeholders and the European dimension of public health issues. (WHO 2005). The severity of the issues related to PHN has been underlined in the recent activities on EU and WHO level (The European Platform on Diet, Physical Activity and Health, Global Strategy on Diet, Physical Activity and Health, WHO).

The development of a joint program in public health nutrition and specialised courses, in addition with the setting up of a database with qualified nutritionists will be one step towards identifying common synergies in vocational training.
Declaration: This application is being submitted in the full knowledge of the appropriate authorities in the applicant institution and in each of the other participating institutions.

__________________________                    Date:
Signature of the Project / Network Coordinator
JOBNUT project
LEONARDO DA VINCI

Community Vocational Training Action Programme

Second phase: 2000-2006

APPLICATION FORM for
Pilot projects (including Thematic actions),
Language competences, Transnational networks,
Reference material

Version 2006

Reserved for the European Commission or the National Agencies

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<th>Pre-proposal or full proposal (P/F)</th>
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</table>

EUROPEAN COMMISSION
<table>
<thead>
<tr>
<th>Name of promoting organisation</th>
<th>Karolinska Institutet, Department of Biosciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of contact person</td>
<td>Agneta Yngve</td>
</tr>
<tr>
<td>Street Number</td>
<td>Novum</td>
</tr>
<tr>
<td>Country code - Postcode - Town/City</td>
<td>SE-141 57 Huddinge</td>
</tr>
</tbody>
</table>

**Title of proposal:** Development of a quality vocational system for public health nutritionists in Europe

**JOBNUT**

**Date you sent in your proposal**

……10…. / …..02….. / ..2006……..

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Reserved for National Agencies and European Commission:

We acknowledge receipt of your application concerning your proposal:

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Selection procedure</th>
<th>Pre-proposal or full proposal (P / F)</th>
<th>Project number</th>
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<td>RF-</td>
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</table>

Please use this number in all communication with your National Agency and/or the European Commission.

Yours sincerely,

Date:
NB: Please consult the General Guide for promoters, the specific Guide for the measure under which you intend to submit your proposal, and the Administrative and Financial Handbook before completing the application form.

Please note that:

- p.1: the authorised signatory is required to append his or her original signature at the bottom of the page.

- p.2: the authorised signatory is further required to append his or her original signature on the Declaration of Honour.

PLEASE COMPLETE THE ON-LINE APPLICATION FORM, TOO, AVAILABLE AT THE FOLLOWING ADDRESS:

http://leonardo.cec.eu.int
A. PROMOTING ORGANISATION

The proposal must be submitted by a private, public or semi-public organisation

A.1. Data concerning the promoting organisation

| Name of the organisation in national language (full and abbreviated if applicable) | Karolinska Institutet |
| Name of the organisation in EN, FR or DE (if available) | |
| Type of organisation\(^1\) | U |

**Head Office**

| Street | Novum, Hälsövägen |
| Number | |
| Postcode | SE-141 57 |
| Town/city | Huddinge |
| Country | Sweden |

**Contact person\(^2\)**

| Name | Mr □ Ms □ | Agneta Yngve |
| Position | | Head of Unit for Preventive Nutrition, Dept. of Biosciences and Nutrition, KI |
| Street | Novum |
| Number | |
| Postcode | SE-141 57 |
| Town/city | Huddinge |
| Country | Sweden |
| Telephone | ++46 /8 608 9209 |
| Fax | ++46 /8 608 3350 |
| E-mail | Agneta.yngve@prevnut.ki.se |
| Website | http://www.prevnut.ki.se |

**Authorised signatory**

| Name | Mr □ Ms □ | Jan Carlstedt-Duke |
| Position | | Professor |

The undersigned certifies that all information given in this form is accurate.

Date | Signature | Stamp

---

\(^1\) Please use type codes as in annex 4.

\(^2\) See definition in the General guide.
A.2. Declaration of Honour

I, the undersigned, Agneta Yngve………………………………………………………………………
representative of the organisation: … Karolinska Institutet………………………………………………
address: Unit for preventive nutrition, Dept. of biosciences, Novum, SE-141 57 Huddinge ………………………………………………………………………………
promoter of the proposal: … Joint Recognition of Vocational Training of Public Health Nutritionists ……………………………………………………………………………
hereby declare on my honour, on this date, that this organisation:

• is not bankrupt, being wound up, or having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning such matters, nor, in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
• has not been convicted of an offence concerning its professional conduct by a judgment which has the force of 'res judicata';
• has not been found guilty of grave professional misconduct;
• has fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established;
• has not been the subject of a judgment which has the force of 'res judicata' for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;
• following another procurement procedure or grant award procedure financed by the Community budget, has not been declared to be in serious breach of contract for failure to comply with its contractual obligations;
• is not subject to a conflict of interest (for family, personal or political reason or through national, economic or any other interest shared with an organisation or an individual directly or indirectly involved in the selection or the contracting of the proposal);
• is not guilty of misrepresentation in supplying the information required by the European Commission during the selection phase and has not failed to provide the requested information.

Furthermore, I hereby declare on my honour that this organisation, in order to successfully implement the submitted proposal, has:

• the adequate legal capacity
• sufficient and stable financial sources
• the required competencies and professional qualifications.

I acknowledge that in case of false declarations, that administrative and financial sanctions could be implemented against me or against my organisation.

Date and Signature:
A 4. Legal Entity Form

Only to be completed for full proposals under procedure B and C

Please complete the appropriate Legal Entity form for the promoting organisation and attach the requested documents.

Note that 2 different forms are provided: one for private companies, associations, etc. and one for public organisations.
### Legal Entity Form (1)

#### Public Entities

<table>
<thead>
<tr>
<th>Type of Organisation</th>
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<td>Name(s)</td>
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<tr>
<td>Abbreviation</td>
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<td>Country</td>
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<tr>
<td>Contact Person</td>
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</tbody>
</table>

This “Legal entity” form should be filled in and submitted together with:

- copy of the resolution, law, decree or decision establishing the entity in question;

- or, failing that, any other official document attesting to the establishment of the entity.

Date:

Name and function of the authorised representative:

Signature:  
Stamp:
# A.5 FINANCIAL IDENTIFICATION FORM

Only to be completed for full proposals under procedure B and C

## ACCOUNT HOLDER

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## BANK

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Remarks:

BANK STAMP + SIGNATURE of BANK REPRESENTATIVE (Both obligatory):  
DATE + SIGNATURE of ACCOUNT HOLDER (Obligatory):
B. PROJECT OUTLINE

B.1 GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Measure: Pilot projects (PP)</th>
<th>Transnational Networks (NT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Material (RF)</td>
<td>Language Competences (LA)</td>
</tr>
</tbody>
</table>

If your Pilot project is a Thematic action (TH), to be submitted in the framework of procedure C, please tick also here.

| Title: Development of a quality vocational system for public health nutritionists in Europe |
| Acronym/short title: JOBNUA |

Which objective(s) of the Programme does your project address?

- "to improve the skills and competences of people, …" (Please refer to the General Guide)
- "to improve the quality of, and access to, continuing vocational training …"
- "to promote and reinforce the contribution of vocational training to the process of innovation …"

Which priority in Call 2005-2006 does your proposal address?

- Promoting transparency of qualifications
- Developing the quality of VET systems and practices
- Developing relevant and innovative e-learning content
- Continuous training of teachers and trainers

For Thematic actions (TH) only:

- Credit transfer in VET
- Validation of non-formal and informal learning

If your project targets directly one or more of the following issues, please tick the relevant box(es):

- the development of practices to facilitate access to training for people most at a disadvantage in the labour market, including disabled people
- equal opportunities for women and men, with a view to combating discrimination in training provision
- the promotion of social dialogue in vocational training

Which of the following categories does your project fall into?

- development of innovation
- transfer of innovation

Total number of partners per country, including promoter and co-ordinator:

<table>
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<tr>
<th>BE</th>
<th>ES</th>
<th>IT</th>
<th>MT</th>
<th>SI</th>
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</table>

Total number of partners, including promoter and co-ordinator: 5

Total number of countries: 5

Duration of project: 12, 18, 24
<table>
<thead>
<tr>
<th>Total budget</th>
<th>Euro 381863</th>
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<tbody>
<tr>
<td>Grant requested from the Leonardo da Vinci programme</td>
<td>Euro 287327</td>
</tr>
<tr>
<td>% of total budget</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Target group(s):** Those working in Public Health Nutrition field in Europe

**Target sector(s):** Codes: 85, 80, ... (max. the main three - please use the NACE codes as in annex 7)

**Users of the project outcomes:** Codes: U, OQ, OE, ... (max. the main three - please use the codes in annex 4)

**If this is a “Language competences” project:**

<table>
<thead>
<tr>
<th>Which languages are targeted?</th>
<th>........................................ (please use language codes as in annex 8)</th>
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</table>

<table>
<thead>
<tr>
<th>At which levels of proficiency?</th>
<th>beginner □</th>
<th>intermediate □</th>
<th>advanced □</th>
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</thead>
</table>

### B.2 COMBINED PROPOSALS SUBMITTED IN THE CURRENT SELECTION YEAR

<table>
<thead>
<tr>
<th>Is your proposal combined6 with one or more Leonardo da Vinci proposals in the current selection year?</th>
<th>□ YES (please give details in table below)</th>
<th>☑ NO</th>
</tr>
</thead>
</table>

### B.3 PROPOSALS BASED ON RESULTS OF PREVIOUS PROJECT(S)

If your proposal is based on the results of one or more previous projects under the Leonardo da Vinci or Socrates programmes, other Community programmes/initiatives (including Phare) or local/regional/national initiatives, please provide precise references to these project(s) in the table below.

If you are submitting a full proposal, please enclose a copy of any products produced or in course of production within the previous project(s).

<table>
<thead>
<tr>
<th>Year</th>
<th>Programme or Initiative</th>
<th>Identification number</th>
<th>Contracting organisation</th>
<th>Title of the project</th>
<th>Body to which the proposal was submitted and country</th>
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<tr>
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<td>Workprogramme Public Health and Consumer Protection</td>
<td>2003320</td>
<td>Karolinska Institutet, Unit for Preventive Nutrition Department of Biosciences at Novum</td>
<td>A European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training</td>
<td>DG Sanco, Luxembourg</td>
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<tr>
<td>1999</td>
<td>Workprogramme Public Health and Consumer Protection</td>
<td>SI2.324758</td>
<td>Karolinska Institutet, Unit for Preventive Nutrition Department of Biosciences at Novum</td>
<td>A European Master of Public Health Nutrition</td>
<td>DG Sanco, Luxembourg</td>
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</tbody>
</table>
B.5 Project summary:

Systems of professional recognition, standards of graduate competency and training differ from country to country and from profession to profession.

For the purpose of this project plan documentation, public health nutritionists are defined as professionals with specialised training in public health nutrition. The work of public health nutrition (PHN) being the prevention of diet related disease and promotion of optimal health.

Given the increasing demand for competent and mobile public health nutrition workforce to address pan-European issues such as the prevention of chronic diseases and the socio-environmental epidemic of obesity, there is a recognised need to develop systems for quality vocational training. This system needs to proactively engage the various vocational stakeholders including employers, academics involved in public health nutrition workforce preparation, professional bodies and students. The system needs to have a focus on workforce preparation (training), practitioner credentialing and recognition and incentives for continuing workforce quality improvement.

The JOBNUT project addresses the following priorities identified in the Leonardo Da Vinci Program and elements of the Copenhagen Declaration:

• Promoting employability of public health nutritionists
• Fostering workforce mobility by enhancing pan-European recognition of credentials
• Developing a common quality assurance framework for public health nutrition training
• Developing principles for certification
• Supporting the development of competencies at sectoral level
• Promoting transparency of qualifications
• Developing e-learning materials and tools.

The JOBNUT project consists of 8 work packages that lead to the development of a pan-European professional registration and workforce continuing quality assurance system. The project objectives include:

1. To assess current and future labour market issues relevant to the development of an effective and efficient EU public health nutrition workforce
2. To develop EU consensus on the core competencies and curricula required for effective PHN practice
3. To assess existing public health nutrition training curricula against this consensus framework and identify curriculum gaps
4. To develop e-learning packages to fill identified gaps in public health nutrition in Europe
5. To develop a transparent training program accreditation system to enable pan-European quality standardisation and assurance for PHN graduate qualifications
6. To develop a pan-EU professional registration/credentialing system for PHN that includes mechanisms for continuous quality assurance and improvement

An innovative feature of this project is the importance placed on developing a quality assured vocational system for public health nutrition based on social dialogue between stakeholders including employers, professional bodies and training institutions.
C. PROJECT AIM

15-20 lines max per question

C.1. JUSTIFICATION OF THE PROPOSAL

1. Target groups and sectors:

The target groups (and sectors) of the JOBUNT project are:

- Higher education institutions/ training providers who offer vocational training in public health nutrition in Europe (Education sector)
- Professional bodies for nutrition professionals in each country in Europe

The primary potential end-users will be

- PHN students and professionals, who require confidence in quality vocational training for work within the EU,
- Employers, who need a credentialing system to assist recruitment and performance management of public health nutritionists and
- Consumers, who need to be serviced by a quality workforce.

2. What needs in relation to these target group and sectors, does your project address? How did you identify these needs?

Educational institutions

The need for consistency and transferability of training outcomes in public health nutrition throughout the EU has previously been identified by the work of the European Network in Public Health Nutrition and the experiences and results of former projects (Master Course in Public Health Nutrition and the European monitoring Program in Public Health Nutrition). This need recognises that inconsistencies and variability in graduate quality in the EU public health nutrition workforce compromises its effectiveness and associated progress in addressing diet-related disease.

Employers

This project recognises that employers of public health nutritionists have been a neglected stakeholder in the context of previous vocational training developments, and that they have critical contributions to make to support the development of a quality vocational system for public health nutrition in the EU.

Professional bodies

Professional bodies in other disciplines and in some countries have already recognised the need for and developed systems to assure the quality of their professional members. This experience and their organisational objectives relating to professional support and promotion make them important stakeholders/target groups in the JOBUNUT project.
3. What are the specific aims of the project?

The overriding aim is to provide a quality vocational system for the public health nutrition workforce in Europe. This will be achieved by attaining the following objectives.

1. To assess current and future labour market issues relevant to the development of an effective and efficient EU public health nutrition workforce

2. To develop EU consensus on the core competencies and curricula required for effective PHN practice

3. To assess existing public health nutrition training curricula against this consensus framework and identify curriculum gaps

4. To develop e-learning packages to fill identified gaps in public health nutrition in Europe

5. To develop a transparent training program accreditation system to enable pan-European quality standardisation and assurance for PHN graduate qualifications

6. To develop a pan-EU professional registration/credentialing system for PHN that includes mechanisms for continuous quality assurance and improvement
4. How does the project address the programme objectives and the call priority which you indicated above?

The JOBNUIT project addresses the following priorities identified in the Leonardo Da Vinci Program and elements of the Copenhagen Declaration:

- Promoting employability of public health nutritionists
- Fostering workforce mobility by enhancing pan-European recognition of credentials
- Developing a common quality assurance framework for public health nutrition training
- Developing principles for certification
- Supporting the development of competencies at sectoral level
- Promoting transparency of qualifications
- Developing e-learning materials and tools.
6. Please explain in what way your proposal makes an original contribution to:
   • *introducing changes into national vocational training systems and practices*,
   • *European strategies for vocational training*.

At present there has been limited analysis of the European labour market for public health nutritionists. This workforce is variably developed and recognised within and between countries in the EU. This is partly the result of variable workforce development (training) and differences in labour market structures in each country. For example, the demand for public health nutritionists in the labour market varies considerably despite universally recognised need for public health action on nutrition across Europe. Similarly the supply of public health nutritionists via training programs appears to be disconnected from employment opportunities in some countries. This constrains efforts to develop a mobile, efficient and quality workforce that can respond to public health nutrition issues effectively.

The JOBNUT project will facilitate this analysis and develop a *consensus* system for vocational development in public health nutrition. This system will be a pilot that will provide a framework for vocational training quality assurance in other disciplines in public health and health care.

