Obesity Governance - D8 Evaluation of best practices

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Publication date:
2012

OBESITY GOVERNANCE

D8 EVALUATION OF BEST PRACTICES

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OBESITY GOVERNANCE

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0. Summary

0.1 Objectives

The report presents the results of the evaluation in the Obesity Governance project WP5 of best practices in EU27 and Norway. The aim of the analysis is to:

- Describe and evaluate best practices in Europe in a governance perspective
- Develop a framework for benchmarking of industrial and governance initiatives:
- Discuss the transferability to other countries within a region and to other regions

The report presents analyses of more than 20 obesity governance cases within six fields (the types of fields are underlined). Some fields are defined as a target group, some as a setting and others as instruments (shown in *italics)*.

- Pre-school children as *target group*
- School children as *target group*
- Workplaces as *setting* for initiatives
- Labelling schemes for food and restaurants as *instrument*
- Drinking as *activity* with focus on beverages and obesity
- Campaigns about fruit and vegetables, diet and physical activity etc. as *instrument*

The criteria for identifying best practice cases among the more than 200 partnership initiatives identified in WP4 have been that information was expected to be available about good or promising results of the initiative. Focus has been on two types of results:

- Output : E.g. number of children in an obesity programme
- Outcome : E.g. changes in children's diet or health due to a program

The cases have also been chosen to achieve a broad geographical coverage with good practices in different countries and different parts of Europe. The analyses have identified what has happened within the single case and analysed how the case has been shaped and how the impacts can be understood in interaction within the societal context. For the more recent cases there are often no reported results. For older initiatives the challenge is whether the sustainability of the results have been analysed. If there are measurable results it is not clear that these are the factors which count; conversely it is not clear that those things which do count can actually be measured. In this respect the difficulties with achieving high quality information about the results of Initiatives may be due to the fact that the information is not just ambiguous but also complex: Initiatives develop in interaction within a context and are implemented through the participation of many stakeholders within a much wider framework or system of operational factors and determinants. It is difficult to say how, and in what way, a certain initiative has a certain impact; rather one might only say that an initiative occurs in interaction within a context at a specific time and place and therefore creates or reinforces a certain dynamic. This implies that the analysed cases not necessarily are the best practices, but 'good practices' within different obesity governance fields and different parts of Europe.

0.2 Good practices within different fields of obesity governance

0.2.1 Pre-Schools

For pre-school PPPs the most common stakeholder framework was based on a combination of: 'Scientific' stakeholders to ensure high quality and up-to-date knowledge, practitioner experts that have significant 'know how' on implementation processes, private stakeholders that contributes both financially and with expert knowledge, and the public sector which is often a crucial partner in these type of interventions because the public sector confers legitimacy and/or the setting through which interventions occur. There is only outcome based data about the results from one of the programmes.

0.2.2 Schools

A common characteristic of PPP-initiatives in school settings is the primary targeting of children and teenagers, whilst also including their families as a secondary target group. By trying to establish healthy lifestyles at an early age and integrating efforts in both schools and at home, the intervention is supposed to be a more sustainable approach to combating overweight and obesity. Only two initiatives provide high credibility in their published results.

0.2.3 Workplaces

The initiatives build on the understanding that workplaces can be 'enabling settings' for health promotion and education interventions. All initiatives are targeting employees in general at workplaces and follow either a broad healthier eating and balanced diet approach or a more focused narrow fruit and vegetable approach. The extent of environmental change through changes of the dishes and menus offered at the workplaces differ among the initiatives. One of the cases reports long term sustainability of environmental changes in workplace canteens towards increased average personal consumption of fruit and vegetables from the canteen meals.

0.2.4 Labelling

All the analysed labelling-based PPPs are from the Nordic countries. Collaboration and consensus among stakeholders has been common in Nordic nutrition policy and this is also the background for labelling initiatives. Although the analysed initiatives vary in management and ownership, they are all based on collaboration and dialogue between stakeholders and experts. The effectiveness of labelling schemes in enabling the lowering of obesity rates has not been evaluated and is likely to be very difficult to achieve.

0.2.5 Drinking

Despite PPP-initiatives on limiting soft-drink consumption the soft drink consumption is still high and in some cases rising, and in Central and Eastern Europe there has not been the gradual shift towards low-calorie drinks as has occurred across much of Western Europe. The interesting tension is between PPPs which educate school children and choice-edit the drinking options available and those which attempt to reframe the culture of drinking away from soft drinks to water. The reported impacts of one programme are both output-based (knowledge about the area of the initiative) and outcome-based (self-reported daily fluid intake).

