

Children and obesity and associated avoidable chronic diseases project

Results from a base-line study

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Summary

On 1 March 2004, the European Heart Network (EHN) started a 32-month research project on Children Obesity and Associated Avoidable Chronic Diseases. The aim of this project is to reduce the obesity epidemic and associated avoidable chronic diseases such as cardiovascular diseases and diabetes among children and young people (aged 16 years and under). Specifically the project aims to increase the awareness of the negative effects of food marketing and the activity in combating it. In order to determine whether the project will lead to the expected results, ResCon Research & Consultancy completed a base-line survey that covered representatives of 181 national heart foundations and allied organisations in 18 countries during the period October through November 2004. .

This report presents the base-line situation for the variables 'awareness', 'perceived level of knowledge', 'attitudes' and 'activity level' of the participating organisations. Furthermore it goes into the barriers that are encountered by organisations in tackling the negative impact of food marketing on consumption patterns of children and young people. This base line data will be compared with data collected at the end of 2005 in order to determine if the objectives of the project will be achieved.

It is concluded from this base line study that the awareness about the seriousness and scope of the obesity problem and the awareness of the impact of food marketing in general are relatively high and 'only' need to be maintained through communication activities during the forthcoming year. In contrast, participating organisations are less aware of the impact of the internet, food labelling and food marketing on consumption patterns at schools. More attention, therefore, should be paid to these topics.

Although organisations in the participating countries consider themselves relatively well informed about ongoing activities in their own country, the information level about activities in other European countries is relatively low. Information about ways to tackle the obesity problem needs to be improved as well.

About two-thirds of the organisations that participated in the study indicated to be involved in an activity tackling the negative effects of food marketing. Most of these activities deal with giving information, increasing public awareness and educational activities at schools. Less attention is paid to establishing regulatory frameworks, regulation of foods through vending machines at schools and entering into agreements with the food industry. At

the same time, the participating organisations favour extending these latter kinds of activities and should therefore be further supported. Furthermore during the forthcoming project period special attention should be given to ways to overcome the main barriers that are encountered: financial barriers, lack of human resources and lack of governmental support.

Finally it is recommended to continue to promote exchange of experiences in tackling the obesity problem between countries. Even though most organisations are aware of the scope and the seriousness of the problem and give a relatively high priority to combating this problem, over 40% of the relatively less informed organisations are not yet actively combating the problem. Exchange of information about ways to tackle the obesity problem and about ways to overcome barriers may contribute to reducing the obesity epidemic both at a national and at a pan-European level.

Section 5 of this report presents a more detailed summary and conclusions and recommendations.

1 Introduction / background

On 1 March 2004, the European Heart Network (EHN) started a 32-month research project on Children Obesity and Associated Avoidable Chronic Diseases. The aim of this project is to contribute to reducing the obesity epidemic and associated avoidable chronic diseases such as cardiovascular diseases and diabetes among children and young people (aged 16 years and under).

Specifically, this project aims to:

- measure and analyse the impact of food marketing to children and young people. The project builds on earlier surveys and interlinks with current research activities. The project focuses on the marketing of foods high in fat, sugar and salt. It explores regulatory frameworks, the extent and nature of food marketing in various media and settings and overall trends in marketing strategies.
- determine and consider policy options aimed at addressing obesity in children. The project reviews policy options, such as legislation versus self-regulation; compensatory actions, including media literacy programmes; marketing of alternative 'more healthful' products: and physical activity, including implementation of action plans on enhancing physical activity among children and young people.
- complement activities and approaches at the national level and stimulate concerted action. The project will draw up a proposal for a programme on pan-European action addressing childhood obesity.

The project will end with the following outputs:

- A report on the data collected and analysed with an executive summary that will be translated into 16 languages. In phase one of the project, data will be collected on food industry practices in 20 countries with regard to food marketing and children. Information will also be collected on existing measures (legislation, voluntary agreements, codes, etc) with regard to marketing food to children.
- Press releases announcing the findings of the report. these will be disseminated to the general public in 20 countries.
- A European consensus statement, disseminated to national alliances and European decision-makers.
- A National consensus statement, disseminated to national decision makers.
- Guidelines on tackling childhood obesity, disseminated to national alliances and more widely at the European level.

1.1 Expected results

More specifically, the project is expected to result in:

- Increased awareness of the impact of food marketing on current consumption patterns of children and young people;
- Comparable data on food marketing practices from the 20 countries participating in the project;
- Better communication on the impact of food marketing on childhood obesity;
- New alliance structures and new multidisciplinary synergies;
- 'Best practice' on how to compensate for the result of activities in the field of food marketing to children.

In order to determine whether the project will lead to the expected results, ResCon Research & Consultancy is evaluating organisations from the 20 participating countries. More specifically, ResCon is collecting data on the extent to which the project has led to:

1. increased awareness of the impact of food marketing on current consumption patterns of children and young people amongst participating organisations (national co-ordinators) and the organisations they work with (alliances) in their countries,
2. increased reported activity in combating the negative effects of food marketing on current consumption patterns of children and young people amongst participating organisations (National Co-ordinators) and the organisations they work with in their countries.

This document reports on the base-line survey (pre-test). To determine the base-line for this evaluation, ResCon completed a base-line survey that covers representatives of 181 organisations in 18 countries during the period October through November 2004. The organisations surveyed are national heart foundations and allied organisations. Early in 2006, ResCon will repeat this survey (post-test) in order to determine changes in awareness and reported activity that can be attributed to the project's activities.

1.2 Research questions

Toward achieving the expected results above, we addressed the following specific research questions:

1. How do organisations in this study perceive the scope and seriousness of the obesity problem in their country (alliances)?
2. How do the national heart foundations and allied organisations in this study perceive the impact of marketing and media on current consumption patterns of children and young people?
3. To what extent do organisations (alliances) believe that they are informed about this subject?
4. To what extent and how are national heart foundations and allied organisations involved in activities directed at combating the negative effects of food marketing on consumption patterns of children and young people?
5. What priority is given to this problem within the organisations' policies?
6. To what extent are the organisations planning to introduce new actions on tackling the obesity problem amongst children and young people within the next 12 months (2005)? (National Heart foundations and selected allied organisations)
7. What kind of, and to what extent do, barriers hinder the organisations from combating the negative effects of food marketing?
8. Which factors contribute to the success of these actions? (National Heart foundations and selected allied organisations)
9. What are the opinions of the organisations in this study toward the way(s) the obesity problem is / should be tackled?
10. Which factors are related to the 'level of activity' of the participating countries?

Section 2 briefly describes the underlying theoretical assumptions, Section 3 describes our research methods and the characteristics of the organisations that participated in the survey, Section 4 presents the results and our answers to the above research questions, and Section 5 presents our preliminary conclusions and recommendations for current and future activities.

2 Theoretical assumptions

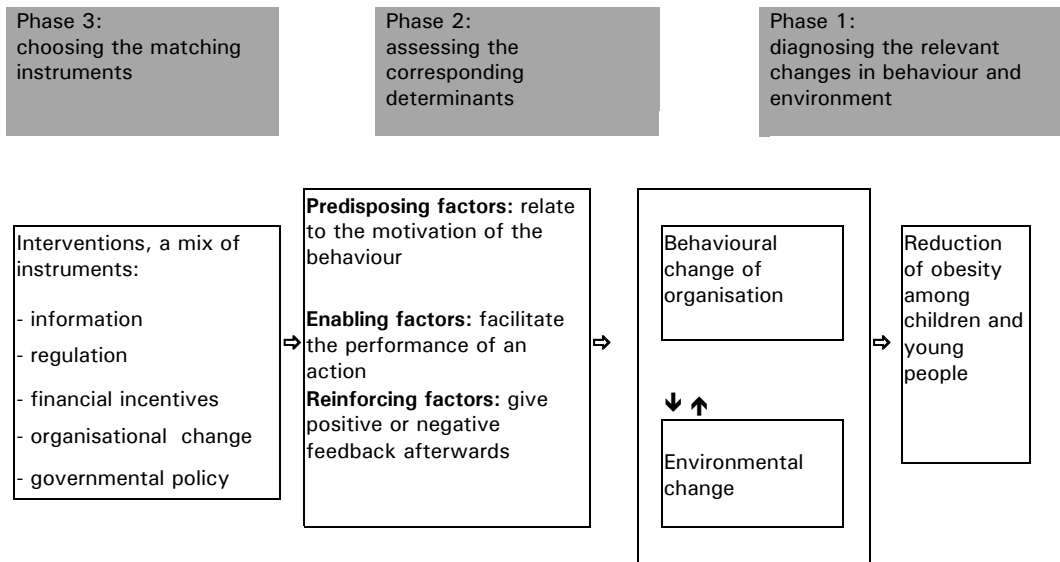
Experience shows that interventions aimed at changing the behaviour of individuals and organisation are only effective if they are set up systematically and according to a planning model. Such a model was developed by Green & Kreuter and is presented (in a modified way) in figure 1. The motto of the model is 'Beginning at the end'. It starts with a definition of the problem and the desired solutions: What exactly is the outcome that needs to be achieved? In our case, *a decrease of the prevalence of obesity among children and young people and associated avoidable chronic diseases such as cardiovascular diseases and diabetes*. The Precede-Proceed model of Green & Kreuter (1999¹) is an often-applied model in planning and evaluating health promotion actions. Although originally designed for changing behaviour of individuals, it is also applicable for the change of behaviour of organisation.

