

# Children, obesity and associated avoidable chronic diseases project

Evaluation study

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## Summary, conclusions and recommendations

On 1 March 2004, the European Heart Network (EHN) started a 32-month 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. 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 reported activity in combating the negative effects on current consumption patterns.

In order to determine whether the project has led to the expected result, ResCon Research & Consultancy completed two survey studies. During the period October through November 2004, 181 organisations in 18 countries completed a base-line (T0) survey. This survey was repeated during the period November 2005 through March 2006 (T1) and covered representatives of 164 organisations in 16 countries. National coordinators distributed the questionnaires. The questionnaires were completed by national heart foundations and allied organisations. This document reports on the changes in awareness and activity within the participating countries that have taken place during the last year. For this purpose, comparisons have been made between T0 (2004) and T1 (2005) data.

Most respondents (62.1%) who participated in the T1 study indicated that their organisation is working in the public sector, 30.2% in the private sector and 7.8% in both sectors. About the same representation in kind of organisations was found in the T0 study.

We attempted to find an explanation for the dropout of some of the organisations. Analyses showed that the T0 scores of awareness and knowledge of organisations that participated in both the T0 and T1 studies did not significantly differ from the scores of organisations that did not participate in the T1 study. We conclude that dropout is not strongly related to prior knowledge or awareness.

Before going into a description of the main outcomes of the two survey studies, a number of limitations of the study need to be addressed. All of the data were self-reported by representatives of organisations, and thus subject to memory and recording errors. Furthermore, for data collection, the researchers were dependent on the willingness of organisations to contribute in this study. Organisations that participated in the study might have been more involved and interested in child obesity and associated avoidable chronic diseases than organisations that did not participate.

Furthermore, this study should not be interpreted as an 'effect-measurement' study, but rather as a 'mapping' study. It gives an impression of the state-of-affairs and

shows trends. There are several reasons for this limitation. First, the study design did not allow 'non-project' related effects to be determined. In other words, the changes between T1 and T0 cannot be attributed to the project alone. Second, the number of completed questionnaires per country differed considerably. The per country mean and its standard error are dependent upon the number of organisations in the country. Because this number is small for some countries, statistically significant changes could not be shown.

**Considering the limitations, we conclude that the awareness of the (negative) impact of food marketing on consumption patterns seems to have increased compared to the T0 scores. Especially awareness of the impact of Internet advertisements has increased substantially. Small increases were found in awareness of the impact of food labelling on current patterns and the perceived impact of education at school. We recommend paying more attention to these two awareness levels.**

The perceived level of information seems to have increased as well. Especially at a national level, the project seems to have contributed to a substantial increase of information exchange. The respondents indicated at T0 as well as at T1 that they are (rather) well informed about on-going activities tackling the obesity problem in their country. At the same time, although it has increased compared to October 2004, the knowledge of the respondents about on-going activities in other European countries scored lower in comparison with the other items. About one third of the respondents indicated that the level of information in their organisation had increased as compared with the situation in October 2004.

In 2005, representatives of the participating countries indicated that they were slightly more active, compared with 2004, in combating the negative impact of food marketing on consumption patterns of children. While the percentage of allied organisations (relatively less informed organisations) that reported to be active in tackling the negative impact of food marketing was 57% in 2004, this increased to 61% in 2005. Fifty-six percent of the 'new' organisations<sup>1</sup> also indicated to be active in this respect. A time span of only one year between T0 and T1 may, however, be too short to measure significant changes in activity.

Most organisations in the T0 study as well as in the T1 study assessed their contribution highest in giving information to parents and / or children to help them make healthy food choices and to promote physical activity. They assessed their contribution lowest in entering into agreements with the food (marketing) industry. Comparable figures were found among new organisations. In general, the countries are more active in combating the negative effects of food marketing compared to October 2004. At T1, Southern European country scores on activity were relatively higher than those of Northern and Central European countries. Organisations that

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<sup>1</sup> Organisations that did not participate in the 2004 T0 study.

did not participate in the T1 study scored a higher activity level at T0 than organisations which participated in both T0 and T1 study. Furthermore, most respondents perceive an increase in both the number and the kind of activities.

According to the participants, the project especially stimulates organisations to give information to parents and/or children to help them make healthy food choices, and it stimulates organisations to promote physical activity. The contribution of the project scored lowest with respect to entering into agreements with the food (marketing) industry. We, therefore, recommend to strengthening this activity as it may contribute substantially to solving the marketing and media problem. Furthermore, the project seems to have positively contributed to initiatives to increase awareness of the impact of food marketing on current consumption patterns of children and young people.

The priority given to the obesity problem has increased compared to October 2004. Also, the number of organisations which have a policy statement has increased in most countries compared to October 2004. Policy plans were mainly focused on promoting healthy nutrition. At T1, eleven organisations from eight countries reported to carry out concrete action plans tackling the obesity problem of young children. Furthermore, ten organisations from eight countries reported that the current interest and activity in projects and initiatives regarding Children and Obesity have increased compared to the level of October 2004. Of those ten organisations five indicate also the contribution of the project as high to very high.

The project seems to have contributed to a decline in the perceived barriers that are met in carrying out activities aimed at combating the negative effects of food marketing. Especially the barriers with respect to 'lack of cooperation between national organisations', 'lack of expertise' and 'lack of material resources' have declined. Some barriers, however, have increased: 'the lack of human resources' and 'lack of financial recourses'. Further encouragement to overcome these barriers, therefore, is needed.

Respondents' opinions towards ways to tackle the obesity problem among children and young people have not changed significantly during the year. Nearly all respondents share the opinion that more efficient food advertising and food promotion legislation should be introduced. However, opinions on how to tackle the negative effects of food marketing vary considerably.

Most representatives have the opinion that their (national) government does not protect children from marketing of energy-dense, low nutrient foods. Further encouragement of national governments to get involved is, therefore, needed.



Other factors that will contribute to combating the negative effects of, especially, food marketing include the following:

- More collaboration between (alliance) organisations
- More attention to, and working with, the media that is sympathetic to the subject
- Raising more funds and financial support

We recommend to continue giving priority to these activities in future initiatives.

The main purpose of this study was to determine if the project is leading to the expected results. Given the study design, it is not possible to present 'hard' figures that demonstrate that the changes measured one-year after the start of the project can be attributed to the project. Furthermore, substantial shifts in awareness, knowledge and, especially, activities need time to develop, and we believe that one year is rather short to expect to see such shifts. Nevertheless, based on our comparison of the 2004 and 2005 data, as well as the respondents' perceived contribution of the project, we conclude that the project is leading to the expected results and therefore deserves continuation.

## 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 reduce the obesity epidemic and associated avoidable chronic diseases, such as cardiovascular diseases and diabetes, among children and young people.

Specifically, this project aims to:

- measure and analyse the impact of food marketing on children and young people. The project builds on earlier surveys and links 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 healthy' products; and physical activity, including implementation of action plans to enhance 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 intends to end with the following outcomes:

- A report on the data collected and analysed. An executive summary will be translated into 16 languages. In phase one of the project, data in 20 countries have been collected on food industry practices related to food marketing and children. Information has also been collected on existing measures such as legislation, voluntary agreements and codes related to marketing of food to children.
- Press releases announcing the findings of the report. These have been disseminated in 20 countries.
- A European consensus statement, disseminated to national alliances and European decision-makers.
- 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

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;
- Enhanced communication on the impact of food marketing on childhood obesity;
- Establishment of new alliance structures and fostering of new multidisciplinary synergies;
- Development of best practice on how to compensate for the result of activities in the field of food marketing to children.

In order to evaluate whether the project is leading to increased awareness of the impact of food marketing on current consumption patterns of children and young people, ResCon Research & Consultancy completed a survey covering responses from organisations in the participating countries. More specifically, ResCon has collected data from participating organisations on:

1. awareness of the impact of food marketing on current consumption patterns of children and young people. The organisations include the national coordinators involved in the Children and Obesity project and their alliances in their countries,
2. activities combating the negative effects of food marketing on current consumption patterns of children and young people, as reported by the participating organisations.

To determine changes in awareness and activity that are perceived to be attributed to the project, ResCon completed two surveys of national heart foundations and allied organisations. During the period October through November 2004, 181 organisations in 18 countries completed a base-line survey. And, during the period November 2005 through March 2006, representatives of 164 organisations in 16 countries completed a follow-up survey. Throughout this report, we refer to the times of these two surveys as 'T0' and 'T1' respectively. This document compares the T1 survey with the T0 survey<sup>2</sup>.

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<sup>2</sup> The results of the base-line were reported earlier: R. Jonkers; I. de Weerd (2005) '*Children and obesity and associated avoidable chronic diseases project: results from a base-line study*'. ResCon, Haarlem.

## 1.2 Research questions

In this study, we asked the following specific research questions:

1. 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?
2. To what extent do organisations (alliances) believe that they are informed about this subject?
3. 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 and what was the contribution of the EHN project?
4. What priority is given to this problem within the organisations' policies?
5. To what extent do organisations (national heart foundation and selected allied organisations) have concrete action plans tackling the obesity problem and what do these action plans entail?
6. What kind of, and to what extent do, barriers hinder the organisations from combating the negative effects of food marketing?
7. Which project factors contribute to the success of these actions?
8. What are the opinions of the organisations in this study toward the way(s) the obesity problem is / should be tackled?

Section 2 briefly describes the underlying theoretical assumptions. Section 3 describes our research methods and the characteristics of the organisations that participated in the surveys. Section 4 presents an overview of the answers to the research questions mentioned above.



## 2 Theoretical assumptions

Experience shows that interventions aimed at changing the behaviour of individuals and organisations are only effective if they are systematically set up 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 'Begin at the end'. It starts with a definition of the problem and the desired solutions—the specific outcome that needs to be achieved. In our case, the specific outcome is an increase in awareness of the impact of food marketing on current consumption patterns of children and young people.