0.2.6 Campaigns

The campaigns varied significantly with respect to involved stakeholders, management structure, length and amount of funding. One campaign combined the national campaign with intervention projects based on environmental change in specific settings like schools and workplaces. Two other campaigns focused on 'individual responsibility' instead of relying on environmental changes. It is resource demanding to get valid information about the degree of actual behavioural or dietary change from a campaign because of the big number of persons, which are targeted. One part of a national campaign has been embedded as an EU-wide school fruit programme where local municipalities in the different countries are able to apply for the nationally allocated co-funding of a school fruit programme.

0.3 Actors, structures and context in obesity governance

0.3.1 Scientific base and basic principles of best practices

The following types of scientific base and basic principles have been identified among the best practices within obesity governance:

- Settings-based interventions; focusing on e.g. the school or the workplace

- Bio-medical interventions; using professionally-trained staff in medicine (paediatrics), nursing, nutrition, psychology etc. and using professionally-defined methods
- Environmental interventions**;** non-individualised approaches including the full population or the target population within a setting
- Labelling interventions; a range of simple statutory measures, voluntary labelling schemes
- Choice editing interventions; food managers in a delimited food environment construct or limit preferred 'choices' or decisions of consumers
- Social behavioural interventions – health education; providing information in more neutral terms of improved health or food nutrition literacy
- Social behavioural interventions – social marketing; using commercial marketing techniques (price, position, etc) to create an identity between message, audience and behaviour change
- Social behavioural interventions – identity formation methodologies; using taste, repetition, knowledge, etc. to establish patterns of acceptance and belief about the desirability of certain foods in preference to other foods.

0.3.2 Types of product reformulation identified

Two overall types of product reformulation were identified. This includes product reformulation based on market based instruments, like labelling schemes, and product reformulation as part of environmental change, for example use of reformulated recipes in workplace canteens.

0.3.3 Management of obesity governance initiatives

The economic underpinnings of the analysed initiatives vary considerably, ranging from comparatively short-lived campaigns with a limited budget to large, expensive and long-term campaigns or platforms. In effect there is no 'standard' model of management or cost but rather clusters of PPPs by scale, focus and management type.

The participation of commercial organisations, many of whom have a commercial interest in the success of an intervention or who might benefit from its governmental or civil society endorsement, is a particular feature of many PPPs.

Business participation is crucial to the success of initiatives directed towards workplaces and to labelling schemes where businesses are supposed to re-design their products. However, business participation in activities directed towards children has shown to be more controversial in some cases.

The concerns range from concern about commercial involvement to caution in the civil society support for voluntary agreements for businesses. The concerns are conflicts of interest, the possible subversion of more forceful policy measures, or the public relations aspects of commercial endorsement. It is in these areas in which the claims of PPPs to represent the general interest rather than particular interests are most challenged. It is notable that a new 'Conflict of Interest Coalition', developed at UN/WHO level had already attracted (March 2012) 140 international networks and civil society organisations in less than one year's establishment. The implication is that a focus on potential conflicts of interest between governmental, civil society and commercial partnerships is likely to grow.

0.3.4 Addressing sustainability of impacts?

The sustainability of the impacts is often not addressed systematically in the analysed initiatives. In some cases the imagined mechanisms of sustainability are working and in other cases not.

0.3.5 Types of impacts obtained

For several of the analysed initiatives only poor levels of information is available about results or impacts. Some initiatives are still rather new and results have not yet been assessed and only in few cases have systematic assessment of the impacts been carried out. In some cases the available information of results are output-based information, like the number of schools or pupils participating in an initiative.

Outcome based results are only infrequently available. For some initiatives directed towards children changes in BMI are assessed, in some cases combined with assessments of changes in the daily diet.

Only in a few cases have adverse effects of initiatives been brought into focus, and never as an integrated part of the official assessment of the programme but more as the result of external analyses. Identified adverse effects include problems with the sustainability of user paid school fruit schemes in socially vulnerable communities socially unequal levels of participation in school fruit schemes, while in the case of employer initiated workplace health promotion schemes these are usually developed at white collar worksites in larger cities.

