



# Joint Action on Nutrition and Physical Activity

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## HALTING THE RISE OF OBESITY IN CHILDREN AND ADOLESCENTS BY REDUCING INEQUALITIES ALONG THE SOCIOECONOMIC GRADIENT: A MAJOR FOCUS OF JANPA

In most European countries, the economic crisis of recent years has particularly affected the most vulnerable groups of the population. It has often helped to increase pre-existing health inequalities, particularly in the field of nutrition. More recently the large flow of refugees and the difficulties to host them in satisfactory conditions has created new population groups subject to difficulties in food and nutrition, in a cultural context where availability and practices are very different from those in the countries of origin. One result is the development of obesity in children all the more important that the family is in the most disadvantaged social categories. Professionals in the field inform management at the national level of their questions and difficulties to act under these new conditions.

For JANPA, which aims to help halting the rise in the prevalence of obesity among children in Europe, the issue of social inequalities in health nutrition is a fundamental concern which contributed to JANPA's emergence. The various work packages will take this into consideration in the activities they conduct.

JANPA has a vocation to bring out elements of advocacy, to identify and share proven quality of intervention methods and propose tools harmonized at European level. This is to encourage decision makers, including with economic data, to make the issue of obesity in children a priority, with practical guidance for local action. It is the wish of the public in-

stitutions involved in this Joint action that the recommendations made to decision makers should not only reduce the overall prevalence of obesity but also reduce social inequalities in obesity prevalence. JANPA seeks interventions that can benefit to create a "proportionate universalism".

However it appeared also necessary to highlight the trends of increasing inequalities in child obesity. How have they evolved in the various European countries along the socioeconomic gradient? Does food reformulation bring about an impact in line with "proportionate universalism"? Can action in the field of food and physical activity oriented towards children be enough to reduce inequality without affecting the policies of solidarity and redistribution? It is in these perspectives that JANPA is in contact with the pilot project related to "Reducing health inequalities: building expertise and assessments of actions" initiated in 2016, supported by the European Commission and implemented by the UK Health Forum.

The work between public institutions carried out by JANPA gives independence for the emergence of practices. The framework provided by this Joint action gives more proximity between producers of recommendations and public officials in charge of their implementation. The communication tools put in place allow for information on JANPA to circulate both at European and national levels.

WP1 LEADERS

## WP2: DISSEMINATION

### THE CHALLENGE OF THE DISSEMINATION



As described in the “[Ex-post Evaluation of the Health Programme \(2008-2013\)](#)”, one of the main challenges for the HP-funded actions is the dissemination of results. The evaluation report indicates that “*if relevant target audiences are not aware of key results of the actions, the chances that these are accepted and implemented widely across the EU are significantly reduced*”.

Taking account of this, we can see dissemination, not only as an action aimed at the communication of results, but as an action taken from the start of the project and for all its duration in order to activate and maintain multi-sectorial and multi-disciplinary networks and relationships. It is a fundamental resource for the integration between the different parties involved in the project and represents a prerequisite for increasing the effectiveness of the initiatives.

In particular, for the promotion and fulfillment of the objectives of the JANPA, it is essential to build a network of stakeholders, involve them at the beginning of the actions, and ensure that the whole process is coherent and known by all parties. One tool that was developed for this was the creation of a database, completed thanks to the contribution of each country’s partners involved in JANPA. The stakeholder analysis is a “living” process and the database will be update on a regular basis, in

this moment we are able to reach approximately 1700 stakeholders.

A Dissemination workpackage is included in every Joint action (JA), but the communication activities realised at the “central” JA level should be adapted at the national and local level according to what has been agreed in the planning phase. The translation of the information leaflet has been conceived with this in mind. Thanks to the involvement of the organizations participating in JANPA, it has been possible to translate the English version of the information leaflet into the [20 languages](#) of the 26 participating countries.

The leaflet and all the tools realised so far (website, press kit, poster, slides, social media channels, etc), increase their potential only if adapted and used at local level in appropriate contexts, in order to ensure the visibility of JANPA and to communicate its outcomes and results.

The critical mass found from the large number of countries and organisations participating in the project is an added value that provides a wealth of views, information, practices and approaches thus ensuring a wide-spread engagement.

WP2 LEADERS

## WP3 EVALUATION

### EVALUATION IN AN EARLY STAGE



JANPA progress is monitored and assessed on a regular basis. The evaluation of the first 7 months of JANPA implementation was the purpose of the 1st internal interim evaluation report which collected and presented information regarding project progress, identified implementation gaps and dysfunctions in an early stage.

