Prevention of Obesity in Europe – Consortium for the prevention of obesity through effective nutrition and physical activity actions – EURO-PREVOB

Tackling the social and economic determinants of nutrition and physical activity for the prevention of obesity across Europe

EURO-PREVOB Summary Report
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EURO-PREVOB Summary Report

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List of abbreviations

The following abbreviations are used in this report:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADELF</td>
<td>Association des Epidémiologistes de Langue Française</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>EURO-PREVOB</td>
<td>Prevention of Obesity in Europe – Consortium for the prevention of obesity through effective nutrition and physical activity actions</td>
</tr>
<tr>
<td>HOPE project</td>
<td>Health Promotion through Obesity Prevention across Europe Project</td>
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<tr>
<td>IBFAN</td>
<td>International Baby Food Action Network</td>
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<tr>
<td>SES</td>
<td>Socio-economic Status</td>
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<td>WHO</td>
<td>World Health Organization</td>
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What is EURO-PREVOB

Although the health of Europe’s citizens has improved markedly in recent decades, the gains have not been equally distributed, and this is especially apparent for obesity. Inequalities in obesity have arisen and persist due to constraints imposed by low income and poor educational achievement on food choices, opportunities for recreational exercise, and differential absorption of health promotion messages. International and national actors have emphasised the need to reduce the health burden attributable to obesity in Europe as well as inequalities in obesity, with a substantial research effort being directed to improve understanding of the determinants of obesity and the effectiveness of interventions to tackle it. However, there is inconsistent information sharing between countries and inadequate integration of current scientific knowledge into health protection policies, so that action on nutrition and physical activity fails to tackle obesity and inequalities in obesity.

EURO-PREVOB was an EU-funded Coordination Action project that sought to address this shortcoming by integrating, at a European level, resources and expertise within and beyond the area of public health nutrition and physical activity to tackle the social and economic determinants of obesity in Europe, taking into account the specificities of sub-regional groupings of countries. The project ran from 1 April 2007 to 31 March 2010. The Consortium was led by the London School of Hygiene & Tropical Medicine and included 15 partners from 10 countries, with a multi-disciplinary team from key disciplines.

Objectives of EURO-PREVOB

The objectives of the EURO-PREVOB project were:

**Objective 1.** To review what is known about the determinants of obesity, particularly with regards nutrition and physical activity in different age groups, as well as inequalities in obesity in the EU Member States and the wider European level.

**Objective 2.** To assess the existing public health policy environment in terms of nutrition, physical activity, obesity and inequalities in obesity in Europe by reviewing and analysing existing policy initiatives with a potential impact on nutrition and physical activity (e.g. public health nutrition, agricultural, economic, transport, social and school policies), at macro and micro-setting levels.

**Objective 3.** To develop and pilot a portfolio of instruments that can help public health researchers and decision-makers to assess what needs to be done to tackle obesity in Europe.

**Objective 4.** To formulate a strategy for policy development and assessment relevant to planned and ongoing policies at the EU and the wider European level with regards to nutrition, physical activity, obesity and inequalities in obesity.

**Objective 5.** To promote and support the short- and long-term networking and coordination of research and innovation activities on aspects related to scientific knowledge and policy development in nutrition, physical activity, obesity and inequalities in obesity in Europe.
Project outcomes

The EURO-PREVOB project successfully fulfilled its objectives to support networking and improve our knowledge on, and assessment of, the experience and determinants of obesity and inequalities in obesity in Europe.

The EURO-PREVOB project integrated a wide range of complementary medium- to long-term activities that include: producing targeted reviews of the literature on the scale and nature of the obesity problem in Europe and on policies that can make a difference; developing tools that can help policy makers identify what needs to be done, that is, a Policy Analysis Tool which was piloted in selected European countries and a guide to assess the economic impact of obesity prevention policies; formulating overarching principles and related recommendations that should underpin action for obesity prevention in Europe; and feeding back the findings from these components to key stakeholders from the policy and research communities through consultations, conferences and other forms of policy engagement. Each of these activities is described in detail in the next sub-sections.