0.3.6 Sustainability of impacts: Have impacts been sustained?

Very little information has been available about the long term sustainability of impacts; partly because, many initiatives are still in development, are simply not evaluated or long term sustainability has not been evaluated.

0.3.7 Embedding the initiatives: Have the initiatives been embedded?

Some of the best practice initiatives have been embedded and some not. Some initiatives have turned into long term initiatives.

A ‘successful’ PPP may only be an interim or exploratory measure. The ‘success’ of a scheme might indicate that broader policies or interventions are needed, like regulation of the soft drinks market. The challenge is how to upscale successful interventions based on environmental change and make them reach a whole national sector or setting. Only limited information has been identified about a combination of local PPPs and governmental regulation.

0.4 Transfer and transferability of initiatives

The analyses identified the transfer of initiatives among countries with similar regulatory and cultural characteristics, but also among countries with rather different characteristics. The analyses of best practice cases and the mechanisms influencing the transfer of some cases suggest that intervention transfer is highly complex and not necessarily based on evidence of results from a successful intervention. At the same time differences in national social characteristics should imply that transfer of interventions among countries are considered and planned carefully. The processes of transfer involve a) the roles of evidence of results, b) formal and informal frameworks of transfer of initiatives, including the multi-level system of obesity governance, and c) national similarities and differences among countries and regions.

0.5 Recommendations

- Transfer of obesity governance initiatives among countries should be planned carefully with awareness about regulatory and cultural differences among the involved countries
- Needs for governmental regulation of food production and distribution should be identified based on successes and failures of obesity governance initiatives
- More public funding should be allocated for long term assessments of impacts from obesity governance initiatives, while reflecting the complex shaping of dietary changes
- Obesity governance initiatives should focus on social conditions' influence on dietary patterns and obesity risks, and integrate social concerns in the development of the initiatives in order to avoid socially adverse effects from e.g. user payment
- More workplace obesity initiatives should focus on blue collar worksites and employees and focus on how the working conditions influence the

employees' possibilities for regular, planned and healthier meals while improving these possibilities

- Business influence on obesity governance PPPs should be more transparent and the legitimacy and accountability of business influence should be analysed and discussed.

1. Introduction

The two-year Obesity Governance project (2009-2011) focuses on public-private partnerships (PPP) around manufactured food as a means to counteract obesity and overweight in Europe. The project is a health promotion project funded by the Health and Consumer Protection Directorate General (DG SANCO) of the European Commission. The main objective of the project is to study innovative approaches, such as industry involvement and public-private partnership initiatives, to counteract obesity and overweight in Europe, particularly through reformulation of manufactured food.

This report, deliverable (D8) of work package 5 (WP5) of the Obesity Governance project, aims at giving an analysis and evaluation of selected 'best practices' of PPPs.

WP5 has the following objectives:

- Describe and evaluate best practices in Europe of reformulation of manufactured food in a governance perspective
- Develop a framework for benchmarking of governance initiatives through qualitative and quantitative evaluation of public-private partnerships
- Discuss the transferability to other countries within the region and to other regions.

1.1 Obesity in EU and Norway

Obesity and overweight have grown in Europe. According to the report 'Health at a Glance: Europe 2010', the rate of obesity has more than doubled over the past 20 years in most EU countries, and over half of the adult population in EU are now overweight or obese. On average, 15.5% of the EU adult population is obese. The lowest rates are found in Romania (7.9%), Italy (9.9%), Norway (10.0) and the highest in UK (24.5%), Ireland (23.0%) and Malta (22.3%).

The increasing prevalence of obesity reflects that consumers are eating a more energy-dense, nutrition-poor diet and are less physically active (WHO/FAO, 2003). Their diet has seemingly moved towards high consumption of saturated fat, salt and refined carbohydrates, in the context of low consumption of fruit and vegetables.

In the case of counteracting obesity and overweight the role of industry and trade organisations has increasingly been attracting attention and at the pan-European level the European Platform for Action on Diet, Physical activity and Health has become a central focus of activity. There is a growing acceptance, confirmed at the Istanbul Ministerial Summit, that wider factors need to be taken into account if effective promotion of healthy eating is to be achieved. Public health experts have mostly been sceptical about the role that industry could play in supporting healthier eating habits. It has been argued that food industry will seek to maximise value and thus will tend to use marketing of unhealthy products and thus influence dietary habits in a negative way

Support for closer involvement of stakeholders including NGOs, civil society and the private commercial sector can be found in policy papers on nutrition and healthy eating from the EU and WHO. Both governments and food trade associations have launched initiatives and policy papers on corporate nutritional responsibility and partnership approaches to healthy eating.