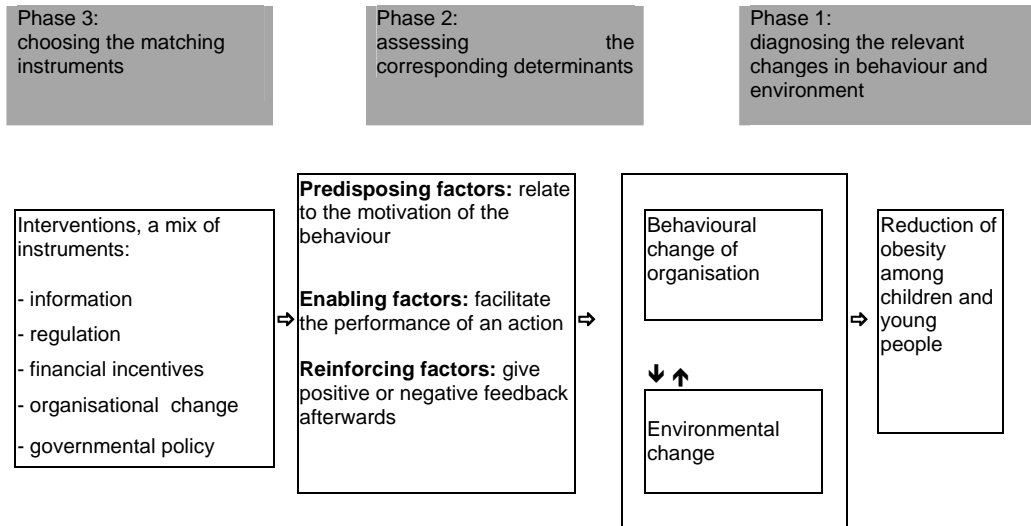
We based our studies on the Precede Proceed model of Green and Kreuter (1999<sup>3</sup>). This model is often applied in planning and evaluating health promotion actions. Although originally designed to change behaviour of individuals, it is also applicable to changing behaviour of organisations. The model suggests that the outcomes are related to 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 an 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).

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<sup>3</sup> 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 Recruitment procedure**

The European Heart Network is a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe, with member organisations in 26 countries. Twenty national heart foundations agreed to participate in the Children and Obesity project, and function as national coordinator in this project, responsible for coordinating the tasks at the national level. In September 2004 (T0), the director of EHN sent a letter<sup>4</sup> to these national coordinators requesting them to cooperate with this survey. Two questionnaires<sup>5</sup> accompanied the letter. The national coordinators 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 national coordinators as well. Finally, the national coordinators were requested to collect the completed questionnaires and to send them either by mail or e-mail to ResCon.

A comparable recruitment procedure was carried out one year later (T1). In October 2005, the director of EHN sent an e-mail letter to the national coordinators that participated in the T0 survey and requested them to cooperate again with the T1 survey. They were requested to distribute questionnaires to the same organisations which participated in the 2004 study. Furthermore, there was also an option for those national coordinators, who so requested, to ask organisations in their respective countries that had not been involved in the 2004 study to participate in the 2005 study. Data collected among these 'new' organisations may help to clarify the state-of-awareness and activities related to the impact of marketing on consumption patterns of young people. Three questionnaires<sup>6</sup> accompanied the letter.

#### **3.2 Questionnaires**

To answer the research questions, we collected both qualitative and quantitative data from national coordinators of participating heart foundations and relatively well-informed allied organisations. We also collected quantitative data from other allied organisations in 18 participating countries in the T0 study and 16 participating countries in the T1 study.

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<sup>4</sup> See appendix 1.

<sup>5</sup> See appendices 2 and 3.

<sup>6</sup> See appendices 4, 5 and 6.



### 3.2.1 *The qualitative questionnaire*

The qualitative questionnaire was meant to collect both qualitative and quantitative data. This questionnaire contained questions with a closed and with an open answer structure. It was to be completed by the national coordinators and by one or two organisations they work with in their countries. It was up to the national coordinator 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 dealt with the organisation's involvement in work on 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.

### 3.2.2 *The quantitative questionnaire*

The quantitative questionnaire was meant to collect quantitative data only. It contained questions with a closed answer structure. It was to be completed by representatives of organisations and other individuals with whom the national coordinators work - individuals and organisations that were perceived to be relatively inactive in tackling the obesity problem among children and young people. At the time of the T0 study, it was again up to the national coordinators to decide which organisations in their countries to include in the survey.

Several coordinators indicated that the subject of obesity had received a lot of attention in 2005, and more organisations would, therefore, be willing to fill in de quantitative questionnaire. Accordingly, a new quantitative questionnaire was developed for the new organisations that did not participate in the T0 evaluation. The questionnaire was similar to the old quantitative questionnaire, but since no base-line data are available for these organisations it is not possible to compare this information to previous results. For that reason, some questions were left out or revised.

### 3.2.3 *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 pan-European, regional and national levels. We distinguished between three regions: northern Europe, central Europe and southern Europe<sup>7</sup>.

At T1, several organisations had dropped out. It is possible that organisations which participated in both the T0 and T1 study also scored differently on awareness,

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<sup>7</sup> 'Northern Europe': Estonia, Finland, Denmark, Norway, Sweden and Iceland.

'Central Europe': United Kingdom, Ireland, the Netherlands, Belgium, Germany, Austria and Slovenia.

'Southern Europe': Italy, Spain and Greece.

knowledge and activity level at T0 than organisations that did not participate in the T1 study. T-tests and cross tabs were used to determine if comparisons between results at T0 and T1 may have been influenced by selective dropout. For this purpose, the T0 scores of organisations which participated in both the T0 and T1 study were compared with those of the organisations which participated in the T0 study only.

Because the number of completed questionnaires per country influences the 'European' and 'regional' answer percentages, we calculated mean scores to make comparisons between European, regional and country data possible. Missing values were replaced with the mean country scores. Because of the lack of a sufficient number of respondents per country, we could not test for statistical significance between the means of countries.

We used SPSS (version 12.0) for data analyses and processing.

### 3.3 Response

In the T0 study, national coordinators of 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.

At T1, 18 coordinators who had responded in the T0 study received the request to participate again in the T1 study. Sixteen of them responded to the request and sent back completed questionnaires. We received no questionnaires from Portugal and France.

Table 1 presents an overview of the number of completed questionnaires that were received from the participating countries.

**Table 1** Number of completed questionnaires at T0 and T1

	Quantitative questionnaire	Qualitative questionnaire	Total
T0	140	41	181
T0 and T1	99 (71%)	29 (71%)	128 (71%)
T1 only	34	X	34

In 2004, a total of 148 quantitative questionnaires and 41 qualitative questionnaires were completed. 128 organisations (71%) which participated in the T0 study also participated in the T1 study. In the T1 study, 34 new organisations also participated.

The number of completed questionnaires differed per country. Table 2 gives an overview of the number of completed questionnaires per country.

**Table 2 Number of completed questionnaires per country\***

Country	T0 n*			T1 n*			T1 %	
	Quantitative	Qualitative	Total	Quantitative	Qualitative	New	Total	
Norway	1	1	1.1	1	1		1.2	
Denmark	2	3	2.6	1	3		2.5	
Sweden	6	1	3.7	3	1	1	3.1	
Finland	17	1	9.5	14	1	1	9.9	
Iceland	14	1	7.9	6	1		4.3	
Estonia	19	1	10.6	15	1	20	22.2	
United Kingdom	10	2	6.3	1	2	1	2.5	
Ireland	5	3	4.2	5	2		4.3	
The Netherlands	10	3	6.9	6	3		5.5	
Germany	1	4	2.6	-	4		2.5	
Austria	4	2	2.3	4	2	2	4.9	
Slovenia	32	1	17.5	26	1	1	17.3	
Belgium	4	1	2.6	4	1		3.1	
France	5	7	6.3	-	-		-	
Italy	13	5	9.5	10	3	1	8.6	
Spain	-	1	0.5	-	1	5	3.7	
Portugal	1	1	1.1	-	-		-	
Greece	4	3	3.7	3	2	2	4.3	
<b>Total</b>	<b>148</b>	<b>41</b>	<b>100</b> <b>(21.7)</b>	<b>99</b>	<b>29</b>	<b>34</b>	<b>100</b> <b>(17.9)</b>	

\* In brackets: the percentage of completed qualitative questionnaires

Table 2 shows that at T0 in total 189 completed questionnaires<sup>8</sup> were received from 18 countries; 41 of them were qualitative questionnaires. All national coordinators completed a qualitative questionnaire (18). Further, relatively well-informed organisations from 9 countries returned (23) qualitative questionnaires. Unfortunately, the number of completed questionnaires decreased at T1. In total, 162 completed questionnaires were received from 16 countries; 29 of them were

<sup>8</sup> In the base-line study, 181 completed questionnaires were reported. Seven questionnaires that were received later were included in the current data analyses (T0 and T1 comparisons).

qualitative questionnaires. All national coordinators completed a qualitative questionnaire (16). Relatively well-informed organisations from 8 countries returned (13) qualitative questionnaires. Thirty-four relatively less informed organisations completed the new quantitative questionnaire and 99 completed quantitative questionnaire both at T0 and T1.

### 3.3 Organisational characteristics

At T1 62.1% respondents indicated that their organisations are working in the public sector; 30.2% in the private sector; and 7.8% in both sectors. Table 3 presents an overview of how the organisations characterised their organisations.

**Table 3 Characterisation of the organisations<sup>#</sup>**

	T1 %
Health foundation	23.3
Public Health foundation	21.7
Governmental organisation	11.7
Health professionals organisation	5.8
Independent / self employed	3.3
Consumer organisation	6.7
Nutrition organisation	4.2
Sports organisation	3.3
School organisation	4.2
Parents organisation	3.3
(Para) medical organisation	2.5
Women's organisation	0.8
Youth organisation	0.8
Other*	8.3
<b>Total</b>	100
<b>N<sup>#</sup></b>	120

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

<sup>#</sup> Not asked of new organisations who did not participate in the T0 evaluation

Only 0.8% represent women's organisations and 0.8% youth organisations. About the same representation in type of organisations was found in the T0 study.



## 4 Results

In this section we compare the results after-one-year (T1) with the base-line results (T0), and immediately discuss those results in view of the specific research questions stated in Section 1. To avoid confusion, we present our results in past tense and our interpretations and conclusions in present tense.

We found no evidence that differences in prior awareness or knowledge could explain the dropout of some of the organisations. Analyses showed that the T0 scores of awareness and knowledge of organisations that participated in both the T0 and T1 studies did not significantly differ from the scores of organisations that did not participate in the T1 study.

### 4.1 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 about how they perceive the impact of marketing and media on current consumption patterns of children and young people in their own country. At T0 questions were also asked about this perceived impact. Since the perceived impact scores were already high to very high at that time, these questions were not asked again in the T1 study. Table 4 summarises the answer scores at T0 and T1 for the respondents who filled in both questionnaires.

