







Policy Symposium on NCD Prevention:

Future directions for nutrition and physical activity policies to prevent NCDs across Europe

14th-16th June 2022 Thon Hotel Brussels City Centre



The four projects organising this went have received European Londing as Rollows, CO-CREATE and STOP have received Sinding from the European Limiting Horizon 2002 Research and Innovation Programme under the grant agreement No. 7744210 and No. 774448 respectively. JR Best Folkse has received funding from the European Union's Health Programme under the grant agreement No. 951202 and PEN has received funding from the post Programme photocom's Newalthy Des for a Healthy Usin (IR HDHs).



Opening Plenary Oslo 13:30 – 14:15









Opening Plenary: Welcome and short presentation of the

collaborating projects

Chair: Prof. Sonja Kahlmeier

Swiss Distance University of Applied Sciences (FFHS)

#NCDPrevention22



The four projects organising this event have received European funding as follows: CO-CREATE and STOP have received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No. 7744210 and No. 774548 respectively. JA Best-ReMap Nos received funding from the European Union's Health Programme under the grant agreement No. 951202 and PEN has received funding from the Joint Programming Initiative "A Healthy Diet for a Healthy Life" (IPI HDHL).









Ideally...!

Opening

Prof. Sonja Kahlmeier Member Scientific Advisory Board PEN



Why is a national policy on nutrition or physical activity important?

- · gives national support, coherence and visibility
- coherent and consistent action by actors (government sectors, regions or local authorities, stakeholders, private sector)
- follow common objectives and common strategies
- negotiate and assign roles and responsibilities
- allows greater allocation of resources
- gives greater accountability
- if legally binding, can prevent the failures often associated with 'voluntary' national recommendations or suggestions



Daugbjerg, Kahlmeier et al.: Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents; JPAH, 2009, https://doi.org/10.1123/jpah.6.6.805









Opening

- "Population groups most in need such as people with low levels of physical activity were rarely specifically targeted.
- Most policies emphasized the importance of an evaluation. However, only about half of them indicated a related intention or requirement."







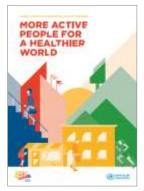




Policy frameworks – quite recent!







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2018



Opening Plenary Oslo 13:30 – 14:15









Opening Plenary: Short presentation of the collaborating projects

STOP – Prof Franco Sassi CO-CREATE – Prof Knut-Inge Klepp PEN – Prof Wolfgang Ahrens Best-ReMaP – Dr Mojca Gabrijelcic

#NCDPrevention22



The four projects organising this event have received European funding as follows: CO-CREATE and STOP have received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No. 7744210 and No. 774434 respectively. JA Best-ReMaP has received funding from the European Union's Health Programme under the grant agreement No. 951202 and PEN has received funding from the Joint Programming Initiative "A Healthy Diet for a Healthy Life" (IPI HDHL).



STOP – Addressing the Challenge of Childhood Obesity in Europe

Franco Sassi PhD – Principal Investigator Imperial College Business School



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774548.

This presentation reflects only the author's view and the European Commission is not responsible for any use that may be made of the information it contains.





The STOP Consortium (Beneficiaries and Third Parties)





Key Expected Outputs of STOP

- A comprehensive set of indicators and a measurement framework for epidemiological surveillance
- 2. New evidence on:
 - a. the determinants of childhood obesity
 - b. the impacts of policies and interventions
- 3. Policy briefs and toolkits for the design and the implementation of key policies
- 4. A viable multi-stakeholder framework





STOP Beyond the State of the Art Measuring Childhood Obesity in Europe

- Reduced height growth in many European countries has meant that the height advantage they had built up until age 5 has been lost, contributing to higher BMI levels
- Evidence collected by NCD-RisC suggest a high growth of obesity prevalence in adults living in rural areas, but the picture for children is different, with socio-economic status paying the largest role
- Based on some of the richest data in Europe, obesity is most strongly associated with household disposable income, providing a basis for a standardised surveillance of socioeconomic inequalities in obesity in Europe