Reviews of the literature

Two reviews of the literature were carried out in the early stages of the project to shed light on the scientific and policy evidence required for the development of the next phases of the project. Both are available on the project website. The first review summarised scientific knowledge on obesity prevalence, health and economic burden of obesity, socio-economic inequalities in obesity in Europe and determinants of obesity and inequalities in obesity. It confirmed the extent of the obesity epidemic across Europe and highlighted the inequalities in obesity and in risk factors in obesity as experienced by European populations. The second review discussed the existing public health policy situation with regard to nutrition and physical activity as determinants of obesity and inequalities in obesity in Europe. It provided an in-depth assessment of the range of existing policies and interventions to prevent obesity and to address its proximal and distal risk factors.

Alongside the review of the literature, a conceptual model was also developed (Figure 1) to guide the work of EURO-PREVOB, to provide a logical framework for assessing key policy areas to be examined in the project, and specifically to help develop the policy analysis tool described below. The model draws upon findings of the recent Foresight project [1] and other conceptual models for the study of environmental indicators of obesity [2]. The model highlights the fact that individuals (and their intrinsic risk of obesity) live in a particular context, formed by the food environment and the natural and built environment (which affects physical activity), both interacting in various instances such as in schools. These environments are influenced by a broader, cross-cutting context, the socio-economic environment and inequalities, and psychosocial and cultural determinants. Governments, economic operators and civil society have significant influence on these environments and determinants.

EURO-PREVOB Tools

I. EURO-PREVOB Policy Analysis tool

A key step in the EURO-PREVOB project consisted in developing and pilot testing a portfolio of instruments that could help public health researchers and decision-makers throughout Europe assess the potential impacts of proposed policies on dietary intake, physical activity level and obesity using a common methodology.

Development of the Policy Analysis Tool

A Policy Analysis Tool and standardised methods were developed following an extensive review of the literature, as well as the preparation of a concept paper on policy analysis which proposes a framework for policy analysis in the context of EURO-PREVOB, methods for policy analysis, and the principles guiding the development of the Policy Analysis Tool. A key objective was to make the Tool applicable to all European countries.

The Policy Analysis Tool was prepared using a stepwise process, with two main rounds of reviews by project partners and experts. The first draft was presented and discussed at the first EURO-PREVOB Plenary meeting (April 2008) which gathered 52 experts and stakeholders from 25 European Countries. Revised instruments were then pre-tested in the five pilot countries during the summer of 2008, and the results discussed at a meeting gathering pilot work leaders and project coordinators in September 2008. Further changes to the instruments were made before the beginning of the pilots (see below).

The final Tool is composed of two main parts:

1) A Policy Checklist: a questionnaire designed to provide a general overview of the legislation in place in a country to address nutrition, physical activity and obesity, and to identify gaps that can be filled. More specifically, the questionnaire gathers information on existing policies addressing the national food environment (food production, food manufacturing, food trade, labelling of foods and beverages, food and beverage...
marketing and advertising, social welfare policy and health inequalities policy), built environment (urban planning, transport and road safety, active transport, sporting facilities, and leisure facilities), maternal and child health services (appropriate weight gain/loss for women during/after pregnancy, and at infant and young child feeding and breastfeeding), and schools (school policies on nutrition and physical activity). The Policy Checklist is to be completed by trained fieldworkers via desk research and through contacts with selected experts and stakeholders when needed; and

2) A Community Questionnaire: a questionnaire entailing direct observations made in the community to assess selected environmental indicators of the food environment (food environment of a given neighbourhood in terms of the available shops selling food and beverages; cost and availability of indicative food items in selected grocery stores; marketing in and outside the grocery stores; nature and extent of television advertising during children’s television hours; cost and marketing related to selected fast food items) and built environment (selected indicators of the ‘walkability’ and ‘bikeability’ of the neighbourhoods, including the availability and quality of cycle lanes, public open spaces and playgrounds (see Figure 2), public transport stops, traffic volume, safe road crossings, pavements, and level of unattractiveness/incivilities). This questionnaire is to be completed by a pair of trained fieldworkers via direct observation of the community.