**Table 4** Perceived impact of marketing and media on current consumption patterns (in percentages)\*

	% very high	% high	% neither	% low	% very low	% don't know
Impact of advertising on the internet	20.0 (3.8)	40.0 (28.5)	17.0 (30.0)	17.7 (20.8)	1.5 (2.3)	3.8 (14.6)
Impact of food labelling	7.7 (10.0)	36.2 (32.3)	14.6 (16.9)	29.3 (28.5)	10.8 (10.8)	1.5 (1.5)
Impact of education at school	13.8 (16.2)	38.5 (32.3)	20.8 (14.6)	22.3 (22.3)	0.8 (8.5)	3.8 (6.2)

n= 128

\* In brackets: the percentages at T0

Table 4 shows that there is especially an increase in perceived impact of advertisement on the internet on current consumption patterns. At T1 60% of the respondents considered the impact of advertisement on the internet on current consumption patterns of children and young people in their country as high (40%) or very high (20%).

We calculated the mean scores for the 'perceived impact items', for Europe, for the regions and for the countries. Table 5 presents an overview at T0, T1 and changes in mean scores.

**Table 5 Perceived impact of marketing and media on current consumption patterns of children and young people for Europe, regions and countries**

	Impact of advertisement on internet			Impact of food labelling			Impact of education at school		
	T0	T1	Change*	T0	T1	Change*	T0	T1	Change*
<b>Europe</b>	3.6	2.5	1.2	3.0	2.9	0.1	2.8	2.5	0.4
Northern Europe	3.4	2.3	1.1	2.8	3.1	-0.3	2.7	2.6	0.1
Central Europe	3.4	2.5	0.8	3.2	3.0	0.2	3.0	2.6	0.4
South Europe	4.7	2.6	2.1	3.1	2.5	0.6	2.7	1.8	0.9
Norway	4.5	2.0	2.5	2.5	3.0	-0.5	2.5	1.5	1.0
Denmark	2.8	1.8	1.0	3.4	2.4	1.0	1.6	2.0	-0.4
Sweden	3.0	2.8	0.3	1.8	2.8	-1.0	2.0	2.3	0.7
Finland	3.5	2.3	1.2	2.7	2.7	0.1	2.9	2.9	-0.1
Iceland	4.0	2.8	1.2	3.5	4.3	-0.8	3.7	3.2	0.5
Estonia	2.5	2.0	0.5	2.9	3.3	-0.4	3.4	3.7	-0.3
United Kingdom	3.7	2.3	1.3	2.7	3.0	-0.3	3.7	3.0	0.5
Ireland	2.9	1.6	1.3	3.7	3.3	0.4	3.4	2.7	0.7
The Netherlands	3.9	3.3	0.5	2.9	3.2	-0.3	2.7	2.3	0.3
Germany	3.3	3.0	0.3	3.3	2.0	1.3	3.5	2.5	1.0
Austria	4.0	2.3	1.7	3.7	3.0	0.7	3.2	2.5	0.7
Slovenia	2.8	2.7	0.1	3.4	3.4	0.0	2.7	2.8	-0.2
Belgium	3.0	2.6	0.4	2.6	2.8	-0.2	2.2	2.4	-0.2
Italy	3.9	3.2	0.7	2.7	2.8	-0.1	3.5	2.5	1.0
Spain	6.0	2.0	4.0	5.0	3.0	2.0	2.0	2.0	0.0
Greece	4.2	2.6	1.6	1.5	1.8	-0.3	2.6	1.0	1.6

n=128

# The maximum score in this scale = 1 (perception of the impact is very high), the minimum score = 6 (perception is very low/ one is not aware of any impact at all)

\* Due to rounding off differences, the change score can differ from T0-T1. A positive change score corresponds with an increase; a negative change score corresponds with a decline

From table 5 we conclude that the scores for 'Europe' on the perceived impact of advertisement on internet on current consumption patterns substantially increased

compared to the T0 scores. The increase in perceived impact in Central European countries was less than the increase in Northern and Southern countries, but this difference was not significant. All participating countries increased but the change scores considerably differed. The increase is especially apparent in Norway and Spain. Countries that scored beneath the European mean change were Sweden, Estonia, The Netherlands, Germany, Slovenia, Belgium and Italy.

The European mean on the perceived impact of food labelling on current consumption patterns increased slightly. In Southern European countries the increase is stronger but not statistically significant compared to the other two regions. The perceived impact of food labelling increased in Denmark, Finland, Ireland, Germany, Austria, and Spain but declined in Norway, Sweden, Iceland, Estonia, United Kingdom, The Netherlands, Belgium, Italy and Greece.

The 'European' mean on the perceived impact of education at school has slightly increased. The increase is stronger but not statistically significant in Southern European countries compared to Central and Northern European countries. The increase is apparent in most countries but perceived impact of education at school declined in Denmark, Finland, Estonia, Slovenia and Belgium.

New organisations were asked if the impact of marketing and media on current consumption patterns of children and young people in their perception has increased, decreased or remained the same compared to the level one year ago. Table 6 gives an overview of the answers.

**Table 6** Changes in perceived impact of marketing and media on current consumption patterns (absolute numbers)

	increased	same	decreased	don't know
Impact of advertising on the internet	17	11	-	-
Impact of food labelling	10	13	2	3
Impact of education at school	11	11	3	3
<b>n= 28</b>				

'The impact as perceived by the new organisations is comparable with that of the organisations that filled in a pre- and T1 questionnaire.



#### 4.2 Perception of the level of information within the organisation

Participants in the quantitative study were asked to indicate:

- to what extent they think their organisation is informed about the impact of food marketing on consumption patterns of children,
- ways to tackle the effects of food marketing,
- regulatory and self-regulatory requirements in this respect and
- ongoing activities tackling this problem in their own country and in other European countries.

Table 7 summarises their answers.

**Table 7 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	21.0 (8.1)	48.3 (45.1)	16.1 (20.1)	12.9 (23.4)	1.6 (3.2)
About ways to tackle the effects of food marketing on consumption patterns of children	12.9 (8.1)	42.7 (32.2)	22.5 (26.5)	18.5 (31.5)	3.2 (1.6)
About regulatory and self-regulatory requirements in respect of food advertising to children	19.3 (14.5)	35.5 (25.8)	20.1 (26.6)	18.5 (23.4)	6.5 (9.7)
About on-going activities tackling the obesity problem in own country	26.2 (24.2)	53.2 (46.7)	10.6 (9.7)	9.0 (17.7)	0.8 (1.6)
About on-going activities tackling the obesity problem in other European countries	11.3 (4.8)	42.7 (31.4)	22.5 (33.8)	17.7 (24.2)	5.6 (5.6)

**n=124**

\* In brackets: the percentages at T0

Table 7 shows that the perceived level of information increased on all the items. The respondents indicated at T0 as well as at T1 that they are (rather) well informed about on-going activities tackling the obesity problem in their country. At the same time, the respondents' knowledge about on-going activities in other European countries scored lower in comparison with the other items. No significant differences between the three regions were found at T1 on the 'perceived information items'

We also constructed a 'perceived information' scale by adding the scores of the 5 items in table 8. The maximum score on this scale = 5 (perceived level of information

is very high), the minimum score = 25 (very low) (Cronbach's  $\alpha = .82$ ). T-tests showed no significant differences between respondents who filled in T0 and T1 questionnaires and respondents who only filled in a T0 questionnaire on the perceived information scale (no 'dropout bias').

Table 8 presents an overview of the scores on this scale for Europe, per region and per country.

**Table 8 Perceived level of information of organisations per Europe, region and country**

	Mean score (Max. score=5; min. score=25)		
	T0	T1	Change <sup>#</sup>
<b>Europe</b>	<b>12.5</b>	<b>11.1</b>	<b>1.4</b>
Northern Europe	12.6	11.1	1.5
Central Europe	12.5	11.5	1.0
South Europe	12.2	9.9	2.3
Norway**	18.0	no score	no score
Denmark	8.0	9.0	-1.0
Sweden	11.3	7.7	3.7
Finland	15.5	13.1	2.5
Iceland	11.0	11.5	-0.5
Estonia	17.1	14.1	2.9
United Kingdom	7.0	7.0	0.0
Ireland	13.8	10.8	3.0
The Netherlands	12.0	12.5	-0.5
Germany*	no score	no score	no score
Austria	12.8	13.0	-0.3
Slovenia	14.7	13.5	1.2
Belgium	14.8	12.1	2.7
Italy	10.7	10.7	0.0
Spain*	no score	no score	no score
Greece	13.7	9.0	4.7

**n=124**

\* Spain and Germany had no score because no 'relatively less informed' organisations responded.

\*\* Norway had no T1 score because missing values on these questions

<sup>#</sup> Due to rounding off differences the change score can differ from T0-T1. A positive change score corresponds with an increase; a negative change score corresponds with a decline

From Table 8 we conclude that the 'perceived information' is increasing in Europe. The increase seems most apparent in Southern European countries compared to Northern and Central European countries. However, the increases in the three regions do not significantly differ from each other. The perceived information increased in most countries but declined somewhat in Denmark, Iceland, The Netherlands and Austria.

Participants in the quantitative study (including new organisations) were also asked to compare the perceived level of information in their organisation with the situation in October 2004. Table 9 summarises their answers.

**Table 9 Perceived level of information compared to October 2004 (in percentages)**

	Increased %	Same %	Decreased %	Don't know %
About impact of food marketing on consumption patterns of children	39.4	54.5	-	6.1
About ways to tackle the effects of food marketing on consumption patterns of children	34.1	57.6	0.8	7.6
About regulatory and self-regulatory requirements in respect of food advertising to children	32.6	54.5	2.3	10.6
About on-going activities tackling the obesity problem in own country	32.6	54.5	2.3	10.6

**n= 132**

Table 9 shows that most respondents perceive no change in their level of information. About one third of the respondents indicate that their perceived level of information has increased.

#### **4.3 Assessment of degree of activity in combating the negative effects of food marketing**

All heart foundations and 'well-informed' 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 EHN project; and the other (allied) organisations participate in the qualitative study because they are well informed about the subject.

Table 10 presents an overview of active organisations and not (yet) active organisations, which participated in the quantitative study for Europe, per region and per country.