We based this base-line study on the Precede Proceed model of Green and Kreuter. The model suggests that the outcomes are related to both behavioural and environmental / situational changes. Furthermore, it describes three categories of determinants that can bring about behavioural and / or environmental change:

- predisposing factors that relate to motivation of behavioural change (e.g. awareness, knowledge, attitudes, beliefs, perceived needs and capabilities)
- enabling factors that relate to contextual conditions that facilitate (or hinder) the performance or action of organisation. Examples of such conditions and facilitating factors are availability of products / educational materials, regulations, subsidies etc.
- reinforcing factors that provide positive feedback, for example, epidemiological data; and physical, social or financial benefits including support from (local) government, peer organisation national health organisation).

¹ Health promotion Planning (1999), Green, L.W., M.W. Kreuter. Mayfield Publishing Company, Mountain View, 3e ed.

Figure 1 Model for planning an intervention strategy.



Knowing the factors, and the relative weights of the factors, that explain or predict change determine the design and implementation of effective interventions. This theoretical framework provides a guideline to evaluate both outcome variables and determinant variables. Data analysis is not only directed to changes in 'outcome variables' (such as increased activity), but also to gaining information about the determinants explaining the outcome variables.

3 Research methods

3.1 Questionnaires

To answer the research questions we collected both qualitative and quantitative data from national co-ordinators of participating heart foundations and relatively well informed allied organisations. We also collected quantitative data from other allied organisations in 18 participating countries.

The European Heart Network established a network of member organisation in 20 European countries. Each national heart foundation nominated one contact person, responsible for coordinating the tasks at the national level. In September 2004 the director of EHN sent a letter² to these contact persons requesting them to cooperate with this survey. Two questionnaires³ accompanied the letter.

3.1.1 The qualitative questionnaire

The qualitative questionnaire was meant to collect both qualitative and quantitative data. This questionnaire contained questions with a fixed and with an open answer structure. It was to be completed by the contact person (as national coordinator) and also by one or two organisations he/she works within the country. It was up to the contact person to decide on these other organisations. The instructions, however, pointed out that organisations that are relatively active and well informed about children and obesity were preferred. The questions in this study deal with the organisation's involvement in the theme of children and obesity. The instructions also explained that the questions are intended to gain insight into the organisation's opinions and experiences in this field.

3.1.2 The quantitative questionnaire

The quantitative questionnaire was meant to collect quantitative data only. It contained questions with a fixed-answer structure only. It was to be completed by representatives of organisations and other individuals with whom the national coordinator works—individuals and organisations that are (still) relatively inactive in tackling the obesity problem among children and young people. It was again up to contact person to decide which organisations in his/her country to include in the survey.

² See appendix 1

³ See appendices 2 and 3

The contact persons were asked to distribute the questionnaires and, if necessary, have them translated into their respective languages before distribution. A draft of a cover letter which outlined the purpose of this questionnaire that could be sent to the associations/ organisations/ individuals involved in the survey was sent to the contact persons as well. Finally the contact persons were requested to collect the completed questionnaires and to send them either by mail or e-mail to ResCon.

3.1.3 Data analysis

Quantitative analyses of the data consisted of descriptive statistical analysis, such as frequencies, means and one-way analysis of variance (ANOVA). Analyses were carried out at: a 'Pan-European level', at 'regional level' and at a national level. We distinguished between three regions: northern Europe, central Europe and south Europe⁴. We used SPSS (version 12.0) to do the data analyses and processing.

Because the number of completed questionnaires per country influence the 'European' and 'regional' answer percentages, we calculated mean scores to make comparisons between 'European', regional and country data possible. Because of the insufficient number of respondents per country, we could not test for statistical significance between the means of countries.

3.2 Response

Contact persons from 20 national heart foundations received the request to participate in the study and to stimulate other organisations in their respective countries as well. Eighteen of them responded to the request and sent back completed questionnaires. We received no questionnaires from Hungary and the Czech Republic. The number of completed questionnaires differed per country (Table 1).

⁴ *'Northern Europe'* (mean scores of Estonia + Finland + Denmark + Norway + Sweden + Iceland),
'Central Europe' (mean scores of United Kingdom + Ireland + The Netherlands + Belgium + Germany + Austria + Slovenia) and
'Southern Europe' (mean scores of France + Italy + Spain + Portugal + Greece).

Table 1 Number of completed questionnaires per country

Country	N*	%
Norway	2 (1)	1.1
Denmark	5 (3)	2.8
Sweden	7 (1)	3.9
Finland	18 (1)	9.9
Iceland	15 (1)	8.3
Estonia	18 (1)	9.9
United Kingdom	12 (2)	6.6
Ireland	8 (3)	4.4
The Netherlands	13 (3)	7.2
Germany	5 (4)	2.8
Austria	6 (2)	3.3
Slovenia	27 (1)	14.9
Belgium	5 (1)	2.8
France	12 (7)	6.6
Italy	18 (5)	9.9
Spain	1 (1)	0.6
Portugal	2 (1)	1.1
Greece	7 (3)	3.9
Total	181(41)	100 (22.7)

* In brackets: the number of completed qualitative questionnaires

Table 1 shows that in total 181 completed questionnaires were received from 18 countries; 41 of them were qualitative questionnaires. All national coordinators of heart foundations completed a qualitative questionnaire (18). Relatively well informed organisations from 9 countries returned (23) qualitative questionnaires.

3.3 Organisational characteristics

Most respondents (58.4%) indicated that their organisation is working in the public sector; 33.7% in the private sector; 7.2% in both sectors. Table 2 presents an overview of how they characterised their organisations.

Table 2 Characterisation of the organisations

	%
Health foundation	20.1
Public Health foundation	18.4
Governmental organisation	10.3
Health professionals organisation	9.8
Independent / self employed*	8.0
Consumer organisation	5.7
Nutrition organisation	4.6
Sports organisation	3.4
School organisation	2.9
Parents organisation	2.3
(Para) medical organisation	1.7
Women's organisation	1.1
Youth organisation	1.1
Other**	10.3
N = 174	100

* Including (4) industrial companies

** Other: combinations of the organisations mentioned in the table

Of the respondents, 38.5% represented public health foundations. Only 1.1% represented women's organisations and 1.1% youth organisations (table 2).

Table 3 gives an overview of the number of people employed in the organisations that took part in the study.

Table 3 Number of people employed in the organisation

	%
1-5	16.6
6-10	11.2
11-15	6.5
16-20	6.5
21-25	7.7
26 and over	51.5
N = 181	100

The majority of the organisations (51.5%) employ 26 people and over. Most respondents (60.8%) indicated that between 1-5 employees in their

organisation deal with food or health and children. Table 4 shows an overview of the number of 'specialists' employed within the organisations.

Table 4 **Number of employees in the organisation who deal with food or health and children**

	%
0	10.1
1-5	60.8
6-10	11.4
11-15	5.7
16-20	1.9
21-25	.6
26 and over	9.5
N = 153	100

About 10% of the organisations do not have a special employee who deals with food or health and children. As could be expected, there was a significant relation between the size of the organisation and the 'specialists' involved in 'food or health and children' ($\chi^2 = 74,593$; $df = 36$; $p = .000$).

4 Results

In this section we present the results of the base line study, and immediately discuss those results in view of the specific research questions stated in Section 1. To prevent confusion, we present our results in past tense and our interpretations and conclusions in present tense.

4.1 Perception of the scope and seriousness of the obesity problem

We asked the allied organisations that participated in the quantitative study (n = 140) how they perceive the scope and seriousness of the obesity problem in their country. Table 5 presents an overview of their answers.

Table 5 Perceived scope and seriousness of obesity in own country

	%
Very serious	40.0
Serious	50.7
Neither	4.3
Not serious	2.9
Not serious at all	.7
Don't know	1.4
N = 140	100

Over 90% of the respondents considered obesity to be a serious health problem in their country. On a scale from 1-5 (1 = very serious; 5 = not serious at all), the mean 'seriousness score' calculated for all respondents together (Europe) was 1.54. We interpret this to mean that, on average, respondents consider obesity to be a serious health problem. Furthermore, the mean scores of all the countries in the study were <3. That means that all countries consider obesity to be a serious problem. No significant differences were found in 'seriousness scores' between northern, central and southern European countries⁵.

⁵ Analyses by "One-way Analysis of variance" ($p < .10$)

4.2 Perception of the impact of marketing and media on current consumption patterns of children and young people

We asked the heart foundations and allied organisations various questions related to how they perceive the impact of marketing and media on current consumption patterns of children and young people in their own country. Table 6 summarises their answers.

Table 6 Perceived impact of marketing and media on current consumption patterns (in percentages)

	% very high	% high	% neither	% low	% very low	% don't know
Impact in general	39.2	54.1	3.3	1.1	0.6	1.7
Impact of advertisements by broadcast advertising	45.9	43.6	7.7	1.1	0.6	1.7
Impact of advertisement by non-broadcast advertising	10.5	63.5	11.6	11.6	0.6	2.2
Impact of advertising on the internet	2.8	27.4	30.7	19.6	3.9	15.6
Impact of food labelling	10.0	31.1	17.8	30.0	8.3	2.8
Impact of education at school	16.0	29.3	15.5	24.9	8.3	6.1

N = 181

Table 6 shows that 93.3% of the respondents considered the impact of marketing and media on current consumption patterns of children and young people in their country as high (54.1%) or very high (39.2%). Especially the impact of broadcast advertising was perceived as (very) high. Relatively lower impact was ascribed to advertising on the Internet, the impact of food labelling and the impact of education at school.

We calculated the mean impact scores for 'Europe', the three regions and per country. The European mean impact score was 1.66 on a scale of 1-5, which means 'high to very high'. Southern European countries perceived the impact of advertising on the Internet to be significantly lower ($p = .05$) than northern and central European countries. No significant differences between the three regions were found for the other 'perceived impact items'.