<table>
<thead>
<tr>
<th>1 = Decent facilities, i.e. sports pitch, well maintained, tidy, etc.</th>
<th>2 = Decent facilities but missing one or more of the criteria in the definition of 'High quality' but better than 'Low quality'.</th>
<th>3 = Limited or relatively poor quality facilities, e.g. badly maintained, dirty, litter, graffiti OR restricted access (i.e. membership).</th>
<th>4 = Limited and very poor quality facilities, e.g. badly maintained, dirty, litter, graffiti.</th>
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Figure 2. Example of criteria for the rating of the quality of public playgrounds in the Community Questionnaire.

**Pilot testing of the Policy Analysis Tool**

The Policy Analysis Tool was piloted between September 2008 and April 2009 in five countries from different European sub-regions, namely Bosnia and Herzegovina, the Czech Republic, France, Latvia and Turkey, using a common methodology. Within each country, the pilot study was co-ordinated by one EURO-PREVOB partner who oversaw fieldwork and process evaluation.

The Policy Checklist gathered data at the national level, while the Community Questionnaire focused on the cities in which the local coordinators were based (Sarajevo in Bosnia and Herzegovina, Brno in the Czech Republic, Marseille in France, Riga in Latvia, and Ankara in Turkey). In each country, the Policy Checklist was completed by one or two trained fieldworkers under the supervision of the local coordinator. Data were gathered using multiple sources of information (triangulation) including the published literature, internet websites, and if required through contacts with experts, policy makers, and stakeholders. For the Community Questionnaire, areas of different socio-economic or deprivation levels were selected. Local demographers and/or statisticians helped identify the most appropriate sampling procedures to use. In order to assess the inter-rater reliability of the Community Questionnaire, all data were collected by two independent pairs of trained fieldworkers who agreed, for each area, on a planned walking route prepared using the Google Earth Map.
software and/or detailed local maps. Observations gathered were coded into the questionnaire and on maps of the area.

Process evaluation was designed to provide information on the pilot testing process, including how the tool was administered, how data were supplied, and any changes that had to be made during pilot work. Process evaluation data were obtained by means of diaries, forms for tracking data collection, and questionnaires. One sub-regional meeting was also organised in each country to disseminate the results of the pilot process and to obtain feedback from regional experts and stakeholders from different sectors on the relevance and applicability of the Policy Analysis Tool, and on recommendations for changes to the Tool. Results of the sub-regional working meetings contributed to the process evaluation of the Tool.

**Key findings from the pilot testing of the Policy Analysis Tool**

The pilot testing of the EURO-PREVOB Policy Analysis Tool in five European countries provided important new insights into the existing policies dealing with the food and physical activity environment and a better understanding of certain aspects of the obesogenicity of the environment in different countries. The series of sub-regional meetings were also opportunities for information-sharing on strategic and practical policy issues such as capacity planning, quality assurance and other developments, and confirmed the expected usefulness of the Tool in other countries. At the national policy level, the insight gained from using this policy assessment instrument can provide an indication of whether there is coherence between national policies within different sectors; can help align local and national policy goals; and can assist in reflecting national legislation with European legal provisions.

**Policy Checklist**

The Policy Checklist was found applicable to assessing the policy context of the five politically and socioeconomically distinct pilot countries, and some useful results emerged. For example in scanning the existing policies across a range of relevant sectors, it was apparent that few policies specifically refer to obesity and health inequalities, and the link between the two is seldom made explicit, with the exception of France. The associations between obesity, health inequalities and socioeconomic inequalities appeared poorly reflected in the policies. As well, evaluation of policies is not standard practice, and the Policy Analysis Tool is an opportunity to monitor and thus plan for evaluation.