1.2 What is New Governance

The term ‘new governance’ embraces an array of change witnessed broadly in the USA since 1970s and elsewhere in the OECD since the 1980s. One argument is that new governance captures new trends in which the role of the government and other actors has changed within systems of governance (Lindner 1999, Moon 2004). Another is that new governance is characterized by heterarchy rather than by hierarchy, creating horizontal modes of governance among a multitude of actors both public and private (Smismans 2008, Borch 2010).

In systems of governance we distinguish between types of actors and modes of action. Moon (2004) differs between types of actors (the governmental, the for-profit and the non-profit) and modes of governance (hierarchy, markets and network). Hierarchy results from authority and refers to the ability to command or impose on other actors that are subordinate. A market is a competitive system in which supply and demand shape distributions. A network is a partnership derived from the interdependencies of actors neither in authority nor market relations. Instead, reciprocity is based upon the recognition and pursuit of shared interests and values. Networks have different means and sizes, and exist at the global, regional, national, and local scale (Hawkes 2008, Borch 2010).

According to Moon (2004), new governance implies a shift in the balance of responsibility among actors, from governmental to for-profit and non-profit organisations. It also implies a shift in the modes of activities. Whereas governments may engage in market and network activities, for-profit and non-profit actors may engage in market and network activities respectively. The engagement in new modes of activities involves a process of learning, a change of roles and mutual influence between stakeholders. Government and non-profit actors learn to think and act like for-profit actors, and vice versa. The core presumption is that the skills needed to find new markets, enhance productivity, and stay ahead of the competition can also improve the way government works (Lindner 1999, Borch 2010).

New governance can be described as a new political, ideological and administrative movement capturing new ways of organising the public-private relationship, from being based on an asymmetric (one-to-many) relationship in which the state regulates the private, into being based on symmetric (many-to-many) relationships based on cooperation between public and private sector. Of course, cooperation between public and private actors is not new, rather indicates a shift in the way this relationship is understood and practised. The movement for privatization in the 1980s endorsed the existence of a clear boundary separating the two sectors by contesting the decision of responsibility between them (Lindner 1999). The changed public-private relationship may in other words be seen as a move back to previous

time in which the public and private relationship was not separated, but mixed. This move implies that the legitimacy of the business influence and the accountability of the public sector to the citizens become important issues to assess. Although the emergence of public-private partnerships is global, the social and political context in which the new governance forms take part is not the same all over the western world. In accordance with the theories of Esping-Andersen (1990), we assume that the domestication of new governance and the way of organising the public-private partnership vary between welfare regimes (Borch 2010). We see the way the responsibilities between state, market and civil society as important distinctions among the welfare regimes in different countries.

1.3 What are PPPs?

Perceptions of PPP vary and PPPs are applied in very different contexts. An 'ideal typical' Public-Private-Partnership consist of co-operation between 1) public institutions on a national, regional or local level, 2) businesses within primary agricultural production, food industry or retailers and 3) Non-governmental or civil society organisations.

Public-private-partnerships are defined here as collaborations and network-based constellations of representatives from at least two of the three main actors: the public sector (national, regional and local level), businesses (primary agricultural production, food industry and retailers) and NGOs (Stø 2010). Our definition of PPP is relatively broad to comprise a wide array of different initiatives.

In our selection of PPP cases in the Obesity Governance project we include cases that cover at least two of these three possible partners. This means that a PPP is often defined as partnerships beyond Governmental-Business cooperation. We also include partnerships between public institutions and NGOs, representing the civil society. Furthermore, possible cooperation between NGOs and businesses also fulfils our criteria (Stø 2010).

The main types of PPPs identified in the Obesity Governance project (WP4) are programmes for kindergartens, programmes for schools, programmes directed at workplaces, labelling, campaigns, initiatives directed at drinking and other. We have not specifically included platforms and networks, although these also exist (Roos 2011). Instead the frameworks of the programmes, which in some cases is a platform, are analysed as part of the obesity governance initiatives.

2. Methodology

2.1 The knowledge interest in WP5

The focus in WP5 is the identification and analysis of fruitful cooperation between public institutions, businesses and the civil society with successful initiatives, judged by the participants, counteracting obesity. The basis of WP5 is the mapping and analysis of initiatives in WP4.