In comparing the perceived impact scores of the participating countries in this study we constructed an 'awareness of the impact of marketing and media' scale by adding the scores of the 6 items mentioned in table 6. The maximum score in this scale = 6 (perception of the impact is very high), the minimum

score = 36 (perception of the impact is very low / one is not aware of any impact at all). The Cronbach's α coefficient of internal consistency = .67). Table 7 presents an overview of the scores on this scale per country.

Table 7 Perceived impact of marketing and media on current consumption patterns of children and young people per country (European mean = 15.54)

Country	Mean score Max. score = 6; min. score = 36)
Norway	17.00
Denmark	14.40
Sweden	14.00
Finland	15.28
Iceland	15.93
Estonia	14.06
United Kingdom	14.33
Ireland	14.88
The Netherlands	15.17
Germany	18.80
Austria	17.00
Slovenia	14.96
Belgium	12.40
France	13.17
Italy	18.28
Spain	17.00
Portugal	18.00
Greece	15.17
N = 181	

From table 7 we conclude that the perceived impact of marketing and media on current consumption patterns in most countries is comparable with or somewhat higher than the European mean. Countries that scored beneath the European level were: Norway, Iceland, Germany, Austria, Italy, Portugal and Spain.

4.3 Perception of the level of information within the organisation

Participants in the quantitative study (n = 140) were asked to indicate to what extent they think their organisation is informed about the impact of food marketing on consumption patterns of children, on ways to tackle the effects of food marketing, on regulatory and self-regulatory requirements in this

respect and on ongoing activities tackling this problem in their own country and in other European countries. Table 8 summarises their answers.

Table 8 Perceived level of information (in percentages)

	very well	rather well	neither	rather poor	very poor
About impact of food marketing on consumption patterns of children	15.0	35.7	17.9	27.9	3.6
About ways to tackle the effects of food marketing on consumption patterns of children	11.4	28.6	23.6	33.6	2.9
About regulatory and self-regulatory requirements in respect of food advertising to children	12.9	30.2	20.1	23.7	12.9
About on-going activities tackling the obesity problem in own country	27.9	41.4	12.1	16.4	2.1
About on-going activities tackling the obesity problem in other European countries	5.0	32.4	24.5	28.8	9.4
N = 140					

Table 8 shows that most (69.3%) of the respondents indicated that they are (rather) well informed about on-going activities tackling the obesity problem in their own country. At the same time the knowledge of the respondents about the impact of food marketing on consumption patterns of children and ways to tackle this problem is scored much lower.

Northern and central European countries perceived their knowledge about ways to tackle the effects of food marketing on consumption patterns of children lower than southern European countries did ($p = .10$). Northern and central European countries also scored lower than southern European countries about knowledge of on-going activities tackling the obesity problem in other European countries ($p = .08$). No significant differences between the three regions were found on the other 'perceived information items'.

We stress the word 'perceive'. The results do not imply that northern and central European countries actual do have less knowledge about ways to tackle the effects of food marketing or about ongoing activities in other European countries.

We also constructed a 'perceived information' scale by adding the scores of the 5 items in table 9. The maximum score on this scale = 5 (perceived level of information is very high), the minimum score = 25 (very low). (Cronbach's $\alpha = .82$.) Table 9 presents an overview of the scores on this scale per country.

Table 9 Perceived level of information of organisations per country (European mean = 13.05)

Country	Mean score Max. score = 5; min. score = 25)
Norway	18.00
Denmark	9.50
Sweden	11.33
Finland	15.82
Iceland	12.00
Estonia	17.18
United Kingdom	11.50
Ireland	13.80
The Netherlands	13.20
Germany	13.00
Austria	12.75
Slovenia	15.15
Belgium	14.75
France	14.00
Italy	10.23
Spain	No score
Portugal	6.00
Greece	13.67

Spain had no score because no 'relatively less informed' organisations responded.

N = 140

From table 9 we conclude that (compared with the European mean):

- Denmark, Sweden, Iceland, United Kingdom, Austria, Italy and Portugal considered themselves relatively well informed
- Ireland, The Netherlands, Germany, Slovenia and Greece scored close to the 'European mean' and
- Norway, Finland, Estonia, Slovenia, Belgium and France scored below the European mean of perceived level of information.

4.4 Assessment of degree of activity in combating the negative effects of food marketing

All heart foundations and 'well-informed' other allied organisations that participated in the qualitative study indicated to be active in tackling the negative effects of food marketing on consumption patterns of children and young people. Heart foundations participate in the European EHN project; and the other (allied) organisations participate in the qualitative study because they are well informed about the subject.

Of the organisations that participated in the quantitative study (n = 140) 57.9% indicated to be involved in activities to tackle the effects of food marketing on consumption patterns of children and young people. The others (42.1%) were not (yet). Table 10 presents an overview of active organisations and not (yet) active organisations, which participated in the quantitative study per country.

Table 10 Number of allied organisations that are active in tackling the negative impact of food marketing per country (n = 140)

Country	Active	Not active (yet)
Norway	-	1
Denmark	2	-
Sweden	5	1
Finland	8	9
Iceland	9	5
Estonia	7	10
United Kingdom	5	5
Ireland	3	2
The Netherlands	10	-
Germany	-	1
Austria	-	4
Slovenia	13	13
Belgium	2	2
France	4	1
Italy	11	2
Spain	-	-
Portugal	1	-
Greece	2	2
	82	58

All organisations that *are* active (both heart foundations and allied organisations) were asked to consider their own role in combating the negative effects of food marketing by indicating on a 10-point scale how they would assess their current contribution with regard to:

- giving information to parents and / or children to help them make healthy food choices
- giving information to parents and / or children to promote physical activity
- encouraging healthy eating at schools
- regulating the types of foods available through vending machines at schools
- entering into agreements with the food (marketing) industry to encourage children to eat healthier foods, rather than less healthy options

- establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children
- restricting the ways foods are promoted to children
- changing food labelling practices.

Table 11 gives an overview of the answers to these 8 questions. The assessed contributions of the organisations were recoded as follows:

- score 1-2: contribution is 'very high'
- score 3-4: contribution is 'high'
- score 5-6: contribution is 'average'
- score 7-8: contribution is 'low'
- score 9-10: contribution is 'very low'

Table 11 Assessed contributions to combating the negative effects of food marketing (in percentages)

	% very high	% high	% average	% low	% very low	N
Information about making healthy food choices	41.5	25.2	12.2	11.4	9.8	123
Information to promote physical activity	39.3	30.3	9.8	7.4	13.1	122
Encouraging healthy eating at schools	36.1	24.6	9.0	12.3	18.0	122
Regulating foods vending machines at schools	13.2	16.5	14.0	19.0	37.2	121
Entering into agreements with the food industry	11.0	19.5	15.3	16.9	37.3	118
Establishing regulatory frameworks	13.3	16.7	15.8	12.5	41.7	120
Restrictions on ways foods are promoted	17.5	19.2	16.7	15.0	31.7	120
Changes to food labelling practices	17.6	20.2	16.0	9.2	37.0	119

We conclude from table 11 that the respondents assess their contribution highest in giving information to parents and /or children to help them make healthy food choices and to promote physical activity. They assess their contribution lowest in establishing regulatory frameworks, regulating the types of foods available through vending machines at schools and entering into agreements with the food (marketing) industry.

Northern and central European countries assessed their contribution to entering in agreements with the food (marketing) industry lower than south European countries did ($p = .07$). No significant differences between the three regions were found for the other 'assessed contributions'.

We found many differences while comparing the assessed contributions of the various organisations per country. Analyses show that with reference to:

- *giving information to parents and / or children to help them make healthy food choices;*
Norway, Estonia and Portugal assessed their roles as relatively low (below European average).
- *giving information to parents and / or children to promote physical activity;*
Denmark, Germany, Estonia, Sweden, Portugal and United Kingdom assessed their roles relatively low.
- *encouraging healthy eating at schools;*
Belgium, Germany, Estonia, Sweden and Portugal assessed their roles relatively low.
- *regulating the types of foods available through vending machines at schools;*
All countries, except for Finland, Greece, France, Ireland and United Kingdom assessed their roles relatively low.
- *entering into agreements with the food (marketing) industry to encourage children to eat healthier foods, rather than less healthy options;*
All countries, except for France, assessed their roles relatively low.
- *establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children;*
All countries, except for Germany, France and Portugal, assessed their roles relatively low.
- *restrictions on the ways foods are promoted to children;*
All countries, except for Denmark, Germany, France, Portugal and United Kingdom, assessed their roles as relatively low.
- *changes to food labelling practices;*
All countries, except for Slovenia, Norway, Denmark and United Kingdom, assessed their roles relatively low.

In comparing the assessed contributions of the various (allied) organisations per country we also constructed an 'activity' scale by adding the scores of the 8 items mentioned above. The maximum score in this scale = 1 (country is very active), the minimum score is 10 (country is not active at all).

(Cronbach's $\alpha = .86$) Again, only organisations were included in this analysis that had indicated to be active in tackling the effects of food marketing on consumption patterns of children and young people. Table 12 presents an overview of the scores on this scale per country.

Table 12 Assessed contributions to combating the negative effects of food marketing per country (European mean = 4.50)

Country	Mean score Max. score = 1; min. score = 10)
Norway	5.9
Denmark	4.42
Sweden	5.17
Finland	4.26
Iceland	4.36
Estonia	6.04
United Kingdom	3.58
Ireland	4.67
The Netherlands	4.63
Germany	4.23
Austria	4.80
Slovenia	4.79
Belgium	4.80
France	3.08
Italy	4.59
Spain	4.90
Portugal	4.75
Greece	4.66
N = 181	

Table 12 shows that (compared with the European mean) especially France and the United Kingdom indicate to be relatively more active in combating the negative effects of food marketing. Sweden, Norway and Estonia indicate to be relatively less active in this respect, while the scores of the other countries are nearly similar to the 'European mean score'.

