

Counteracting Obesity Newsletter

Coordinated by the European Public Health Alliance – Issue 1 – Wednesday, 15 November 2006

Welcome to the Counteracting Obesity Newsletter!

It will be published daily throughout the Istanbul WHO European Ministerial Conference (15 – 17 November) by the European Public Health Alliance (EPHA) based on contributions from a coalition of NGOs.

We aim to keep you up to date with news and views from the Ministerial Conference. We will also provide you with policy messages developed by health and consumer non-governmental organisations, institutes of public health and universities.

Lara Garrido Herrero and Eimear O'Loughlin

European Public Health Alliance

Today's Highlights

The challenge posed by obesity
(11:00 – 12:30)

Satellite Event: Marketing of Unhealthy Foods to Children
(13.00 – 13.45 Ballroom B)

Priority focus: children and people of lower economic status
(14:00 – 15:30)

Evidence for effective evidence
(16:00 – 17:45)

Priority Areas for Action - Joint NGO Statement

The following recommendations are based on the Joint NGO Statement on Obesity developed by a coalition of health and consumer NGOs in recent months.

Promoting Healthy Diets

- Regulation to restrict the marketing of foods high in fat, sugar and salt to children
- Regulation to establish clear, front- of-pack nutrition labelling
- Targets to reduce fat, sugar and salt across food products
- Promotion of increased consumptions of fruits and vegetables through agriculture policy mechanisms
- Standards for school food provision and teaching of food skills
- Removing obstacles to breast-feeding
- Exploring financial incentives and disincentives to promote access to healthier food choices

Promoting Physical Activity

- Requiring physical activity to be promoted in schools and using school facilities for other activities



- Increasing the availability, accessibility, and attractiveness of walking and cycling paths in urban areas
- Providing opportunities and facilities (e.g. playing fields, parks and other open spaces) that appeal to people from all backgrounds

Leading by Example

- Ensuring access to healthy food choices and encouraging physical activities within government premises and facilities, and encouraging the private sector to promote healthy workplaces

Coordinating Actions

- Establishing national coordinating mechanisms

Health Service Provision

- Extending education on obesity in courses for health professionals
- Establishing centres of excellence in obesity management

Further information and copies of the NGO statement available at the NGO information stand in the exhibition area of the Conrad Istanbul Hotel.

Europe: An extra million overweight children every year

Dr Tim Lobstein, Childhood Obesity Coordinator, International Obesity TaskForce of IASO



A dramatic shift in the trend towards overweight and obesity among children and adolescents is occurring in Europe, according to a new assessment from the International Obesity TaskForce.

The latest surveys indicate that an estimated 30% of European school children are overweight, with an annual rise of more than 1.2m new cases of overweight children every year.

Among the overweight children, at least 5 million are estimated to be obese, and their number is rising by more than 300,000 each year.

Overweight children enter adulthood with a raised risk of

adult obesity of up to 17-fold (after adjusting for parental obesity) and adult obesity in turn carries an increased likelihood of metabolic and cardiovascular diseases, certain cancers and a range of other disorders including psychiatric problems.

Even if subsequent weight loss is achieved and maintained, there is evidence that mortality rates are higher among those adults who had been obese as adolescents.

Even more serious is the potential burden on paediatric services with rising symptoms of chronic disease among obese children themselves. Obese children are at a raised risk of co-morbidities linked to the metabolic syndrome, along with fatty liver disease, orthopaedic disorders and psychological distress.

Paediatric services will not cope

Estimates of the likely numbers of children already suffering early stages of disease have been made for the European Union, and they indicate a potentially huge burden of care likely to fall on paediatric services if they are to be treated before adulthood. The figures indicate that around a

fifth of all obese children – over a million children in the EU – are likely to have early signs of cardiovascular disease, and over 20,000 may have unrecognised type 2 diabetes. Fatty liver disease is also likely to be widespread among obese children.

Similar estimates have been made for the USA, where even higher numbers of obese children are affected.