STOP Beyond the State of the Art The Determinants of Childhood Obesity

- A "molecular signature" of childhood obesity has been identified through a range of
 epigenetics, metabolomics and proteomics biomarkers, which represents a fundamental
 step in assessing causal pathways to childhood obesity, including pathways involving
 prenatal exposures, diets rich in ultra-processed foods, and those implicating obesogenic
 environments in neighbourhoods at different socioeconomic levels
- Maternal pre-pregnancy BMI is associated with the child's BMI and microcirculation changes, providing evidence of increased cardiovascular risk in early years of life
- STOP systematic reviews and meta-analyses have consolidated and strengthened the evidence base on a wide range of determinants of childhood obesity

11



STOP Beyond the State of the Art Policies to Tackle Childhood Obesity

- Systematic reviews of studies in key policy areas
- Empirical analyses based on observational data
- Modelling of policy scenarios using a microsimulation approach (Health-GPS)
- · WHO-STOP Policy Briefs



STOP Systematic Reviews - Policies

- · Regulation and fiscal policies
- · Interventions using behavioural insights to improve children's diet-related outcomes
 - · Effective in 74% of included interventions
 - · Most promising approaches involve incentives, changing defaults and modifying the physical environment
 - · Information provision alone was least effective approach
- · Effect of reformulation on individuals' behaviour, nutrient intakes and health
 - · Improved nutrient intakes in three quarters of studies measuring that outcome (strongest evidence for TFA)
- Food environment interventions in and around schools
 - SSB bans and increased access to fruits and vegetables are effective interventions, especially if relying on multisystem approaches
- Interventions to increase physical activity in schools
 - · Interventions are effective in decreasing BMI, no added value from multi-component approaches
- · Health care treatment of childhood obesity equity impacts

12



STOP Beyond the State of the Art Policies to Tackle Childhood Obesity

- Analyses of policy initiatives in place, consumer and individual behaviours in selected European countries have provided evidence of the characteristics of fiscal and regulatory policies, social marketing interventions, physical education and physical activity interventions, and food reformulation programmes that are most likely to generate positive impacts on childhood obesity through diet and physical activity improvements
- A primary care led, family-based approach for addressing obesity in children under the age of 5 is being tested in a trial in three countries: Sweden, Spain and Romania.









Confronting obesity: Co-creating policy with youth (CO-CREATE)

Knut-Inge Klepp

Project coordinator

Policy Symposium on NCD Prevention: Future directions for nutrition and physical activity policies to prevent NCDs across Europe; Brussels June 14-16, 2022





After <u>decades of obesity prevention research</u>, the conclusions, based on systematic review, still were:

- Overall, weak to very weak evidence
- Lack of evidence of the impact of populationlevel, structural interventions on adolescents
- Lack of evidence related to <u>social inequalities</u> and to <u>involvement</u> of adolescents