7 Does the innovation contributed by your proposal involve:

*new approaches to the use of existing methods, instruments, products, so as to apply them to new theme(s) and/or target group(s)*,

The use of the Delphi technique to proactively canvass the ideas, expectations and knowledge of stakeholders throughout Europe in the process of developing consensus on competencies, curricula and systems assist this innovation. It is a cost-efficient method that has been shown to be effective in earlier related work.

*new processes or products in response to existing problems*,

JOBNUT will complete research required to enable job market analysis, , consensus development, curriculum review and the development of new e-learning packages, accreditation and registration systems.

*new forms of co-operation/networking between partner organisations and/or political decision makers*:

JOBNUT will engage stakeholders previously marginalised in vocational training of public health nutritionists (employers) and encourage ongoing dialogue between training providers, professional bodies and employers. This dialogue will contribute to the valorisation and evaluation process.
1. **If your proposal is based on results of one or more previous projects** (see section B.3):

- Why did you choose to base it on that or those project(s)?
- How does your proposal use those results?
- What is the added value of your proposal compared to the previous project(s)?

---

The objectives and work packages outlined in this JOBNUT proposal has been developed based on the experience of the work and discussions of the European Network in Public Health Nutrition and the EU Master program in Public Health Nutrition. This experience and prior dialogue has identified a need for pan-European job market analysis for public health nutritionists, it has progressed action on increasing the comparability of training across programs in Europe and the network forms the basis for consultation and work in this next project (JOBNUT). JOBNUT will review and build on the work of the UK based Nutrition Society and other organisations which have developed a registration system for public health nutrition and international work from countries outside of Europe that have progressed the development of competency frameworks for public health nutrition.

**Added value**

JOBNUT will take coordination and quality assurance of vocational training in public health nutrition to a new level in Europe via the consultative development of a pan EU training accreditation and vocational registration system. The dialogue between stakeholders will extend the existing collaboration between training institutions in the European Network in Public Health Nutrition to include professional bodies and employers. The project will develop a European cooperation framework that will promote the development of common principles for recognition and continuing quality improvement of advanced vocational training in PHN.
### C.2. RESULTS

The results:

<table>
<thead>
<tr>
<th>Type of Result</th>
<th>Availability</th>
<th>Target Groups</th>
<th>Languages</th>
<th>Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU public health nutrition market analysis reports</td>
<td>12 mths</td>
<td>Employers, academia, professional bodies, students</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<td></td>
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<td>Journal articles</td>
</tr>
<tr>
<td>Consensus competency standards for public health nutrition</td>
<td>16mths</td>
<td>Employers, academia, professional bodies, students</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<td></td>
<td></td>
<td></td>
<td>Journal articles</td>
</tr>
<tr>
<td>Consensus curriculum framework for public health nutrition</td>
<td>16mths</td>
<td>Employers, academia, professional bodies, students</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<td>Journal articles</td>
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<tr>
<td>EU public health nutrition curriculum analysis reports</td>
<td>20mths</td>
<td>Employers, academia, professional bodies, students</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<td></td>
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<td></td>
<td>Journal articles</td>
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<tr>
<td>New public health nutrition e-learning packages developed</td>
<td>24 mths</td>
<td>Students, employers</td>
<td>English</td>
<td>e-delivery, internet, university websites</td>
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<tr>
<td>EU public health nutrition training program accreditation system developed</td>
<td>24 mths</td>
<td>Employers, academia, professional bodies.</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<tr>
<td></td>
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<td></td>
<td>Journal articles</td>
</tr>
<tr>
<td>EU public health nutrition registration system developed</td>
<td>24mths</td>
<td>Employers, practitioners, graduates</td>
<td>English</td>
<td>Print and web accessible reports</td>
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<td>Journal articles</td>
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C.3. VALORISATION (DISSEMINATION + EXPLOITATION OF RESULTS)\(^3\)

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>How will your valorisation strategy ensure that the project results will be used as regards the target group(s), target sector(s) and potential users?</td>
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<tr>
<td>2.</td>
<td>Please indicate the main activities of your valorisation strategy.</td>
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<tr>
<td>3.</td>
<td>Please demonstrate that the partnership has the capacity and necessary experience to carry out the valorisation activities outlined above.</td>
</tr>
</tbody>
</table>

The valorisation work plan (outlined in the following section) focuses on disseminating and exploiting the results of the JOBNUT project via the following mechanisms/activities:

- Journal articles in the peer-reviewed literature
- Web-based downloadable reports
- Direct stakeholder report distribution (hard copy + e-delivery)
- 2 annual JOBNUT project symposiums for stakeholders that correspond with PHN conferences in Europe (eg. 1st International Public Health Nutrition Congress, Barcelona)
- Conference presentations by partners in the JOBNUT project
- Contributions to existing media and newsletters

The partners in the JOBNUT project have demonstrated capacity to disseminate the results of this project via the above mechanisms, as evidenced by their scientific communication records (publications, conference presentations etc), scientific report outputs and symposium organisation experience.

---

\(^3\) See specific guidelines for valorisation plan.
C.4. IMPACT

− What is the expected impact of the project, in the short and in the long term, as regards: target group(s), target sector(s), potential user(s) of the project results, and vocational training systems and practices?

An important short to medium term impact of the JOBNUT project consultation with employers, professional bodies and training institutions in Europe (work package 1) will be a raised awareness of the public health nutrition as a workforce component. Similar work in other regions of the world (e.g. Australia, USA) has demonstrated the importance of this awareness raising in developing coordinated workforce development initiatives. The outcomes of each of the work packages (job market analysis, consensus competencies, Curriculum framework, curriculum review, accreditation system, registration system) will all make important contributions to quality workforce development and vocational organisation for public health nutrition in Europe.

How will the project final results be integrated and used inside training systems and training practices?

The training program accreditation system forms the basis for graduate registration. This provides a mechanism and incentive for training institutions to submit their training programs for external quality review. Accreditation systems world-wide have demonstrated that this approach contributes significantly to quality assurance in vocational training. In addition, the competency standards, curriculum framework and accreditation system will provide ongoing support for institutions who have not yet developed programs in public health nutrition but plan to do so in the future.

What is planned to ensure the expected impact of the project results at the end of Community funding?

The competency standards, curriculum framework, accreditation and registration systems developed in the JOBNUT project have ongoing applications and relevance to stakeholders after the funding period. The dialogue between stakeholders and the systems review conducted during the accreditation and registration work packages will identify opportunities to integrate these tasks within existing or modified systems in Europe.

To what extent are the results transferable to other groups, sectors, geographical contexts, etc.? Please explain the actions considered for this purpose.

The systems and methods applied in the JOBNUT project will be transferable to other disciplines in the public health vocations and broader health professions, which have yet to develop these systems.
**D.1.- OVERVIEW OF PARTNERS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Country code</th>
<th>Name of organisation/institution in national language</th>
<th>Org. type code</th>
<th>Region code</th>
<th>Sector code</th>
<th>Size code</th>
<th>Contact person</th>
<th>Street and No. Town/City Postcode Country</th>
<th>Telephone</th>
<th>Fax</th>
<th>E-mail</th>
<th>Budget Requested from Leonardo</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>SE</td>
<td>Karolinska Institutet</td>
<td>U</td>
<td>SE01</td>
<td>80</td>
<td>S5</td>
<td>Agneta Yngve</td>
<td>Novum, Hälsovägen, SE 141 57 Huddinge</td>
<td>+46 8 608 9209</td>
<td></td>
<td></td>
<td>163898,6 116960,5</td>
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<tr>
<td>P2</td>
<td>IS</td>
<td>University of Iceland</td>
<td>U</td>
<td>IS</td>
<td>80</td>
<td>S4</td>
<td>Inga Thorsdottir</td>
<td>University Hospital IS-101 Reykjavik Iceland</td>
<td>+354 543 8414</td>
<td></td>
<td></td>
<td>43 905,1 35 905,1</td>
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<tr>
<td>P3</td>
<td>ES</td>
<td>Community Nutrition Unit</td>
<td>U</td>
<td>ES22</td>
<td>80</td>
<td>S5</td>
<td>Carmen Perez Rodrigo</td>
<td>Luis Briñas 18; 3 Planta E 48013 Bilbao Spain</td>
<td>+34 (94)420 4462</td>
<td></td>
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<td>21 269,1 17 269,1</td>
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<tr>
<td>P4</td>
<td>IR</td>
<td>Trinity Centre for Health Sciences</td>
<td>U</td>
<td>IE021</td>
<td>80</td>
<td>S5</td>
<td>NP Kennedy</td>
<td>St James's Hospital Dublin 8 Ireland</td>
<td>+353 1 6082135</td>
<td></td>
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<tr>
<td>P5</td>
<td>UK</td>
<td>Institute of Human Nutrition, Southampton</td>
<td>U</td>
<td>UKJ2</td>
<td>80</td>
<td>S4</td>
<td>Barrie Margetts</td>
<td>Southampton General Hospital Southampton SO16 6YD UK</td>
<td>+44 2380794776</td>
<td></td>
<td></td>
<td>68 739,2 51 966,4</td>
</tr>
</tbody>
</table>

4 Please use codes as in lists annexed (annex 3 to 7).
5 Please provide this information also in EN, FR or DE, if available.
**D.2. CHARACTERISTICS OF THE PARTNERSHIP**

1. Please describe each partner organisation (including promoter and co-ordinator, if applicable), as follows:
   - description of the organisation,
   - skills, knowledge, expertise and experience of the organisation in relation to its role in the project,
   - role of the organisation in the project. Clearly identify, in particular, partners playing a fundamental role in the dissemination and implementation of the interim and final results of the project.

If this is a “Reference material” proposal, please name the scientific co-ordinator and attach a copy of his/her CV. If appropriate, attach a list of the partners’ relevant published works in the last three years.

(please follow the partner order used in D.1 and the same numbering; use maximum 15 lines per partner)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P1</strong></td>
<td>The Unit for Preventive Nutrition has previously taken a leadership role of public health nutrition training in Europe, as being the co-ordinator of a joint European master programme in Public Health Nutrition. The Unit is responsible for training of public health nutritionists in Sweden. This partner also has associate academics in faculty from Australia and links with academics in the USA with experience of vocational training for public health nutrition that will make contributions to the JOBNUT project. Role in the project: Co-ordinator and responsible partner for EU PHN Job market analysis Work package.</td>
</tr>
<tr>
<td><strong>P2</strong></td>
<td>University of Iceland has a long standing training in nutrition and specialization possibilities within PHN. This partner is a long standing contributor to the joint European master programme in Public Health Nutrition will manage the work package relating to census development for core competencies and curricula.</td>
</tr>
<tr>
<td><strong>P3</strong></td>
<td>Community of Nutrition Unit, Bilbao, Spain has a training programme for dieticians and is currently developing a separate programme for public health nutritionists. The partner in Bilbao is a long standing contributor to the joint European master programme in Public Health Nutrition. Partner responsibilities will focus on the work package conducting the analysis of PHN training curricula in Europe.</td>
</tr>
<tr>
<td><strong>P4</strong></td>
<td>Trinity College is currently developing a training programme for PH nutritionists. The input from Ireland will focus on managing the development of e-learning packages in PHN, in collaboration with other partner institutions in the joint European master programme in Public Health Nutrition.</td>
</tr>
<tr>
<td><strong>P5</strong></td>
<td>University of Southampton, has a vocational training programme for public health nutritionists, and has experience of getting the first PH nutritionists out on the work force arena, in health care in the UK. This partner has extensive experience with the Nutrition Society registration system and is well placed to lead the work packages relating to program accreditation and professional registration.</td>
</tr>
</tbody>
</table>

Please add extra sheets if necessary

**End of the pre-proposal**
E. ORGANISATION AND MANAGEMENT OF THE PROJECT

E.1. WORK PROGRAMME

1. WORK PROGRAMME

The sequence of work packages is represented in the following diagram. This sequence is important with each work package informing the next and contributing outcomes for valorization. Note that project management and valorization work packages are implemented continuously through the project.

![Diagram of work programme steps]

- EU PHN Labour Market Analysis
- EU Consensus Core Competency and curricula
- EU PHN Curricula analysis
- e-learning course development
- EU training Program Accreditation System
- EU Registration system

---

Project Quality Management + Valorisation
WORK PACKAGE 1: PROJECT QUALITY MANAGEMENT PLAN

Quality management in the JOBNUT project will consist of two main mechanisms:
1. A **project management team** that oversees the projects implementation and valorisation, and
2. Ongoing **external evaluation** of project implementation and performance against workplan objectives. This will involve an external evaluator monitoring the project activity, processes and valorisation performance via meetings with the project management team, critical review of work package outcomes and consultation with stakeholders.

The JOBNUT project will be operationally managed by the project manager (Dr. A. Yngve, Sweden) with assistance from the project management team made up of:
- the project partners (Prof. Margetts [UK], Prof. Thorsdottir [Iceland], Dr. Perez-Rodrigo [Spain], Dr. Kennedy [Ireland])
- The project staff from each work package

The project management team will coordinate the project via regular email and tele-meetings (2 monthly) and a regular schedule of face-to-face meetings (2 per year).

Work plan tasks and schedule

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
<th>2</th>
<th>4</th>
<th>6</th>
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<th>10</th>
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<th>18</th>
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<th>24</th>
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<tbody>
<tr>
<td>Project management team meetings (tele-conference)</td>
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<td>Project management team meetings (face to face)</td>
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<td>External evaluator debriefing and review</td>
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Responsible partner: Dr. Agneta Yngve, Sweden
This work package will take the form of a multi-method and multi-perspective study of PHN labour market issues across EU member countries, to provide data on the following issues relevant to PHN workforce development in Europe, including:

1. The distribution of public health nutrition workers, including estimates of workforce size (enumeration)
2. The organisational location of this workforce across Europe
3. Employers expectations of PHN graduate competencies (skills, knowledge and attitudes required for performance in the workplace)
4. Existing professional body support and recognition of the PHN workforce (including registration systems)
5. Current gaps in national PHN workforce capacity across Europe, and
6. Predicted workforce development needs.

This data will be collected and analysed using the following methods.

<table>
<thead>
<tr>
<th>Description</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer consultation</td>
<td>Telephone and in-person qualitative interviews</td>
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<td>Document analysis</td>
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<tr>
<td>Position description analysis</td>
<td>Position description document analysis</td>
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<tr>
<td>Graduate experience retrospective analysis</td>
<td>Graduate questionnaire</td>
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<tr>
<td></td>
<td>Telephone interviews</td>
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<tr>
<td>Professional organisation consultation</td>
<td>Telephone and in-person qualitative interviews with key informants</td>
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<tr>
<td></td>
<td>(eg. registrars)</td>
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<td></td>
<td>Document analysis</td>
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<tr>
<td>Health system analysis</td>
<td>Employer consultation</td>
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<td>Professional organisation consultation</td>
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<td>Document analysis</td>
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</table>
Work plan tasks and schedule

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
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<tbody>
<tr>
<td>Recruit research staff</td>
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<td>Develop and validate consultation interview questions</td>
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<tr>
<td>Identify key stakeholders</td>
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<tr>
<td>Plan and organise schedule for interviews with key stakeholders across Europe</td>
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<td>Conduct interviews</td>
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<td>Document analysis</td>
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<td>Interview analysis</td>
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<tr>
<td>Reporting and valorisation</td>
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</table>

**Responsible partner:** Dr. Agneta Yngve, Sweden
**WORK PACKAGE 3: EU CONSENSUS CORE COMPETENCY AND CURRICULA**

The objective of this work package is to develop consensus amongst key stakeholders (employers, professional bodies and academics) on:

1. The core competencies for effective PHN practice
2. The core curriculum that is required to develop these competencies in PHN training.

Consensus will be developed using the Delphi technique which is a multi-round survey and feedback technique that has been previously used to develop consensus on many issues in the health arena, including competency requirements. The primary advantages of the Delphi technique in this context is cost-effectiveness (it is relatively cheap to conduct) and its ability to harness the anonymous ideas and opinions of a range of experts/stakeholders in different geographical locations. At least 3 rounds of the Delphi survey technique will be conducted. The expert panel (n=150) will be recruited from employers, professional bodies and academics across Europe.