However, child obesity is a public health issue even more than it is a concern to paediatric services, with an immediate need to prevent any further rise in the numbers of children overweight. This priority means paying attention to a wide range of policies which shape a child's environment, including food supplies, food marketing and pricing, and the availability of local resources for active play and sports.

As a WHO expert meeting on child obesity declared in Kobe, Japan, in 2005, actions at school, home and community levels need to be supported by policies at national and international level to meet the challenge successfully.

Estimated numbers of overweight and obese children in the European Union

Year	2006		2010	
	Prevalence (%)	Number 000	Prevalence (%)	Number 000
Overweight or obese	30.4	21,750	36.7	26,710
Obese	7.1	5,080	8.8	6,400

Source: IOTF (*Int J Ped Ob* 2006;1:26-32).

	Lowest likely prevalence among obese children	Lowest likely number of obese children affected in the EU25
Raised triglycerides	21.5%	1.09 m
Hypertension	21.8%	1.11 m
Hyperinsulinaemia	33.9%	1.72 m
Type 2 diabetes	0.5%	27,000
Hepatic steatosis	27.9%	1.42 m
Elevated aminotransferase	12.8%	0.65 m

Source: IOTF (*Int J Ped Ob* 2006;1:33-41).

Tackling obesity in infancy

Prepared by IBFAN Europe based on a text developed by IBFAN Asia Pacific / Breastfeeding Promotion Network of India (BPNI)

Obesity has become a frequent nutritional disorder in children. While short-term benefits of breastfeeding are well established, possible long-term benefits beyond two years of age have also been documented.

There is compelling evidence that breastfeeding reduces the risk of obesity during childhood. The beneficial effects of breastfeeding extend into adulthood by reducing cardiovascular risk factors, including blood pressure and plasma lipid profile. There is a dose-related response with increasing breastfeeding duration.

Knowledge generated by recent research should be translated to action for preventing obesity as a measure in communities struggling to find solutions. Targeting the infancy period by encouraging breastfeeding is vital when designing our interventions. Avoidance of artificial feeding during infancy is critical in these efforts.

How Does Breastfeeding Play A Role In Prevention of Obesity?

Food marketing to children – A part of the problem

Susanne Logstrup, European Heart Network

Creating an environment in which children and youth can grow up healthy should be a high priority for Europe. Yet the prevailing pattern of food and beverage marketing to children and youth in Europe and in the world represents, at best, a missed opportunity, and at worst, a direct threat to the health prospects of the next generation.

How marketing influences children and youth has been the focus of several reports. In September 2003, the UK Food Standards Agency published its *Review of research of the effects of food promotion to children*. This systematic review examined research evidence on the extent and nature of food promotion to children and the effect that this promotion has on their food knowledge, preferences and behaviour. It found that children's food promotion is dominated by television advertising and that the great majority of this promotes the so-called 'Big Four' of pre-sugared breakfast cereals, soft-drinks, confectionery and savoury snacks. The advertised diet contrasts sharply with recommended by public healthy advisors.

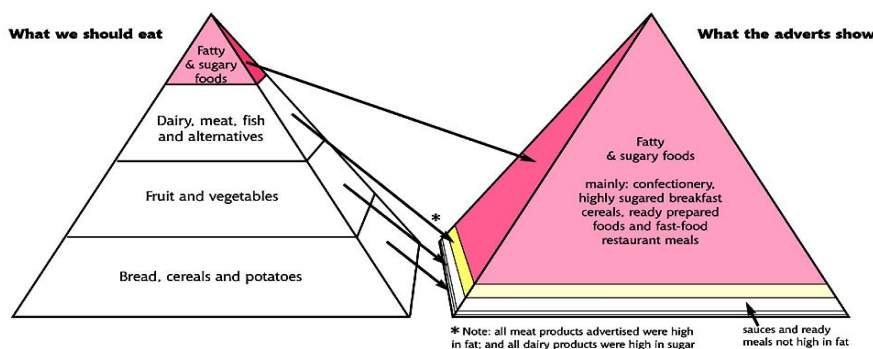
The review also found that children enjoy and engage with food promotion and that food promotion has an effect on children's preferences, purchase behaviour and consumption and that this effect is independent of other factors and operates at both a brand and category level.