Flodgren et al, 2020



Confronting obesity: Co-creating policy with youth



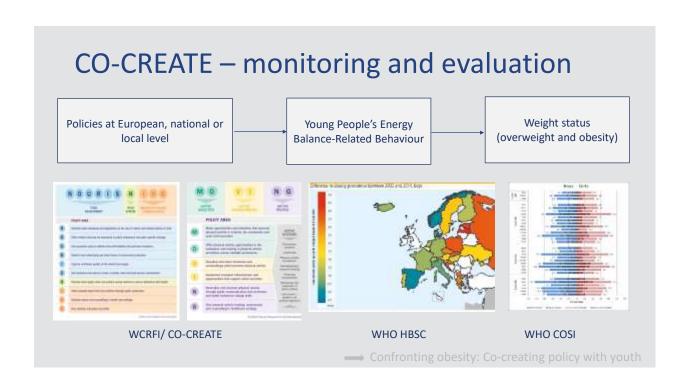
CO-CREATE: Overall goals

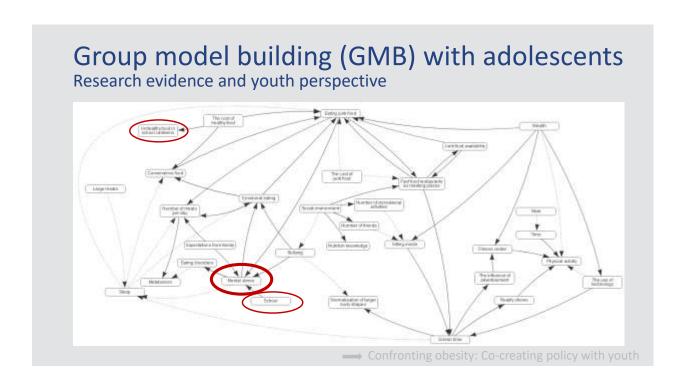
Investigate how <u>policy changes</u> can support healthy eating and a physically active lifestyle with the <u>aim of</u> halting the rise of <u>adolescent</u> obesity rates

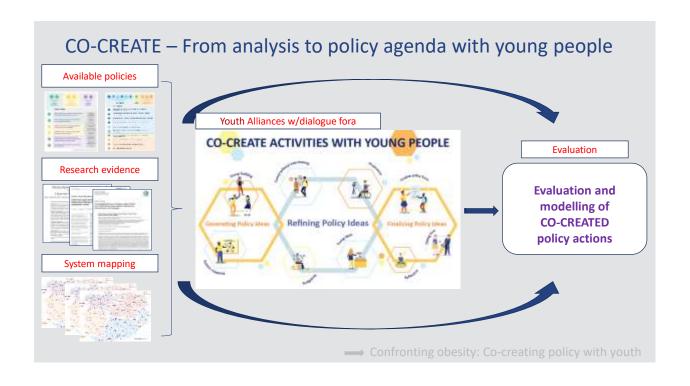
- monitoring and benchmarking relevant policies
- collaborate with adolescents across Europe in developing novel policy options that will contribute to overweight prevention and reducing inequalities in overweight and obesity



Confronting obesity: Co-creating policy with youth













← Confronting obesity: Co-creating policy with youth



Evaluation of policy measures to promote a healthy diet and physical activity



The PEN Project

Wolfgang Ahrens¹, Catherine Woods², Jeroen Lakerveld³ on behalf of the PEN Consortium

- 1. Leibniz Institute for Prevention Research and Epidemiology BIPS, Bremen, Germany
- 2. Department of Physical Education and Sport Sciences, University of Limerick, Ireland
- 3. Department of Epidemiology and Biostatistics, Amsterdam University Medical School, The Netherlands



Policy Symposium Brussels 2022





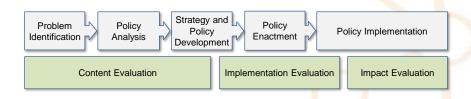
Aim

- Establish a multi-disciplinary research network for the monitoring, benchmarking and evaluation of policies that affect dietary and physical activity as well as sedentary behavior with a standardized approach across Europe while accounting for existing health inequalities.
- Focus on public policies

Public policy: a form of government action usually expressed in, e.g., a law, a regulation, guideline, or recommendation and reflecting the intent of the government or its representative entities

Countries (N=8)	Partners (N=28)
France	2
Germany	9
Ireland	3
Italy	2
Netherlands	5
Norway	2
Poland	4
New Zealand	1

CDC logical model used by PEN as a "point-of-departure" framework*

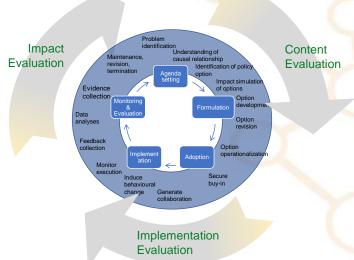


^{*} Reproduced according to CDC

Centers for Disease Control and Prevention. CDC's Policy Analytical Framework. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