**Community Questionnaire**

Findings from the pilot testing of the Community Questionnaire suggest that it was possible to develop a novel method to assess obesogenicity in diverse settings. The Questionnaire was reported to be a user-friendly and reliable tool (strong inter-rater reliability results were found for most important indicators of the food and built environments) in all countries. Moreover it was considered an efficient and relevant means to capture important contextual differences in areas of different socioeconomic status, describing key aspects of both the food and built environments. Piloting the tool was a useful exercise in that it raised many practical difficulties of assessing environments, such as obtaining access to high quality maps and acquiring permissions for collecting information in some grocery stores. It also illustrated the methodological challenges involved such as adequately sampling areas of varying socioeconomic levels, managing the subjectivity of contextual variables (e.g. positive vs. negative connotations of graffiti – Figure 2), recording unexpected aspects of the environment (e.g. cycle lanes designed by the users in Marseille (Figure 3), mobile food suppliers in Ankara (Figure 4)), defining comparable standard diets, and choosing appropriate quality criteria for aspects of the built environment (e.g. difficulty in classifying the quality of a public open space in Riga, Figure 5).
The tool will have to be implemented on a larger scale to generate policy-relevant observations about socio-economic variations in key modifiable factors in different contexts (e.g. Figure 6). It should also be combined with individual-based data so that environmental determinants can be linked with personal behaviours and with child and adult obesity rates.
II. Guide to economic evaluation of policy options in the prevention of obesity

The EURO-PREVOB guide to the economic evaluation of policy options in the prevention of obesity comprises a simple conceptual framework and a practical guide for policy makers and public health researchers to the economic evaluation of competing interventions for obesity prevention, with a focus on interventions and policies located outside the clinical and health care setting. Much, if not all of what we cover can equally be applied to the evaluation of public health and “social determinants”, interventions more generally, i.e. beyond obesity.

Recent reviews of the literature suggest that relatively few studies have been undertaken to analyse the cost-effectiveness of preventative or health promotion activities for tackling obesity. As government health care budgets come under pressure, and as public health interventions have to compete for limited resources with other health care programmes that may have a better established evidence base, it is essential that greater efforts are undertaken to demonstrate the effectiveness and “cost-effectiveness” of obesity interventions.

The focus of the guide is on the assessment of effectiveness, because there cannot be any economic evaluation without proof of effectiveness in the first place. We recommend and illustrate ways to address the more fundamental challenge of assessing effectiveness of obesity interventions, especially for those types of interventions that do not lend themselves easily to the design of a randomised controlled trial. The application of natural experiments and quasi-experimental methodologies represents a yet rather un-exploited but promising, and perhaps even the only road ahead to at least narrow the “evaluation gap” of public health research compared to clinical research.

The EURO-PREVOB guide to the economic evaluation of policy options in the prevention of obesity will be available on the project website.
Principles and recommendations

Overarching principles and related recommendations for policies that should both prevent the rise in obesity and narrow inequalities emerged from the results of the EURO-PREVOB project.

**Principle 1. Interventions and policies to reduce obesity should be evaluated**

Governments are accountable to their populations for the implementation of the policies and plans they have adopted and for their use of public funds for this work. Thus, it is imperative that policies, plans and interventions should be carefully evaluated for their effectiveness, cost-effectiveness and long-term impact on health-related outcomes, and changes made if they are not having the desired effects. However, in the field of obesity prevention, this is made difficult by the weaknesses in existing national surveillance systems, as well as by the limited capacity for epidemiological and policy research in many EU member states. It is essential that these weaknesses are addressed through strengthening of national surveillance systems that can generate objective, reliable data to track both overall levels of obesity and its determinants (nutrition and physical activity), as well as changing patterns within populations based on the socio-economic stratification. Evaluation should encompass measures of process and outcome, so as to be able to ascertain not only whether a policy is working (or not) but why.

Key to monitoring and evaluation of policies will be the development of indicators. Indicators are measured variables to evaluate changes related to aims and objectives. They are indirect or partial measures of a complex situation but, if measured sequentially over time, they can indicate the direction and speed of change and serve to compare different areas at the same moment in time. Although beyond the scope of this project, the capacity to agree on a core set of definitions for European indicators does offer greater opportunities for comparability of research findings and thus for learning from experience elsewhere.