**Work plan tasks and schedule**

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
<th>1</th>
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<td>Recruit research staff</td>
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<td>Identify and confirm stakeholders panel</td>
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<tr>
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<tr>
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<tr>
<td>Develop Round 2 Delphi survey + Rd 1 feedback</td>
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<tr>
<td>Analyze Rd 2 Delphi survey results</td>
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<tr>
<td>Develop Round 3 Delphi survey + Rd 2 feedback</td>
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</tbody>
</table>

**Responsible partner:** Prof Inga Thorsdottir, Iceland
**Work Package 4: EU PHN Curricula Analysis**

The objective of this work package is to assess existing PHN training curricula against the agreed curriculum standards developed in work package 2. This process will objectively identify curriculum gaps and opportunities for further quality improvement (gap analysis).

This analysis will be conducted using a process of curricula review (document analysis accessed from University web-sites and program convenors) supported by a process of academic verification via personal interview (telephone and/or email). A process of researcher triangulation will be used (ie. a minimum of 3 different assessors who assess curricula independently and then confer to compare and agree on assessment).

**Work plan tasks and schedule**

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>Recruit research staff</td>
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<tr>
<td>Develop curriculum analysis framework based on work package 3</td>
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<tr>
<td>Collate PHN training program curriculum documents</td>
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<td>Academic follow up and verification</td>
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<td>Reporting and valorisation</td>
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</tbody>
</table>

**Responsible partner:**  Dr Carmen Perez-Rodrigo, Spain
WORK PACKAGE 5: E-LEARNING COURSE DEVELOPMENT

The objective of this work package is to develop e-learning packages/courses for pan-EU access, based on the curriculum gap analysis conducted in work package 3. A minimum of 3 separate e-learning courses is predicted to be needed based on existing knowledge of public health nutrition training in Europe, particularly with the recent participation of the new members states.

Work plan tasks and schedule

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appoint new course content development staff</td>
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<tr>
<td>Develop course content</td>
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</tr>
<tr>
<td>Develop e-learning platforms/tools</td>
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<tr>
<td>Testing of learning interface and tools</td>
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<td>Reporting and valorisation</td>
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</tbody>
</table>

Responsible partner: Dr. Nick Kennedy, Ireland
WORK PACKAGE 6: EU TRAINING PROGRAM ACCREDITATION SYSTEM

Work packages 6 & 7 are complementary and interconnected and will be managed by the same partner (Prof B. Margetts, United Kingdom).

The objective of this work package 6 is to develop an agreed process of peer-reviewed program accreditation. This will involve review of existing accreditation systems used internationally in other areas of health workforce quality assurance and consideration of the feasibility of the different accreditation systems in the pan-EU context.

WORK PACKAGE 7: PAN EU PHN REGISTRATION SYSTEM

The objective of this work package is to develop a system of PHN registration/credentialing that recognises graduates of accredited PHN training programs. It will require a review of existing professional registration systems and consultation with key stakeholders about preferred models. This system will, also include provision for regular registration review relating to continuing professional development.

Work plan tasks and schedule for work packages 6 & 7

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Review literature</td>
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<td>Review existing systems</td>
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<td>Develop alternative models and assessment criteria</td>
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<td>Consult stakeholders</td>
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<tr>
<td>Finalise preferred models/systems</td>
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<td>Reporting and valorisation</td>
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</tbody>
</table>

Responsible partner: Prof B. Margetts, United Kingdom
WORK PACKAGE 8: VALORISATION PLAN

The objective of this work package is to disseminate the results and outcomes of the JOBNU project and

- Journal articles in the peer-reviewed literature
- Web-based downloadable reports
- Direct stakeholder report distribution (hard copy + e-delivery)
- 2 annual JOBNU project symposiums for stakeholders that correspond with PHN conferences in Europe (eg. Annual FENS Conference)
- Conference presentations by partners in the JOBNU project
- Contributions to existing media and newsletters

Work plan tasks and schedule for work packages 6 & 7

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
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</thead>
<tbody>
<tr>
<td>JOBNU symposium organisation</td>
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<tr>
<td>JOBNU symposium</td>
<td>2</td>
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<tr>
<td>Journal article writing workshops</td>
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<tr>
<td>with partners</td>
<td>4</td>
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</table>

Responsible partner: Prof B. Margetts, United Kingdom
### E.2. FINANCIAL PLAN
For filling out section E2, please refer to the Administrative and Financial Handbook concerning Pilot projects (including Thematic actions), Language competences, Transnational networks and Reference material.

NB: You must use the four tables below in the given format.

### E.2.1 ESTIMATED EXPENDITURES BY WORK-PACKAGE AND TYPE OF COSTS
It is recommended to foresee one specific work package for the valorisation strategy of the project (dissemination and exploitation activities)

All figures in Euro

<table>
<thead>
<tr>
<th>Work Package</th>
<th>Staff</th>
<th>Operational</th>
<th>Subcontracting</th>
<th>Total</th>
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<tr>
<td>I</td>
<td>27055</td>
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<td>27055</td>
</tr>
<tr>
<td>II</td>
<td>83520</td>
<td>30 524</td>
<td>7000</td>
<td>121 044</td>
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<tr>
<td>III</td>
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<tr>
<td>IV</td>
<td>16484</td>
<td>8 670</td>
<td>5000</td>
<td>30 154</td>
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<tr>
<td>V</td>
<td>73067</td>
<td>11 730</td>
<td>0</td>
<td>84 797</td>
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<td>VI</td>
<td>14868</td>
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<td>14 868</td>
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<tr>
<td>VII</td>
<td>20612</td>
<td>8 404</td>
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<td>29 016</td>
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<tr>
<td>VIII</td>
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<td></td>
<td>14000</td>
<td>21480</td>
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<tr>
<td>Total</td>
<td>277 112</td>
<td>71 332</td>
<td>26 000</td>
<td>374 444</td>
</tr>
</tbody>
</table>
### E.2.2 ESTIMATED STAFF NEEDS AND COST BY PARTNER

After completing this table, please copy total staff costs onto first row of table E.2.3 below.

All costs in Euro

<table>
<thead>
<tr>
<th>Staff by category:</th>
<th>Total number of days (a)</th>
<th>Cost per day (b)</th>
<th>Total staff cost (a*b)</th>
<th>P1 Karolinska Institutet</th>
<th>Project management and EU Public Health Nutrition Labour Market analysis</th>
<th>P2 University of Iceland</th>
<th>EU Consensus development of core competency and curricula</th>
<th>P3 Community Nutrition Unit, Bilbao</th>
<th>EU Public Health curricula analysis</th>
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</thead>
<tbody>
<tr>
<td>1. Managers</td>
<td>74,8</td>
<td>361,7</td>
<td>27055</td>
<td>74,8</td>
<td>290</td>
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<td>137,6</td>
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<tr>
<td>2. Researchers</td>
<td>817,1</td>
<td>281,3</td>
<td>229,861</td>
<td>361,7</td>
<td>288</td>
<td>83520</td>
<td>247,28</td>
<td>34026</td>
<td>16484</td>
</tr>
<tr>
<td>3. Teachers/trainers</td>
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<td>12716</td>
<td>289</td>
<td>7480</td>
<td>44</td>
<td>7480</td>
<td>44</td>
<td>7480</td>
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<td>4. Technical</td>
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<td>7480</td>
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<td>170</td>
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<td>5. Administrative</td>
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<td>44</td>
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<td>7480</td>
<td>7480</td>
<td>44</td>
<td>7480</td>
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<tr>
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<td>34026</td>
<td>84</td>
<td>16484</td>
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</table>

6 Indicate the average cost per day.
### E.2.2 ESTIMATED STAFF NEEDS AND COST BY PARTNER

After completing this table, please copy total staff costs onto first row of table E.2.3 below

All costs in Euro

<table>
<thead>
<tr>
<th>Staff by category:</th>
<th>P4 Trinity Center for Health Sciences WP 5: E-learning course development</th>
<th></th>
<th>P5 Institute of Human Nutrition, Southampton WP: 6,7,8</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total number of days (a)</td>
<td>Cost per day (b)</td>
<td>Total staff cost (a*b)</td>
<td>Total number of days (a)</td>
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<td>6. Managers</td>
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<td>7. Researchers</td>
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<td>44</td>
<td>289</td>
<td>12716</td>
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<td>8. Teachers/trainers</td>
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<td>9. Technical</td>
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<td>10. Administrative</td>
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<td>Total</td>
<td>244.5</td>
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<td>73067</td>
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</table>

7 Indicate the average cost per day.
Please attach detailed explanations for all operational costs and any subcontracting cost in a separate sheet.

All figures in Euro

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
<th>P1 Karolinska Institutet</th>
<th>P2 University of Iceland</th>
<th>P3 Community Nutrition Unit, Bilbao</th>
<th>P4 Trinity Center for Health Sciences</th>
<th>P5 Institute of Human Nutrition, Southampton</th>
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<tbody>
<tr>
<td><strong>A. Total staff cost (copy from E.2.2)</strong></td>
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<td>70,74</td>
<td>110 575</td>
<td>34026</td>
<td>16484</td>
<td>73067</td>
<td>42960</td>
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<td><strong>Operations:</strong></td>
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<td>Travelling 21 524</td>
<td>Travelling 3004</td>
<td>Travelling 3670</td>
<td>Travelling 2890 ICT 2840</td>
<td>Travelling 4904</td>
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<tr>
<td>2. ICT</td>
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<td>Overheads 8000 Other 100</td>
<td>Overheads 8000 Other 100</td>
<td>Overheads 4000 Other 100</td>
<td>Overheads 5000 Other 100</td>
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<tr>
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<td><strong>B. Total operational costs</strong></td>
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<td>11 730</td>
<td>8404</td>
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<tr>
<td>3. External evaluation</td>
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<td><strong>C. Total Subcontracting costs</strong></td>
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<td>7 000</td>
<td>5000</td>
<td></td>
<td></td>
<td>14 000</td>
</tr>
<tr>
<td><strong>Total cost of the project = A + B + C</strong></td>
<td>374 444</td>
<td>71,66</td>
<td>148 099</td>
<td>46 030</td>
<td>30 154</td>
<td>84 797</td>
<td>65 364</td>
</tr>
</tbody>
</table>
### E.2.4 ESTIMATED FINANCING BY TYPE OF FUNDS AND PARTNER

All figures in Euro

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>% breakdown</th>
<th>P1 Karolinska Institutet</th>
<th>P2 University of Iceland</th>
<th>P3 Community Nutrition Unit, Bilbao</th>
<th>P4 Trinity Center for Health Sciences</th>
<th>P5 Institute of Human Nutrition, Southampton</th>
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</thead>
<tbody>
<tr>
<td>Amount requested from LEONARDO DA VINCI</td>
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<td>Regional support</td>
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<td>13 045</td>
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<td>Other Community programmes&lt;sup&gt;8&lt;/sup&gt;</td>
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<td></td>
</tr>
<tr>
<td>Total financing = Total cost of project (from table E.2.3)</td>
<td>374 444</td>
<td>100</td>
<td>148 099</td>
<td>46 030</td>
<td>30 154</td>
<td>84 797</td>
<td>65 364</td>
</tr>
</tbody>
</table>

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<sup>8</sup> Only applicable to candidate countries.
ANNEX.1. LETTERS OF INTENT

- Partner organisations must provide letters of intent on their own official paper.
- The letter must not be hand-written
- It must indicate:
  - the title of the proposal
  - reference to the Leonardo da Vinci programme
  - a brief description of the partner’s role
  - the partner’s financial undertaking.
- It must bear:
  - the date
  - the signature of an authorised person and her/his position within the organisation

For eligibility purposes, full proposals must include letters of intent from the obligatory minimum number of partners. This requirement does not apply to pre-proposals.

If letters of intent were enclosed with the pre-proposal, the full proposal will be considered eligible if it includes copies of the letters previously sent. However, new letters of intent must be sent with the full proposal if any changes have occurred since the pre-proposal to the partners that make up the required minimum transnational partnership. Changes requiring new letters of intent include changes to the role or financial contribution in the project of any of the original partners, or the replacement of a partner.

Without prejudice to the previously mentioned eligibility condition, proposals accompanied by all letters of intent will be evaluated more favourably.

Originals are not obligatory in the pre-proposal and full proposals phases; copies and faxes will be accepted. If your full proposal is selected, you will be asked to provide originals before the contract is drawn up.
ANNEX.2.1  ELIGIBILITY CHECK-LIST

Please make sure that your application meets the following formal eligibility conditions. These are extensively described in section VI of the General Guide. Only proposals meeting all the eligibility conditions will go forward for qualitative assessment.

References to sections in this form are given in brackets.

☐ Compliance with the deadline, as published in the call for proposals
☐ Compliance with the minimum size of the partnership (B1 and D)
☐ Participation of at least one partner from the European Union (B1)
☐ Compliance with the following administrative rules:

  • the application is being submitted by a private, public or semi-public organisation (A.)
  • the application is written in one of the EU official languages
  • the application bears the original signature of an authorised person (A.1)
  • the application form used for the proposal is the official Leonardo da Vinci application form corresponding to the appropriate selection year (available on the Leonardo da Vinci Programme Website)
  • the application is sent to the exact addresses specified in the applicable call for proposals
  • the application is accompanied by the declaration of honour signed by the promoter (original signature) certifying that the applicant organisation is not in one of the indicated situations and that it has the financial and operational capacity for successfully implementing the proposal (A.2)
  • the pre-proposal indicates a global cost estimation of the project (B1)
  • the full proposal includes a detailed budget (E2)
  • the full proposal includes letters of intent at least for the minimum size of the partnership (F1)

ANNEX.2.2  SELECTION CRITERIA CHECK-LIST

These selection criteria only apply to full proposals submitted under procedures B and C. They are described in section VI of the General Guide.

The selection criteria make it possible to assess the promoter's financial and operational capacity to carry out the work programme and to make sure that the promoter has sufficient and stable financial sources to continue the activities throughout the project and assure its co-financing9.

For this purpose, make sure you have submitted the following documents:

9 This is due to the fact that Community financial assistance likely to be awarded to selected projects is awarded in the form of grants.
documents on the Legal Entity of the promoter:

- for private companies, associations, etc.:
  - the relevant Legal Entity Form\(^{10}\) duly completed and signed by an authorised person;
  - a copy of any official document (e.g. official journal, register of companies, etc.) showing the contractor’s name and address and the registration number given to it by the National authorities;
  - a copy of the VAT registration document if applicable and if the VAT number does not appear on the official document referred to above;

- for public organisations:\(^{11}\)
  - the relevant Legal Entity Form\(^{12}\) duly completed and signed by an authorised person;
  - copy of the resolution, law, decree or decision establishing the entity in question or, failing that, any other official document attesting to the establishment of the entity;

- the official annual accounts for the previous three financial years\(^{13}\). Public organisations\(^{14}\) are exempted from fulfilling this obligation;

- when the application for Community financial support exceeds 300,000 euro, an external audit report produced by an accredited auditor with the application. This report must certify the accounts of the last available financial year and provide an assessment of the promoting organisation’s financial viability. Public organisations\(^{15}\) are exempted from fulfilling this obligation;

- CVs of the key persons in the partnership, giving detail of the relevant professional experience;

- the financial identification form\(^{16}\) completed by the promoter and certified by the bank (original signature as required). This account or sub-account must make it possible to identify funds paid by the Commission. This account must be held in one of the countries participating in the programme.

These documents must be transmitted with the original of the proposal only. It is not necessary to include them with the various copies of the proposal requested.

---

10 The Legal Entity Form (for private companies, associations) is inserted in the application form (section A.4).
11 Including secondary and higher education institutions.
12 The Legal Entity Form (for public organisations) is inserted in the application form (section A.4).
13 “Official” means accounts certified by an appropriate external body and/or published and/or approved by the organisation’s general meeting.
14 Including secondary and higher education institutions.
15 Including secondary and higher education institutions.
16 The financial identification form is inserted in the application form (section A.5).
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46 LEONARDO DA VINCI PROGRAMME Application form annexes
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| TR | TURKEY |
## ANNEX 7. NACE CODES OF ECONOMIC ACTIVITY

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(*) applications may not be submitted in these languages.
Please choose only one box corresponding to the language in which you wish to receive the Financial Agreement and all additional official correspondence

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LEONARDO DA VINCI
Community Vocational Training Programme

Second Phase: 2000-2006

Pilot projects, Language competencies, Transnational networks

Contracting form

I, the undersigned, confirm that the attached information is correct and can be included in any eventual Agreement.