It is an assumption that there are local and national varieties in the set-up of public private partnerships due to differences in how obesity problems are approached and adapted at the public level. The following questions are asked in WP5:

- What results are obtained from an initiative and how were they achieved?
- Under what conditions might the experience be transferred to other countries in the region or to other regions in the EU?

2.2 Activities in WP5

WP5 has had the following activities:

- Mapping partnership initiatives and their outcomes:
- Screening of the mapped initiatives from WP4
- Choosing best practice cases for further analysis in WP5
- Further data collection: Interviews (face-to-face, telephone etc.) and analysis of documents about the initiative
- Analyses of best practice cases

The best practice analyses are carried out at three different levels in WP5

- In-depth analysis of the single best practice cases

- Cross case analyses within the different best practice fields with comparison of cases from different countries within the same field: schools, children, campaigns etc.
- Comparison among all best practice fields, including cross national comparisons

2.3 Choosing initiatives from WP4 for best practice case candidates

All mapped initiatives from WP4 were screened as part of WP4 with respect to whether they were potential best practice candidates for analysis in WP5. During the initial phase of WP5 the suggested best practice candidates were screened according to the following aspects in order to find a number of cases that could qualify for further analysis in WP5 as best practice cases:

- Is information about results of the initiative available?
- Is there information about output of the initiative, like number of involved members of target group (number of schools etc.), number of reformulated products etc.?
- Is there information about outcome of the initiative, like changes in target group practice (dietary intake, availability of reformulated products etc.), personal health status (BMI etc.)
- Is sustainability (embedding) of the results of the initiative addressed?
- Are adverse effects of the initiative addressed (e.g. influence on vulnerable groups)?
- Are relevant stakeholders involved in planning, implementation and embedding of the initiative?

Those initiatives where one or more these questions could be answered with a 'yes' were a candidates for a best practice case.

2.4 Methodology for best practice analyses

The chosen best practice cases and their distribution among fields and countries give a best practice case material, which can be illustrated by the type of table underneath:

Country \ Field	Field X	Field Y	Field Z	....
Country A	**X**		**X**	
Country B	**X**	**X**		
Country C				
...		**X**	**X**	

For all fields there are cases from several countries. For some countries there is one best practice case and for other countries there are no best practice cases.

The principles of data collection in WP5 are:

- Use multiple sources of evidence (written materials, interviews etc.)
- Create a case study 'database' (= the collection of WP5 best practice case templates)
- Maintain a chain of evidence (which is the principle around which the WP5 best practice case template has been built)

2.5 General characteristics of case study methodology

A case study is a research method that allows for an in-depth examination of phenomena within a real-life context for purposes of investigation, learning and theory development. Theory development implies developing knowledge about the mechanisms within a case and within several cases with some common characteristics.

General aspects of case study research are (Yin, 2003):

- The researcher has a role of detached observer
- Small sample

- Data gathering methods can be both quantitative and qualitative

Overall steps in case study research are:

- Determine and define the research questions
- Select the cases and determine data gathering and analysis techniques
- Prepare to collect the data
- Collect data in the field
- Evaluate and analyze the data

The case studies carried out in WP5 are descriptive, explorative, and explanatory (Yin, 2003):

Descriptive:

- Traces the sequence of interpersonal events over time

Explorative:

- Seeks to discover key phenomena

Explanatory:

- Generally answers questions of 'how' or 'why'
- Researcher has little control over actual events
- Focus is on phenomena in some real life context

2.6 Principles of WP5 case study analyses

The analyses of the best practice cases are built on the following analytical principles:

- Answering 'how' or 'why' questions in relation to a complex phenomenon: the shaping and impact of best practice obesity governance initiative

- A phenomenon cannot be studied outside the context in which it occurs, which implies that e.g. a school programme in Spain need to be understood as socially shaped by the Spanish context
- Identifying process and time related data: linkages between context, shaping of initiative, implementation of initiative, impact, embedding and dissemination of experiences)
- Identifying relevant issues for 'theory' building: what mechanisms seem to be important for obtaining the observed impacts of the single cases
- Theory building from case studies based on a grounded theory approach

2.7 Data collection about best practice cases

A template was developed for collection of information about the single best practice cases. The template can be seen in the Annex.