4.5 Priority given to the problem within the organisation's policy

Organisations that participated in the qualitative study (n = 41) as well as organisations that participated in the quantitative study were asked where (on a scale 1-10) they would place 'tackling the obesity problem of young

children' in terms of their organisation's priorities. Table 13 gives an overview of the responses.

Table 13 Priority given to the obesity problem of young children

Score: 1 = high; 10 = low	Respondents in the qualitative study (n = 41)	Respondents of the quantitative study (n = 140)
1	26.8	11.7
2	17.1	16.1
3	29.3	19.7
4	9.8	6.6
5	4.9	16.8
6	-	5.8
7	2.4	7.3
8	-	9.5
9	-	2.9
10	9.8	3.6

From the results of table 13 we conclude that the organisations that participated in the study give relatively high priority to the obesity problem. As could be expected the priority among participants in the qualitative study (heart foundations and relatively well informed allied organisations) is higher than amongst participants in the quantitative study. Northern and Central European countries place the priority given to the obesity problem lower than southern European countries ($p = .08$). Table 14 gives an compares the mean priority scores per country with the European mean.

Table 14 Organisational priority given to tackling the obesity problem of young people per country (European mean = 3.67)

Country*	Mean score Max. score = 1; min. score = 10)
Norway	5.00
Denmark	3.20
Sweden	5.14
Finland	4.11
Iceland	3.64
Estonia	6.29
United Kingdom	2.75
Ireland	3.38
The Netherlands	3.46
Germany	2.00
Austria	4.50
Slovenia	4.93
Belgium	3.75
France	2.58
Italy	5.06
Portugal	2.00
Greece	3.29
Spain has no score because only one organisation is involved	
N = 181	

Especially Germany, Portugal and France gave a high priority to the obesity problem. Sweden, Norway, Estonia and Slovenia gave it a lower priority, while the scores of the other countries were close to 'European mean'.

4.6 Policy plan and action plan

Policy plan

About a third of the respondents (from 15 countries) in both studies indicated that their organisation has a policy statement about tackling the obesity problem of young children⁶. Respondents in the qualitative study whose organisation has no policy statement on this issue (70.7%) indicated in about 45% of the cases that their organisation plans to develop a policy on this issue. About 9% thought not, and 45% was not sure.

⁶ Belgium, Spain and Greece have no policy statements yet on this issue

Respondents in the quantitative study whose organisation has no policy statement on this issue (66.4%%) indicated in about 25% of the cases that their organisation plans to develop a policy on this issue. About 20% thought not and 55% was not sure.

Respondents of the *qualitative* study who indicated that their organisation has a policy statement on the obesity problem amongst children and young people, were asked to give details about what this statement entails. Eight reactions from 6 countries were received.

Denmark (1)

Focuses both on activities that facilitate consumers to make healthy choices and on legislation at a national and European level (ban of marketing of unhealthy food to children).

Ireland (1)

Focuses on linking various activities of governmental and non-governmental organisations throughout the country by creating a platform of collaboration, crating commitment by all stakeholders and enhancing cohesion.

Slovenia (1)

Puts emphasis on a combination of 'regulation and control' and giving information.

France (3)

Puts emphasis

- on giving information
- on creating prevention and care networks between city and hospital
- on people's health in general and not specifically on obesity

Italy(1)

The responding institute has a recognized role in the field of human development and metabolic disorders since the sixties

Austria (1)

As a member of the European Childhood Obesity Group (ECOG), the responding institute has written a position paper that outlines the nature of the problem of childhood obesity along with treatment and prevention methods available today. Because of the paucity of literature on prevention and treatment of obesity, as well as a paucity of treatment and prevention methods, the paper points out the need for much additional research on obesity in children.

Action plan

Twelve organisations from eight countries reported to concrete actions on this issue: Slovenia (1), The Netherlands (2), Italy (1), Germany (2), France (3), Austria (1), United Kingdom (1) and Iceland (1). Ten respondents from six of these countries provided some details of their action plan.

The Netherlands (1)

In October 2004, launched an online centre of expertise; in November 2004, did qualitative and quantitative research, in January 2005, developed school package for Dutch primary schools, in April 2005 had an information campaign on TV and in print; in April 2005, monitored research on children and commerce; in November 2005, advertising competition for children with annual event.

Italy (2)

(1) Their medium-term action plan focuses on the cooperation with other scientific societies (especially paediatrics) and with the food industry, in order to set up alliances that can be scientific and operational benchmarks.

(2) Organisation of educational courses for doctors, psychologists, dieticians, nurses, social workers and teachers. Organisation of national and international scientific meetings and round tables. Elaboration of scientific projects.

Austria (1)

Focus on multidisciplinary programs especially involving families. Furthermore, focus on prioritizing the subject both in the health care system, on the scientific level and for future political actions.

Germany (1)

The EHN Children, obesity and associated chronic disease project.

Slovenia (1)

They expect that a better-informed public will call for regulations in the field of unhealthy food advertising, and that there will be a better control over school nutrition. The activities connected with physical activities (climb to the top of Šmarna gora, cycling tour to Polhov gradec) have, apart from their recreational role, an impact on the level of obesity in young people.

France (4)

(1,2) Promotion of practice of physical activity, to watch less TV, to eat less fat food and salted meal (by simple messages); promotion of the variety of tastes (for children); messages to family (children and parents); promoting diet consultation for children.

(3) Formation of medical doctor working in town; relation with hospital department

(4) No special focus on obesity. Improving French people's health in general by promotion of healthy food habits and regular physical activity.

Budget

Fourteen organisations from ten countries⁷ indicated that they have a dedicated budget for this issue. Five other respondents did not know. Most of these organisations (60%) expected that this budget will increase in the future, while 7% did not expect it to increase. The others were not sure about that (33%).

4.7 Planned new actions within the next 12 months (November 2004-November 2005)

All respondents in the qualitative study (n=41) were asked if their organisation is planning to introduce any new actions to tackle the obesity problem among children and young people within the next 12 months. And if so, to describe them briefly.

Information was gained from 29 organisations from 14 countries. These reactions are summarised below.

United Kingdom (1)

- public survey studies
- national campaigns calling for legislation
- educational campaigns, printed materials, websites
- name and shame food companies who do not cooperate
- lobbying activities in (national and regional) government

The Netherlands (3)

- educational materials for children, parents and teachers in order to make children ad and media smart
- product testing to inform consumers
- lobbying activities in government, industry and (European) consumer organisations
- school programmes (Junior Heart Day) with obesity as theme

⁷ Slovenia, The Netherlands, Denmark, Finland, Italy, Germany, France, Ireland, United Kingdom, Iceland

Germany (2)

- special issues in magazines (tests, articles) focused on children
- programmes directed at school children (physical exercise and healthy breakfast)

Denmark (2)

- school based programmes to improve a healthy life style (healthy eating, increase physical activity)
- initiatives to parents and children to reduce intake of 'fast foods'
- initiatives to regulate / ban advertisements for 'junk food' on TV
- early detection of children with a high risk of obesity (through visiting nurses and school doctors)
- participation in policy 'think tank' of the Minister for Food and Family
- better food labelling (national political attention and European legislation)

Italy (4)

- research directed to develop practical methods for the evaluation of eating habits among children 9-10 years old and adolescents, and research directed to develop cost effective intervention programmes
- development of primary and secondary school programmes for children, parents and teachers
- intervention development and research in the project: 'Primary prevention of cardiovascular diseases starting from nutritional education to children at primary school'
- building a network involving major local stakeholders that can deal with the prevention of childhood obesity (Children and Obesity project)
- epidemiological research among school children

Greece (3)

- development of new guidelines for childhood obesity treatment
- collaboration with food industry
- increasing public awareness through written information (leaflets)
- increasing public awareness through adverts in nation wide TV channels (under consideration)
- organizing symposia and scientific sessions
- promotion of collaboration between affiliated organisations
- development of lists with suggestions and / or actions for local authorities

Ireland (3)

- review study of food safety and nutrition activities undertaken by schools
- development of educational programmes (on food labelling)
- initiating the development of a national, inter-sectoral and cross-jurisdictional Nutrition Forum (establishment in 2005)
- written information and website on healthy eating and recipes for children, young people, parents and teachers
- research projects to develop evidence-based public health nutrition programmes
- research on factors influencing the efficacy of food-risk and dietary communications directed at young people
- review of the effects of social marketing models in communicating nutrition and food safety messages
- longitudinal studies (BMI), anthropometric measures, dietary intake and physical activity in cohorts of school going adolescents
- research on dietary patterns, food intakes, attitudes and their determinants among low socio-economic adults and children
- a review study of food poverty and policy in Northern Ireland
- feasibility study to examine the levels of fat in take-away meals
- study on how to increase knowledge on fast-food consumption through examination of consumer attitudes to healthier options in fast-food outlets
- the establishment of a Nutrition and Health foundation (a non-branded industry-funded initiative) to promote healthy eating and physical activity
- expand advocacy role in relation to food marketing to children, pricing policies, promotion of environment for physical activity
- expand and develop resources for schools
- develop relationships with partners

Austria (2)

- nation wide prevention programme (under review of Ministry of Health)
- EU proposal for project on combating obesity in Europe

Slovenia (1)

- Organisation of press conferences about the problem of obesity amongst children and teenagers
- Activities connected with World Heart Day
- Development of booklets and leaflets
- Organisation of and assistance at professional meetings
- Organisation of exhibitions, attended by teachers, primary and secondary school pupils and general public
- Publication of articles in journals
- Activities organised with the Slovenian Football Association to encourage youngsters, their relatives and friends to engage in a healthy life style

Spain (1)

- School education programmes focused on healthy eating and regular physical activity (for teachers, scholars and parents)
- Other physical programmes (promotion of sports, 'healthy walk', aerobic classes)
- Training courses for school teachers on CVD prevention in Childhood and Adolescence

France (4)

- National information campaign to tackle the obesity problem among children aged 7-11
- Information about overweight and obesity for parents and children
- Collaboration between hospitals and schools
- Special consultation for obese children
- Development of diet guides for general public, children and parents
- Development of a CD (BMI) for children and adults with brochures for health professionals

Iceland (1)

- Nation wide programme to improve conditions and environments of children and families and empower them to improve their diets and increase physical activity (community health promotion programme). Guidelines and teaching materials to communities will be developed as well as courses for teachers and community workers. The programme will be monitored and evaluated after two and six years.