.......................................................................................................................................................

(Original signature of the legal representative of the organisation)

Name: ...................................................................................................................................................

Position within the organisation: Director of the Department of Research and Postgraduate Education............................................................................................................................

Done at:…………….. Date……………..Stamp of the Contracting organisation:
**ANNEX II.6 - PROCEDURE B - AGREEMENT 2005**

### I. INFORMATION SHEET TO BE CHECKED

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<tr>
<td><strong>Acronym:</strong></td>
<td>«JOBNUT»</td>
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<tr>
<td><strong>Project No:</strong></td>
<td>SE/06/B/F/PP-161037; d-nr 4735-2005</td>
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**Please send us a copy of the official statutes of the contracting organisation**

#### A. PROMOTING ORGANISATION

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<tr>
<th><strong>Contracting organisation:</strong></th>
<th>Karolinska Institutet</th>
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<tr>
<td><strong>Address:</strong></td>
<td>Nobelsv. 5, 171 77 - Stockholm, SWEDEN</td>
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<tr>
<td><strong>Legal representative:</strong></td>
<td>Katarina Bjelke</td>
</tr>
<tr>
<td><strong>Position:</strong></td>
<td>Director of the Department of Research and Postgraduate Education</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>++46 8 524 860 28</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>++46 8 31 03 43</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:katarina.bjelke@admin.ki.se">katarina.bjelke@admin.ki.se</a></td>
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### CO-ORDINATING ORGANISATION

To be completed only if co-ordination of the project is entrusted to an organisation other than the promoter

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II. INFORMATION TO BE UPDATED

B. SUMMARY (maximum 5 lines)

(Please write a short summary indicating project objectives, target group and partnership)

The project objectives aim to assess labour market needs of a pan-European workforce in Public Health Nutrition (PHN), to develop a set of consensus core competencies in PHN and to develop a model for accreditation and registration of PHN.

The main target groups are employer organisations and training institutions. The partnership involves five institutions specialised in public health nutrition.

C. PROJECT AIM - REVISION OF THE ACTIVITIES

Please precisely describe any proposed modifications to the project activities, following the reduction of the requested Leonardo da Vinci grant (as shown within the Consolidated Budget). Note, however, that under no circumstances, may the proposed modifications alter the objectives or products/results of the project as selected by the European Commission.

The activities are revised as to SE-P1 and IE-P4. Due to the reduction of budget there are some minor modifications: Expertise within the institutions will be working jointly on all the work package development and travel for that purpose will be used from the category “other cost” allocated to UK-P5.

In addition SE-P1 will use existing funds of the category “travelling” allocated to UK-P5 in their dissemination and valorisation strategies when attending major conferences in European labour market issues related to higher education and in the initial stage of labour market analysis.
**LIST OF PARTNERS AND BUDGET BY PARTNER**

Please provide information on all partners (including promoter and co-ordinator) in alphabetical order of country code using the table below.

<table>
<thead>
<tr>
<th>N°</th>
<th>Country code</th>
<th>Name of organisation/institution in national language</th>
<th>Org. type code</th>
<th>Region code</th>
<th>Sector code</th>
<th>Size code</th>
<th>Contact person</th>
<th>Street and No Town/City</th>
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<th>Country</th>
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<td>Karolinska Institutet</td>
<td>U</td>
<td>SE01</td>
<td>80</td>
<td>S5</td>
<td>Agneta Yngve</td>
<td>Novum, Hälsövägen, SE 141 57 Huddinge</td>
<td>+46 8 608 9209 <a href="mailto:Agneta.yngve@prevnki.se">Agneta.yngve@prevnki.se</a></td>
<td>157479</td>
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<td>University of Iceland</td>
<td>U</td>
<td>IS</td>
<td>80</td>
<td>S4</td>
<td>Inga Thorsdottir</td>
<td>University Hospital IS-101 Reykjavik Iceland</td>
<td>+354 543 8414 <a href="mailto:ingathor@landsplatali.is">ingathor@landsplatali.is</a></td>
<td>42026</td>
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<td>Community Nutrition Unit</td>
<td>U</td>
<td>ES22</td>
<td>80</td>
<td>S5</td>
<td>Carmen Perez Rodrigo</td>
<td>Luis Brillas 18; 3 Planta E 48013 Bilbao Spain</td>
<td>+34 94 420 4462 <a href="mailto:publica@wanadoo.es">publica@wanadoo.es</a></td>
<td>20484</td>
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<td>S5</td>
<td>NP Kennedy</td>
<td>St James's Hospital Dublin 8 Ireland</td>
<td>+353 1 6082135 <a href="mailto:t@tcd.ie">t@tcd.ie</a></td>
<td>80907</td>
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<td>Institute of Human Nutrition, Southampton</td>
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<td>S4</td>
<td>Barrie Margetts</td>
<td>Southampton General Hospital Southampton SO16 6YD UK</td>
<td>+44 2380794776 <a href="mailto:b.m.margetts@soton.ac.uk">b.m.margetts@soton.ac.uk</a></td>
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**TOTAL**

374 444 280 813

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1 Please use the codes provided in the application form (annexes 3-7)
2 Please provide this information also in EN, FR or DE, where available
Please add extra sheets if necessary
Dear Sir/Madam

We hereby acknowledge receipt of the contracting form concerning the above-mentioned project.

Note however that this by no means implies that this form is yet accepted.

Where this form is accepted following checking and where internal financial procedures within the Commission are concluded, two copies of the Agreement will be sent to you to be signed.

Where the form cannot be accepted as it stands, the National Agency will contact you so that you can make the necessary modifications to the document.

Please note that this letter does not constitute a formal commitment by the National Agency. It will not be legally binding before the signature of the agreement by the Commission’s legal representative.
Poster: JOBNUIT, 28-30 September, 2006, Barcelona
Introduction

Jobnut is a project funded by the EU Leonardo Da Vinci programme (Education, Audiovisual and Culture Executive Agency) and aims to develop a pan-European public health nutrition (PHN) workforce, with a particular focus on ensuring workforce quality. Participating universities in JOBNUT are; Karolinska Institutet, Sweden; University of Iceland; Community Nutrition Unit, Bilbao, Spain; Trinity College, Dublin, Ireland and Institute of Human Nutrition, Southampton, U.K. The JOBNUT project will also consult the partners from the European Network in Public Health Nutrition, which embraces 23 European training centers in Public Health Nutrition.

Materials & Methods

JOBNUT is a project consisting of six work packages that will develop the architecture for a pan-European Union (EU) quality assurance system for public health nutrition workforce development. The six work packages [and methods of data collection] include:

- EU PHN labor market analysis [employer consultation, position description analysis, graduate career pathway analysis, professional body consultation and health system analysis]
- Development of consensus between partner universities regarding core competencies and curricula [Delphi technique]
- EU PHN curricula analysis [audit against competency frameworks]
- E-learning course development
- EU training program accreditation system development
- EU registration system feasibility study

Conclusions

This project is the first attempt to develop a European quality assurance system for the workforce in the area of public health nutrition. The results from the labor market analysis will add to the limited literature available regarding capacity building investments and efforts in the field of public health nutrition. Building on previous experiences from the Nutrition Society and other professional organizations, a future licensing or registration system for public health nutritionists is foreseen.

Project duration October 2006-September 2008
Contact address: susanna.thulin@prevnut.ki.se
Poster: Quality aspects of the master in Applied Public Health Nutrition, 28-30 September, 2006, Barcelona
Quality aspects of the master in Applied Public Health Nutrition (MAPHN)

Jenny Rossen, Susanna Thulin, Bettina Ehrenblad and Agneta Yngve

The Unit of Preventive Nutrition is working to improve the quality and effectiveness of training in Public Health Nutrition.

The medical university Karolinska Institutet is emphasizing the importance of internationalization of training programmes as one important part of quality assurance.

Introduction
The unit for preventive nutrition has been involved in public health nutrition training since the early 1990’s. The courses attract a large number of students. The quality of teaching and the course content is assessed using several methods described below.

Methods
- Teacher exchange
- Student exchange
- Strict admission criteria
- External seminars
- External examiners
- Upgrading of teaching staff
- Online evaluation
- Alumni association
- International newsletter

International efforts
The current Degree of MAPHN at Karolinska Institutet has been running since 2003 and has so far produced 57 students.

Students’ nationalities:
- Sweden: 19
- Rest of Europe: 18
- Africa: 19
- Asia: 16
- Middle East: 4
- Central America: 1
- U.S: 4

Strict admission criteria are used in collaboration with national bodies. Teacher and student exchange is ongoing with 16 European universities. Recently an agreement was also signed with an Australian university. The unit is since 1997 co-ordinating the European network for public health nutrition.

External examiners assess the master thesis. Exchange teachers are regularly invited to give lectures. The teaching staff are subject to relevant updating of the evidence-base through courses conferences, external seminars and own research as well as regular updates in teaching methods and didactics. An online evaluation is performed by the students after each course module.

Challenges
Further adjustments need to be made to facilitate the mobility of students and teachers, the recognition of diplomas and to ensure international quality.

Future challenges are to develop a two year master programme, in accordance with the Bologna process, and the JOBNU project, aiming at further exploring the job-market for public health nutritionists.
Presentation of “Vocational training of public health nutritionists and beyond in Europe”, 28-30 September, 2006, Barcelona
Vocational training of public health nutritionists and beyond in Europe

Agneta Yngve

Unit for Preventive Nutrition, Karolinska Institutet, Sweden

This project is supported by Directorates General Health and Consumer Protection and Education of the European Commission.
Background

- Early 90’s: WHO Europe in collaboration with the Karolinska Institute run courses in Public Health Nutrition in Eastern Europe
- Mid 90’s: The Nutrition Society sets up a committee for identifying the necessary qualifications for a Public Health Nutritionist
- 1997: EC funds the setting up of a European Master Programme in Public Health Nutrition
- 2004: EC funds a wider European network – EUNUTNET – including a training task force
- 2005: EC funds a collaborative training project between the European Master Programmes within public health PHETICE
- 2006: The European Commission funds a vocational training development project JOBNUT
Who is the current public health nutrition professional?

- Where are they working?
- What are their responsibilities?
- How is their training linked to the current need for public health nutrition professionals?
- To what extent is the need for PHN professionals understood by decision makers and policy makers?
European Perspective

- Creation of partnerships in PHN
- Increasing the number of PHN-competent decision makers and trainers
- Preparation of future PHN professionals for the European market
Participating Universities

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<th>RVA Univ Copenhagen</th>
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<tr>
<td>National Inst of Nutrition, Rome</td>
<td>Southampton University</td>
<td>University of Vienna</td>
<td>Min of Health Slovenia</td>
</tr>
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</table>
Public Health Nutrition

“Focuses on the promotion of good health through nutrition and physical activity and the prevention of related illness in the population”

European Master’s Programme, definition 1998
Public Health Nutritionists should be able to deal with

- The derivation of scientifically based information about diet that may reduce illness and promote good health, and in promoting an understanding of the potential causal relationships between diet, physical activity and disease.

- The design, the execution, and the assessment of the effectiveness of the modes of delivery of this information appropriate to the population group or subgroup.

- The formulation of policy and programmes leading on from an analysis of the results of studies looking at the effectiveness of programmes.
Potential students
(with two to three years academic training)

Pre-requisite skills necessary
to study a Master’s in PHN

Courses
(1½ years)

Thesis
(½ year)

European Master’s in PHN

Relevant Experience

Possible future

Official Registration
Core Modules

EU Basics of Public Health Nutrition
Principles of
Nutritional Science
Public Health
Physical Activity
Health Promotion
Food Safety
Food and Culture: An integrated perspective
Assessment
Epidemiology & Biostatistics
Food and Nutrition Policy
Core Course Content Committees

- Content and learning objectives
- Educational materials
- Student assessment
- Sequence of modules
- Teaching style
- Ensure the
  - the European dimension
  - the Physical Activity dimension
Quality control

- Quality control = Internal scrutiny

- staffing, aims, content, teaching & learning methods, assessment, evaluation, resources, quality of environment - professional practice, research

- The Bologna Declaration provides a framework for a common training system over Europe (3+2+3) which will further help in the quality control and comparability
European perspectives so far

- 17 centres have written bilateral agreements for teacher and student exchange and run EU MPHN modules for students from other countries in Europe.

- Students from 15 countries have studied at least one module in another EU country.

- In total 6953 “student modules” had been produced by spring 2003; since then another >5000 if at the same level as the latest year...
Problems - solutions

- **Logistics - thorough planning**
  - Exchange programmes
  - Course development and marketing

- **Course levels and examination**
  - EU developments of common definitions - Master’s level
  - Use of ECTS - European Credit Transfer System

- **Sustainability**
  - European body which can hand out EUROPEAN certificate??
  - Securing funding on national and international level
  - Course fees?
EU Basics in Public Health Nutrition – 8 courses have been run so far; Luxembourg, Bordeaux, Stockholm, Valencia, Chania (Crete), Dublin, Southampton, Vienna.
Further developments

European Network for PHN

- Joint initiatives in *Eurodiet*
- *Joint research proposals* have been submitted to the 5th Framework
  - Pro Children study
- Joint initiatives in public health nutrition *monitoring*
- DG SANCO project European Network for public health nutrition - training, monitoring and interventions
PHETICE project funded 2005-2008

- Identifying commonalities with the other European master programmes
- Investigating possibilities for joint course modules
- Creating a common course on health monitoring
- Adjusting courses at individual universities
What next?

- EU Basics summer school 2007
- Further harmonization according to new recommendations for Master’s level
- Further work on collaboration with other European master programmes
- Further development of core curriculum
- Inclusion of all member states
- JOBNUT
JOBNUT

- Vocational training focus
- Investigation of the job market for PHN professionals in Europe
- Comparison of curricula
- Interviews with stake holders and future employers
- Feasibility study of a licensing system
Main questions

- Do governments take account of the need for training of public health nutritionists?
- Which is the main profile of those currently employed in public health nutrition?
- Which are the main obstacles for a licensing system?
- How can the workforce be empowered?
- Which core competencies can we identify for public health nutritionists employed at different levels in society – and how can these be built into a training – licensing system?
Agneta.yngve@prevnut.ki.se
Susanna.thulin@prevnut.ki.se
Student network contact: emma.patterson@prevnut.ki.se
Course Document 2006, Updated consensus document regarding the content and structure of a Master Program in Public Health Nutrition for European Universities
Course Document 2006

Updated consensus document regarding the content and structure of a Master Program in Public Health Nutrition for European Universities

On behalf of the Training Task Force, EUNUTNET

Agneta Yngve  Karolinska Institutet,  
Project Manager

Barrie Margetts  Southampton University
Inga Thorsdottir  University of Iceland
Marion Burkard  University of Giessen
Nick Kennedy  University of Dublin, Trinity College
Rolf Marteijn  Wageningen University
Susanna Thulin  Karolinska Institutet,  
International Liaison Officer

Supported by the European Commission,  
Directorate General Health and Consumer Protection
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Executive Summary

Background
Public Health Nutrition is the promotion of good health through nutrition and physical activity, and the prevention of related illness in the population.

DG Health and Consumer Protection of the European Commission has funded this project since 1997 as a step towards achieving the long-term goal of improving the health of people across Europe. To conduct an effective population based strategy requires people trained and competent in the discipline of Public Health Nutrition. This can only be effectively achieved through proper training across Europe, leading to the development of skilled and competent individuals. In order to achieve this, common standards of training must be set and monitored.

This is a part of the report of the most recent phase of the project, January 2005 to September 2006.

Task
Continued development of core modules and general course structure, adapt to new EU rules.