In April 2005, the European Heart Network (EHN) published its research *The marketing of unhealthy food to children in Europe*. The report found that the majority of food marketing aimed at children was for unhealthy foods. A considerable amount of money was spent by companies marketing unhealthy foods to children, with the great majority spent on TV advertising; although, there were signs that small but rising proportions of advertising budgets being diverted into schools and via the internet. Most countries had an incoherent patchwork of legal and voluntary controls on the marketing of foods to children and that they did next to nothing to prevent children from being exposed to the sheer barrage of marketing of unhealthy foods.



The research uncovered the beginnings of a furore about food marketing aimed at children, with children, parents, teachers, health professionals and their representative organisations increasingly calling for stricter controls. Finally, the research found that there is quite a lot going on to counter the effects of unhealthy food marketing to children, but these measures are unlikely to be effective.

The Institute of Medicine of the national academies (IOM) in the US released a report in December 2005 on *Food Marketing to Children and Youth: Threat or Opportunity?* The report's major conclusions were that along with many other intersecting factors, food and beverage marketing influences the diets and health prospect of children and youth; food and beverage marketing practices geared to children and youth are out of balance with recommended healthful diets and contribute to an environment that puts their healthy at risk; food and beverage companies, restaurants and marketers have underutilised the potential to devote creativity and resources in promoting food, beverages and meals that support healthful diets for children and youth.



- **Breastmilk is the physiological standard** for normal human infant growth and development.
- **Disturbed metabolism in infancy** - It is now considered that exposure to excessive calories in infancy can lead the human infant's metabolism to respond by increasing the number of fat cells laid down in the infant's body.
- **Breastmilk is a live fluid**, impossible to replicate, full of activity, taste and with subtle differences in composition from feed to feed.
- **Programming of leptin physiology** - A protein found in human milk, leptin, serves to regulate energy expenditure, and may act as a counter-regulatory hormone to insulin. It may also act as a circulating satiety factor.
- **Breastfeeding is an adjustable process** - Baby's feeding intakes vary according to individual needs, and the mother's supply adjusts automatically to meet these needs. The breastfed baby self regulates during complementary feeding as well.

For scientific evidence, see <http://www.babymilkaction.org/>

Making Change Possible – A Campaign for Healthier Diets

Barbara Gallani, BEUC – European Consumers' Organisation

Too many European consumers suffer the consequences of a bad diet. It is time for drastic measures.

Obesity and unhealthy diets arise from numerous factors and require a menu of different remedies. Action on several fronts is needed, starting by making nutrition policy a priority on the agendas European governments.

Many European consumers find it difficult to choose healthy diets. Choice can be influenced by level of knowledge and understanding but also by factors such as availability and accessibility, food promotion and marketing, information, education and income levels. Action across a wide range of sectors by a wide range of stakeholders is needed to make it easier for consumers to make healthy choices. There is no single solution. Co-operation between all interested parties is essential.

BEUC's nutrition campaign wants to make it easy for consumers to choose a healthy diet. We also want to help make healthy choices available, affordable and attractive.

We want an environment that makes healthy choices possible.

We have seven demands to help make this change possible. While we recognize the important role that factors such as physical activity play in tackling obesity, we focus on nutritional aspects where there is now a clear need for action.

Demand 1: Nutrition must be explicitly considered in all policies;

Demand 2: Consumers must have good information about what is a healthy diet;

Demand 3: Nutritional information available on products must be clearer;

Demand 4: Some products must not be promoted as healthy;

Demand 5: All consumers must have access to healthy, affordable products;

Demand 6: Manufacturers, retailers and caterers must reduce fat, sugar and salt levels in foods;

Demand 7: Marketing to children of foods high in fat, sugar and salt must be restricted.

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Newsletter is coordinated and published by the European Public Health Alliance (EPHA).

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