Portugal (1)

- Development of a project that consists of collecting data about BMI and nutritional habits of school children (11-14 years)
- Development of educational materials for teachers and pupils (physical activity and nutrition)

Norway (1)

- Application to acquire funding for a project aimed at children in kindergartens and schools. In the project, teachers and parents will be supported to find healthy choices for children's meals and snacks

4.8 Barriers met in performing activities aimed at combating the negative effects of food marketing

All heart foundations and allied organisations were asked to what extent their organisation encountered problems in establishing actions to combat the negative effects of food marketing on current consumption patterns of children and young people. The following barriers were questioned:

- lack of human resources
- lack of financial resources
- lack of material resources
- lack of expertise
- difficulty in achieving consensus
- lack of management commitment
- lack of cooperation between national organisations
- lack of (local) governmental support.

Table 15 gives an overview of the answers to the (8) questions.

Table 15 Perceived barriers in performing activities aimed at combating the negative effects of food marketing

Barrier	Not at all	To some extent	To a great extent	Not sure	N
Lack of human resources	12.3	45.6	33.1	8.0	163
Lack of financial resources	4.9	36.8	50.3	8.0	163
Lack of material resources	18.0	54.0	19.9	8.1	161
Lack of expertise	40.1	45.1	8.6	6.2	162
Difficulty in achieving consensus	33.8	31.3	18.8	16.3	160
Lack of management commitment	49.2	26.7	11.7	12.5	120*
Lack of cooperation between national organisations	18.1	40.6	28.1	13.1	160
Lack of (local) governmental support	11.3	38.4	37.7	12.6	159
N = 181					

* This question was not asked of organisations in the qualitative study

From table 15 we conclude that lack of financial resources, lack of governmental support and lack of human resources are considered to be the most important barriers. Lack of expertise and lack of management commitment were seen as less important barriers. Northern European countries report significantly fewer barriers related to difficulty of achieving consensus ($p = .03$) and lack of management commitment than central and southern European countries ($p = .05$). No significant differences between the three regions were found for the other encountered barriers. There were

some differences between countries to the extent to which specific barriers were encountered. We interpret this to mean that:

- *Lack of human resources* is encountered to a greater extent by Spain, Estonia and Austria and to a lesser extent by Belgium and Portugal
- *Lack of financial resources* is encountered to a greater extent by Norway, Finland, Spain and Estonia and to a lesser extent by Portugal
- *Lack of material resources* is encountered to a greater extent by Spain and Germany and to a lesser extent by the Netherlands, Italy, Iceland and Austria
- *Lack of expertise* is not experienced to a great extent at all and to an even lower extent by France and the United Kingdom
- *Difficulty of achieving consensus* is encountered to a greater extent by Greece and to a lesser extent by Norway and Germany
- *Lack of management commitment* is encountered to a greater extent by Germany and to a lesser extent by the Netherlands, Belgium, Finland and Austria
- *Lack of cooperation between national organisations* is encountered to a greater extent by Denmark, Greece and Estonia and to a lesser extent by Belgium and the United Kingdom
- *Lack of (local) governmental support* is experienced to a greater extent by Spain, Greece and Estonia and relatively to a lesser extent by Germany and Portugal.

In comparing the encountered barriers of the various organisations per country we also constructed a 'barrier' scale by adding the scores of 7 items mentioned above. 'Lack of management commitment' was not included in this analysis because this question was not asked of the organisations that participated in the qualitative study. The minimum score in this scale = 7 (no barriers are encountered); the maximum score = 21 (barriers are encountered to a great extent. (Cronbach's $\alpha = .84$) Table 16 presents an overview of the scores on this scale per country.

Table 16 Barriers encountered in combating the negative effects of food marketing per country (European mean: 13.40)

Country	Mean score Min. score = 7; Max. score = 21)
Norway	14.00
Denmark	11.80
Sweden	11.50
Finland	11.22
Iceland	12.25
Estonia	14.47
United Kingdom	12.80
Ireland	13.50
The Netherlands	12.77
Germany	11.50
Austria	13.60
Slovenia	14.73
Belgium	13.00
France	13.70
Italy	12.67
Spain	18.00
Portugal	12.50
Greece	17.17
N = 181	

Table 16 shows that (compared with the European mean) especially Denmark, Finland, Germany, Sweden and Portugal meet relatively fewer barriers than Greece, Estonia, Slovenia and Spain.

Organisations that participated in the qualitative study were asked to indicate in more detail what they experience as the most important barriers. Furthermore they were asked about the ways in which their organisation has tried to overcome these problems and whether these efforts were successful. An overview of the answers at these questions is presented below.

- *Lack of money, lack of funds and or / charitable trusts* were mentioned by representatives from 9 countries. Four of these countries reported on ways to overcome this problem.
United Kingdom: 'Doing the work with a limited budget!'
The Netherlands: trying to get funds from the European commission + an ongoing lobby towards the national government
Italy: Applications for funds (in collaboration with partners)

Greece and the Netherlands: seeking more collaboration with other organisations.

Denmark, Spain, Belgium and France suggested no specific solutions.

- *Industry objection* was mentioned as a serious barrier by four countries.
 - United Kingdom: tries to overcome this problem by clearly stating own arguments and by keeping close contacts with journalists
 - Ireland: established a marketing group that comprises marketing directors in all food and drink member companies. They promote responsible marketing and advertising.
 - Iceland: is seeking for collaboration with the food industry.
 No specific solutions were suggested by Greece.

- *Lack of access to influential policymakers / lack of support from the national and local government* were mentioned by representatives of six countries.
 - The Netherlands: tries to get subjects like labelling and food marketing on the political agenda by publication of articles and product tests.
 - Italy: seeks for collaboration with other organisations (foundation of the Federation of Italian Societies of Nutrition)
 - Ireland: has a solution similar to Italy's. It is preparing the initiation of the Nutrition Forum in which different bodies committed to diet related health issues will collaborate (2005). Furthermore partnerships are sought in the National Heart Alliance.
 - Austria: is seeking for partnerships in the EHN project
 - Greece: is organizing meetings with colleagues from other organisations (with limited success)
 No specific solutions were suggested by Slovenia.

- *Lack of human resources and time* were mentioned by representatives from six countries.
 - Denmark: tries to overcome this problem by 'prioritising'
 - Italy: tries to build networks and seeks cooperation with other professionals and organisations.
 - Spain: seeks similar solutions Italy's
 - Germany: tries to overcome this problem by participating in the EHN project.
 France and the Netherlands suggested no specific solutions.

- *Lack of documentation (of the negative effects of food marketing)* was mentioned by representatives of three countries.
 - Denmark: tries to overcome this barrier by doing literature research.
 France and the Netherlands suggested no specific solutions.

- *Lack of simple solutions to a complex problem* was mentioned by Denmark as a barrier. The only solution to that is realising that a lot of combined effort is needed. No one solution will solve this problem.
- *Lack of expertise / in depth knowledge* was mentioned by two countries.
Greece: tries to solve this problem by taking part in the EHN project.
Ireland: the Irish respondent will seek new staff in the organisation in 2005.
- *Difficulty to reach school children through headmasters* was mentioned by a German representative. The solution to this problem is found in setting up regional projects and seeking personal contact.
- *Lack of priority within the organisation* was mentioned by three respondents.
Portugal: suggests to 'make 'more noise about the EHN project'
Sweden and Norway suggested no specific solutions.

4.9 Factors contributing to success

Finally respondents in the qualitative study were asked which factors, in their opinion, contribute(d) to the success of actions that have taken place / will take place on this subject. The following factors were mentioned:

- *More collaboration between organisations* was mentioned by representatives from nine countries. Not only collaboration between and with professional organisations, but also with volunteers, schools and industrial partners (Ireland, Italy, Greece, Belgium, France, United Kingdom, the Netherlands, Spain, Austria).
The United Kingdom further suggests to pay more attention to 'Parent Power!'.
- *More attention in the media that is sympathetic to the subject.* This stimulating factor was mentioned by representatives from eight countries (United Kingdom, Germany, Greece, Slovenia, the Netherlands, Denmark, Italy and Sweden).
- *More research data that make the urgency of the problem visible* was suggested by the Netherlands, Italy and Iceland.
- *Raising more funds* will contribute to the success according to Italy and Greece.

- *More expertise and enthusiasm* were mentioned by Italy and Greece as well.
- *More governmental support* is needed to contribute to success according to Greece.
- *More managerial and board support*, was mentioned by an Irish representative.