Outcomes
The core curriculum has been updated to include
a) health surveillance from a European perspective
b) environmental issues of relevance
c) a more student- and learning-centred approach
c) learning objectives
d) examples of examination forms
e) examination levels from A to F
e) examples of template for assessment

Future
The enhanced Course Document 2006 will support the further improvement of the European Master Programme in public health nutrition.

On behalf of the Training Task Force

Agneta Yngve
Programme Manager
Unit for Preventive Nutrition
Karolinska Institutet
Stockholm, Sweden.

Susanna Thulin
International Liaison Officer
Courses listed with Core Course Content Committee members at the time of design and to date

Principles of Nutritional Science  
*Course update:* Inga Thorsdottir, University of Iceland and Agneta Yngve, Karolinska Institutet.

*Original course committee:* Ibrahim Elmadfa, University of Vienna, Daniel Warm, University of Southampton, Inga Thorsdottir, University of Iceland and Agneta Yngve, Karolinska Institutet.

Principles of Public Health  
*Course update:* Rolf Marteijn, University of Wageningen and Agneta Yngve, Karolinska Institutet.

*Original course committee:* Aulikki Nissinen, University of Kuopio, Antonia Trichopoulou, University of Athens.

Principles of Physical Activity  
*Course update:* Jenny Rossen, Karolinska Institutet, Agneta Yngve, Karolinska Institutet.

*Original course committee:* Michael Sjöström, Karolinska Institutet, Knut-Inge Klepp, University of Oslo, Agneta Yngve, Karolinska Institutet.

Principles of Health Promotion  
*Course update:* Barrie Margetts, Southampton University, Agneta Yngve, Karolinska Institutet.

*Original course committee:* Aulikki Nissinen, University of Kuopio, Antonia Trichopoulou, University of Athens.

EU Basics in Public Health Nutrition  
*Course update:* Susanna Thulin, Karolinska Institutet and Agneta Yngve, Karolinska Institutet.

*Original course committee:* Henriette Chamouillet, European Commission, Denis Malvy, Université Victor Ségalen, Bordeaux, Michael Sjöström, Karolinska Institutet, Agneta Yngve, Karolinska Institutet, Daniel Warm, University of Southampton.

Assessment of Nutrition and Physical Activity  
*Course update:* Eric Poortvliet, Karolinska Institutet, Barrie Margetts, Southampton University and Agneta Yngve, Karolinska Institutet.

*Original course committee:* Joop van Raaij, Wageningen University, Marion Burkard, University of Giessen, Anna Ferro-Luzzi, National Institute of Nutrition, Rome, Eric Poortvliet, Karolinska Institutet
European Health Monitoring Systems
Course committee: Susanna Thulin, Karolinska Institutet, Dirk Meusel, Karolinska Institutet, Barrie Margetts, Southampton University.

Food Habits – an Integrated Approach
Course update: Marion Burkard, University of Giessen, Agneta Yngve, Karolinska Institutet

Original course committee: Maria Daniel Vaz de Almeida, University of Porto, Carmen Perez Rodrigo, University of Navarra.

Epidemiology and Biostatistics
Course update: Barrie Margetts, Southampton University, Eric Poortvliet, Karolinska Institutet

Original course committee: Barrie Margetts, University of Southampton, Johanna Haraldsdottir, Royal Veterinary and Agricultural University, Denis Malvy, Université Victor Ségalen,

Food Safety and Environment
Course update: Nick Kennedy, Trinity College, Dublin and Claus Leitzmann, University of Giessen.

Original course committee: Michael Gibney, Trinity College, Dublin.

Food and Nutrition Policy
Course update: Rolf Marteijn, Wageningen University, Susanna Thulin, Karolinska Institutet

Original course committee: Agneta Yngve, Karolinska Institutet, Anna Ferro-Luzzi, National Institute of Nutrition, Rome, Marion Burkhard, University of Giessen, Anne-Marie Remaut de Winter, University of Gent, Antonia Trichopoulou, University of Athens.

Research Project and Thesis
The training taskforce has together formulated and discussed the updated content of the Research Project and Thesis.
Principles of Nutritional Science

ECTS 15
Prerequisites None

Aim
To develop students’ knowledge & understanding of the fundamental principles of food and nutrition science relevant to public health in Europe, in order to enable students to develop strategies for life long learning in nutrition science.

Learning Outcomes
After the module students are expected to:

• Understand and critically evaluate the current energy and nutrient reference values in a few European countries
• Be able to critically evaluate variations in nutritional demand due to physical activity level, age and gender, physiological and health status
• Be able to explain proposed mechanisms of nutritional or health risk in varied or novel situations
• Have established strategies for learning and continuing academic development in nutritional science
• Be able to search for and summarize relevant scientific material within the area of public health nutrition.

By the term “critically evaluate”, we mean to show a certain level of critical and independent thinking. Examples of different levels are shown in the assessment template.

Course Content
1. Fundamental concepts of nutrition, such as essentiality, bio-availability, balance, turnover, requirements and dietary reference values (etc), as they apply to:
   • Energy and macronutrients: carbohydrates, non-starch polysaccharides, fat, protein, alcohol, water & electrolytes, energy intake & expenditure (including physical activity) and body weight
   • Micronutrients and other components of food: vitamins, minerals, non-nutritive components, functional foods, supplements
2. Interaction of nutrition with physical activity, physiological status (during the life cycle)

European Dimension
Examples will be used from across Europe, for diet, nutritional reference values and guidelines. If possible, teacher exchange within Europe is used within this module, in order to further strengthen the European dimension.

Physical Activity Dimension
This is integral to the objectives for and content of this module, as part of energy expenditure and balance and as an influence on demand for and consumption of nutrients.
**Teaching and Learning Activities**

The course will include case learning principles, where each student has to complete two cases, Case 1 and Case 2, where the first is an individual assignment and the latter is prepared in pairs. Lectures supported by extensive reading before and during the module.

**Case 1.** Diet food and nutrients. Participants will be asked to assess the sources of nutrients in their own diets compared with national and European patterns. How do they compare? What are the differences? Report on how the results compare to European, national and international reference values or guidelines.

**Case 2.** One specific gender and age group is chosen in a European country, and investigated from the point of view of dietary intake – nutrient status and requirements, looking at food sources, problematic micronutrients and safe levels of intake. A joint written report is to be produced and shared with the class in a short presentation.

These problem based activities will be designed to ensure that students are involved in ‘complex, unpredictable and, normally, specialised situations demanding innovative work, which may involve exploring the limits of knowledge’ consistent with master’s level.

**Assessment**

According to assessment template, on each of the learning objectives, based on the written reports on the problem based learning activities and a home examination.

**Notes**

Students from a non-nutrition background must be willing to devote time to extensive prior reading as well as develop their nutritional knowledge continually during the module.
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<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
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<tbody>
<tr>
<td>Understand and critically evaluate the current energy and nutrient reference values in a few European countries</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between basic concepts. Unclear critical evaluation</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts, single or simple critical evaluation</td>
<td>Considerable knowledge, clear connections between concepts, clear and profound critical evaluation from one or several aspects</td>
<td>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, up to the point and interesting critical evaluation from several aspects</td>
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<tr>
<td>Be able to critically evaluate variations in nutritional demand due to physical activity level, age and gender, physiological and health status</td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between the fundamental determinants of nutritional demands. Lack of or incomprehensible critical evaluation</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between the fundamental determinants of nutritional demands. Unclear critical evaluation</td>
<td>Limited knowledge without major misunderstandings, with single or weak connections between the fundamental determinants of nutritional demands. Single or simple critical evaluation</td>
<td>Considerable knowledge, clear connections between the fundamental determinants of nutritional demands. Clear and profound critical evaluation from one or several aspects</td>
<td>Considerable and deep knowledge, clear connections between the fundamental determinants of nutritional demands on a principal or theoretical level, up to the point and interesting critical evaluation from several aspects</td>
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</tr>
<tr>
<td>Be able to explain proposed mechanisms of nutritional or health risks in varied or novel situations</td>
<td>Irrelevant or unrealistic explanations of mechanisms. Lack of mechanistic understanding</td>
<td>Irrelevant explanations of mechanisms with some misunderstandings</td>
<td>Relevant explanations of mechanisms without major misunderstandings</td>
<td>Clear and relevant explanations of mechanisms</td>
<td>Clear, relevant, and pedagogical explanations of mechanisms, demonstrating in depth knowledge of the area</td>
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<tr>
<td>Have established strategies for learning and continuing academic development in nutritional science</td>
<td>No clear strategies for continued learning and development</td>
<td>Limited strategies for continued learning and development</td>
<td>Relevant strategies for some continued learning and development</td>
<td>Clear and relevant, realistic strategies for continued learning and development</td>
<td>Clear, relevant and developed in depth strategies for continued learning and development</td>
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<tr>
<td>Be able to search for and summarize relevant scientific material within the area of public health nutrition.</td>
<td>Very limited summary of scientific information, including lack of clarity and relevance in performance of the search. Substantial misunderstandings.</td>
<td>Limited summary of scientific information, some lack of clarity or relevance in performance of search. Some misunderstandings.</td>
<td>Limited summary of scientific information, without major misunderstandings. Some clarity or relevance in performance of search</td>
<td>Clear and relevant summary of scientific information. Clarity and relevance in performance of search</td>
<td>Very clear, relevant and excellent summary of scientific information with complete and in depth presentation of methodology and limitations of search.</td>
<td></td>
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</table>
**Principles of Public Health**

ECTS 10 credit points

**Pre-requisites** None

**Aim**
To enable students to develop knowledge and understanding of the fundamental theories and concepts of public health to underpin further learning and professional practice of Public Health Nutrition in Europe.

**Learning outcomes**
After the module students are expected to:

- Be able to describe the current national and European public health issues at the international context and critically evaluate their relation to nutrition
- Be able to define and find the solution to an important public health problem
- Be able to identify the sources of support which will facilitate evaluation and criticisms of existing systems
- Know and critically evaluate the basic underpinning documents in public health in the European context

**Content**
1. Public health in historical perspective:
   - Public health ideology “human rights”, public health history, health inequalities, the industrial revolution and health, the scientific revolution and health, health sociology
2. Health systems:
   - Evolution, legislation, comparison and criticisms of health systems in the European context; how the political and health systems influence nutrition education
3. Introduction to biostatistics and epidemiology:
   - Measures effect and measures of association, health indicators; demography, patterns of health and disease in Europe. Health and nutrition surveillance.
4. Health economics:
   - Principles of economics: macro- and micro desirability and feasibility of health and nutrition policies.
5. Environment
   - Environment and health, implications of environmental policies for nutrition and physical activity
6. Public health policy
   - How public health policy is related to nutrition policy and to common agricultural policy. Interactions between health, nutrition (including physical activity) and agricultural policies.

**European Dimension**
The module will primarily use European data, reports, legislation, as well as other information and resources
Physical Activity Dimension
Physical activity will be included in relation to health, nutrition and environment (i.a.).

Teaching and Learning Approaches
Lectures, seminars, group work for case or problem, distance learning.

Assessment
Unseen written examination. Assessment of written reports on solutions to problems.
<table>
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<th>Learning objective</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
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<th>A (Ultimate)</th>
</tr>
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<tbody>
<tr>
<td>Be able to describe the current national and European public health issues at the international context and critically evaluate their relation to nutrition</td>
<td>Fail</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Pass</td>
<td>More than E, less than C</td>
<td>Considerable knowledge, clear description of public health problems, clear connections between the concepts, clear and profound critical evaluation from one or several aspects</td>
<td>More than C, less than A</td>
<td>Considerable and deep knowledge, description of public health problems, clear connections between the concepts on a principal or theoretical level, up to the point and interesting critical evaluation from several aspects</td>
</tr>
<tr>
<td>Be able to define and find the solution to an important public health problem</td>
<td>No conceptual understanding of public health problems or substantial misunderstandings. Lack of connection between the fundamental determinants of public health problems.</td>
<td>Limited conceptual understanding of public health problems with some misunderstandings. Very few or unclear connections between the fundamental determinants of public health problems.</td>
<td>Limited conceptual understanding of public health problems without misunderstandings, with single or weak connections between the fundamental determinants of public health problems.</td>
<td>Considerable conceptual understanding of public health problems, clear connections between problems and solutions of public health issues.</td>
<td>Considerable and deep conceptual understanding of public health problems, clear connections between problems and solutions of public health issues. Demonstration of critical problem-solving.</td>
<td></td>
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</tr>
<tr>
<td>Be able to identify the sources of support which will facilitate evaluation and criticisms of existing systems</td>
<td>Very limited knowledge of the theoretical perspectives of public health systems.</td>
<td>Irrelevant identification of sources with some misunderstandings</td>
<td>Relevant identification of sources without major misunderstandings</td>
<td>Clear and relevant identification of sources.</td>
<td>Clear, relevant identification of sources, demonstrating in depth knowledge of the area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know and critically evaluate the basic underpinning documents in public health in the European context</td>
<td>Lack of knowledge and incomprehensible critical evaluation of the theoretical underpinnings of public health strategies and aims.</td>
<td>Limited basic knowledge. Unclear critical evaluation of the theoretical underpinnings of public health strategies and aims.</td>
<td>Limited knowledge. Single or simple critical evaluation of the theoretical underpinnings of public health strategies and aims.</td>
<td>Considerable knowledge and clear and profound critical evaluation of the theoretical underpinnings of public health strategies and aims.</td>
<td>Considerable and deep knowledge and interesting critical evaluation of the theoretical underpinnings of public health strategies and aims from several aspects.</td>
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</tr>
</tbody>
</table>
Principles of Physical Activity

ECTS 5 credit points.

Prerequisites none.

Aims
1. To provide students with an understanding of the meaning of the terms used in health-enhancing physical activity and exercise physiology
2. To provide students with detailed theoretical knowledge and understanding of the way physical activity affects human physiology and health development from a public health perspective
3. To enable students to contribute effectively to discussions concerning physical activity, it’s relationship with nutrition (and other lifestyle factors) and their effect on health.

Objectives
By the end of the module, students will be able to:
1. Explain the fundamentals of exercise physiology
2. Understand the theory behind the measurement of physical activity and fitness (background to the assessment module)
3. Understand the importance of physical activity in relation to nutrition
4. Understand the fundamental theory behind the health enhancing effects of physical activity.
5. Understand support systems and fundamental obstacles for physical activity
6. Know about the present organisation of physical activity promoting structures in society.