**Table 10** Number of allied organisations that are active in tackling the negative impact of food marketing for Europe, per region and per country

	Active		Not active (yet)	
	T0	T1	T0	T1
Europe	56	60	43	38
Northern Europe	22	29	18	11
Central Europe	25	24	21	22
South Europe	9	7	4	5
Norway	-	1	1	-
Denmark	1	1	-	-
Sweden	3	3	-	-
Finland	8	10	6	4
Iceland	6	5	-	1
Estonia	4	9	11	6
United Kingdom	1	1	-	-
Ireland	3	3	2	2
The Netherlands	6	3	-	3
Germany	-	-	-	-
Austria	-	1	2	3
Slovenia	13	14	13	12
Belgium	2	2	2	2
Italy	8	6	2	4
Spain	-	-	-	-
Greece	1	1	2	1

From Table 10, 57% indicated at T0 that their organisations are involved in activities to tackle the negative effects of food marketing on consumption patterns of children and young people. At T1, this increased slightly as 61% indicated that their organisations are active. Especially Northern European countries seem to contribute to this increase. The number of allied organisations that are active in tackling the negative impact of food marketing increased in Norway, Finland, Iceland, Estonia, and Slovenia and decreased in Iceland, The Netherlands, Austria and Italy.

Also new organisations were asked if they are involved in activities tackling the negative effects of food marketing on consumption patterns of children and young people. Fifty-six percent indicated to be active in this respect.

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 %
Information about making healthy food choices	44.2 (26.5)	34.2 (40.5)	14.0 (20.2)	6.2 (5.5)	1.6 (7.8)
Information to promote physical activity	30.3 (26.4)	41.2 (49.5)	14.0 (14.7)	9.3 (5.4)	5.4 (7.7)
Encouraging healthy eating at schools	28.7 (20.9)	38.1 (31.1)	20.2 (25.7)	9.3 (10.2)	3.9 (12.5)
Regulating foods vending machines at schools	13.2 (6.2)	20.2 (14.8)	14.8 (21.9)	29.6 (35.7)	22.5 (28.7)
Entering into agreements with the food industry	4.7 (3.9)	14.0 (13.2)	14.0 (18.0)	31.1 (28.8)	36.4 (36.4)
Establishing regulatory frameworks	11.7 (7.8)	10.8 (12.4)	12.6 (12.5)	38.8 (37.3)	10.1 (30.3)
Restrictions on ways foods are promoted	13.2 (9.3)	9.3 (15.6)	24.9 (18.9)	34.2 (55.9)	18.6 (21.0)
Changes to food labelling practices	14.8 (10.9)	15.6 (12.4)	21.9 (31.9)	31.8 (20.2)	21 (24.9)

**n=128**

\* In brackets: the percentages at T0

We conclude from Table 11 that the assessed contribution to combating the negative effects of food marketing has increased for all items. Most organisations in the T0

study as well as in the T1 study 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 entering into agreements with the food (marketing) industry. Comparable figures were found among new organisations.

At T1, Southern European countries assessed their contribution to entering into agreements with the food industry as higher compared to the Northern and Central European countries ( $p=.02$ ). No significant differences between the three regions were found for the other 'assessed contributions'.

When comparing the T1 data per country with the European mean score, we found well-assessed contributions. Analyses show that with reference to:

- *giving information to parents and / or children to help them make healthy food choices;*  
The Netherlands, Finland, Estonia and Iceland assessed their roles as relatively low (below European average)
- *giving information to parents and / or children to promote physical activity;*  
The Netherlands, Denmark, Germany, Estonia, Sweden, and the United Kingdom assessed their roles as relatively low
- *encouraging healthy eating at schools;*  
The Netherlands, Belgium, Greece, Germany, Estonia and Sweden assessed their roles relatively low.
- *regulating the types of foods available through vending machines at schools;*  
All countries, except Norway, Finland, Italy, United Kingdom and Spain assessed their roles as 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 Denmark, Sweden, Iceland and Spain, assessed their roles relatively low.
- *establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children;*  
All countries, except for Denmark, Sweden, United Kingdom, and Spain, assessed their roles relatively low.
- *restrictions on the ways foods are promoted to children;*  
All countries, except for Denmark, Sweden, United Kingdom and Spain, assessed their roles as relatively low.

- *changes to food labelling practices;*  
All countries, except for Norway, Greece, Sweden 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  $\alpha = .83$ ). Again, only organisations that had indicated to be active in tackling the effects of food marketing on consumption patterns of children and young people were included in this analysis. 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 Europe, region and country**

	Mean score (Max. score=1; min. score=10)		Change <sup>#</sup>
	T0	T1	
<b>Europe</b>	<b>5.8</b>	<b>5.0</b>	<b>0.7</b>
North Europe	6.2	4.9	1.2
Central Europe	5.4	5.5	-0.2
South Europe	5.8	4.0	1.8
Norway	7.4	4.1	3.3
Denmark	5.5	4.4	1.1
Sweden	5.9	4.8	1.1
Finland	5.3	5.1	0.2
Iceland	5.8	4.4	1.4
Estonia	7.1	6.6	0.6
United Kingdom	3.3	3.3	0.0
Ireland	5.9	5.5	0.4
The Netherlands	5.5	6.3	-0.7
Germany	5.3	6.4	-1.1
Austria	6.0	6.2	-0.2
Slovenia	5.8	5.7	0.1
Belgium	6.0	5.5	0.5
Italy	5.3	4.3	1.0
Spain	6.1	2.8	3.4
Greece	5.9	4.8	1.2

**n = 128**

<sup>#</sup> Due to rounding off differences the change score can differ from T0-T1. A positive change score corresponds with an increase; a negative change score corresponds with a decline in activity.

Table 12 shows that in general the countries are more active, compared to October 2004, in combating the negative effects of food marketing. At T1 Southern European countries indicated to be relatively more active compared to the Northern and Central European countries (p=.04).

Especially in Spain and Norway, the number of allied organisations that are active in combating the negative impact of food marketing increased. In the Netherlands, Germany and Austria, however, the number has declined. This decline may be caused by ‘selective dropout’ of organisations in the T1 study. This is suggested by our finding that organisations that did not participate in the T1 study, scored a higher activity level at T0, than organisations which participated at both T0 and T1 ( $F= 21.2$ ,  $df=170$ ;  $p<0.001$ ).

All organisations that *are* active (including new organisations) were asked if they perceived a change in number and kind (variety) of activities as compared with their activity level one year ago. Table 13 summarises their answers.

**Table 13 Perceived number and kind of activities compared with situation in October 2004 (in percentages)**

	Increased	Same	Decreased	Don't know
Number of activities compared to one year ago	61.1	35.2	1.9	1.9
Kind of activities during the last year	55.1	39.3	3.7	1.9

**n= 108**

Table 13 shows that most respondents perceive an increase in both the number and the kind of activities. About one third of the respondents indicated that the number and kind of activities remained the same.

#### **4.4 Contribution of the project in combating the negative effects of food marketing**

Besides assessing the contribution of the organisations, all participants that were active (including new organisations) were asked how they would rate the contribution of the project. Table 14 gives an overview of the answers.



**Table 14 Assessed project contribution in combating the negative effects of food marketing (in percentages)**

	very high %	high %	average %	low %	very low %	N
Information about making healthy food choices	20.4	35.2	24.1	14.8	5.5	108
Information to promote physical activity	15.5	37.9	28.1	8.8	9.7	103
Encouraging healthy eating at schools	21.8	29.7	20.8	15.8	11.9	101
Regulating foods vending machines at schools	11.0	21.0	23.0	22.0	23.0	100
Entering into agreements with the food industry	8.0	20.8	17.8	26.8	26.7	101
Establishing regulatory frameworks	14.5	19.7	22.3	23.7	19.7	76
Restrictions on ways foods are promoted	16.0	18.0	21.0	29.0	16.0	100
Changes to food labelling practices	14.8	21.8	24.8	20.8	17.8	101

We conclude from table 14 that the contribution of the project is highest in stimulating organisations to give information to parents and/or children to help them make healthy food choices and in stimulating organisations to promote physical activity. The contribution is lowest with respect to entering into agreements with the food (marketing).

In comparing the assessed contribution of the project of the various (allied) organisations per country we also constructed a 'project contribution' scale by adding the scores of the 8 items mentioned above. The maximum score in this scale = 1 (contribution is very high), the minimum score is 10 (contribution is very low) (Cronbach's  $\alpha = .88$ ). Table 15 presents an overview of the scores on this scale per country.

**Table 15** Assessed project contributions in combating the negative effects of food marketing for Europe, regions and countries

	Mean score (Max. score=1; min. score=10)
	<b>T1</b>
<b>Europe</b>	<b>5.1</b>
North Europe	5.1
Central Europe	5.2
South Europe	4.8
Norway	3.5
Denmark	4.9
Sweden	5.0
Finland	4.6
Iceland	6.2
Estonia	6.3
United Kingdom	2.0
Ireland	4.8
The Netherlands	6.4
Germany*	No score
Austria	6.7
Slovenia	6.3
Belgium	5.0
Italy	4.8
Spain	3.0
Greece	6.7

\* Germany had no score because of missing data for these questions

Table 15 shows that the overall assessed contribution of the project is 'moderate'. The assessed contribution of the project is perceived to be stronger in Norway, the United Kingdom and Spain and perceived weaker in Iceland, Estonia, The Netherlands, Austria, Slovenia and Greece. Analyses showed that there were no differences in the perceived contribution of the project between countries that were relatively active at T0, compared with organisations that indicated to be relatively inactive at T0.

All heart foundations and 'well-informed' other allied organisations that participated in the qualitative study were asked what the contribution was regarding the initiatives taken in their country. Table 16 presents an overview of the scores.

**Table 16 Contribution of initiatives to increase awareness of the impact of food marketing on current consumption patterns of children and young people (in percentages)**

	Not at all	To some extent	To a great extent	Not sure	N
Enhanced communication in general	3.6	53.6	42.9	-	28
Meetings at a national level to inform about ongoing progress	18.5	33.3	37.0	11.1	27

Table 16 shows that most respondents perceive a positive contribution of the initiatives taken in their country to increase awareness of the impact of food marketing on current consumption patterns of children and young people.

Subsequently, organisations that participated in the qualitative study were asked to what extent their organisation noticed the initiatives taken by their national organisation.