4.10 Attitudes toward the way(s) the obesity problem is / should be tackled

All heart foundations and allied organisations were asked about their attitude toward the ways their organisation thinks that the obesity problem is / should be tackled. For this purpose they indicated to what extent they agreed with 16 statements about this subject. Table 17 presents the statements and how respondents answered them.

Table 17 Opinions towards ways to tackle the obesity problem amongst children and young people (in percentages)

Statement (all statements refer to the situation in his / her own country)	% Strongly agree	% agree	% neither	% disagree	% Strongly disagree	N
More efficient food advertising and food promotion legislation should be introduced	58.4	30.6	8.7	.6	1.7	173
advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned	42.3	33.7	15.4	8.0	0.6	175
Self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls	17.8	25.9	15.5	28.7	12.1	174
Food advertisements directed to children are generally honest and fair	-	6.3	22.9	53.7	17.1	175
The impact of food marketing on consumption patterns of children and young people is exaggerated	6.3	15.9	13.6	47.2	17.0	176
The impact of food advertisements to children is underestimated	20.6	53.1	14.9	9.1	2.3	175
Food adverts to children are dominated by products high in fat, sugar and / or salt	32.8	48.0	15.8	1.7	1.7	177
Sufficient attention is paid to protecting children from marketing of energy-dense, low nutrient foods	1.1	3.4	13.1	60.8	21.6	176
Our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods	9.1	35.2	24.4	28.4	2.8	176
Other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods	14.3	49.1	24.0	12.0	0.6	175
Our government pays sufficient attention to protection from marketing of energy-dense, low nutrient foods	3.4	10.2	11.9	53.4	21.0	176
Existing codes of practice for the food advertising industry are inadequate to protect children's health	28.3	50.9	12.7	4.6	3.5	173
There should be a ban on fast foods and soft drinks in schools	43.2	39.2	7.4	8.5	1.7	176
It should be mandatory to spend equal time for pro-nutrition messages as is spend for food advertisements directed to children	34.5	40.2	18.4	6.3	0.6	174
Efforts to modify unhealthy eating habits which focus at public education and counter marketing programmes should be given preference above regulations	28.7	33.3	21.3	14.9	1.7	174
Current controls on food promotion are ineffective	28.2	48.3	17.8	4.0	1.7	174

We interpret the result of table 17 as follows. Nearly all respondents share the opinion that more efficient food advertising and food promotion should be introduced. However, opinions on how to tackle the negative effects of food

marketing vary considerably. For example: about 45% of the respondents (strongly) agree with the statement that self-regulatory codes of practice on food advertisements should be preferred above statutory controls. But 40% of the respondents (strongly) disagree with this statement.

Nearly 75% of the respondents have the opinion that their (national) government does not pay sufficient attention to protecting children from marketing of energy-dense, low nutrient foods. About 40% of the respondents agree with the statement that their organisation pays sufficient attention to this subject.

By comparing the mean scores of northern, central and southern European countries on the statements above, we conclude that there are hardly any differences in opinions between the three regions. There are, however, two exceptions:

- Northern and central European countries agree to a stronger extent than South European countries ($p = .06$) on the statement that 'advertisements that encourage the consumption of foods high in sugar, fat and / or salt should be banned'
- Southern European countries agree to a stronger extent than northern and central European countries with the statement that 'efforts to modify unhealthy eating habits which focus at public education, and 'counter marketing' programmes aimed at balancing the effects of marketing of health damaging products, should be given preference above regulations' ($p = .02$).

We could not construct an 'opinion' scale (by adding the scores of all the statements) because internal consistency was too low (Cronbach's α). Therefore, we compared mean scores per country, per item with 'the European mean'. From this comparison we conclude that, compared to the mean 'European scores':

Norway

has a neutral opinion about the statement that 'the impact of food advertisements to children is underestimated'. Furthermore Norwegian representatives disagree relatively strong with the statement that 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods'.

Denmark

has a neutral opinion about the statement that 'the impact of food marketing on consumption patterns of children and young people is exaggerated'.

Sweden

strongly agrees with the statement that 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods' and has a more neutral opinion about the statement that 'existing codes of practice for the food advertising industry are inadequate to protect children's health'.

United Kingdom

strongly disagrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'. Furthermore representatives of the United Kingdom more strongly disagree with the statement that 'efforts to modify unhealthy eating habits which focus at public education and counter marketing programmes aimed at balancing the effects of marketing of health damaging products, should be given preference above regulations'.

Ireland

strongly disagrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls' and the have a more neutral point of view towards the statement that 'efforts to modify unhealthy eating habits which focus at public education and counter marketing programmes aimed at balancing the effects of marketing of health damaging products, should be given preference above regulations'.

The Netherlands

has a neutral opinion about the statement that 'the impact of food advertisements to children is underestimated'. They have a relatively more neutral point of view towards the statement that 'there should be a ban on fast foods and soft drinks in schools' as well.

Germany

has a neutral opinion about the statement that 'the impact of food advertisements to children is underestimated'.

Furthermore representatives of Germany

- strongly agree with the statements that 'the own organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods' and that 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods',

- disagrees with the statement that 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods'.

Austria

strongly agrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'. Furthermore Austria:

- has a neutral opinion about the statement that 'the impact of food advertisements to children is underestimated',
- agrees strongly with the statement that 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods',
- and has a neutral point of view towards the statement that 'there should be a ban on fast foods and soft drinks in schools'.

Slovenia

strongly agrees with the statement that 'the impact of food marketing on consumption patterns of children and young people is exaggerated'.

France

strongly disagrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'.

Spain

has a neutral point of view towards the statement that 'there should be a ban on fast foods and soft drinks in schools' and to the statement that 'advertisements that encourage the consumption of foods high in sugar, fat and/ or salt should be banned'. Furthermore the representative from Spain stronger disagrees with the statement that 'the own organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods'.

Portugal

- has neutral point of view towards the statement that 'more efficient food advertising and food promotion legislation should be introduced' and towards the statement that 'advertisements that encourage the consumption of foods high in sugar, fat and/ or salt should be banned'
- agrees strongly with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls',

- agrees strongly with the statement that 'food advertisements directed to children are generally honest and fair' (in Portugal)
- disagrees strongly with the statement that 'food adverts to children are dominated by products high in fat, sugar and /or salt',
- disagrees strongly with the statement that 'existing codes of practice for the food advertising industry are inadequate to protect children's health',
- disagrees strongly with the statement that 'there should be a ban on fast foods and soft drinks in schools' and
- has a neutral point of view towards the statement that 'efforts to modify unhealthy eating habits which focus at public education and counter marketing programmes should be given preference above regulations'.

Finland, Belgium, Italy, Greece, Estonia and Iceland have mean scores for their opinions that are similar to the 'European mean score'.

4.11 Organisational characteristics related to level of activity

We carried out a one-way analysis of variance to determine which characteristics (factors) explain variations in the 'level of activity' in tackling the effects of food marketing on consumption patterns of children. In other words, 'characteristics' was the independent variable and 'activity level' was the dependent variable. Note that this analysis does not determine causal relationships, nor do we imply that causal relationships exist between dependent and independent variables.

We compared two subgroups:

- countries that are relatively active in tackling the negative effects of food marketing (mean activity score is higher than the 'European score')
- countries that are relatively inactive in tackling the negative effects of food marketing (mean activity score is lower than the 'European score'.

The following independent characteristics were included in analysis:

- awareness about ways to tackle the food marketing problem
- organisational priority placed at the problem
- level of knowledge about the problem
- opinions towards ways to tackle the problem
- barriers encountered in tackling the problem
- European region.

From this analysis we conclude that countries that consider themselves as 'relatively active' in tackling the (negative) effects of food marketing on consumption patterns of children and young people:

- consider obesity amongst children and young children as a more serious health problem ($p = .02$)
- are more aware about the ways to tackle the negative effects of food marketing ($p = .07$)
- are more aware of the ongoing activities tackling this problem in their own country ($p = .06$)
- indicate that their organisation places a relatively higher priority at tackling the problem ($p = .002$)
- more often disagree with the statement that advertisements to children that encourage the consumption of foods that are high in sugar, fat and / or salt should be banned ($p = .05$)
- are better informed about the problem (have more knowledge of how to tackle the problem) ($p = .03$)
- more likely belong to central and southern European regions; ($p = .05$).

5 Conclusions and recommendations

The evaluation of the project 'Children and obesity and associated avoidable chronic diseases' focuses primarily on whether the project will lead to increased awareness of the impact of food marketing and increased activity in combating the negative effects on current consumption patterns. Our results establish the base-line situation of the participating organisations. More specifically, we have established:

1. the level of awareness of the impact of food marketing on current consumption patterns of children and young people
2. the level of activity in combating the negative effects of food marketing on current consumption patterns of children and young people.

Based on the results of this baseline study, we conclude that the awareness level of the participating organisations about the seriousness is already relatively high. Furthermore, they are also aware of the impact of marketing and the media on current consumption patterns of children and young people in general and the impact of broadcast advertising. Therefore, this awareness will only need to be maintained through communication activities during the forthcoming year.

In contrast, organisations are less aware of the impact of the internet, food labelling and food marketing on consumption patterns at schools. More attention should be paid to increasing organisations' awareness of these impacts.

The organisations perceive their level of information to be low in three areas:

- knowledge about the impact of food marketing on consumption patterns
- knowledge on how to tackle the effects of food marketing and
- knowledge on regulatory and self-regulatory requirements.

Especially the relatively less informed allied organisations perceive their level of information to be low. Therefore, broad attention needs to be given to these issues in the participating countries. Participating countries should exchange more information about their on-going activities, the barriers that they meet and how they tackle them.