Contents
Introduction to health-enhancing physical activity and exercise physiology
Exercise physiology and fitness development
Physical activity and health relationships
Physical activity patterns in Europe
Pathophysiology of physical activity
Socio-economic differences
Physical activity and risk
Physical activity and transportation
Environmental aspects
Guidelines and recommendations
Physical activity promotion
Introduction to assessment

Teaching and Learning Approaches
Lectures, seminars, group discussions, practicals

European Dimension
Patterns of physical activity/inactivity across Europe
Organisation in Europe
Guidelines and recommendations in Europe
Assessment
Unseen written examination.
<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Know the fundamentals of exercise physiology</strong></td>
<td>Fail</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Pass</td>
<td>More than E, less than C</td>
<td>Considerable knowledge, clear connections between concepts.</td>
<td>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, clearly demonstrating in depth understanding.</td>
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<tr>
<td><strong>Understand the theory behind the measurement of physical activity and fitness</strong></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between basic concepts.</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between basic concepts.</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts.</td>
<td>Considerable knowledge of the scientific methods behind the measurement of physical activity and fitness.</td>
<td>Considerable and deep knowledge of the scientific methods behind the measurement of physical activity and fitness, clearly demonstrating in depth understanding.</td>
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<tr>
<td><strong>Understand the fundamental theory behind the health enhancing effects of physical activity</strong></td>
<td>Very limited knowledge or substantial misunderstandings of the scientific methods behind the measurement of physical activity and fitness.</td>
<td>Limited basic knowledge with some misunderstandings of the scientific methods behind the measurement of physical activity and fitness.</td>
<td>Limited knowledge without major misunderstandings, of the scientific methods behind the measurement of physical activity and fitness.</td>
<td>Considerable knowledge of the theories behind the health enhancing effects of physical activity.</td>
<td>Considerable and deep knowledge of the theories behind the health enhancing effects of physical activity, clearly demonstrating in depth understanding.</td>
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</tr>
<tr>
<td><strong>Understand the importance of physical activity in relation to nutrition</strong></td>
<td>Very limited knowledge or substantial misunderstandings of the theories behind the health enhancing effects of physical activity.</td>
<td>Limited basic knowledge with some misunderstandings of the theories behind the health enhancing effects of physical activity.</td>
<td>Limited knowledge without major misunderstandings, of the theories behind the health enhancing effects of physical activity.</td>
<td>Considerable knowledge and understanding of the relationships between physical activity and nutrition.</td>
<td>Considerable and deep knowledge and demonstration of the relationships between physical activity and nutrition, clearly demonstrating in depth understanding.</td>
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</tr>
<tr>
<td><strong>Understand support systems and fundamental obstacles for physical activity</strong></td>
<td>Very limited knowledge or substantial misunderstandings of the support systems and fundamental obstacles for physical activity.</td>
<td>Limited basic knowledge with some misunderstandings of the support systems and fundamental obstacles for physical activity.</td>
<td>Limited knowledge without major misunderstandings of the support systems and fundamental obstacles for physical activity.</td>
<td>Considerable understanding of the support systems and fundamental obstacles for physical activity.</td>
<td>Considerable and deep knowledge of the support systems and fundamental obstacles for physical activity, clearly demonstrating in depth understanding.</td>
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<tr>
<td><strong>Know about the present organisation of physical activity promoting structures in society</strong></td>
<td>Very limited knowledge or substantial misunderstandings of the present structure and organisation of society and its relationships to physical activity promotion.</td>
<td>Limited basic knowledge with some misunderstandings of the structure and organisation of society and its relationships to physical activity promotion.</td>
<td>Limited knowledge without major misunderstandings of the structure and organisation of society and its relationships to physical activity promotion.</td>
<td>Considerable knowledge and understanding of the structure and organisation of society and its relationships to physical activity promotion.</td>
<td>Considerable and deep knowledge of the structure and organisation of society and its relationships to physical activity promotion, clearly demonstrating in depth understanding.</td>
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</tbody>
</table>
Principles of Health Promotion

ECTS 10 credit points

Prerequisites Desirable: 55 – 60 credit points, including Principles of Public Health

Aim
To equip students with detailed theoretical knowledge and understanding of health promotion they need to be able to contribute effectively to planning, implementation and evaluation of nutrition and health promotion

Objective
After the course each student will show that he/she:

• Knows the principles and key components of the practice of health education and health promotion policies and programs
• Can translate the current scientific knowledge about relationships between nutrition and health into nutrition guidelines and subsequently into targets and food-based advice which are relevant in socio-cultural context (considering differences between by age, gender, ethnicity and between different geographic reasons), at population and/or sub population levels
• Is able to design and implement intervention projects and programs, masters methods for monitoring and evaluating effectiveness and efficacy
• Understands the sociology and politics of institutions, stake holders, agents and agencies in national and global food and public health systems; sustain ability and equality in public health nutrition programs
• Knows theory and critical appraisal of public health food and nutrition policies at population (national and regional) and international levels

Content
1. Theories of health education and health promotion
2. Concept of community organisations
3. Leadership in health promotion
4. Planning, implementing and assessment of health promotion program
5. European dimension of public health and health promotion
6. Identification of health problems, European and global:  
   - social and health policy; health indicators; immigration; minorities; legislation

European Dimension
This will be integral to the module and will draw on the European thesaurus, frameworks, institutions, databases for patterns of health, diet, nutrition and physical activity and other lifestyle or health behaviours.

Physical Activity Dimension
Students will be encouraged to relate nutrition to physical activity as integral parts of part of the promotion of healthy lifestyles.

Teaching and Learning Approaches
Lectures, seminars, group work
Assessment
Unseen written examinations and / assessment of written reports on assignments (case study or solution to problem)
### Assessment template: Principles of Health Promotion

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>Fail (A)</th>
<th>Fx (B)</th>
<th>Pass (C)</th>
<th>More than E, less than C (D)</th>
<th>More than C, less than A (E)</th>
<th>Considerable knowledge, clear connections between concepts, and profound critical evaluation from one or several aspects (F)</th>
<th>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, and interesting critical evaluation from several aspects (G)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Know the principles and key components of the practice of health education and health promotion policies and programs</strong></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between basic concepts. Lack of or incomprehensible critical evaluation</td>
<td>Limited basic knowledge with some misunderstandings. Few or unclear connections between basic concepts. Unclear critical evaluation</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts, single or simple critical evaluation</td>
<td>Considerable knowledge, clear connections between concepts, and profound critical evaluation from one or several aspects</td>
<td>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, and interesting critical evaluation from several aspects</td>
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<tr>
<td><strong>Translate the current scientific knowledge about relationships between nutrition and health into nutrition guidelines and subsequently into targets and food based advice which are relevant in sociocultural context at population and/or sub population levels</strong></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between the scientific evidence and nutrition guidelines, and food based advice. Lack of understanding of relevant sociocultural contexts and/or population levels</td>
<td>Limited basic knowledge with some misunderstandings. Few or unclear connections between scientific evidence and nutrition guidelines, and food based advice. Unclear understanding of relevant sociocultural contexts and/or population levels</td>
<td>Limited knowledge without major misunderstandings, with single or weak connections between the scientific evidence and nutrition guidelines, and food based advice. Weak understanding of relevant sociocultural contexts and/or population levels</td>
<td>Considerable knowledge, clear connections between the scientific evidence and nutrition guidelines, and food based advice. Clear understanding of relevant sociocultural contexts and/or population levels</td>
<td>Considerable and deep knowledge, clear connections between the scientific evidence and nutrition guidelines, food based advice and targets. Clear understanding of relevant sociocultural contexts and/or population levels</td>
<td></td>
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<tr>
<td><strong>Be able to design and implement intervention projects and programs, masters methods for monitoring and evaluating effectiveness and efficacy</strong></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between determinants and strategies. Lack of or incomprehensible evaluation strategies</td>
<td>Limited basic knowledge with some misunderstandings. Few or unclear connections between determinants and strategies. Irrelevant evaluation strategies</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between determinants and strategies. Simple evaluation strategies</td>
<td>Considerable knowledge, clear connections between determinants and strategies. Clear and relevant evaluation strategies from one or several aspects of effectiveness and efficacy</td>
<td>Considerable and deep knowledge, clear connections between determinants and strategies Relevant and interesting process and outcome evaluation from several aspects of effectiveness and efficacy</td>
<td></td>
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<tr>
<td><strong>Understand the sociology and politics of institutions, stakeholders, agents and agencies in national and global food and public health systems; sustainability and equality in public health nutrition programs</strong></td>
<td>Very limited understanding or substantial misunderstandings. Lack of connection between basic concepts and the public health system</td>
<td>Limited basic understanding with some misunderstandings. Very few or unclear connections between basic concepts and the public health system</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts and the public health system</td>
<td>Considerable knowledge of the different actors and structures of the public health system, clear connections between concepts</td>
<td>Considerable and deep knowledge of the different actors and structures of the public health system, clear connections between the concepts on a principal or theoretical level</td>
<td></td>
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</tr>
<tr>
<td><strong>Know theory and critical appraisal of public health food and nutrition policies at population (national and regional) and international levels</strong></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between basic concepts. Lack of or incomprehensible critical evaluation</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between basic concepts. Unclear critical evaluation</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts, single or simple critical evaluation</td>
<td>Considerable knowledge, clear connections between concepts, and profound critical evaluation from one or several aspects</td>
<td>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, and interesting critical evaluation from several aspects</td>
<td></td>
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</tbody>
</table>
EU Basics in Public Health Nutrition

ECTS 5

Aims
1. To provide students with detailed theoretical knowledge and understanding of the way the European Union is organised and functions
2. To enable students to contribute effectively to lobbying, planning and policy making on the European arena
3. To provide students with an understanding of the meaning of added value in European Community – wide and international collaboration
4. To facilitate networking and co-operation among students from different member states in the EU

Objectives
By the end of the module, each student should be able to show that he/she:

- Knows about the present organisation of the European Union, and to how to get updates on developments
- Understands the underlying regulations for public health nutrition in EU and how this corresponds to EFTA countries, Eastern European countries and the rest of the world
- Can critically appraise the role and functions of the European Commission, in public health nutrition
- Is motivated to contribute actively to foster a European Communities perspective in public health nutrition policy and professional practice.

Content
The module will support the EU Dimensions in the rest of the course by developing students’ detailed knowledge about:

- History of the EU, present organisation, funding and governance, possible future developments including implications of expansion
- Countries’ representation in relevant committees in the European Commission; Lobby groups in the EU
- Commission Directorate Generals dealing with nutrition, physical activity and health and related sectors
- Surveillance and data gathering related to health, life style, risk groups and risk factor assessment
- Recommendations and guidelines on nutrition, physical activity and health in Europe
- Agricultural policy within EU – in support of the details learnt in other modules.
- Aid, trade and international relations and regulations.
- Research with emphasis on project funding.

European Dimension
The whole module
Physical Activity Dimension
Students will be encouraged to analyse the extent to which nutrition and physical activity are the subjects of recommendations and guidelines and how research funding can be found for both. Committees that consider Physical Activity in the EU e.g. as a risk factor to be assessed and monitored.

Teaching and Learning Approaches
• Attendance at ONE summer school is mandatory
• There is one assignment that is formative, not summative

Lectures and seminars in a mobile manner, somewhere in Europe, organised by local partner in collaboration with the European Commission, as a Summer School. Completed with a distance learning section.

Assessment
Formative assessment of a draft written funding proposal written by students in groups.
## Assessment Template: EU Basics in Public Health Nutrition

| Learning objective                                                                 | F Fail                                                                                                                                                                                                                                                                                                                                 | Fx Fail, with possibility for submitting additional work                                                                                                                                                                                                                                                                       | E Pass                                                                                                                                                                                                                                                                                                                                                     | D More than E, less than C                                                                                                                                                                                                                                                                                                                                 | C More than C, less than A                                                                                                                                                                                                                                                                                                                                 | B More than A, (Ultimate)                                                                                                                                                                                                                                                                                                                                 | A Considerable knowledge and deep understanding of the present organisation of the European Union, and demonstration of how to get updates on developments.                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Know about the present organisation of the European Union, and how to get updates on developments | Very limited knowledge or substantial misunderstandings of the present organisation of the European Union and how to get updates on developments                                                                                                                                                                                                                                                                                                                                                           | Limited basic knowledge with some misunderstandings of the present organisation of the European Union and how to get updates on developments.                                                                                                                                                                                                                                                  | Limited knowledge without major misunderstandings of the present organisation of the European Union and how to get updates on developments.                                                                                                                                                                                                                     | Considerable knowledge and clear understanding of the present organisation of the European Union and how to get updates on developments.                                                                                                                                                                                                                                                   | Considerable knowledge and clear understanding of the present organisation of the European Union and demonstration of how to get updates on developments.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |
| Understand the underlying regulations for public health nutrition in EU.          | Very limited knowledge or substantial misunderstandings of the underlying regulations for public health nutrition in EU.                                                                                                                                                                                                                                                                                                                                                                        | Limited basic knowledge with some misunderstandings of the underlying regulations for public health nutrition in EU.                                                                                                                                                                                                                                                                  | Limited knowledge without major misunderstandings of the underlying regulations for public health nutrition in EU.                                                                                                                                                                                                                                                | Considerable knowledge and understanding of the underlying regulations for public health nutrition in EU.                                                                                                                                                                                                                                           | Considerable knowledge and deep understanding of the underlying regulations for public health nutrition in EU.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |
| Be able to critically appraise the role and functions of the European Commission, in public health nutrition | Inability or to critically discuss the role and functions of the European Commission, from a public health nutrition perspective.                                                                                                                                                                                                                                                                                                                                                       | Limited ability with some flaws to critically discuss the role and functions of the European Commission, from a public health nutrition perspective.                                                                                                                                                                                                                                        | Limited ability to critically without major flaws to critically discuss the role and functions of the European Commission, from a public health nutrition perspective.                                                                                                                                                                                                 | Considerable ability to critically discuss the role and functions of the European Commission, from a public health nutrition perspective.                                                                                                                                                                                                                          | Considerable ability to critically discuss and demonstrate the role and functions of the European Commission, from a public health nutrition perspective.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |
| Be motivated to contribute actively to foster a European Communities perspective in public health nutrition policy and professional practice. | Non active in group discussions about how to build in a European dimension in public health nutrition policy and professional practice.                                                                                                                                                                                                                                                                                                                                         | Present but non active in group discussions about how to build in a European dimension in public health nutrition policy and professional practice.                                                                                                                                                                                                                                       | Present and to some extent active in group discussions about how to build in a European dimension in public health nutrition policy and professional practice.                                                                                                                                                                                                 | Active in group discussions about how to build in a European dimension in public health nutrition policy and professional practice.                                                                                                                                                                                                                     | Active and able to demonstrate creativity in how to build in a European dimension in public health nutrition policy and professional practice.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |
| Be able to write a proposal with a European dimension for funding to the European Commission based on the underlying regulations and criteria. | Substantial misunderstanding of the underlying regulations and criteria and non active in writing a proposal for funding to the European Commission                                                                                                                                                                                                                                                                                                                                               | Some misunderstandings of the underlying regulations and criteria. Some parts missing (budget etc) in the proposal for funding to the European Commission                                                                                                                                                                                                                                      | Proposal completed with no major misunderstandings of the underlying regulations and criteria. European dimension defined.                                                                                                                                                                                                                                                      | Interesting and creative proposal based on the underlying regulations and criteria. European dimension clearly defined.                                                                                                                                                                                                                                      | Very innovative and creative proposal based on the underlying regulations and criteria. European dimension clearly defined. Complete and in depth presentation of how the proposal matches criteria.                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |
Assessment of Nutrition and Physical Activity

ECTS 10 credit points


Aims
By the end of the module each student will be able to:
1. Choose and defend the appropriateness of their choices of methods for each of a varied range of purposes and
2. Critically evaluate the uses and limitations of each of the assessment methodologies
3. Competently perform assessment methods

Objectives
By the end of the module each student will be able to:

a) Dietary assessment
   - Describe the advantages and limitations of methods of dietary assessment viz. 24-hour recall, food record, food frequency, diet history
   - Define the sources of error in dietary assessment and describe the relative importance for these different methods
   - Describe methods for calibration
   - Perform dietary assessments including the use of appropriate European and other food intake data bases and nutrient analysis software

b) Anthropometry
   - Describe the advantages and limitations of anthropometric assessment
   - Describe the sources of error in nutritional anthropometry
   - Describe the most common anthropometric methods and indices and their calibration
   - Use appropriate types of anthropometric reference data for different population groups
   - Perform anthropometric measurements, including skinfolds at 4 sites

c) Physical activity assessment
   - Demonstrate understanding of the relationship between physical activity, fitness and health and the differences between physical activity, exercise and physical fitness
   - Describe methods for the assessment of aerobic fitness
   - Show understanding of and be able to define the components of total energy expenditure as well as patterns of physical activity
   - Describe the main methods, the physiological principles upon which assessment of physical activity is based and the advantages and limitations of: indirect calorimetry (laboratory, ambulatory), the doubly-labelled water method (DLW); the minute-by-minute heart rate monitoring; the diary method; movement assessment devices; questionnaires
   - Make each of the following measurements, and after data entry, calculate TEE, RMR and 24 hour energy expenditure:
24 hour activity diary; other indirect calorimetry measurements; minute-by-minute heart rate monitoring; 24 hour CSA activity measurement, and activity profile calculation.