The Interim report is focusing on JANPA progress against plan, performance of the partners and assessment of internal issues (coordination and management). It provides information that helps project’s decision-makers (Coordinator and WP leaders) determine whether to continue with the current direction, where to make adjustments or revise goals if necessary.

Based on data collected from various sources (questionnaire, activity reports, deliverables, meetings, etc) as well as on the broader perception and ambience, the

evaluation identified that JANPA is fully on track, while almost all performance criteria and benchmarks were met. The program objectives and strategy continue to be appropriate.

Implementation is in line with the initial planning despite the, rather expected, difficulties that occurred which are mostly related to the significant number of participants and the extensive work that has to be made in various thematic areas and topics.

All WP leaders, associated and collaborating partners have shown dedication to JANPA objectives and goals, investing significant resources in order to meet their obligations, following the Grant Agreement.

Overall, it comes up that JANPA implementation for the first seven months is promising and paves the way for further progress in the next stages, where important challenges are expected to be addressed.

WP3 LEADERS

## WP5 NUTRITIONAL INFORMATION

### THE USE OF NUTRITIONAL INFORMATION



The main objective of WP5 is to share the best practices on how nutritional information on food and diet is gathered and used for nutritional policy by the different stakeholders: public health actors, food industry and retailers, advertising agencies, consumer organisations.

The use of best practices contributes to the improvement of the nutritional food quality within and between countries by creating a virtuous circle among the food providers and empowering families by giving them nutritional information on foods.

In these first months of work, the data about what nutritional information is available in the 9 participating countries were gathered, as well as how this information is used by the governments and understood by the consumers.

The Austrian ([AGES](#); [BMG](#)) and Romanian ([UBB](#)) partners also launched the pilot studies, in order to define the methodology and gather food labels for 2 categories

of food particularly consumed by children and adolescents: soft drinks and breakfast cereals.

To facilitate and homogenize the data treatment, a training course was organized. Data collection is now finished according to the plan. Information was gathered on:

- 301 breakfast cereals and 417 soft drinks for Austria,
- 246 breakfast cereals and 709 soft drinks for Romania.

Analysis of data will begin in the coming weeks and the reports will be prepared during the summer.

Another important step of this WP is the literature search which has been accomplished by all partners. Moreover, the scope of the WP has been enlarged by inviting all partners of JANPA, even those not participating in WP5, as well as a number of countries not belonging to the consortium, to fill a questionnaire regarding nutrition monitoring tools and nutrition policies. Reports about these first tasks will be produced before the summer.

WP5 LEADERS

#### **LABELLING ON NUTRITIONAL COMPOSITION: THE ROMANIAN PILOT STUDY**

During September 2015 – June 2016, Department of Public Health, Babes-Bolyai University, Romania, completed three tasks belonging to WP5. These tasks referred to (1) assessing the percentage of products from 26 food sectors in compliance with national and European regulations concerning labelling of food products, (2) identifying food reformulation actions employed in Romania and (3) identifying initiatives aimed at improving consumers' knowledge towards interpreting information from food labels.

We used a structured literature search: for scientific papers we used 6 databases (PubMed, Scopus, Wiley Online Library, Science Direct, DOAJ, CABI); for reports we used websites of three national organizations (State Sanitary Inspection, National Authority for Consumer's Protection, Romanian Association for Consumer Protection).

After screening the reports and the papers, we reached a total number of 75 reports and 43 papers. Compliance with law on labelling food products ranged from 0 to 99%, depending on the food sector. Soft drinks, delicatessen products and ready to eat canned meals had the lowest compliance rate while

bread and dairy products had the highest ones. Unfortunately, literature does not state compliance with law regarding health and nutrition claims, guidelines on daily amounts, serving size and nutrition information per serving size, percentages referring only to nutrition labelling presence. Moreover, we did not find patterns in the data allowing us to assess improvements in time for one food sector in complying with the law.

Although Romania lacks a database centralizing assessments of each food sector, we were glad to identify food reformulation initiatives and campaigns aiming at informing consumers towards food labelling. Out of these campaigns we mention the recently implemented "Read the label", "Say yes to a healthy life", "Five Keys to Safer Food", "Tourist guide on the safety of food", "From the farm to the plate, the food should be safe".

BABES-BOLYAI UNIVERSITY (BBU)

## WP6 HEALTHY ENVIRONMENTS

### THE DEFINITION AND SET UP OF CRITERIA OF GOOD PRACTICES FOR CHILDHOOD OBESITY PREVENTION



Childhood obesity is influenced by many different factors addressed by various sectors beyond health. The EU Action Plan on childhood obesity is calling Member States to work on integrated approaches with a specific focus on kindergarten and school settings. The overarching goal of the work package 6 is to help Member States to create healthier environments in kindergartens and schools by providing guidance on policy options and initiatives on different levels. The work package intends to collect and analyse good practices, and to provide a know-how for programme planners and decision-makers on WHAT and HOW to implement effective environmental measures with particular attention to social inequality aspects.