The participating organisations reported to be especially active in giving information about healthy food choices and also in promoting physical activity. To a lesser extent, they promote regulation and legislation, and enter into agreements with the food industry. They do, however, favour extending

these activities. To this end, we recommend promoting regulation and legislation and stimulating agreements with the food industry to combat the negative effects of food marketing in the forthcoming year. Especially national and local governments could be more active and should take more responsibility in this matter. The European Committee can, perhaps, play an active and supporting role in stimulating national governments to give high priority to the problem.

Exchange of experiences may contribute to an increase in activities among national organisations in combating the negative impact of food marketing on consumption patterns of children. Even though most organisations are aware of the scope and the seriousness of the problem and give a relatively high priority to combating this problem, over a 40% of the relatively less informed organisations are not yet actively combating the problem.

Our analysis of the data suggests that especially three types of 'efforts' to change the behavioural patterns of organisations are related to increased activity level of the organisations. These efforts aim to

- increase awareness of and ways to tackle the obesity problem
- maximise the exchange of experiences within and between participating countries and
- raise the priority given to the problem (especially by national governments).

Although we intended to discover 'determinants' of the reported activity levels through multiple regression analyses, an unforeseen practical problem prevented us from establishing a cause and effect relationship. Both the number of completed questionnaires and the variation in the number of questionnaires per country that were completed precluded establishing a statistically relevant relationship between 'behavioural determinants' and 'activity level'. However, through one-way analyses of variance we found that the three above mentioned factors (efforts) strongly and positively relate to an organisation's activity level in tackling the effects of food marketing on consumption patterns of children. We consider these efforts to be 'motivating' factors that stimulate organisations' to tackle the obesity problem.

At the end of 2005 or the beginning of 2006, the survey will be repeated (post-test study) in order to determine changes in awareness and reported activity. To that end, the same organisations that participated in the baseline study will be asked to participate in the post-test study. Data concerning organisations that did not participate in the baseline survey can not be used to determine the effects of the project interventions. We do, however, recommend that ' new ' organisations be stimulated to take part in the post-

test survey, as they will contribute to a representative picture of the 'state-of-affairs' at that time. Analysis of all of the data at the end of the project will lead to solid conclusions about the progress in tackling the obesity problem both at a national and at a pan-European level. These conclusions, in turn, will provide a solid basis to better specify future interventions.

Appendix 1

Letter to National coordinators and 'relatively well informed organisations / individuals they work with'

Brussels, September 2004

Dear

As you know, we have planned for an evaluation of the 'Children Obesity and Associated Avoidable Chronic Diseases Project'.

This entails a study on increased awareness of the impact of food marketing on current consumption patterns of children and young people. The survey will be held amongst national coordinators of the participating national Heart Foundations and the organisations/individuals they work with through national alliances.

The study includes two measurements (in October 2004 and in December 2005) through written questionnaires, amongst

- you and your colleagues in the other participating countries as national coordinators and
- representatives of organisations you work with (through national alliances).

After a limited call for tender, ResCon, research & consultancy, in Haarlem (The Netherlands) won the bid to carry out the survey. ResCon will need your full cooperation to perform this survey on measuring awareness.

More specifically, the cooperation we ask from you includes the following:

The survey comprises two parts, a **qualitative** study, and a **quantitative** study.

- The questionnaire on the qualitative study is meant to be completed by you (as national coordinator) and one or two organisations you work with in your country. It will be up to you to indicate which other organisation this might be, but we would prefer an organisation that is relatively active and well informed about the subject of children and obesity. The questions in this study deal with your organisation's involvement in the theme of children and obesity. These questions are intended to give us more insight on your organisation's opinions and experiences in this field.

Completing the questionnaire will take about 30 minutes of your time and will be in English. Your information will be of great value to the progress of the project as a whole. Please return the completed questionnaire as soon as possible (and 31 October at the latest) to ResCon.

- The questionnaire of the **quantitative study** is meant to be completed by representatives of organisations and other individuals you work with in your country through national alliances. The questionnaire of the quantitative study is especially meant for individuals and organisations that are (still) relatively inactive in tackling the obesity problem among children and young people in your country. It is up to you to decide which organisations in your country are interesting to include in the survey-study.

You can distribute the questionnaire either via the existing networks of national alliances or directly to relevant organisations you work with. If necessary it may be useful to translate the questionnaire before distribution.

In order to help you, we have prepared a cover letter (see attachment) which outlines the purpose of this questionnaire and which you can send to the associations/ organisations/ individuals involved in the survey

The organisations involved in this survey should send their completed questionnaires to you. After you have collected most of the information, it should be sent as soon as possible to ResCon, research & consultancy in the Netherlands as soon as possible and preferably by 31 October 2004.

Address of ResCon:

**ResCon, research & consultancy,
Att.: Dr. Ruud Jonkers
Prins Bernhardlaan 2h
2032 HA Haarlem
The Netherlands**

If you have any questions concerning this study or your contribution, please send an e-mail to Ruud Jonkers or Inge de Weerd (r.jonkers@rescon.nl) or i.deweerd@rescon.nl). Of course you may phone or send a fax as well.
Phone: + +31 23 5451146, Fax: + +31 23 5451148

Thank you very much for your cooperation.

Susanne Logstrup
Marleen Kerstens

Appendix 2

QUESTIONNAIRE

Children and obesity

The impact of food marketing on current
consumption patterns of children and young people

a quantitative study

Notes for completing the questionnaire

There are 5 sections to complete in this questionnaire. All of the questions have a fixed answer structure. Please underline only one answer that suits best.

Name:

Organisation:

Country:

A The first questions refer to your perception of the scope and seriousness of the obesity problem in your country and the impact of marketing and media

1) To what extent does your organisation consider obesity amongst children and young people to be a serious health problem in your country?

- 1 very serious
- 2 serious
- 3 neither
- 4 not serious
- 5 not serious at all
- 6 don't know

2) How would you perceive the impact of marketing and media on current consumption patterns of children and young people in your country

a) impact in general

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

b) impact of advertisements by broadcast advertising

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

c) impact of advertisement by non-broadcast advertising

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

d) impact of advertising on the internet

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

e) impact of food labelling

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

f) impact of education at school

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

- 3) To what extent is your organisation informed about:
- a) the impact of food marketing on consumption patterns of children
- 1 very well
 - 2 rather well
 - 3 neither
 - 4 rather poor
 - 5 very poor
- b) ways to tackle the effects of food marketing on consumption patterns of children
- 1 very well
 - 2 rather well
 - 3 neither
 - 4 rather poor
 - 5 very poor
- c) regulatory and self-regulatory requirements in respect of food advertising to children
- 1 very well
 - 2 rather well
 - 3 neither
 - 4 rather poor
 - 5 very poor
- d) ongoing activities tackling the obesity problem in your own country
- 1 very well
 - 2 rather well
 - 3 neither
 - 4 rather poor
 - 5 very poor
- e) ongoing activities tackling the obesity problem in other European countries
- 1 very well
 - 2 rather well
 - 3 neither
 - 4 rather poor
 - 5 very poor

B This part of the questionnaire refers to your organisation's activities in respect of combating the negative effects of food marketing

1) Is your organisation involved in any activity to tackle the effects of food marketing on consumption patterns of children and young people?

- 1 yes
- 2 no, proceed with question B3

2) If you consider the role of your own organisation, how would you assess (on a scale 1-10) your current contribution in respect of:
 ('high' means: contributes a lot to that activity; 'low' means: contributes hardly anything to that activity)

a) giving information to parents and /or children to help them make healthy food choices

High										Low
1	2	3	4	5	6	7	8	9	10	

b) giving information to parents and /or children to promote physical activity

High										Low
1	2	3	4	5	6	7	8	9	10	

c) encouraging healthy eating at schools

High										Low
1	2	3	4	5	6	7	8	9	10	

d) regulating the types of foods available through vending machines at schools

High										Low
1	2	3	4	5	6	7	8	9	10	

e) entering into agreements with the food (marketing) industry to encourage children to eat healthier foods, rather than less healthy options

High										Low
1	2	3	4	5	6	7	8	9	10	

- f) establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children

High
1 2 3 4 5 6 7 8 9 Low
10

- g) restrictions on the ways foods are promoted to children

High
1 2 3 4 5 6 7 8 9 Low
10

- h) changes to food labelling practices

High
1 2 3 4 5 6 7 8 9 Low
10

- 3) In your opinion on a scale 1-10, where would you say that your organisation places tackling the obesity problem of young children in terms of the priorities?

High priority
1 2 3 4 5 6 7 8 9 Low
10

- 4) Does your organisation have a policy statement on this issue?

1 yes, proceed with question C1
2 no

- 5) Does your organisation plan to develop a policy on this issue?

1 yes
2 no
3 not sure

C The following questions deal with possible barriers you meet in performing activities which are aimed at combating the negative effects of food marketing

To what extent has your organisation encountered the following problems in establishing actions to combat the negative effects of food marketing on current consumption patterns of children and young people?

- 1) Lack of human resources
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

- 2) Lack of financial resources
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

- 3) Lack of material resources (f.e. educational materials)
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

- 4) Lack of expertise
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

- 5) Difficulty of achieving consensus
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

6) Lack of management commitment

- 1 not at all
- 2 to some extent
- 3 to a great extent
- 4 not sure

7) Lack of cooperation between national organisations

- 1 not at all
- 2 to some extent
- 3 to a great extent
- 4 not sure

8) Lack of (local) governmental support

- 1 not at all
- 2 to some extent
- 3 to a great extent
- 4 not sure

D This part of the questionnaire aims at getting insight in your organisation's attitude on how the obesity problem is / should be tackled. Please indicate to what extent you agree with the statements. All statements refer to your organisation's opinion, given the situation in your own country.