**Content**
Introduction builds on Principles of Nutritional Science to:

- Review and develop students’ knowledge of understanding of the purposes of each type of assessment (*i.e.*, research, screening and surveillance, problem solving, baseline data)
- Selection of assessment strategy (objectives, criteria, logistics, time, cost/benefit)
- Introduces the theory and practice of validation and measurement error

*a) Nutritional status*
Body composition
Biochemical and molecular indicators
Functional indicators
Pathophysiological indicators (blood pressure, bone density)
European references/standards (cut-off values, reference values, quality control in labs, cross-lab standards)

*b) Dietary intakes*
Methods: advantages and limitations
Selection of methods (deciding on variables, targeting, questions, selecting databases)
Tables of food composition
Reference values, their background and use

*c) Energy expenditure and physical activity levels*
Methods for assessment
Need for European standardisation
Unanswered questions
Other lifestyles

*d) Assessment of potential value of combining two or more assessment strategies to integrate the sub-topics.*

**European Dimension**
The reference values, databases and other resources, issues of standardisation and the problems considered will be (mainly) European.

**Physical Activity Dimension**
This is an integral and major part of the objectives and content of this module.

**Teaching and Learning Approaches**
- Lecture and learning guides may introduce sub-topics that will be integrated through a critical evaluation of scientific articles as the basis for problem based learning. The lectures and students’ discussions would support practical sessions in each sub-topic.
- Practical – for the demonstration of and performing assessment measurements (biochemical, physiological and computer laboratory)

- Seminars / tutorials for discussion of problems from the literature and practicals

**Assessment**

Written reports of solutions to problems for in each type of assessment method.
## Assessment Template: Assessment of Nutrition and Physical Activity

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to choose and defend the appropriateness of</td>
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<td>their choices of methods for each of a varied range</td>
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<td>of purposes and level of validity on population,</td>
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<td>group and individual level</td>
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<tr>
<td></td>
<td>Fail</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Pass</td>
<td>More than E, less than C</td>
<td>Considerable knowledge, with clear connections between choice and purpose of methods</td>
<td>More than C, less than A</td>
<td>(Ultimate)</td>
</tr>
<tr>
<td></td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between choice and purpose of methods</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between choice and purpose of methods</td>
<td>Limited knowledge without major misunderstandings, single or weak connection between choice and purpose of methods</td>
<td>Considerable knowledge, with clear connections between choice and purpose of methods</td>
<td>Considerable and deep knowledge, with clear connections between choice and purpose of methods on a principal or theoretical level, up to the point</td>
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<td>Be able to critically evaluate the uses and</td>
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<td>limitations of each of the assessment methodologies</td>
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<td>within physical activity and fitness, anthropometry</td>
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<td>and dietary intake</td>
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<td></td>
<td>Lack of or incomprehensible critical evaluation of the uses and limitations of each of the methodologies</td>
<td>Unclear critical evaluation of the uses and limitations of each of the methodologies</td>
<td>Single or simple critical evaluation of the uses and limitations of each of the methodologies</td>
<td>Clear and profound critical evaluation from one or several aspects of the uses and limitations of each of the methodologies</td>
<td>Interesting critical evaluation from several aspects of the uses and limitations of each of the methodologies</td>
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<tr>
<td>Confidently perform assessment methods</td>
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<td></td>
<td>Substantial misunderstandings and failure to perform assessment methods correctly</td>
<td>Some misunderstandings and uncertainty performing assessment methods</td>
<td>Limited confidence performing assessment methods</td>
<td>Confidently perform assessment methods and discuss the result in relation to validity and reliability</td>
<td>High confidence performing assessment methods and discussing the results on a principal or theoretical level, up to the point demonstrating in depth understanding of the area</td>
<td></td>
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</tbody>
</table>
Monitoring in Public Health

ECTS 7.5 credits points

Prerequisites: Successful completion of Principles of Nutrition Science, Principles of Public Health, Assessment. Students with limited statistical experience should read starred * titles before the module.

Aim
To enable students to collect data, interpret data and to communicate health information to decision-makers and policy-makers at a national and European level.

Learning outcomes
By the end of the module the students are expected to:
1. Be able to critically assess which indicators to use, especially on a national level but also on a local, regional and global level, for monitoring progress in public health.
2. Understand the complicated structure and implementation of surveillance systems on national and international level
3. Know and understand the regulatory documents underlying the current planning of surveillance systems for the European Union and WHO
4. Be able to critically evaluate components of the European surveillance system
5. Be able to discuss how results from the European surveillance system should relate to recommendations and guidelines in, for example, the area of diet and physical activity

Content
• Categories of health indicators
• Surveillance system and information requirements at an international level
• The relevance and feasibility of certain indicators at an international level
• The selectivity of indicators for monitoring progress in an international perspective

European Dimension
All data and examples of research literature explicitly: European/International, especially regarding Health Information from the Health Monitoring Programme (HPM), ECHI I & II, ECHIM and from Eurostat, OECD and the WHO.
Teaching and Learning Approaches
The course will use a problem-based learning approach. Fundamental concepts will be covered in didactic lectures, supported by prior reading and followed by seminar and discussion group work.

For each type of monitoring learning process, students will be asked to do the following:

1. Critically review, and present to the group, the strengths and weaknesses of data and data collection methods relevant for public health issues at a European level.
2. Write a report (in a team) on how data should be interpreted and translated into public health problem at a European level and present the findings to the group for comment and discussion.

Assessment
Will be by continuous assessment of performance in group work and written reports and home examination.
### Assessment Template: Monitoring in Public Health

<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F (Fail)</th>
<th>Fx (Fail, with possibility for submitting additional work)</th>
<th>E (Pass)</th>
<th>D (More than E, less than C)</th>
<th>C (Considerable knowledge, clear critical assessment regarding which indicators to use.)</th>
<th>B (More than C, less than A)</th>
<th>A (Ultimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to critically assess which indicators to use, especially on a national level but also on a local, regional, and global level, for monitoring progress in public health.</td>
<td>Very limited knowledge or substantial misunderstandings. Lack of critical assessment regarding which indicators to use.</td>
<td>Limited basic knowledge with some misunderstandings. Unclear critical assessment regarding which indicators to use.</td>
<td>Limited knowledge without major misunderstandings, single or weak critical assessment regarding which indicators to use.</td>
<td>Considerable knowledge, clear critical assessment regarding which indicators to use.</td>
<td>Considerable and deep knowledge, clear critical assessment regarding which indicators to use and ability to demonstrate an innovative application to new contexts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the structure and implementation of surveillance systems on national and international level</td>
<td>Very limited knowledge or substantial misunderstandings of how different contexts requires different surveillance systems.</td>
<td>Limited basic knowledge with some misunderstandings of how different contexts requires different surveillance systems.</td>
<td>Limited knowledge without major misunderstandings, of how different contexts requires different surveillance systems.</td>
<td>Considerable knowledge of how different contexts requires different surveillance systems.</td>
<td>Considerable and deep knowledge of how different contexts require different surveillance systems. Demonstration of how contexts influence the implementation on an abstract theoretical level.</td>
<td></td>
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</tr>
<tr>
<td>Know and understand the regulatory documents underlying the current planning of surveillance systems for the European Union and WHO</td>
<td>Very limited knowledge of the regulations which underpins the EU and international health monitoring system.</td>
<td>Limited basic knowledge with some misunderstandings of the regulations which underpins the EU and international health monitoring system.</td>
<td>Limited knowledge without major misunderstandings of the regulations which underpins the EU and international health monitoring system.</td>
<td>Considerable knowledge of the regulations which underpins the EU and international health monitoring system.</td>
<td>Considerable and deep knowledge of the regulations which underpins the EU and international health monitoring system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to critically evaluate components of the European surveillance system</td>
<td>Substantial misunderstanding or inability to critically evaluate components of the European surveillance system.</td>
<td>Limited basic knowledge of the basic concepts but with some misunderstanding of how to critically evaluate components of the European surveillance system.</td>
<td>Limited knowledge of the basic concepts. Some ability of how to critically evaluate components of the European surveillance system.</td>
<td>Considerable knowledge of the concepts and a clear and profound critical evaluation of the components of the European surveillance system.</td>
<td>Considerable and deep knowledge of the concepts and excellent critical evaluation of the components of the European surveillance system,</td>
<td></td>
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</tr>
<tr>
<td>Be able to discuss how results from the European surveillance system should relate to recommendations and guidelines in for example the area of diet and physical activity</td>
<td>Inability to contribute to discussions in how results from the European surveillance system should relate to recommendations and guidelines.</td>
<td>Limited basic knowledge of the concepts but with major misunderstanding of how results from the European surveillance system should relate to recommendations and guidelines.</td>
<td>Limited knowledge of the basic concepts. Some ability of how results from the European surveillance system should relate to recommendations and guidelines.</td>
<td>Considerable knowledge of the concepts and apply of how results from the European surveillance system should relate to recommendations and guidelines.</td>
<td>Considerable and deep knowledge of the concepts and excellent discussion about how results from the European surveillance system should relate to recommendations and guidelines demonstrating in depth understanding of the area.</td>
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</tbody>
</table>
Food Habits: an Integrated Approach

ECTS 10 credit points

Prerequisites Principles of Nutritional Science

Aims
1. To give students the theoretical basis for understanding the complex nature of food habits.
2. To enable students to identify the determinants of food habits

Objectives
By the end of the module student will be able to:

- Describe the historical changes in food consumption patterns
- Describe and compare models of food consumption in Europe and internationally
- Describe ideologies and theories of the societal significance of foods and feeding.
- Describe the theories to explain the links between emotions and food choice.
- Describe the key issues concerning food practices and special groups of the population
- Describe and analyse experience from public health programs for promoting dietary and lifestyle change
- Describe methods for researching food habits
- Apply their knowledge to explore the emotional and social aspects of food choices and feeding as individuals and as part of a team
- Apply their knowledge to help solve a problem of food habits

Content
1. Food in historical perspective: consideration of food production and consumption through under the themes of diet, physical activity and human evolution, the prehistoric world, the agricultural revolution, the New World, the industrial revolution and the scientific revolution.
2. Models of food consumption in the world and public health:
   Models of food consumption and physical activity in countries at different stages of economic development and the implications for public health; world food supply and the impact of the EU on food availability in European countries.
3. Food ideology will include consideration of food choice in relation to culture, ethnocentrism and cultural relativity; food symbolism; myths and taboos; religion; culture and body image, and health beliefs; cuisine and gastronomy; meal patterns and structures in Europe.
4. Food and society: socialisation and food habits, food in the life cycle, food and social status; food and social behaviour; mass media
5. Food and emotions: sensory perceptions of food; physiological aspects of food choice; food preference
6. Food practices and special groups relevant to Public Health Nutrition e.g. migrants, ethnic minorities, elderly, people with special needs.
7. Promoting dietary change and physical activity:
   Nutrition health education for the general public and in schools (linked with Principles of Health Promotion)
European Dimension
European information, programs and policies will be studied

Physical Activity Dimension
Students will be encouraged to approach dietary habits and physical activity as lifestyles in historical, cultural and societal contexts.

Teaching and Learning Approaches
Lectures and guided private study will prepare students for active learning through participation in seminars, individual and group work.

The methods of teaching will:
• enable students to learn to the required levels of learning outcome
• enable students to enhance self – reflection,
• stimulate the development of communication and inter-personal skills and competencies conducive to developing professional work relationships.

Problem based learning
a) Methods of biographical self-reflection:
• Keeping a food diary followed by group discussion about number of meals, places where food has been eaten, times, with whom...
• Guided fantasies: group comments on food habits in personal life

b) Presenting facts for group discussion:
• Case-studies and group discussion
• Literature review and group comments

c) Group research in this field:
• Develop a questionnaire and carry out directed team research

Assessment
Essay.
Oral and written reports of group research based either on a literature review or field work. The group work will be presented to all the students for discussion.
<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know fundamental ideologies and theories of the societal significance of foods and feeding as well as theories about links between emotions and food choice.</td>
<td>Fail</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Pass</td>
<td>More than E, &lt; C</td>
<td>Considerable knowledge, clear connections between concepts, clear and profound critical evaluation from one or several aspects</td>
<td>Considerable and deep knowledge, clear connections between the concepts on a principal or theoretical level, up to the point and interesting critical evaluation from several aspects</td>
<td></td>
</tr>
<tr>
<td>Be able to describe the historical changes in food consumption patterns</td>
<td>Inability or substantial misunderstanding in describing and understanding historical changes in food consumption patterns</td>
<td>Some misunderstanding and inability to describe historical changes in food consumption patterns</td>
<td>Simple or weak explanation of the historical changes in food consumption patterns</td>
<td>Clear description of historical changes in food consumption patterns</td>
<td>Clear and profound description of historical changes in food consumption patterns with own interesting reflections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to describe and compare models of food consumption in Europe and internationally</td>
<td>Irrelevant or unrealistic explanations with substantial misunderstandings and irrelevant comparisons of food consumption models</td>
<td>Irrelevant explanations and comparisons of food consumption models with some misunderstandings</td>
<td>Relevant explanations and comparisons of food consumption models without major misunderstandings</td>
<td>Clear and relevant explanations and comparisons of food consumption models with ability to draw conclusions about differences</td>
<td>Clear, relevant, and pedagogical explanations and comparisons of models, demonstrating in depth understanding of the area</td>
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</tr>
<tr>
<td>Be able to describe the key issues concerning food practices in special groups of the population</td>
<td>Lack of or incomprehensible description of key issues concerning food habits and practices in special groups of the population</td>
<td>Unclear description of key issues concerning food habits and practices in special groups of the population</td>
<td>Weak description of key issues concerning food habits and practices in special groups of the population</td>
<td>Clear description of key issues concerning food habits and practices in special groups of the population</td>
<td>Complete in depth description of key issues concerning food habits and practices in special groups of the population, demonstrating in depth understanding of the important problems</td>
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</tr>
<tr>
<td>Be able to describe methods for researching food habits and to analyse experience from public health programs for promoting dietary and lifestyle change</td>
<td>Very limited knowledge or substantial misunderstandings of research methods. Insufficient analysis and translation of scientific evidence</td>
<td>Limited basic knowledge with some misunderstandings of research methods. Unclear analysis and translation of scientific evidence</td>
<td>Limited knowledge without major misunderstandings of research methods. Weak analysis and translation of scientific evidence discussing several aspects</td>
<td>Considerable knowledge and clear description of research methods. Clear analysis and translation of scientific evidence discussing several aspects</td>
<td>Clear and profound description of several research methods on a principal or theoretical level, up to the point and a clear and interesting analysis and translation of scientific evidence discussing several aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to apply their knowledge to explore the emotional and social aspects of food choices and feeding as individuals and as part of a team</td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between aspects of food choices</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between aspects of food choices</td>
<td>Limited knowledge without major misunderstandings, Single or weak connection between aspects of food choices</td>
<td>Considerable knowledge and understanding, clear relationship between aspects of food choices</td>
<td>Considerable and deep knowledge, clear connections between the aspects of food choices on a principal and theoretical level, demonstrating in depth understanding of the area</td>
<td></td>
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</tr>
<tr>
<td>Be able to apply their knowledge to help solve a problem of food habits</td>
<td>Irrelevant application of knowledge. Lack of connection between problem analysis and solution</td>
<td>Insufficient and/or unclear application of knowledge. Unclear connection between problem analysis and solution</td>
<td>Limited application of knowledge and a weak connection between problem analysis and solution</td>
<td>Correct application of knowledge and a clear connection between problem analysis/solution</td>
<td>Clear and profound problem analysis directly linked to the solution, demonstrating in depth understanding and knowledge of the area</td>
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</tbody>
</table>
Epidemiology and Biostatistics

ECTS 10 credit points

Prerequisites: Successful completion of Principles of Nutrition Science, Principles of Public Health, Assessment. Students with limited statistical experience should read starred * titles before the module.

Aim
To enable students to design and interpret nutritional epidemiological (research) studies.

Objectives
At the end of the module each student will have knowledge sufficient for application in novel situation or to deal with original problem in:

- Basic concepts in nutritional epidemiology
- Theory and practice of designing studies
- Validation and calibration of measures of exposure
- Choice and use statistics appropriately
- Critical evaluation of published literature
- Appraisal as a basis for formulation of recommendations

Content
- Types of study-cross-sectional, cohort, case-control, experimental studies, evaluation; nutritional surveillance
- Measures of exposure relevant for epidemiological studies
- Development of measures of exposure
- Measures of outcome and risk
- Chance, bias, confounding
- Sampling, study size and power
- Validation and calibration of methods; measurement error and misclassification
- Analysis of epidemiological studies; probability and hypothesis testing

European Dimension
All data and examples of research literature explicitly:
European/International, especially MONICA, EPIC, of national & international requirements for design, calibration, interpretation and inference.