In this first period of work, a definition and set up of criteria of good practices for childhood obesity prevention by integrated approaches was framed. This constituted the basis for reaching the WP6 goal of collecting national level programs and existing policy approaches, capacities and resources for the prevention of childhood obesity in the WP6 partner countries.

Following a desk research on existing good practice definitions, a list of good practice criteria were extracted

from the literature. A good practice has to be interpreted within the specific national and institutional context of each country. Most WP6 partners participated in developing the good practice criteria, their relevance and priority. For the WP6 meeting, that took place in Budapest on January 29th 2016, the country context form and good practice data collection form were developed along with the web-based questionnaire and the semi-structured stakeholder interview protocol for capacity assessment. The production of data collection protocols was achieved.

The forms for good practice collection and capacity level assessment were drafted by the five advanced partners. All WP6 partners were involved in the collection of good practices and web-based questionnaires. ATEITH (Greece) provided an invaluable support to set up the online version of the web-based questionnaire.

Good practice collection was completed by mid-June. The web-based questionnaire focusing on capacities and resources was translated by all WP6 country representatives into their native language. Implementation of web-based questionnaires and semi structured stakeholder interviews is in progress and should be completed by the end of June.

WP6 LEADERS

## WP7 EARLY INTERVENTIONS

### CRITERIA OF GOOD PRACTICES IN EARLY INTERVENTIONS



In preventing childhood obesity, JANPA work package 7 focuses on programs or initiatives that target lifestyles and the care that families with children aged under three years of age, receive before, during and after pregnancy.

Actions to reduce childhood obesity should start before conception as both mother's and father's health status and lifestyles can influence the risk of subsequent childhood obesity. To support a healthy start in life is one of the key areas for action included in the "[EU Action Plan on Childhood Obesity 2014-2020](#)", that aims to halt the rise of overweight and obesity in children and young people. For support to the "healthy start in life", the first step is providing counselling for future parents about the health benefits of breastfeeding and proper information in order to promote healthy eating habits for the whole family.

The 'Early interventions' WP7 partners discussed the criteria to be used to define what a good practice is. It collected examples of programs and interventions from

participating countries using a web survey. 53 examples of programs and interventions were identified from 11 countries. Background information was collected from the participating countries in order to add knowledge on the determinants of successful interventions.

During the two-days workshop in Helsinki on 6-7 June 2016, JANPA WP7 "advanced-level" partners participated from Bulgaria, Czech Republic, Germany, Norway, Romania, Austria, Italy and Malta. A long discussion allowed a consensus to be reached on criteria and a scoring system to select the best programs. The results of the studies identified in the web surveys will be reported in the Deliverable 7.2, due before the end of July 2016. In the next face-to-face WP7 meeting to be held in Berlin in September 2016 to which all WP7 partners are invited, it will be possible to continue disseminating the results and discussing why promising initiatives sometimes do not fulfil their early expectations.

WP7 LEADERS

## BEST PRACTICES FOR HEALTHY NUTRITION AND PHYSICAL ACTIVITY FROM EU COUNTRIES

### AUSTRIA HEALTHY EATING FROM THE START!



A well balanced diet and good eating habits are crucial for health and wellbeing throughout life. The increasing prevalence of nutrition- and lifestyle-associated diseases, especially overweight and obesity in childhood and adolescence, highlight the necessity of target-group-specific and environment-oriented measures. Early childhood is a determining period for delivering potentially effective preventive measures and establishing healthy eating habits right from the start.

The Austrian programme “Healthy eating from the start!” is a good example of an early childhood health promotion programme

contributing to JANPA objectives within work package 7. The programme’s target groups are pregnant and breastfeeding women, families with children up to 10 years of age as well as relevant professional groups. It aims to support women and families in establishing healthy eating habits from the start, based on sound science and tailored actions. Activities within this programme are the provision of nutrition workshops, actions contributing to a healthy food environment, elaboration of recommendations according to latest and accurate evidence and target group orientated approaches to decrease social inequalities. The evaluation of the workshop shows an overall positive feedback as well as a significant increase of knowledge.