**Table 17 Noticed initiatives to increase awareness of the impact of food marketing on current consumption patterns of children and young people (in percentages)**

	Not at all %	To some extent %	To a great extent %	Not sure %	N
Enhanced communication in general	8.1	61.8	26.0	4.1	123
Meetings at a national level to inform about ongoing progress	17.1	51.9	20.2	10.9	129
Initiatives directed at establishment of new alliance structures	14.3	50.0	25.0	10.7	28*
More attention to policy development aimed at addressing obesity in children	7.1	64.3	28.6	-	28*

\* Only questioned of new organisations that did not participated in the T0 evaluation

Table 17 shows that most respondents noticed the initiatives taken in their country to increase awareness of the impact of food marketing on current consumption patterns of children and young people.

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

Organisations which participated in the qualitative study as well as organisations which 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 18 gives an overview of the responses.

**Table 18 Priority given to the obesity problem of young children**

Score:1= high; 10=low	Respondents in the qualitative study		Respondents in the quantitative study	
	T0	T1	T0	T1
1	23.3	20.0	10.1	11.1
2	16.7	26.7	14.1	18.2
3	30.0	30.0	19.2	20.2
4	10.0	16.7	7.1	9.1
5	10.0	-	18.2	17.2
6	-	-	6.1	7.1
7	3.3	3.3	6.1	8.1
8	-	-	11.1	5.1
9	-	3.3	4.0	3.0
10	6.7	-	4.0	1.0
	<b>n=99</b>		<b>n=29</b>	

From the results presented in Table 18, we conclude that the organisations which 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 among participants in the quantitative study. Northern and Central European countries are giving less priority to the obesity problem than Southern countries. However, this difference is not significant. Table 19 presents an overview of the mean and change scores for Europe, per region and per country.

**Table 19 Organizational priority given to tackling the obesity problem of young people for Europe, regions and countries**

	Mean score (Max. score=1; min. score=10)		
	T0	T1	Change <sup>#</sup>
<b>Europe</b>	<b>3.8</b>	<b>3.3</b>	<b>0.4</b>
North Europe	4.8	3.3	1.5
Central Europe	3.3	3.6	-0.3
South Europe	2.9	2.9	0.0
Norway	5.0	4.0	1.0
Denmark	3.3	3.3	0.0
Sweden	5.3	2.0	3.3
Finland	3.7	2.1	1.6
Iceland	5.2	3.0	2.2
Estonia	6.3	5.4	0.9
United Kingdom	1.7	2.0	-0.3
Ireland	3.4	3.1	0.3
The Netherlands	3.1	4.4	-1.3
Germany	2.0	3.3	-1.3
Austria	4.5	4.0	0.5
Slovenia	4.7	4.8	-0.1
Belgium	3.8	3.3	0.5
Italy	4.5	4.0	0.5
Spain	1.0	2.1	-1.0
Greece	3.2	2.7	0.5

**n=128**

<sup>#</sup> Due to rounding off differences the change score can differ from T0-T1. A positive change score corresponds with an increase; a negative change score corresponds with a decline in priority

The priority given to the obesity problem increased compared to October 2004. This increase is especially apparent in the Northern European countries. However, no statistically significant differences were found between the three regions. The priority given to tackling the obesity problem of young people increased mainly in Sweden, Finland, and Iceland but declined somewhat in the United Kingdom, The Netherlands, Germany, Slovenia and Spain.

Also new organisations 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. New organisations give less priority to the obesity problem (mean= 4.3) than the organisations who filled in a pre- and T1 (mean=3.3). No statistically significant differences were found, however, between 'new' organisations and organisations that filled in a pre- and T1 questionnaire.

#### 4.6 Policy plan and action plan

##### *Policy plan*

Organisations were asked whether they have a policy statement tackling the obesity problem of young children. Table 20 presents an overview of the answers given.

**Table 20** Number of organisations that have a policy statement about tackling the obesity problem of young children (absolute)

	policy statement	
	T0	T1
Europe	40	51
North Europe	12	19
Central Europe	21	24
South Europe	7	8
Norway	1	1
Denmark	2	2
Sweden	-	2
Finland	2	7
Iceland	4	4
Estonia	3	3
United Kingdom	2	3
Ireland	2	2
The Netherlands	5	4
Germany	1	1
Austria	1	2
Slovenia	10	12
Belgium	4	-
Italy	7	6
Spain	-	1
Greece	-	1
<b>N</b>	<b>125</b>	<b>120</b>

From Table 20, we conclude that the overall number of organisations that have a policy statement increased. In the T0 study, none of the participating organisations from Sweden, Spain and Greece indicated to have policy. In the post-test study at least one organisation within these countries had one. The number of organisations that developed a policy statement increased in most countries.

About 13% of the respondents in the qualitative study whose organisations have no policy statement on this issue indicated at T1 that their organisation plans to develop such a policy statement. About 63% had no plans in the near future, and 25% was not sure. About 24% of the respondents in the quantitative study whose organisation

has no policy statement on this issue indicated at T1 that their organisation plans to develop a policy on this issue. About 11% had no plans and 66% 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. Seven reactions from 6 countries were given:

*Denmark (1)*

Parts are focused on our food policy of June 2004; 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)

*Slovenia (1)*

Focused on giving information to the general population and especially children and young people, regarding the importance of a healthy, balanced diet and the importance of regular physical activity.

*Finland (1)*

Focused on health promotion during life span, childhood, youth, working-age and ageing. The aim of the policy among children and young people is support a healthy way to become adult. The greatest challenge is to encourage young people to choose healthy lifestyles. Learning to make lifestyle choices starts during childhood, and so does the disease process leading to atherosclerosis.

*The Netherlands (1)*

Focused on a ban on advertising of unhealthy food aimed at children.

*Austria (1)*

Puts emphasis on a combination of healthy nutrition, sport and psychological importance of prevention.

*United Kingdom (2)*

- Focused on unhealthy food and drink and access to low cost high quality food regardless of socio-economic circumstances.
- Focused on supporting the children's food bill; a national campaign for statutory regulation to control the marketing of unhealthy food to children and to shift nutritional criteria for foods promoted to, or served to children

Also new organisations were questioned about having a policy statement tackling the obesity problem of young children. Ten of the 34 new organisations had a policy statement on this issue. About 46% of new organisations that had no policy statement on this issue indicated that their organisation plans to develop a policy on this issue. About 11% thought not and 43% was not sure.

### *Action plan*

Organisations which participated in the qualitative study were asked if their organisation has a concrete action plan tackling the obesity problem of young children. At T1 11 organisations from 8 countries reported concrete actions on this issue: Slovenia (1), the Netherlands (2), Denmark (2), Finland (1), Italy (1), Ireland (1), Austria (1), and the United Kingdom (2). Eight respondents from six of these countries provided useful details about their action plans.

#### *Denmark (2)*

(1) (In 2005) Focus on campaigning for introducing a ban on marketing of unhealthy food to children and introducing a new nutrition labelling scheme (nutrition logo/traffic light).

(2) - School based initiatives to improve healthy life style among schoolchildren (healthy eating, less sugar and soda, and more physical activity and reduce inactivity, particularly TV viewing).

- Initiatives to parents and their children to reduce intake of 'fast foods'
- Initiatives to regulate/ban TV advertisements for 'junk food' directed towards children.
- Early identification of children at risk of developing obesity (through visiting nurses and school doctors)
- Publishing a report in 2006 focused on preventing child obesity to influence the local and national political system.

#### *Slovenia (1)*

- Increase awareness and educating a great number of people about the importance of healthy, balanced diet and the importance of regular physical activity.
- Involving people actively in round-table discussions and organised forms of physical activity (The foundation organises trekking, running, cycling expeditions etc. all over Slovenia).
- Distributing education materials (folding leaflets, brochures, journal *For the Heart*) free of charge.
- Offering consultancy on diet, physical activity and prevention of obesity in the *For the Heart* consultancy stands (all over Slovenia), at trade fairs, public presentations of the Foundation's activities via different forums on the Internet and in other forms.

#### *Finland (1)*

- Central areas for action to protect heart health include nutrition and physical activity. In addition to the lifestyle factors adopted in early childhood, also the impact of the child's living environment on the development of his/her health will be recognised.
- The child's growth and development are influenced by all parties he/she has regular interaction with. The most important environments from the viewpoint of the development include home, day-care or school, and the world of play and friends in the immediate vicinity of the child's home.



-The Finnish Heart Association now commits to action on obesity. A detailed action plan is already available. A number of different initiatives and activities aimed at children and obesity are operated by the Finnish Heart Association, working alone or together with other stakeholders. One of the actions proposed is to develop a nation-wide model for child welfare clinics that focuses on systematic monitoring of heart health factors and strengthening the role of family based lifestyle guidance.

*The Netherlands (2)*

- (1) Children's bill of rights, campaign for parents
- (2) Research, lobby naming and shaming bad practices (lawsuit)

*Austria (1)*

Combination of healthy nutrition, sport and psychology

*The United Kingdom (1)*

Support for the children's food bill

*Budget*

At T1, 13 organisations from eleven countries<sup>9</sup> indicated that they had a budget dedicated to work on childhood obesity. Five organisations expected that this budget will increase in the future, while five did not expect it to increase. The other three organisations were not sure about that.

#### **4.7 Interest and activity in projects and initiatives**

Ten organisations from eight countries reported that the current interest and activity in projects and initiative regarding Children and Obesity have increased compared to the level of October 2004: Slovenia (1), the Netherlands (1), Denmark (1), Belgium (1), Italy (2), Germany (1), Ireland (2), and Spain (1). All respondents from these countries provided some specific information about these interests and activities.

*Denmark (1)*

Many organisations would like to show that they are aware of the problem. But there is still not enough commitment of organisations with the national action plan and lack of integration in regulation.

*Slovenia (1)*

Several media publications warn against obesity; there is an increased interest of schools in educational materials discussing healthy nutrition and the importance of regular physical activity that might be included in the school curricula; more round-

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<sup>9</sup> Slovenia, The Netherlands, Denmark, Finland, Belgium, Italy, Greece, Germany, Ireland, the United Kingdom, and Spain,

tables organised to deal with this topic. The Ministry of Health issued, in November 2005, the guidelines for healthy nutrition in educational institutions (from the age of one onwards). This is a manual for easier and more uniform work performed by experts in the field of planning and preparing meals for children and young people. It also aims to promote healthy balanced diets and to educate this population group.