Physical Activity Dimension
Physical activity level will be of explicit and direct relevance to diet, health and other issues considered.

Teaching and Learning Approaches
The course will use a problem-based learning approach. Fundamental concepts will be covered in didactic lectures, supported by prior reading and followed by seminar and discussion group work.
For each type of epidemiological study design students will be asked to do the following:

1. Critically review, and present to the group, an original research paper.
2. Develop a protocol (in a team) for the design and analysis of a specific study (having agreed the aims and objectives, key exposure and outcome measures) and present the protocol to the group for comment and discussion.

**Assessment**

Will be by continuous assessment of performance in group work and written reports.
## Assessment Template: Epidemiology and Biostatistics

<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A (Ultimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand basic concepts in nutritional epidemiology</td>
<td>Very limited knowledge or substantial misunderstandings. Lack of connection between basic concepts.</td>
<td>Limited basic knowledge with some misunderstandings. Very few or unclear connections between basic concepts.</td>
<td>Limited knowledge without major misunderstandings, single or weak connections between basic concepts.</td>
<td>Considerable knowledge, clear connections between concepts, ability to understand concepts relation to public health nutrition issues.</td>
<td>Considerable and deep knowledge, clear connections between the concepts, ability to understand concepts relation to a variety public health nutrition issues.</td>
<td></td>
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</tr>
<tr>
<td>Know the fundamental background to theory and practice of designing studies</td>
<td>Very limited knowledge or substantial misunderstandings of theory and practice of designing studies.</td>
<td>Limited basic knowledge with some misunderstandings of theory and practice of designing studies.</td>
<td>Limited knowledge without major misunderstandings of theory and practice of designing studies.</td>
<td>Considerable knowledge, clear ability to apply theory to the design of studies.</td>
<td>Considerable and deep knowledge, clear ability to apply theory to the design of studies. Demonstration of innovative thinking.</td>
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</tr>
<tr>
<td>Know the principles behind validation and calibration of measures of exposure</td>
<td>Very limited knowledge or substantial misunderstandings of the principles behind validation and calibration of measures of exposure.</td>
<td>Limited basic knowledge with some misunderstandings of the principles behind validation and calibration of measures of exposure.</td>
<td>Limited knowledge without major misunderstandings of the principles behind validation and calibration of measures of exposure.</td>
<td>Considerable knowledge, clear ability to apply the principles behind validation and calibration of measures of exposure</td>
<td>Considerable and deep knowledge, excellent ability to apply the principles behind validation and calibration of measures of exposure, taking several aspects into account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to choose and use statistics appropriately</td>
<td>Very limited knowledge or substantial misunderstandings of choice and use statistics appropriately.</td>
<td>Limited basic knowledge with some misunderstandings of the principles behind validation and calibration of measures of exposure.</td>
<td>Limited knowledge without major misunderstandings of the principles behind validation and calibration of measures of exposure.</td>
<td>Considerable knowledge, clear ability to apply the principles behind validation and calibration of measures of exposure</td>
<td>Considerable and deep knowledge, clear ability to apply the principles behind validation and calibration of a variety of measures of exposure and ability to critically discuss variables.</td>
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</tbody>
</table>
**Food Safety and Environment (including Food Technology & Catering)**

ECTS 5 credit points

**Prerequisites** Principles of Nutrition Science and Principles of Public Health

**Aim**
To equip students with sufficient knowledge and understanding of the theory of food safety and implementation of food safety measures in food service to contribute to risk assessment, communication and management in relevant public health nutrition programs.

**Objectives**
By the end of the module the students will be able to show that they:
1. Understand the principles and dimensions of food safety
2. Can contribute to risk assessment and communication
3. Can contribute to risk management.

**Contents**
Overview of the key concepts to support public health and nutrition science:

1. **Food and water safety**
   1.1 *Chemical*
   Introductory toxicology or ecotoxicology: Nature of food/water borne toxicants/allergens. Naturally occurring toxins, allergens, pesticides, contaminants, additives, packaging material.
   Background to risk assessment, risk communication and risk management. Local, EU and global regulatory framework.
   Exposure estimates.
   Bioavailability or bioenhancement (building on Principles of Nutritional Science module): direct versus indirect; trends in food consumption and the use of food intake databases in risk assessment; coding systems.

1.2 *Biological (microbiological / entomological)*

2. **Food Technology**

3. **Catering**
   Overviews of significance of mass catering outside the home, at institutional level, for vulnerable groups, e.g. meals on wheels. Issues of ethnic diversity and food choice will link with the Food Habits module.
4. **Labelling**
   Purposes and types of labelling – (ingredients, quality/use information, nutritional, health and other claims) within EU, global regulatory frameworks. Nutrition information and education issues will be considered further in the modules: Principles of Health Promotion, Food and Nutrition Policy.

**European Dimension**
Emphasis will be placed on European data, legislation and regulatory frameworks within an international context.

**Physical Activity Dimension**
This will include consideration of the claims that products or supplements can enhance physical activity endurance or performance and implications for food safety, food service and labelling policies in the EU.

**Teaching and Learning Approaches**
Lectures will be supported by directed private study. Teams or individual students will solve problems, based on practical, realistic issues.

**Assessment**
Assessment of written reports on solutions to individual and team problems.
### Assessment Template: Food Safety and Environment

<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F</th>
<th>Fx</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the principles and dimensions of food safety</td>
<td>Fail</td>
<td>Fail, with possibility for submitting additional work</td>
<td>Pass</td>
<td>More than E, less than C</td>
<td>Considerable knowledge of the principles and dimensions of food safety, clear connections between concepts.</td>
<td>Considerable and deep knowledge of the principles and dimensions of food safety, clear connections between the concepts on a principal or theoretical level.</td>
<td></td>
</tr>
<tr>
<td>Understand the fundamentals of climate change and the effects on food safety in a production and storage point of view</td>
<td>Very limited knowledge or substantial misunderstandings of the fundamentals of climate change and the effects on food safety in a production and storage point of view</td>
<td>Limited basic knowledge with some misunderstandings of the fundamentals of climate change and the effects on food safety in a production and storage point of view</td>
<td>Limited knowledge without major misunderstandings of the fundamentals of climate change and the effects on food safety in a production and storage point of view</td>
<td>Considerable knowledge of the fundamentals of climate change and the effects on food safety in a production and storage point of view.</td>
<td>Considerable and deep knowledge of the fundamentals of climate change and the effects on food safety in a production and storage point of view.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to contribute to risk assessment and management.</td>
<td>Inability to contribute to risk assessment and management. Lack of connection between basic concepts.</td>
<td>Limited basic knowledge to understand the concepts but with major misunderstanding of the application of concepts to cases of risk assessment and management.</td>
<td>Limited knowledge to understand the basic concepts. Some ability to apply concepts to cases of risk assessment and management.</td>
<td>Considerable knowledge of the concepts and how to apply concepts on cases of risk assessment and management.</td>
<td>Considerable and deep knowledge of concepts and a clear and innovative application on cases of risk assessment and management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to contribute to risk communication.</td>
<td>Substantial misunderstandings or inability to contribute to risk communication. Lack of connection between basic concepts.</td>
<td>Limited basic knowledge of the concepts but with some misunderstandings of the application of concepts to cases of risk communication.</td>
<td>Limited knowledge of the basic concepts without major misunderstandings. Some ability to apply concepts to cases of risk communication.</td>
<td>Considerable knowledge and ability to apply concepts on cases of risk communication.</td>
<td>Considerable and deep knowledge and ability to apply concepts on new cases of risk communication, taking into account several aspects.</td>
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</tbody>
</table>
Food and Nutrition Policy

ECTS 10 credit points

Prerequisites At least 85 credit points (*i.e.* after completing all modules except EU Basics and the Research Project & Thesis).

Aims
1. To enable students to integrate and apply all their knowledge and skills in public health nutrition to the development and analysis of food and nutrition policies with special reference to Europe.
2. To enable student to further develop professional and personal competencies in advocacy

Objectives
At the end of the module each student will be able to:
- Justify the theoretical bases for critical appraisal of, food and nutrition policy at national and European level, within an international context
- Ability to contribute effectively to the planning (including implementation and monitoring) of food and nutrition policy, taking into consideration health issues
- Ability to make reasoned proposals for implementation and monitoring of food and nutrition policy, taking into consideration health issues
- Ability to make reasoned proposals for monitoring and evaluating food and nutrition policy, taking into consideration health issues
- Competency in advocacy in food and nutrition policy planning

Contents
- History and philosophy of national food and nutrition policies in EU and internationally, in the context of GATT, CAP, other food, economic and health frameworks including information systems, goals and targets.
- National and European Law (international), especially food and trade regulations from the perspective of food as a human right.
- Inter-relations of nutrition, health (including physical activity) and social policies with agricultural and economic policies.
- Assessment of nutritional, environment and health (including physical activity) impacts of national, European and international food and trade regulations.
- Theory and practice of planning (managing, monitoring, evaluating) food and nutrition security interventions and other policy actions at European, national and local levels. Uses and limitations of surveillance data, quantitative and qualitative.
- Lobbying for health, including physical activity, healthy food and nutrition at different levels and the roles of community and other non-governmental groups.
- Inter-relationships among community, private and public sector stakeholders in policy formulation, implementation, monitoring and evaluation.
European Dimension
The benefits of collaboration and common approaches in European communities to improve health, diet and lifestyle will be a strong theme in the examples considered, the sources of information and other resources.

Physical Activity Dimension
Policy objectives for improving health through promoting healthier lifestyles will integrate physical activity with diet and other health behaviours and risk factors.

Teaching and Learning Approaches
Seminars led by staff, including European experts will facilitate private study preparatory to group work. Distance learning guides.

Assessment
Written report of individual assignments *e.g.* critical analyses of a policy
Written report and discussion of food and nutrition policy developed by a small team of students.
## Assessment Template: Food and Nutrition Policy

<table>
<thead>
<tr>
<th>Learning objective</th>
<th>F Fail</th>
<th>Fx Fail, with possibility for submitting additional work</th>
<th>E Pass</th>
<th>D More than E, less than C</th>
<th>C More than C, less than A</th>
<th>A (Ultimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to justify the theoretical bases for critical appraisal of, food and nutrition policy at national and European level, within an international context</td>
<td>Very limited knowledge or substantial misunderstandings of the theoretical basis and how to critically appraise food policy. Irrelevant and unrealistic justifications, using the wrong information</td>
<td>Limited basic knowledge with some misunderstandings of the theoretical basis and how to critically appraise food policy. Very few or unclear justifications, using partly the wrong information</td>
<td>Limited knowledge of the theoretical basis and how to critically appraise food policy without major misunderstandings, single or weak justifications</td>
<td>Considerable knowledge of the theoretical basis and how to critically appraise food policy, clear connections between concepts, clear and profound justifications and explanations, several aspects and within all different contexts</td>
<td>Considerable and deep knowledge of the theoretical basis and how to critically appraise food policy, clear connections between concepts, clear and profound justifications and explanations, several aspects and within all different contexts</td>
<td></td>
</tr>
<tr>
<td>Be able to contribute effectively to the planning (including implementation and monitoring) of food and nutrition policy, taking into consideration health issues</td>
<td>No contribution or substantial misunderstandings. Lack of or incomprehensible priority setting</td>
<td>Very limited contribution with some misunderstandings, unclear priority setting missing important aspects of implementation and monitoring</td>
<td>Limited contribution without major misunderstanding, weak priority setting</td>
<td>Considerable contribution with a clear priority setting taking into account one or several aspects of health issues</td>
<td>Valuable and effective contribution to planning and clear priority setting, demonstrating in depth knowledge and understanding of policy planning</td>
<td></td>
</tr>
<tr>
<td>Be able to make reasoned proposals for implementation and monitoring of food and nutrition policy, taking into consideration health issues</td>
<td>Irrelevant or unrealistic proposals with lack of strategy formulation.</td>
<td>Irrelevant proposals with unclear strategy formulation</td>
<td>Relevant proposals with a weak reasoning and strategy formulation</td>
<td>Relevant proposals with a clear reasoning, and a defined strategy formulation</td>
<td>Well thought through and relevant proposals with a clear reasoning, and a complete and in depth strategy formulation</td>
<td></td>
</tr>
<tr>
<td>Be able to make reasoned proposals for monitoring and evaluating food and nutrition policy, taking into consideration health issues</td>
<td>Irrelevant or unrealistic proposals with no relevance regarding monitoring and evaluation</td>
<td>Irrelevant proposals with unclear relevance regarding monitoring and evaluation</td>
<td>Relevant proposals with a weak reasoning, some relevance regarding monitoring and evaluation</td>
<td>Relevant proposals with a clear reasoning. Clear relevance regarding monitoring and evaluation</td>
<td>Well thought through and relevant proposals with a clear reasoning, taking into consideration several monitoring and evolution aspects, demonstrating in depth knowledge of the area</td>
<td></td>
</tr>
<tr>
<td>Be able to act as advocates in food and nutrition policy planning</td>
<td>Lack of knowledge and substantial misunderstanding of key aspects of nutrition policy planning</td>
<td>Limited basic knowledge about and inability to communicate nutrition policy issues</td>
<td>Limited ability to communicate arguments about nutrition policy planning</td>
<td>Strong ability to communicate arguments about nutrition policy planning</td>
<td>Strong interest and ability to communicate well-founded arguments about nutrition policy planning from several aspects, demonstrating in depth understanding of the area</td>
<td></td>
</tr>
</tbody>
</table>
Research project and thesis

ECTS 30 credit points.

Prerequisites 90 credit points or equivalent in the European Masters in Public Health Nutrition or equivalent course.

Aims
1. To enable students to demonstrate their ability to apply knowledge of all aspects of Public Health Nutrition in order to plan and execute and report on a research project
2. To critically evaluate their research as evidence upon which to make recommendations for action relevant to policy in Public Health Nutrition in the EU
3. To demonstrate competence to begin professional practice in Public Health Nutrition in the EU

Objectives
Students will show they are able to:
• Formulate a clear statement of a research question.
• Properly undertake a clear and well – constructed literature review
• Design and plan project clearly
• Identify and justify methods (e.g. validity, size, sampling)
• Complete a research project within clearly defined time and resource constraints.
• Organise and present results
• Interpret and discuss critically (chance, bias, confounding)
• Demonstrate critical appraisal of and reflection on the implication of the research in evidence based practice
• Demonstrate ability to interpret the relevance of the research to policy in Public Health Nutrition in the EU

(Students will also show competency in time, resource and project management, scientific and professional writing and scientific and professional oral communication).

Content
Students will be expected to choose a topic that will enable them to use and apply competencies in theory and measurement gained throughout the course.

E.g. a topic such as ‘Comparison of folic acid nutrition in sedentary and moderately active young adults’,

May be expected to apply knowledge of and competency in (i. a.):
• the dietary supply and utilisation of folic acid from Principles of Nutritional Science;
• supplements and food labelling from Food Safety;
• methods of measurement of folate intake, physical activity from Assessment and the Principles of Physical Activity;
• design of the research from Epidemiology and Biostatistics;
• policy and practical implications from Health Promotion and Food and Nutrition Policy and EU Basics modules

Teaching and Learning approaches
A tutor/supervisor will provide personal advice and guidance for each student during each stage of the project and preparation of the thesis. Students will be encouraged to present their protocols and interim findings to small groups of peers for discussion and formative feedback. Students will be work with a high level of self-directed independence.

Assessment
Written thesis of a format and length to be specified in accordance with individual universities’ regulations will be submitted for examination to a panel of examiners. This panel will:
• advise on the suitability of project proposal
• externally examine all the theses
(An oral examination may be required in some universities)

European Dimension
An explicit objective of the project or the thesis will be to address the implications of the research for public health nutrition in the EU.

Indicative Reading and Learning Resources.
Students will be expected to select and appraise appropriately texts and current literature relevant to the topic of the research in the thesis.
TRAINING TASK FORCE

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