Read more: [www.richtigessenvonanfangan.at/en](http://www.richtigessenvonanfangan.at/en)

### HUNGARY AQUA PROMOTING PROGRAM IN THE YOUNG (HAPPY)



The Hungarian Aqua Promoting Program in the Young (HAPPY) was held for the seventh time with 52 715 students from 196 schools between May 2-6th, 2016 in Hungary. The program is a community-based intervention program with the aim to decrease soft drink consumption by promoting water intake in primary schools. The one-week

event organized by the National Institute of Pharmacy and Nutrition involves a downloadable education package and a set of voluntary elements (e.g. flash mob, water bar, restriction of soft drinks in vending machines). The main prize, cooking with a Hungarian star chef, was won by a primary school from northern Hungary which completed most program elements.

## CROATIA

### ONE PATRONAGE NURSE = ONE GROUP

Within the implementation of the JANPA project, the Croatian Institute of Public health has collected a total of 42 examples of good practice. Out of these, 9 were chosen for further analysis within the WP7 activities. Among them is the program “One patronage nurse = one group” which conducts activities aimed at strengthening groups for breastfeeding support through the work patronage nurses who provide new parents with counselling on breastfeeding in order to increase the rates of exclusive breastfeeding. Patronage nurses act locally, in groups for breastfeeding support focusing on pregnant women, lactating women and families with small children. The breastfeed-

ing support groups also work to increase the knowledge and skills of patronage nurses to provide breastfeeding support and how to give advice on breastfeeding to new parents. The program distributes educational material to clients and works on continuous education of patronage nurses and other health professionals through regularly updating the handbook for leaders of breastfeeding support groups and training the trainers to ensure the continuity of the program. There are 196 breastfeeding support groups in Croatia and 60 patronage nurses have been trained; activities started in 2014 in collaboration with UNICEF Croatia.

## ROMANIA

### MILK AND CROISSANT NATIONAL PROGRAM



The Milk and Croissant National Program is an ongoing Governmental policy adopted in 2002 in Romania, by Emergency Ordinance 96/2002. Through this program, each Romanian child in pre-school (i.e. Grade 0), primary school (i.e. Grades 1-4) and secondary school (i.e. Grades 5-8) receives daily (in each school day) a croissant (or biscuits) and milk (or yoghurt). The types of products delivered and the schools supply processes (i.e. daily or weekly) are decided regionally (county level) or locally. Estimated number of beneficiaries for the 2015-2016 school year is 1.750.000 children. The program implementation implies cross-sectoral collaboration (Agriculture, Public Administration, Education, Finances, Health, and Consumers' Protection sectors being involved).

Although comprehensive in its approach (all school children from pre-school to secondary school benefit from it), the Milk and Croissant program has most positive (nutritional) impact especially for the socio-economic disadvantaged children, for which this mid-day snack (the products are served in the school mid-day 20 minutes recess) represents an important share of their daily nutritional intake.

Some improvement potential can be identified in the quality and diversity of the products served, as well as in the inclusion in the program of only the children who need this snack most - empirical evidence suggesting that there is a large share of children that do not need and do not use the products, thus leading to unnecessary waste.

## UPCOMING EVENTS

### THE JANPA GENERAL ASSEMBLY (GA)

The JANPA General Assembly (GA) meeting will be held on **14 September 2016 in Berlin, Germany**. The meeting will bring together all JANPA partners and a number of associated collaborating organisations. The objective of the GA meeting will be to update all participants on the progress of the Joint Action and to plan the activities for the next period. Specific technical workpackage (WP) meetings will be also held on 13 and 15 September with agenda focusing on the upcoming implementation of the work in each WP

and on challenges that may have arisen during the first year of the JA. The Evaluation workpackage will also organise the first face-to-face meeting with the external evaluators. The GA and WP meetings are hosted by Germany's Federal Ministry of Health and the Federal Ministry of Food and Agriculture and are organised in close cooperation with the JANPA German partners: "aid infodienst – nutrition, agriculture, consumer protection", "German Nutrition Society" and "Friedrich-Alexander-University".

### UKCO2016

19-20 September 2016  
Nottingham, United Kingdom  
[www.aso.org.uk](http://www.aso.org.uk)

### 26TH ECOG CONGRESS

12-14 October 2016  
Thessaloniki, Greece  
[www.ecog-obesity.eu/index.php/ECOG\\_2016](http://www.ecog-obesity.eu/index.php/ECOG_2016)

### OBESITY WEEK. TOS ANNUAL MEETING 2016

31 October-04 November 2016  
New Orleans, LA, USA  
[www.obesityweek.com](http://www.obesityweek.com)

### 9TH EUROPEAN PUBLIC HEALTH CONFERENCE. ALL FOR HEALTH-HEALTH FOR ALL

9-12 November 2016  
Vienna, Austria  
[www.ephconference.eu](http://www.ephconference.eu)



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