CDC logical model merged with the Policy cycle heuristic

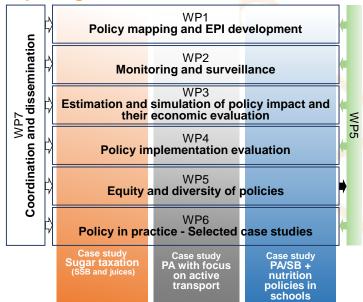




References
Armenia, S., Mureddu, F., Osmimo, D., Onori, R., & Misuraca, G. (2014). A Living Roadmap for Policymaking 2.0. In P. Sonntagbauer, K. Nazemi, S. Sonntagbauer, Prister, Giorgio, & D. Burkhardt (Eds.), Handbook of Research on Advanced ICT Integration for Governance and Policy Modeling (pp. 433-461). Hershey, PA: IGI Global.

Work packages

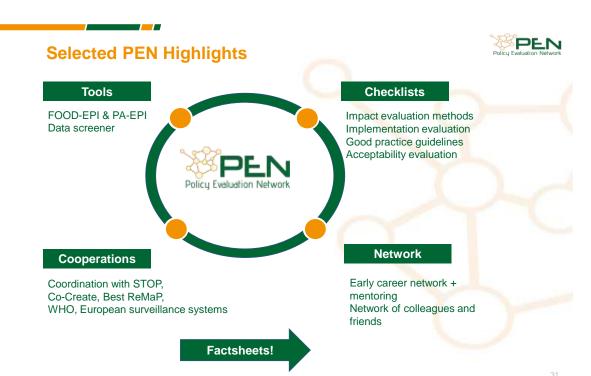






Main outputs

- Monitor & assess accountability of governments to create healthy food and PA environments
- Harmonised monitoring system of obesity/ NCDs & related behaviours across Europe (methods platform)
- Assess evidence base for existing policy actions and using simulation techniques estimate future impact of new policies.
- Develop tools for better implementation of policy
- · Develop tools to assess equity and diversity in policies
- Assess evidence from existing policy interventions (e.g. sugar tax) & learn from other public health domains (e.g. smoking ban, seat belts).

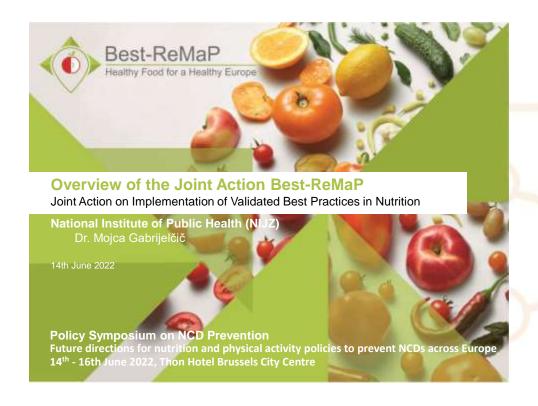




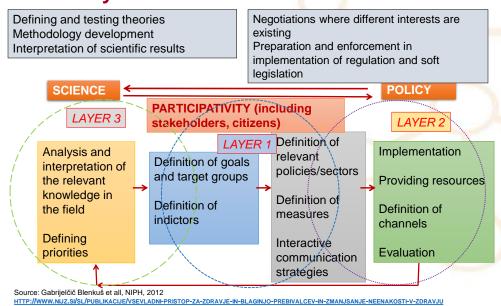
Thank you!

www.jpi-pen.eu

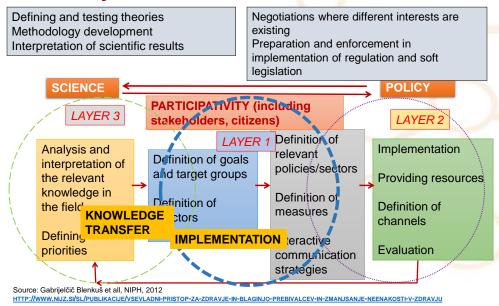
Determinants of diet and physical activity
Diet and food production
Diet-related chronic diseases