*Ireland (2)*

- We have a national plan; National Taskforce on Obesity report – *Obesity; The Policy Challenges (2005) (1&2)*
- The Department of Health and developing policies on Nutrition Guidelines for schools
- Safe food – Food Safety promotion Board - a north/south Ireland body had an advertising campaign on healthy lunch boxes
- Many commercial bodies are developing materials – Boots, Pfizer; Retail and multiple outlets e.g. Tesco, Superquinn, Supervalue
- National TV station had a weeklong '*Health Fix*' 2006 programme

*Italy (1)*

- Alliances between industry, consumers and health associations.
- Press coverage on childhood obesity

*The Netherlands (1)*

- Rising obesity among (young) children.
- Industry is adopting codes of conduct to avoid legislation.

*Belgium (1)*

- Number of press releases
- Number of publications
- Press conferences
- Preparation of the National Health and Nutrition Plan

*Germany (1)*

A platform on obesity and children was founded; increased information and advice in the media.

*Spain (2)*

- the NAOS Strategy has been drawn up to reverse the trend of obesity. NAOS is a National Spanish Strategy for Nutrition, Physical Activity and prevention of Obesity in children) (1&2).
- An Obesity Observatory has been created to monitor implementation of this Strategy, and the PAOS Code has been issued to regulate food marketing to children. It is a self-regulating code, to which the major food companies signed up.
- Vending machines have been prohibited at nursery and primary schools and the advertising in vending machines substituted by stickers containing messages

promoting a healthy diet. Products which encourage a balanced diet must replace those with a high content in salt, sugar or fats.

- Creating awareness and commitment at the Ministry of Health.

#### *Contribution of the project*

Of the ten organisations in the qualitative survey that indicated that the current interest and activity in projects and initiative regarding Children and Obesity have increased were asked to assess the contribution of the project to this increase. Five organisations assessed the contribution of the project as high to very high, while two organisations assessed the contribution neither high nor low, and one assessed the contribution low. Two others were not sure about the contribution of the project.

#### **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 indicate the change in encountered barriers in establishing actions to combat the negative effects of food marketing compared to one year ago. 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 21 gives an overview of the answers to the (8) questions.

**Table 21 Perceived change in barriers in performing activities aimed at combating the negative effects of food marketing\***

Barrier	Increased %	Same %	Decreased %	Don't know %	N
Lack of human resources	20.0	66.1	9.3	5.1	118
Lack of financial resources	23.1	58.1	16.2	2.6	117
Lack of material resources	12.7	61.9	22.9	2.5	118
Lack of expertise	12.8	63.2	22.2	1.7	117
Difficulty in achieving consensus	10.3	63.8	19.8	6.0	116
Lack of management commitment	10.5	68.6	16.3	4.7	86**
Lack of cooperation between national organisations	11.0	52.5	29.7	6.8	118
Lack of (local) governmental support	12.1	57.8	22.4	7.8	116

\* Due to rounding off differences the total percentage can differ from 100%

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

From Table 21, we conclude that the overall extent of current barriers that are met in combating the negative effects of food marketing did not change compared with the situation one year ago. However, 'lack of human resources' and 'lack of financial resources' — considered to be important barriers at T0 — seem to have increased. The barriers 'lack of cooperation between national organisations'; 'lack of expertise' and 'lack of material resources' considerably decreased.

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

- *Lack of financial support, lack of funds and or / charitable trusts* were mentioned by representatives from eleven countries. Nine of these countries reported on ways to overcome this problem.
  - Denmark: Finding other ways of income than the government
  - Estonia: Applied to get financial support from Tallinn's City Government to publish some health related materials. This action was, however, not successful.
  - Slovenia: Writing several letters and leading several discussions. These actions were not successful.
  - Ireland: Been able to jointly fund project with partner organisations
  - Italy: Trying to strengthen the fund-raising instruments and strategies. The organisation did not manage to reach this goal.

Greece: A great effort has been undertaken by the Heart Foundation to gather funds aiming to increase actions in the field, focusing mainly on an effort to recruit more members of the Foundation.

Finland: The Finnish Heart Association applied for financial resources from Finland's Slot Machinery Association, and this effort was successful.

United Kingdom: Try to make our spending as powerful as possible by creating a strong campaign using multiple platforms and creating high PR levels. Early evidence suggests that the campaign has achieved excellent engagement but, clearly, it is only a point in time and can't be sustained at this level on an on-going basis.

Spain: Try to overcome this barrier by developing punctual campaigns.

The Netherlands and Belgium suggested no specific solutions

- *Lack of human resources* were mentioned by representatives from seven countries.
  - Norway: Seeking more collaboration with other organisations.
  - Ireland: - With funding from EU, set up National Heart alliance 1998 to create synergy and additional reference to expertise. National Heart Alliance has prepared papers on physical activity and Children; on Nutrition and Children and more recently developed a position paper on food marketing.
    - Also work directly in partnership with lead organisations: Health Services Executive; Department of Health; Food safety Authority; Food Safety Promotion Board; National Youth Council and to some extent with Universities – University of Limerick, National University Ireland, Galway and Dublin City University
    - Association with EU project helped to give Irish Heart Foundation greater credibility and helped in forging new partnerships.
  - Italy: Recruiting a junior manager of PR and communications and collaboration with an advertising agency in order to support the dissemination of information on food marketing aimed at children.
  - Germany: cooperation with another association that will run with us a rope skipping-project to combat obesity in children. Therefore we overcame the problem we had one year ago.
  - Spain: Try to overcome this problem by agreements with other institutions.
  - Sweden and Estonia suggested no specific solutions.
  
- *Lack of access to influential policymakers / lack of support from the national and local government* were mentioned by representatives of four countries.
  - Denmark (1): Tries to overcome this problem by starting a dialogue and lobbying. However, it's not successful.
  - Denmark (2 &3): Publishing several reports describing the problems and suggestions for action and solution; start a dialogue with governmental organisations to increase their awareness of the problems. Successful in getting attention.

Slovenia: Tries to overcome this problem by organising several discussions. These discussions have not been very successful.

Ireland: - Establishment of the Food and Nutrition forum, which has been brought to the next level.

- Involvement in the Nutrition and Health Foundation

- Involvement in the National Taskforce on Obesity –

The Netherlands: By doing research, by lobbying and by mobilizing consumers to convince the government of the need for regulation.

- *Lack of consensus between national health organisations* was mentioned as a serious barrier by six organisations

Greece: The Hellenic Heart Foundation developed new alliances (e.g. NGOs, consumer organisations) aiming to increase the possibility for a successful intervention in tackling the problem of obesity among children. However, although the cooperation was successful in addressing the issue (press meeting, scientific meetings, etc), certain actions on a countrywide basis in collaboration with other organisations have not yet been initiated.

Finland: The Children's Health Forum ("Forum"): Prevention of childhood obesity was chosen as a common theme of the alliance's actions. The alliance has had two workshops. The Finnish Heart Association and the Children and Obesity- project have had an active role in the planning and implementation of the workshops.

The Forum continues as an alliance for the CHOB Project and a platform for open conversation and the development of collaboration. The purpose of the Forum is to increase the well-being of children and young people using, as starting points, the basic factors of daily life in families with children: nutrition, physical activity, rest and joy. Its primary objective is to give support to parents and professional educators, and health workers, while keeping the main target in mind: children and young people themselves.

The Netherlands: organised two national educational events. These events were well-visited and created bridges between different organisations.

Ireland, Estonia and Belgium suggested no further specific solutions

- *Lack of educational materials* was mentioned by two organisations

Ireland: Been able to jointly fund projects with partner organisations, for example,

*Irish Heart Week, 2005* and *A Child's Heart for Life* supporting parents on nutrition and physical activity for their children. Also produced a 24-page magazine;

- Resources for children on physical activity with Department of Health;

- Planning a media literacy resource with Safe food.

Greece: The Foundation has been involved in an effort to develop a multimedia CD on the problem of children's obesity and has been trying to create an effective TV advertisement.

- *Lack of collaboration with the food industry* was mentioned by representatives from three countries  
Italy: tries to create strong alliances and to involve varied stakeholders in order to prioritise cooperation rather than competition.  
Denmark: Try to overcome this problem by starting a dialogue. However, it's not successful.  
Norway suggested no specific solutions
- *Dominance and power of the food industry* were mentioned by representatives from two countries.  
UK: NHF's campaign, *food for thought*, focused on creating a campaign which was grabbing and had high cut through among young people, early evaluations very positive  
The Netherlands suggested no specific solutions
- *Lack of attention in the media* was mentioned by a Norwegian representative and no specific solutions were suggested.
- *Lack of expertise / in depth knowledge* was mentioned by a Danish representative. The solution to this problem is found in establishing a research programme on determinants for eating (and physical activity) behaviour.
- *Lack of pragmatic thinking and acting* was mentioned by a Dutch representative. The solution to this problem is found in developing a school package which aims at improving the commercial skills of children. The package was ordered by 3,500 schools in one year (out of 8,500 in total).
- *Lack of food en cooking skills amongst general population* was mentioned by UK representatives. The solution to this problem is found in lobbying to once again include cooking skills in school, and to determine success early.

#### 4.9 Factors contributing to success

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

- *More collaboration between (alliance) organisations* was mentioned by representatives from eleven countries. Not only collaboration between and with professional organisations, but also with schools and industrial partners (Denmark, Sweden, Norway, Slovenia, Ireland, Italy, Greece, the Netherlands, Belgium, the United Kingdom, and Spain).

- *More attention in and working with the media that is sympathetic to the subject.* This stimulating factor was mentioned by representatives from seven countries (Denmark, Slovenia, Italy, The Netherlands, Belgium, Germany, and the United Kingdom).
- *Raising more funds and financial support* contributed or will contribute to the success according to Sweden, Estonia, Ireland, Greece and the United Kingdom. This also helped set agenda on obesity and food marketing at national level and with the government.
- *More governmental support* is needed to contribute to success according to Greece, the United Kingdom and Spain.
- *Start a dialogue with politicians* will contribute to the success according to Denmark and Belgium.
- *Participation in the CHOB project as such* contributed to success according to Denmark, Sweden, Estonia, and Ireland
- *Publishing scientific reports, papers and meetings* was suggested by Ireland and Finland.
- *Organising school competitions* was mentioned by a Norwegian representative.
- *Producing educational and information materials* mentioned by a Norwegian and a Finnish representative.
- *A higher motivation* was suggested by a Slovenian organisation.
- *Professionalism of collaborators* contributed to the success according an Italian representative.
- *Being a statutory body* brings credibility according to an Irish respondent.
- *Realistic and pragmatic thinking* was presented by a Dutch representative.