1) More effective food advertising and food promotion legislation,
particularly with regard to children, should be introduced

- 1 strongly agree
- 2 agree
- 3 neither
- 4 disagree
- 5 strongly disagree

- 2) Advertisements to children that encourage the consumption of foods that are high in sugar, fat and / or salt should be banned
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 3) Self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 4) In my country food advertisements directed to children are generally honest and fair
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 5) The impact of food marketing on consumption patterns of children and young people is exaggerated
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 6) The impact of food advertisements directed to children is underestimated in my country
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 7) In my country, food adverts to children are dominated by products high in fat and/or sugar and/or salt
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 8) In my country sufficient attention is paid to protecting children from marketing of energy-dense, low nutrient foods
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 9) Our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 10) Other organisations in my country do not pay sufficient attention to the protection of children from marketing of energy-dense, low nutrient foods
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 11) Our government pays sufficient attention to the protection of children from marketing of energy-dense, low nutrient foods
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 12) Existing codes of practice for the food advertising industry are inadequate to protect children's health
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 13) There should be a ban on fast foods and soft drinks in schools
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 14) It should be mandatory to spend equal time for pro-nutrition messages as is spend now for food advertisements directed to children

- 1 strongly agree
- 2 agree
- 3 neither
- 4 disagree
- 5 strongly disagree

- 15) Efforts to modify unhealthy eating habits of children which focus on public education and 'counter marketing' programmes aimed at balancing the effects of marketing of health damaging products should be given preference above regulations

- 1 strongly agree
- 2 agree
- 3 neither
- 4 disagree
- 5 strongly disagree

- 16) Current controls on food promotion to children are ineffective

- 1 strongly agree
- 2 agree
- 3 neither
- 4 disagree
- 5 strongly disagree

E Finally some questions about your organisation

- 1) How many people are employed in your organisation?

- 1 1-5
- 2 6-10
- 3 11-15
- 4 16-20
- 5 21-25
- 6 26 and over

- 2) Is your organisation working in the
- 1 Public sector
 - 2 Private sector
- 3) How many employees in your organisation deal with food or health and children?
- _____
- 4) How would you characterise your organisation?
- 1 public health organisation
 - 2 health foundation (Cancer, Asthma, Diabetes, Cardiovascular diseases etc)
 - 3 nutrition organisation
 - 4 anti-tobacco organisation
 - 5 youth organisation
 - 6 parents organisation
 - 7 women's organisation
 - 8 consumer organisation
 - 9 sports organisation
 - 10 school organisation
 - 11 (para) medical organisation
 - 12 health professionals organisation
 - 13 governmental organisation
 - 14 independent / self employed

These were all the questions. Thank you very much for your cooperation.

If you have any remarks and / or suggestions regarding this questionnaire and / or the subject of the project (in English please), please let us know by e-mail: R.Jonkers@Rescon.nl.

Appendix 3

QUESTIONNAIRE

Children and obesity

The impact of food marketing on current
consumption patterns of children and young people

a qualitative study

Notes for completing the questionnaire

There are 5 sections to complete in this questionnaire. Some questions have an open ended answer structure and most of the questions have a fixed answer structure. For questions with a fixed answer structure, please underline only one answer that suits best.

Name:

Organisations:

Country:

A The first questions refer to your organisation's perception of the impact of marketing and media

- 1) How would your organisation perceive the impact of marketing and media on current consumption patterns of children and young people in your country
 - a) impact in general
 - 1 very high
 - 2 high
 - 3 neither
 - 4 low
 - 5 very low
 - 6 don't know
 - b) impact of advertisements by broadcast advertising
 - 1 very high
 - 2 high
 - 3 neither
 - 4 low
 - 5 very low
 - 6 don't know

c) impact of advertisement by non-broadcast advertising

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

d) impact of advertising on the internet

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

e) impact of food labelling

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

f) impact of education at school

- 1 very high
- 2 high
- 3 neither
- 4 low
- 5 very low
- 6 don't know

B This part of the questionnaire refers to your organisation's activities in combating the negative effects of food marketing

1) If you consider the role of your own organisation, how would you assess (on a scale 1-10) your current contribution with regard to: ('high' means: contributes a lot to that activity; 'low' means: contributes hardly anything to that activity)

a) giving information to parents and /or children to help them make healthy food choices

High										Low
1	2	3	4	5	6	7	8	9	10	

b) giving information to parents and /or children to promote physical activity

High										Low
1	2	3	4	5	6	7	8	9	10	

c) encouraging healthy eating at schools

High										Low
1	2	3	4	5	6	7	8	9	10	

d) regulating the types of foods available through vending machines at schools

High										Low
1	2	3	4	5	6	7	8	9	10	

e) entering into agreements with the food (marketing) industry to encourage children to eat healthier foods, rather than less healthy options

High										Low
1	2	3	4	5	6	7	8	9	10	

f) establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children

High										Low
1	2	3	4	5	6	7	8	9	10	

- g) restrictions on the ways foods are promoted to children
- High
1 2 3 4 5 6 7 8 9 Low
10
- h) changes to food labelling practices
- High
1 2 3 4 5 6 7 8 9 Low
10
- 2) In your opinion on a scale 1-10, where would you say that your organisation places tackling the obesity problem of young children in terms of the priorities?
- High priority
1 2 3 4 5 6 7 8 9 Low
10
- 3) If your organisation is planning to introduce any new actions on tackling the obesity problem amongst children and young people within the next 12 months, please describe briefly what actions are planned. (please use as much space as needed and be as detailed as possible in your answer)
- 4) Does your organisation have a policy statement on this issue?
- 1 yes,
2 no, **proceed with question B5**
- 4a) What does this policy entail? (please use as much space as needed and be as detailed as possible)
- 5) Does your organisation plan to develop a policy on this issue?
- 1 yes
2 no
3 not sure
- 6) Does your organisation have a concrete action plan on this issue?
- 1 yes
2 no, **proceed with question B7**

- 6a) What does this action plan entail? (please use as much space as needed and be as detailed as possible)
- 7) Does your organisation have a dedicated budget line for this issue?
- 1 yes
 - 2 no, **proceed with C1**
 - 3 not sure, **proceed with C1**
- 8) If yes, will this budget line increase or decrease in the future?
- 1 increase
 - 2 decrease
 - 3 stay the same
 - 4 not sure
- C) *The following questions deal with possible barriers your organisation meets in performing activities which are aimed at combating the negative effects of food marketing*

To what extent has your organisation encountered the following problems in establishing actions to combat the negative effects of food marketing on current consumption patterns of children and young people?

- 1) Lack of human resources
- 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 2) Lack of financial resources
- 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure

- 3) Lack of material resources (f.e. educational materials)
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 4) Lack of expertise
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 5) Difficulty of achieving consensus with organisations you work with in your country
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 6) Lack of cooperation between national organisations
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 7) Lack of (local) governmental support
 - 1 not at all
 - 2 to some extent
 - 3 to a great extent
 - 4 not sure
- 8) Please indicate below what are the three most important barriers and the ways in which your organisation tried to overcome these problems and whether these efforts were successful.
- 9) Please indicate which factors contribute(d) to the success of actions that have taken place / will take place?

D This part of the questionnaire aims at getting insight in your organisation's attitude on how the obesity problem is / should be tackled. Please indicate to what extent you agree with the statements. All statements refer to your organisation's opinion, given the situation in your own country.

- 1) More efficient food advertising and food promotion legislation, particularly with regard to children, should be introduced
 - 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 2) Advertisements to children that encourage the consumption of foods high in sugar, fat and / or salt should be banned.
 - 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 3) Self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls
 - 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree

- 4) In my country food advertisements directed to children are generally honest and fair
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 5) The impact of food marketing on consumption patterns of children and young people is exaggerated
- 1 strongly agree
 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
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 - 3 neither
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 - 3 neither
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 - 5 strongly disagree
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 - 4 disagree
 - 5 strongly disagree
- 14) It should be mandatory to spend equal time for pro-nutrition messages as is spend now for food advertisements directed to children
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 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 15) Efforts to modify unhealthy eating habits of children which focus at public education, and 'counter marketing' programmes aimed at balancing the effects of marketing of health damaging products should be given preference above regulations
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 - 2 agree
 - 3 neither
 - 4 disagree
 - 5 strongly disagree
- 16) Current controls on food promotion are ineffective
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 - 5 strongly disagree

E Finally some questions about your organisation.

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 - 1 1-5
 - 2 6-10
 - 3 11-15
 - 4 16-20
 - 5 21-25
 - 6 26 and over

- 2) Is your organization working / do you work in the
 - 1 Public sector
 - 2 Private sector

- 3) How many employees in your organization deal with food or health and children?

- 4) How would you characterise your organisation/ who do you represent?
 - 1 public health organisation
 - 2 health foundation (Cancer, Asthma, Diabetes, Cardiovascular diseases etc)
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 - 4 anti-tobacco organisation
 - 5 youth organisation
 - 6 parents organisation
 - 7 women's organisation
 - 8 consumer organisation
 - 9 sports organisation
 - 10 school organisation
 - 11 (para) medical organisation
 - 12 health professionals organisation
 - 13 governmental organisation
 - 14 independent / self employed

These were all the questions. Thank you very much for your cooperation. Please be so kind to return the completed questionnaire to (e-mail address of the national coordinator)

If you have any remarks and / or suggestions regarding this questionnaire and / or the subject of the project (in English please, sorry for the possible inconvenience), please let us know by e-mail: R.Jonkers@Rescon.nl.