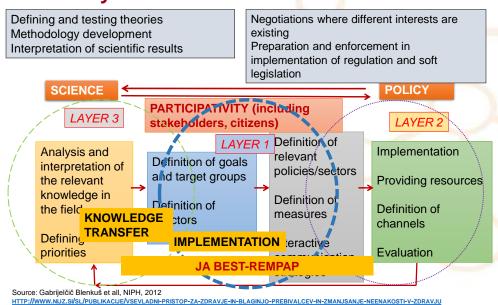
Interlinks of policy and expert cycle



Interlinks of policy and expert cycle



Interlinks of policy and expert cycle



GENERAL INFORMATION

JA Best-ReMaP

Joint Action on implementation of validated best practices on nutrition

Coordinator: National Institute of Public Health Slovenia

(NIJZ)

Funding: Third Health Programme (2014–2020); 7,5 mio Eur Consortium: 36 partners from 24 European countries

Official start of the JA: 1st October 2020

Duration of the JA: 3 years

JA Best-ReMaP will contribute to the children/adolescents health outcomes by improving food choices for children and changing obesogenic environments

EU Action Plan on Childhood Obesity 2014 – 2020 EU Beating Cancer Plan

Best-ReMaP STRUCTURE

JA Best-ReMaP Horizontal Work Packages

HORIZONTAL ACTIONS

WP 1 – Coordination

National Institute of Public Health (NIJZ), SLOVENIA

WP 2 - Dissemination

Semmelweis University, HUNGARY

WP 3 - Evaluation

The Finish Institute for Health and Welfare, FINLAND

WP 4 – Sustainability and Integration in National

Policies

Istituto Superiore di Sanità, ITALY

DD.MM.YYY

Best-ReMaP STRUCTURE

JA Best–ReMaP Content/Core Work Packages

CORE ACTIONS

WP 5 – EU Harmonised Reformulation and processed food monitoring (good practice from France)

FRANCE

French Agency for Food, Environmental and Occupational Health & Safety – ANSES,

WP 6 – Best practices in reducing marketing of unhealthy food products to children and adolescents (good practices from Ireland, Portugal and Slovenia)

es from Ireland, Portugal and Slovenia)

Directorate-General of Health of Portugal, PORTUGAL and

Irish Department of Health, IRELAND

WP 7 – Public procurement of food in public institutions – EU pilot approach (good practice from Slovenia)

National Institute of Dublic Health Clauseria (NUIZ) CLOVENIA

JA BEST-ReMaP developments and contents

Best-ReMaP - implementation of the actions recognised and framed by the MS in the EU Action Plan on Childhood Obesity 2014 – 2020 with list of actions:

- Greek PRED Council 2014 conclusions on nutrition and health;
- the follow up to the JANPA (sustainable implementation of the joint efforts)
- BEST-REMAP based on the transparently selected best practices:
 - HLG collection of BP 65;
 - selection of 12 BP in HLG:
 - marketplace presentation of 12 BP at JRC in Ispra; three good practices selected by members of the HLG N&PA

41

JA BEST-ReMaP developments and contents

Reformulation (WP5)

- HLG reformulation framework, and annexes, from 2008 on
- Dutch PRED 2016 reformulation roadmap,
- innovative WP5 JANPA approach (OQALI, based on 3 testing countries)
- EUREMO (16 MS engaged in the snapshot)
- BEST-REMAP extended to new countries (altogether 21 EU MS will be implementing standardised EU monitoring protocol);

42

JA BEST-ReMaP developments and contents

Food marketing (WP6), Session 11

- a harmonised transposition process of the AVMSD based on the WHO AN on marketing / nutrition profile:
- food marketing evaluation protocols (traditional and digital), based on the Nordic monitoring protocol and WHO CLICK tool

Public procurement of foods in public institutions (WP7), Session 14

- taken on board by the Maltese PRED 2017, Council Conclusions;
- more harmonised and transparent implementation of the Procurement legislation;
- improvement of the quality of the procured foods in public institutions, with focus to schools and