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

All heart foundations and allied organisations were asked how their organisations think the obesity problem is / should be tackled. For this purpose they indicated to what extent they agreed with 16 statements on this subject. Table 22 presents the statements and the responses at T0 and T1.

**Table 22 Opinions towards ways to tackle the obesity problem of 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
More efficient food advertising and food promotion legislation should be introduced.	56.9 (55.3)	34.7 (40.0)	3.8 (8.5)	4.6 (2.3)	- (1.5)
Advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned.	50.8 (43.0)	37.0 (35.3)	5.4 (13.8)	6.9 (6.9)	- (0.8)
Self-regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls.	13.8 (16.2)	30.0 (26.2)	14.6 (18.5)	30.0 (25.3)	11.5 (13.9)
Food advertisements directed to children are generally honest and fair.	1.5 (0.0)	6.2 (5.4)	11.5 (20.0)	57.7 (54.6)	23.1 (20.0)
The impact of food marketing on consumption patterns of children and young people is exaggerated.	5.4 (7.7)	15.4 (14.6)	10.0 (13.8)	49.3 (50.0)	20.0 (13.8)
The impact of food advertisements to children is underestimated.	23.1 (23.8)	48.5 (50.1)	13.1 (15.4)	14.6 (9.2)	0.8 (1.5)
Food adverts to children are dominated by products high in fat, sugar and / or salt.	33.8 (33.8)	48.5 (50.8)	13.8 (12.3)	3.8 (2.3)	- (0.8)
Sufficient attention is paid to protecting children from marketing of energy-dense, low nutrient foods.	1.5 (0.8)	4.6 (4.6)	9.2 (13.1)	61.6 (59.2)	23.1 (22.3)
Our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods.	7.7 (10.0)	32.3 (36.9)	27.8 (21.5)	27.7 (28.5)	4.6 (3.1)
Other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods.	13.8 (14.6)	47.7 (46.9)	24.6 (23.1)	12.3 (14.6)	1.5 (0.8)
Our government pays sufficient attention to protection from marketing of energy-dense, low nutrient foods.	0.8 (5.4)	8.5 (12.3)	13.1 (8.5)	52.3 (52.3)	25.4 (21.5)
Existing codes of practice for the food advertising industry are inadequate to protect children's health.	18.5 (27.0)	51.5 (53.8)	19.2 (12.3)	10.0 (4.6)	0.8 (2.3)
There should be a ban on fast foods and soft drinks in schools.	51.6 (40.0)	31.5 (1.5)	10.8 (45.4)	6.2 (6.9)	- (7.7)
It should be mandatory to spend equal time on pro-nutrition messages as is spent on food advertisements directed to children	38.5 (34.6)	40.0 (42.3)	14.6 (17.0)	4.6 (5.4)	2.3 (0.8)
Efforts to modify unhealthy eating habits which focus on public education and countering marketing programmes should be given preference above regulations.	16.9 (29.2)	32.3 (30.1)	33.1 (25.3)	14.6 (13.8)	3.1 (1.5)
Current controls on food promotion are ineffective.	31.5 (30.0)	46.1 (46.1)	16.2 (17.7)	6.2 (3.8)	- (2.3)
<b>n=128</b>					

\*In brackets: the percentage at T0.

From table 22 we conclude that the opinions towards ways to tackle the obesity problem of children and young people did not change significantly during the last year. Nearly all respondents share the opinion that more efficient food advertising and food promotion legislation should be introduced and that advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned. However, opinions on how to tackle the negative effects of food marketing vary considerably. For example, about 44% of the respondents (strongly) agree with the statement that self-regulatory codes of practice on food advertisements should be preferred above statutory controls. But 42% of the respondents (strongly) disagree with this statement.

At T1, nearly 78% 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 no significant differences in opinions between the three regions.

We could not construct an 'opinion' scale (by adding the scores of all the statements) because internal consistency was too low (Cronbach's  $\alpha = 0.21$ ). We calculated the mean and change scores of the attitude items. Table 23 gives an overview of these scores.

**Table 23 European mean of the opinions towards ways to tackle the obesity problem of children and young people**

Statement* (all statements refer to the situation in his / her own country)	Mean score (Max. score=1; min. score=5)		
	T0	T1	Change <sup>#</sup>
More efficient food advertising and food promotion legislation should be introduced.	1.6	1.5	0.0
Advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned.	1.9	1.7	0.2
Self-regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls.	3.0	3.1	-0.1
Food advertisements directed to children are generally honest and fair.	4.0	4.0	0.0
The impact of food marketing on consumption patterns of children and young people is exaggerated.	3.7	3.8	0.0
The impact of food advertisements to children is underestimated.	2.1	2.5	-0.4
Food adverts to children are dominated by products high in fat, sugar and / or salt.	1.7	1.9	-0.1
Sufficient attention is paid to protecting children from marketing of energy-dense, low nutrient foods.	3.9	4.0	-0.1
Our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods.	2.7	2.7	0.0
Other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods.	2.6	2.5	0.1
Our government pays sufficient attention to protection from marketing of energy-dense, low nutrient foods.	3.8	3.7	0.0
Existing codes of practice for the food advertising industry are inadequate to protect children's health.	1.9	2.3	-0.4
There should be a ban on fast foods and soft drinks in schools	1.8	1.6	0.2
It should be mandatory to spend equal time for pro-nutrition messages as is spent for food advertisements directed to children.	2.0	1.9	0.1
Efforts to modify unhealthy eating habits which focus on public education and counter marketing programmes should be given preference above regulations.	2.4	2.5	-0.1
Current controls on food promotion are ineffective.	2.1	2.1	0.0

**n= 128**

\* The maximum score in this scale = 1 (strongly agree with the statement), the minimum score =5 (strongly disagree with the statement).

<sup>#</sup> Due to rounding off differences the change score can differ from T0-T1. A positive change score corresponds with an increase; a negative change score corresponds with a decline

From Table 23 we also conclude that the opinions towards ways to tackle the obesity problem of children and young people did not change significantly during the last year.

We also compared mean scores per country, per item with the European mean at T1. From this comparison, we draw the following conclusions:.

#### Norway

has a relatively neutral opinion (compared to the European mean) about the statement that 'the impact of food advertisements to children is exaggerated'.

Furthermore Norwegian representatives have a neutral opinion about the statement that 'our government pays sufficient attention to protection from marketing of energy-dense, low nutrient foods'. They more strongly agree with the statement that 'advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned' and 'existing codes of practice for the food advertising industry are inadequate to protect children's health' than the European mean score.

*Denmark*

has a relatively neutral opinion about the statement that 'current controls on food promotion are ineffective'.

*Belgium*

more strongly agrees with the statement that 'our government pays sufficient attention to protection from marketing of energy-dense, low nutrient foods'.

*Italy*

scores relatively neutral on the following statements 'advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned' and 'there should be a ban on fast foods and soft drinks in school'.

*Greece*

more strongly disagrees with the statements 'food advertisement directed to children are generally honest and fair' and 'the impact of food marketing on consumption patterns of children and young people is exaggerated'. Furthermore the representatives of Greece more strongly agree with the statements 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods' and 'current controls on food promotion are ineffective'.

*Estonia*

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

*Sweden*

has a relatively neutral opinion about the following statements:

- 'advertisements that encourage the consumption of foods high in sugar, fat or salt should be banned'
- 'the impact of food advertisements to children is underestimated'
- 'sufficient attention is paid to protecting children from marketing of energy-dense, low nutrient foods'.
- 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods'
- 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods'

- 'existing codes of practice for the food advertising industry are inadequate to protect children's health'.

Furthermore Sweden more strongly agrees with the statement that 'our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods'

#### *United Kingdom*

more strongly disagrees with the statements that;

- 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'

- 'the impact of food marketing on consumption patterns of children and young people is exaggerated'.

- 'efforts to modify unhealthy eating habits 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'.

Furthermore representatives of the United Kingdom more strongly agree with the following statements.

- 'the impact of food advertisements to children is underestimated'

- 'food adverts to children are dominated by products high in fat, sugar and/or salt'

- 'our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods'

- 'existing codes of practice for the food advertising industry are inadequate to protect children's health'.

#### *Ireland*

more strongly disagrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'. They strongly agree with the statement that 'existing codes of practice for the food advertising industry are inadequate to protect children's health' and they 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 relatively neutral point of view towards the statement that 'there should be a ban on fast foods and soft drinks in schools' and it should be mandatory to spend equal time on pro-nutrition messages as is spent on food advertisements aimed at children.

#### *Germany*

more strongly disagrees with the statements that 'the impact of food advertisements to children is underestimated' and that 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods'.

*Austria*

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

*Slovenia*

more strongly agrees with the statement that the impact of food advertisement to children is underestimated. Furthermore, representatives of Slovenia more strongly agree that other organisations do not pay sufficient attention to protection from marketing of energy-dense, low nutrient foods.

*Iceland*

more strongly agrees with the statement that 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'. Furthermore, Iceland more strongly disagrees with the statements 'our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods' and 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods'. Iceland is more neutral towards the statements 'other organisations do not pay sufficient attention to the protection from marketing of energy-dense, low nutrient foods' and 'it should be mandatory to spend equal time for pro-nutrition messages as is spend for food advertisements directed to children' .

*Spain*

more strongly agrees with the statements:

- 'more efficient food advertising and food promotion legislation should be introduced'
- 'self regulatory codes of practice on food advertisement and food promotion should be preferred above statutory controls'
- 'our organisation pays sufficient attention to protecting children from marketing of energy-dense, low nutrient foods'
- 'it should be mandatory to spend equal time for pro-nutrition messages as is spend for food advertisements directed to children'

'efforts to modify unhealthy eating habits which focus at public education and counter marketing programmes should be given preference above regulations'

More strongly disagrees with the statements:

- 'the impact of food advertisements to children is underestimated'
- 'existing codes of practice for the food advertising industry are inadequate to protect children's health'
- 'current controls on food promotion are ineffective'.

Furthermore, Spain has a relatively neutral opinion regarding:

- 'the government pays sufficient attention to protection from marketing of energy dense, low nutrient foods'.