As resources are always constrained, evaluation of cost-effectiveness is essential to making rational decisions. However, the literature reviewed within EURO-PREVOB demonstrated how rarely evaluations mention even the costs of the programmes they examine, and thus do not estimate cost-effectiveness: the cost element is clearly a highly significant factor in the appraisal of a policy and so details on costs should be collected prospectively and reported explicitly, along with instruments used to obtain data. The EURO-PREVOB project is proposing a new practical guide to the economic analysis of options for obesity prevention, as presented below.

Monitoring and evaluation data are essential to track progress of policies and interventions and are required for the periodic revision and reformulation of policies.

**Recommendation 1.1. Consistent approaches to evaluation should be used**

It is recommended that measures be taken to promote consistent approaches to evaluation of policies relevant to obesity and its environmental determinants, including food insecurity and social inequalities in health, across EU Member States. Adopting a common approach for information gathering would facilitate cross-country comparisons. Evaluation mechanisms should be built in to any policy that may have an impact on obesity. Evaluations of the process, impact, and outcomes of policies designed to tackle obesity should be conducted. Policies should be evaluated in terms of implementation (including barriers to the implementation), effectiveness, and economic consequences, and this should be complemented by health impact assessment to assess the impact on obesity of policies originating in other sectors.
**Principle 2.** Policies to prevent obesity should be embedded in an overall strategy designed to make the healthy choice the easy choice

Policies designed to tackle obesity will, of necessity, take many different forms and involve many different sectors. However, underpinning them should be the goal of making the healthy choice the easy, affordable choice by creating enabling environments. A range of overarching population strategies (combined with targeted prevention and protection efforts when appropriate) are needed to encourage environments that promote, protect and support food and nutrition security and access to physical activity, while addressing socioeconomic inequalities in obesity.

Within the overall strategy, individual policies should respond to the particular needs and circumstances at critical points across the lifecourse. Specifically, recommendations for relevant social and health protection policies should aim to: (1) facilitate care for women of reproductive age, mothers, infants, and young children; (2) make the healthy choice the easy choice for pre-school and school children; (3) create an accessible and affordable healthy food environment; and (4) create a health-promoting natural and built environment.

**Recommendation 2.1 Action should be taken to help women maintain an optimal weight before, during and after pregnancy, and to ensure a healthy start in life for infants and young children.**

**Weight gain/loss during and after pregnancy**

Clear guidelines for nutrition, physical activity, and weight gain during pregnancy are crucial, but few of these have been implemented systematically within European countries, as is apparent from the findings of the EURO-PREVOB Policy Analysis. It is urgent to ensure the implementation of clear guidelines on healthy weight (before, during, and after pregnancy) for women of reproductive age throughout Europe as well as on specific behaviours during pregnancy, such as the prevention of smoking during pregnancy, as it is an independent risk factor for obesity.

**Breastfeeding and young child feeding**

There are wide variations in policies on paid maternity leave and uptake of specific interventions to protect, promote and support optimal breastfeeding among European countries (e.g. Baby Friendly Hospital Initiative (BFHI); training of health professionals; laws protecting mothers and families from commercial pressures of infant food industry; community centres and support mechanisms in place to protect, and support infant and young child feeding; comprehensive Information, Education and Communication -IEC- strategies for improving infant and young child feeding). It is recommended that comprehensive policies should support optimal infant and young child feeding (including early, exclusive and continued breastfeeding, safe and adequate complementary feeding). These should be combined with targeted interventions for women and children from lower socioeconomic groups. Important policies and initiatives include access to paid maternity and paternity leave, breastfeeding breaks for working mothers, day care institutions, initiatives such as the BFHI, adequate training of health professionals in infant and young child nutrition, development of community and child care centres and support mechanisms to protect infant and young child feeding. The full implementation and enforcement of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions should be strengthened and independent monitoring mechanisms set up in all countries.
**Recommendation 2.2.** Governmental policies and initiatives should contribute to making the healthy lifestyle choices easy and straightforward for children of preschool and school age.