JA BEST-ReMaP developments and contents

Cross-cutting and sustainability elements

- Addressing the dimension of health inequalities is the JA Best-ReMaP cross-cutting topic, with high priority in the participating MS;
- Composition of the sustainable branded foods information database - JRC food database under development;
- OECD Economic analyses within Best practice projects
- A food systems indicator is envisaged in EU Semester process and will also be linked to the equity dimension (AU PRED 2018 roadmap)
- Multistakeholder engagement within Best-ReMaP, combined with the other stakeholder initiatives in nutrition, based at the EU and national levels (STOP, CO-CREATE, PEN);

Participating Member States

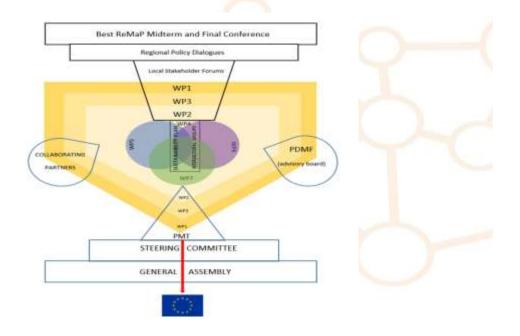
WP No.	WP Title	Leading Applicant	Participating countries
WP 5	EU Harmonised Reformulation and processed food monitoring	ANSES (France)	21 Austria, Slovenia, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Malta, Italia, Netherlands, Poland, Portugal
WP 6	Best practices in reducing marketing of unhealthy food products to children and adolescents	DoH and DGS (Ireland & Portugal)	Austria, Slovenia, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Greece, Ireland, Latvia, Lithuania, Portugal, Romania
		sists of 24 countrie s	11 Slovenia, Austria, Bosnia and s, ਮੁਟਾਟਵੁ9ਆਂਤਫ਼ ਪ੍ਰਮਾਂਹੀ ਪ੍ਰੇਮਾਨ ਕੁਟਰਵਿੰਦ੍ਫਨੀ n Bulgaria, Denmark, Finland, Greece,
	es (Bosnia and Herzegovina,	•	Romania, Malta, Poland

The consortium consist of ministries of health (8), national agencies (5) or institutes of public health (14), prominent universities (3) or other institutions (2)



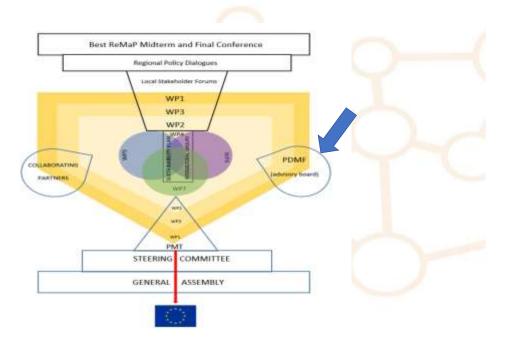
45

Best-ReMaP structure



46

Best-ReMaP structure



47

Policy decision making forum (PDMF)



- PDMF asked to provide critical feedback on the feasibility of implementation of the Best-ReMaP actions at national and EU levels
- Policy briefs with EU stakeholders produced to capitalise on the work of the PDMF and expedite implementation, this will be
 - WP 4 (responsible for Policy briefs production)

Best-ReMaP RoRoadmap, Food System Indicator

(Plenary Session Part II)

48

Ways forward, in collaboration

Roll on the developed Best-ReMaP actions to:

- Follow up policy developments / presidencies priorities
- new Join Actions (i.e. JA Health Determinants)
- new research initiatives (ie. Horizon Europe)
- Implementation initiatives in other sectors (i.e. DG Reform)

New EU AP on Childhood Obesity

Established collaboration of the EU MSs in N/PA/Ob within broader initiatives

Cross siloses in public health and health promotion to improve nutrition, physical activity, sleeping patterns, mental health Equitable in digital reality, employing HiAP