The opinions of new organisations towards ways to tackle the obesity problem among children and young people is comparable with organisations that filled in both a T0 and T1 questionnaire.

## Appendices





## 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](mailto:r.jonkers@rescon.nl) or [i.deweerd@rescon.nl](mailto: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

(Pre-test/ T0)

#### \*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](mailto:R.Jonkers@Rescon.nl).





## Appendix 3

### QUESTIONNAIRE

(Pre-test/ T0)

#### \*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										Low
1	2	3	4	5	6	7	8	9	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
- 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, 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 protecting 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 at 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 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 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)
  - 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.  
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](mailto:R.Jonkers@Rescon.nl).

## Appendix 4

### QUESTIONNAIRE

(Post-test/ T1)

#### \*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 questions in this section refer to your perception of the impact of marketing and media on current consumption patterns of children and young people in your country.**

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

a) impact of advertising on the internet

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

b) impact of food labelling

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

c) impact of education at school

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

7 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
- 8 Compared to October 2004, how has the level of information in your organisation changed when you consider the following aspects?.
- a) the impact of food marketing on consumption patterns of children
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- b) ways to tackle the effects of food marketing on consumption patterns of children
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know

- c) regulatory and self-regulatory requirements in respect of food advertising to children
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- d) ongoing activities tackling the obesity problem in your own country
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know

**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 negative effects of food marketing on consumption patterns of children and young people?

- 1 yes
- 2 no, **proceed with question B5**

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  
1      2      3      4      5      6      7      8      9      Low  
10

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

High  
1      2      3      4      5      6      7      8      9      Low  
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 Compared to one year ago, has the number of activities in combating the negative effects of food marketing on consumption patterns of children and young people) within your organisation

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

4 If you consider the *kind of activities (variety)* during the last year would you assess them as

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

5 During the last year the (NAME of National Organisation) in your country initiated activities to increase awareness of the impact of food marketing on current consumption patterns of children and young people.

To what extent did your organisation notice:

a) Enhanced communication on the impact of food marketing on childhood obesity in general (via press releases, articles, leaflets, brochures etc.)

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

c) Meetings at a national level to inform organisations on ongoing progress

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

6 How would you rate (on a scale of 1-10) the contribution of the project initiatives, mentioned above,

(NOTE: if you have indicated in question B1 that you are not involved in any activity to tackle the negative effects of food marketing: proceed with question B7)

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  
1      2      3      4      5      6      7      8      9      Low  
10

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

High  
1      2      3      4      5      6      7      8      9      Low  
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

7) 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?

Highest priority  
1      2      3      4      5      6      7      8      9      Lowest priority  
10

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

- 1 yes, proceed with question C1
- 2 no

9) 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**

How would you assess the extent of current barriers you encounter in your organisation compared to one year ago?

1) Lack of human resources

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

2) Lack of financial resources

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

3) Lack of material resources (e.g. educational materials)

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

4) Lack of expertise

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

5) Difficulty of achieving consensus

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

6) Lack of management commitment

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

7) Lack of cooperation between national organisations

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

8) Lack of (local) governmental support

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

**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 encouraging 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



- 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 one question about your organisation**

How many employees in your organisation deal with food or health and children?

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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](mailto:R.Jonkers@Rescon.nl).

## Appendix 5

### QUESTIONNAIRE

(new organisations)

(Post-test/ T1)

**\*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 impact of marketing and media on current consumption patterns of children and young people in your country during the last year**

1) Do you perceive that the impact of marketing and media on current consumption patterns of children and young people has increased, decreased or remained the same compared to the level of October 2004?

a) impact of advertising on the internet

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

b) impact of food labelling

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

c) impact of education at school

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

2) Do you think the current information level of your organisation about the following subjects has increased, decreased or remained the same, compared to the information level of October 2004?

a) the impact of food marketing on consumption patterns of children

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

b) ways to tackle the effects of food marketing on consumption patterns of children

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

c) regulatory and self-regulatory requirements in respect of food advertising to children

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

d) ongoing activities tackling the obesity problem in your own country

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

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

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

- 1 yes
- 2 no, **proceed with question B5**

- 2) Do you think the current contribution of your organisation to the subjects below has increased, decreased or remained the same, compared to the level of October 2004?
- a) giving information to parents and /or children to help them make healthy food choices
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- b) giving information to parents and /or children to promote physical activity
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- c) encouraging healthy eating at schools
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- d) regulating the types of foods available through vending machines at schools
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- e) entering into agreements with the food (marketing) industry to encourage children to eat healthier foods, rather than less healthy options
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know

- f) establishing regulatory frameworks that reduce commercial activities which promote unhealthy foods to children
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- g) restrictions on the ways foods are promoted to children
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- h) changes to food labelling practices
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- 3) Compared to one year ago, has the *number of activities* (in combating the negative effects of food marketing on consumption patterns of children and young people) within your organisation
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know
- 5) If you consider the *kind of activities (variety)* during the last year would you assess them as
- 1 Increased
  - 2 Same
  - 3 Decreased
  - 4 Don't know



- 6 During the last year the National Heart Foundation in your country initiated activities directed at combating the negative effects of food marketing on consumption patterns of children and young people.

To what extent did your organisation notice:

- a) Enhanced communication on the impact of food marketing on childhood obesity in general (via press releases, articles, leaflets, brochures etc.)
- a. Not at all
  - b. to some extent
  - c. to a great extent
  - d. not sure
- b) Initiatives directed at the establishment of new alliance structures
- 1 Not at all
  - 2 to some extent
  - 3 to a great extent
  - 4 not sure
- c) Meetings at a national level to inform organisations of ongoing progress
- 1 Not at all
  - 2 to some extent
  - 3 to a great extent
  - 4 not sure
- d) More attention to policy development aimed at addressing obesity in children structures
- 1 Not at all
  - 2 to some extent
  - 3 to a great extent
  - 4 not sure

6) If you assess the contribution of the project initiatives, mentioned above, (at a scale 1-10) at the current activity level of your organisation, how would you assess this contribution in respect of:

(NOTE: if you have indicated at question B1 not to be involved in any activity to tackle the negative effects of food marketing: proceed with question B7)

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										Low
1	2	3	4	5	6	7	8	9	10	

h) changes to food labelling practices

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

7) 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?

Highest priority  
1      2      3      4      5      6      7      8      9      Lowest priority  
10

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

1 yes, **proceed with question C1**  
2 no

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

1 yes  
2 no  
3 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 one question about your organisation**

How many employees in your organisation deal with food or health and children?

\_\_\_\_\_

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](mailto:R.Jonkers@Rescon.nl).

## Appendix 6

### QUESTIONNAIRE

(Post-test/ T1)

**\*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 questions in this section refer to your organisation's perception of the impact of marketing and media on current consumption patterns of children and young people in your country.**

a) impact of advertising on the internet

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

b) impact of food labelling

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

c) 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  
1      2      3      4      5      6      7      8      9      Low  
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

- 2 How has the number of activities (in combating the negative effects of food marketing on consumption patterns of children and young people) within your organisation changed compared to one year ago

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

- 3 If you consider the *nature of activities (variety)* during the last year would you assess them as:

- 1 Increased
- 2 Same
- 3 Decreased
- 4 Don't know

4 If you consider the initiatives taken in your country to increase awareness of the impact of food marketing on current consumption patterns of children and young people, to what extent did they lead to:

a) Enhanced communication on the impact of food marketing on childhood obesity in general (via press releases, articles, leaflets, brochures etc.)

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

c) Meetings at a national level to inform organisations of ongoing progress

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

5 How would you rate (on a scale of 1-10) the contribution of the project initiatives mentioned above with regard to:

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  
1      2      3      4      5      6      7      8      9      Low  
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

- 6 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 priorities?

Highest priority  
1      2      3      4      5      6      7      8      9      Lowest priority  
10

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

1 yes  
2 no, **proceed with question B9**

- 8 Did your organisation have this policy statement already one year ago?

1 yes, **proceed with question B10**  
2 no, **proceed with question B11**

- 9 Does your organisation plan to develop a policy on this issue?
- 1 yes
  - 2 no, **proceed with question B11**
  - 3 not sure, **proceed with question B11**
- 10 What does this policy entail? (please use as much space as needed and be as detailed as possible)
- 11 Does your organisation have a concrete action plan on this issue?
- 1 yes
  - 2 no, **proceed with question B13**
- 12 Did your organisation have an action plan one year ago?
- 1 Yes, **proceed with question B14**
  - 2 no
- 13 Does your organisation plan to develop an action plan on this issue?
- 1 yes
  - 2 no, **proceed with question 15**
  - 3 not sure, **proceed with question 15**
- 14 What does this action plan entail? (please use as much space as needed and be as detailed as possible)
- 15 Does your organisation have a dedicated budget line for this issue?
- 1 yes
  - 2 no, **proceed with C1**
  - 3 not sure, **proceed with C1**
- 16 If yes, will this budget line increase or decrease in the future?
- 1 increase
  - 2 decrease
  - 3 stay the same
  - 4 not sure

17 Do you think the current interest and activity in projects and initiatives in your country regarding Children and Obesity has increased, decreased or remained the same compared to the level of October 2004?

- 1 Increased
- 2 Same, **proceed with question C1**
- 3 Decreased, **proceed with question C1**
- 4 Don't know, **proceed with question C1**

18 If increased, what are indicators of increased interest and activity?

19 How would you assess the contribution of the project with regard to this increase?

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

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

How would you assess the following barriers you encounter in your organisation compared to one year ago.

1) Lack of human resources

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

2) Lack of financial resources

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

3) Lack of material resources (f.e. educational materials)

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

4) Lack of expertise

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

5) Difficulty to achieve consensus

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

6) Lack of cooperation between national organisations

- 1 increased
- 2 same
- 3 decreased
- 4 don't know

7) Lack of (local) governmental support

- 1 increased
- 2 same
- 3 decreased
- 4 don't know



8) Please indicate below the three most important barriers, the ways in which your organisation tried to overcome these problems and whether these efforts were successful.

1.

2.

3.

10) Please indicate which factors contribute(d) to the success of actions that have taken place / will take place?

1.

2.

3.

**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
  
- 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, 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 The government 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
- 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 at 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 are ineffective.
- 1 strongly agree
  - 2 agree
  - 3 neither
  - 4 disagree
  - 5 strongly disagree

**E Finally one question about your organisation.**

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

\_\_\_\_\_

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](mailto:R.Jonkers@Rescon.nl).