A major factor underlying the developing obesity epidemic has been the increased availability of cheap energy dense food (so-called “junk food”). This has been driven by a combination of factors including the industrialisation of food production and large-scale marketing of unhealthy food. As a consequence, many children, especially in disadvantaged families, have been consuming greater numbers of calories at a time when their levels of physical activity have been declining (again, due to a number of factors including less use of open spaces for play and the growth of non-energy expending forms of recreation). It is essential to reverse this trend and create environments that make health choices the easy and affordable choices (including at school) for children and adolescents, who are at a period in their lives when dietary habits are becoming established.

**Recommendation 2.3.** Government policies and initiatives should support physical activity through a health promoting natural and built environment, taking into account the needs of low income and other vulnerable groups.

Physical inactivity, sedentary lifestyle (little or no physical activity during leisure time and in everyday life) and their associated low energy expenditure are known major risk factors for obesity. While health promoting policies aimed at the natural and built environment exist, the community environment often remains unsupportive of active lifestyles, thus raising an important issue in terms of policy analysis. Further work is required with regards the implementation of policies and the assessment of their impact on individuals. As well, the current policies do not always take account of inequalities and rarely consider obesity. Actions are needed to support further active transport such as walking and cycling, and to improve the availability of and access to high quality public open places such as parks, playgrounds and the countryside for recreation. Recreational sports and leisure and sporting facilities should be accessible, affordable, safe and secure to all (particularly to women, children and people with disabilities).

**Principle 3.** A focus on inequalities should underpin measures to tackle obesity

Obesity is socially patterned in Europe, with higher rates among the most disadvantaged. A series of reports, including most recently, the WHO Commission on Social Determinants of Health3, has highlighted the toll of avoidable death and disability that results from this situation.

**Recommendation 3.1** All policies relevant to obesity prevention should explicitly address health and social inequalities

Few policies on obesity specifically refer to health inequalities. Furthermore, few existing systems of data collection make it possible to assess social inequalities in obesity and, in many policy discourses, there seems little awareness about the connection between obesity and health inequalities. Given the pivotal role of obesity as a determinant of population health, it is essential that policies to reduce health inequalities address the problem of obesity. Similarly, policies to tackle obesity must take account of its social patterning, recognising that those at greatest risk are already disadvantaged.

**Networking and dissemination activities**

A key objective of the EURO-PREVOB project was to support networking and collaboration in scientific work and policy development in nutrition, physical activity, obesity and inequalities

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in obesity in the EU and the wider Europe. A first step that was taken early in the project to meet this objective was the development of two databases for internal use by the EURO-PREVOB Consortium. The first consisted of a database of European experts in the determinants of obesity and of policy advisors involved in the promotion of healthy nutrition, physical activity and obesity prevention. This database provided the Consortium with a pool of experts who agreed to be consulted during the course of the project to provide information, review EURO-PREVOB reports, participate in project’s meetings, or contribute to the dissemination of the projects outputs. The second database detailed the different categories of stakeholders that may be affected by or that can influence policies related to obesity in Europe. This database was used to map stakeholders in obesity prevention in different European sub-regions and contributed to involving various stakeholders at different steps of the project and thus increase the policy relevance of the project. Another early result from the networking efforts was the cooperation with other pan-European projects such as the HOPE project (Health Promotion through Obesity Prevention across Europe).

Numerous dissemination activities took place during the project. They were intended to generate an effective flow of information and publicity about the objectives and results of the project, and to contribute to generating European knowledge and scientific excellence and collaboration on a Europe-wide scale. The project emphasised active dissemination, or what is more appropriately termed as policy engagement, to ensure that the project’s outputs reached national and regional policy makers (civil servants and health care managers), politicians at national level, international agencies and non-governmental organisations and networks, academia (as a dissemination channel) and other stakeholders groups who were seen to influence public health decision-making in Europe, a process facilitated by the project’s Advisory Board. Through the dissemination activities, the project results provided active outreach to policy makers at the cutting edge of public health nutrition, physical activity and obesity research to promote evidence-based policy making in Europe. Dissemination via existing EU and WHO networks also formed an essential link to ensure effective sharing of information and expertise.