Theoretically the case study approach in WP5 builds upon the sociology of technology and more specifically upon the concept of 'script' (Akrich 1992), which can be understood as the 'manuscript' which 'designers' of an obesity governance initiative – consciously or unconsciously – build their initiative upon. Whether the imagined users or actual users actually behave as imagined (their 'de-scription' of the script) is an important analytical issue in analyses of the best practice cases.

The template is based on 'model' for an obesity governance initiative, which assumes that it is possible to identify a number of different phases in relation to an initiative:

- Activities taking place before the actual planning of the initiative. (This could be activities where the need was discussed and got acknowledged among different stakeholders)
- Planning of the initiative
- Implementation of the initiative
- Sustaining of the intervention among the target groups
- Embedding the initiative in other organisations / settings
- Transfer of the initiative to other national contexts.

The template contains the following sections:

- Background for the initiative
- Planning of the initiative: what stakeholder groups participated in the planning?
- Important elements in the initiative
- Management strategy
- Sustainability addressed?
- Implementation of initiative – compared to the planning of the initiative
- What impacts have been obtained? How can obtained results be explained?
- Have impacts been sustained?
- Have the initiative been embedded?
- Have the initiative been transferred to other contexts?

2.8 Methodology for cross case analyses of best practice cases

According to Yin (2003) cross case analyses help understanding the influence of variability of context (e.g. country) and to gain more general research results.

Two types of cross-analyses are made in WP5:

- Comparing the best practice cases within a field
- Comparing findings across fields and across countries

In order to undertake cross case analyses it is important to have in-depth analysis of each single case. This implies that cross-case analyses start with so-called within-case analysis where the individual cases are analysed first. This is based on the earlier mentioned WP5 best practice case template. These within-case analyses give a rich familiarity with each case, which enables cross-case comparison. By comparing and combining the results of within-case analyses in cross case analyses it is possible to analyse the heterogeneity and similarity of the structures and mechanisms affecting a best practice field.

2.8.1 The comparison among the best practice cases within the same field

The comparison among the best practice cases within the same field is based on the collected information about each case within the different sections in the WP5 best practice case template:

- Background for the initiative
- Planning of the initiative: what stakeholder groups participated in the planning?
- Important elements in the initiative
- Management strategy
- Is sustainability addressed?
- Implementation of initiative – compared to the planning of the initiative
- What impacts have been obtained? How can obtained results be explained?
- Have impacts been sustained?
- Have the initiative been embedded?
- Have the initiative been transferred to other contexts?

In order to develop 'theory' about the different types best practice fields the different cases within the same field need to be compared in order to develop knowledge about similarities and differences among the different programmes. This can also be called a 'grounded theory method'.

By comparing the results of the different school programmes it is possible to describe potential results from school nutrition programmes. By comparing the role of different stakeholders in the programmes it is possible to describe differences and similarities of school programmes etc.

One aspect of what elements a school nutrition programme includes could for example be whether classroom hours within different subjects (biology, mathematics, etc.) are integrated into the programme. If one of the programmes integrates classroom hours and other programmes don't an aspect of school nutrition programmes has been identified. Another aspect could be 'food supply': Is the school supplying food? Has the supplied food been changed as part of the initiative, etc.?

A difficult part of the comparison is to identify how national characteristics have influenced a programme e.g., whether some specific characteristics of a specific national initiative have influenced a school nutrition program. This kind of information is important in the discussion about possibilities and prerequisites to transfer of initiatives among countries. The comparison among programmes within a field might end up showing a rather complex pattern of the best practices. This is what Yin calls 'rival propositions' (Yin, 2003).

2.8.2 Comparing findings across fields and across countries

In this part of the cross analyses the different cross analyses are compared and overall conclusions are drawn, including conclusions about the role of national characteristics and the possibilities and limitations to international transferability of initiatives.

3. Cross analyses of good practice fields

This chapter consists of sections in which each of the six best practice fields are analysed: Pre-school, School, Workplaces, Labelling, Drinking, Campaigns. Each section starts out with a summary of the best practice cases within the field followed by a cross analysis of the best practice cases. The details of the summary differ among the fields, like the amount of available information differs among the fields. If information has not been available this indicated in relation to the specific aspect of a case. Some of the programmes cover both pre-school children and school children and are therefore included in two cross analyses.