The principal public interface and a main dissemination tool of the EURO-PREVOB project was its website (www.europrevob.eu) which provided information about the project and its objectives, project partners, activities, latest news and events, contact details, and outputs. Links to the project’s website were added to other sites including those of the European Commission and of different organisations and projects in various parts of the world (e.g. EuroHealthNet; European Association for the Study of Obesity; European Heart network; European Medical Association; European Public Health Alliance; Ministry of Health of the Government of Italy; HEPA Europe – European network for the promotion of Health-Enhancing Physical Activity; HOPE project; International Association for the Study of Obesity; International Obesity Taskforce; The International Baby Food Action Network (IBFAN); Ministry of Health of the New Zealand Government; Ministry of Health, Physical Activity and Nutrition Networks of Wales; WHO Euro ‘Nutrition’ website, Karolinska Institute in Sweden, etc).

Other means of dissemination included the distribution of a project fact sheet and of quarterly newsletters to our pool of experts and to other interested stakeholders. Numerous presentations at conferences and workshops took place (e.g. American Academy of Health Annual Research Meeting; Congress of the “Association des Epidémiologistes de Langue Française (ADELF)”; European Congress on Obesity; European Health Policy Forum; European Public Health Association; International Congress on Food and Nutrition; International Nutrition and Dietetics Congress; Nordic Nutrition Conference; Public Health Conference in Turkey). Project partners are currently preparing policy-relevant summaries as well as academic papers to be submitted to journals in public health, nutrition, physical activity and other relevant fields.
**Contribution of EURO-PREVOB**

EURO-PREVOB contributes a unique set of innovative tools to assist researchers and decision makers in developing plans of action for obesity prevention. The EURO-PREVOB Policy Analysis Tool can help them examine the policy situation in their country or region using a systematic approach. They can then elaborate the most appropriate recommendations for obesity prevention in their country using the results of the analysis of the current situation, but also taking into account the existing policy commitments and overarching principles and recommendations emerging from EURO-PREVOB work.

The EURO-PREVOB project also contributes significantly to information bases, policy-making and intersectoral collaboration in relation to nutrition and physical activity in the context of obesity and inequalities in obesity in Europe. The joint coordination and collaboration between the different project partners helped engender a united vision and approach to stemming the growth of obesity. EURO-PREVOB has sought to generate innovative solutions to obesity in the Region and contribute to making this a continuing reality through its developed Policy Analysis Tool which will be available to all on the project website. The Tool will help policy-makers, public health researchers and stakeholders examine the policy situation in their country or region within a systematic logical framework in order to be able to reach the most appropriate recommendations for obesity prevention.
## Technical information

**Project acronym:** EURO-PREVOB  
**Project’s official full title:** Prevention of Obesity in Europe – Consortium for the prevention of obesity through effective nutrition and physical activity actions  
**Research priority:** Health determinants and the provision of high-quality and sustainable health services and pension systems (in particular in the context of ageing and demographic change)  
**Proposal/Contract no:** 044291  
**European Commission scientific officer:** Kevin McCarthy  
**Coordinator:** London School of Hygiene & Tropical Medicine  
**Project leader:** Martin McKee  
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### Partners

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Website</th>
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<tr>
<td>London School of Hygiene &amp; Tropical Medicine (LSHTM)</td>
<td>United Kingdom</td>
<td><a href="http://www.lshtm.ac.uk">www.lshtm.ac.uk</a></td>
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<tr>
<td>Metropolitan University College (formerly SUHR’S)</td>
<td>Denmark</td>
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<td>World Health Organization Regional Office for Europe (WHO)</td>
<td>Denmark</td>
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<td>Institut National de la Santé et de la Recherche Médicale (INSERM)</td>
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