3.1 Pre-school

3.1.1 Summary of good practice cases

In this section the main characteristics of the following programmes are presented: Moving Kids (Spain), Thao - Child Health (Spain), XXI Generation Project (Portugal), and Healthy Day Care (Germany).

3.1.1.1 Moving Kids (Spain)

Background for the initiative

Moving Kids (Spain) is a comprehensive treatment programme, which mainly focuses on overweight or obese children aged 4–12 years, but has recently spread its target group to include adolescents aged 13–18 years. The programme has a holistic approach to facing weight problems among children by addressing the children's families. The programme aims at promoting a change in lifestyles by improving eating habits and also in their emotional aspects: through changes in diet, physical activity and psychological treatment. Each family undergoes treatment over eleven meetings, with one session per week that lasts an hour and a half. Parents and children receive similar information, despite the fact that they are not in the same

room. Each session uses cognitive behavioural techniques aiming at setting an environment where children and their parents can discuss and express their emotions freely in relation to the issue of overweight. The programme develops different techniques related to child's health such as nourishment, self-control, corporal image, communication, conflict resolutions, assertiveness, self-esteem, relaxation, movement and physical inactivity.

The terms of the programme was necessary to negotiate between the stakeholders in order to get support, especially with the Hospital Vall d'Hebron of Barcelona. When the programme was already implemented, other institutions were interested in multidisciplinary programme of education such as Moving Kids.

Management strategy

No information available.

Sustainability addressed?

No information available.

Have impacts been sustained?

No information available.

Have the initiative been embedded?

The programme was implemented at the Hospital Vall d'Hebron of Barcelona and also in Spain´s Primary Attention Centres and three Hospitals of Mexico and Argentina. However, they are planning to expand it to all Spanish Primary Attention Centres, while so far it is only implemented in 45 Centres all around the country. To reach this goal it is necessary to bring in health professionals, who can lead the Programme and also take part in the community development of the awareness about obesity among families, schools and health centres. It is also fundamental to conscience government entities to get the proper support for this kind of initiative.

Have the initiative been embedded?

No information available.

Have the initiative been transferred to other contexts?

No information available.

3.1.1.2 Thao (Spain)

Background for the initiative

The Thao-Child Health programme is developed by the THAO Foundation in Spain. The foundation furthermore coordinates the national programme efforts by being in contact with the local managers and the European coordination team that is represented by the agency Protéines of France. This program, which is implemented in Spain´s municipalities through continuous and sustainable activities, is especially focusing on preventing childhood obesity and in particular children between 0 and 12 years old. The programme aims to promote healthy eating habits and to encourage children to do physical activities. It is based on three pillars: intervention, communication and evaluation. Intervention refers to a particular plan and a coordinated action focus on changing lifestyles through healthier eating habits and physical activity.

This programme has two important steps:

- Primary prevention: Consist of mechanisms to help avoid the tendency to weight gain. So, it is fundament to involve the whole community, informing those involved in child's environment to act more effectively in education centres throughout the city (restaurants, shops, associations, etc).
- Secondary prevention: Consists of mechanisms for teaching health professionals (paediatricians, nurses) to detect overweight children and start treating them as soon as possible.

The programme started in September 2007 in five Spanish pilot municipalities: Villanueva de la Cañada, San Juan de Aznalfarache, Castelldefels, Sant Carles de la Rapita and Aranjuez.

Management strategy

No information available.

Sustainability addressed?

No information available.

Have impacts been sustained?

No information available.

Have the initiative been embedded?

Based on the success of the initiative and the distressing rates of childhood obesity in Spain, more municipalities have decided to be involved in the program:

- In 2008, 32 new municipalities were included on THAO.
- In 2009, 36 new town councils
- In 2010, 43 new town councils
- In 2011, 3 new municipalities implement the program
- In 2012, 12 rural schools in Lleida

This makes a total of 84 town councils in Spain. Finally, in the programme´s evaluation child biological and anthropometric parameters are used (e.g. BMI, height, weight, children, waist circumference) together with a survey based on eating habits and physical activity provided by the independent and multidisciplinary committee experts who validate the programme´s actions and materials.

Have the initiative been transferred to other contexts?

No information available.

3.1.1.3 The XXI Generation Project (Portugal)

Background, planning and important elements of the initiative

The XXI Generation Project is the first prospective population-based birth cohort assembled in Portugal. It is a multi-purpose study that consists of monitoring new-borns throughout their early period of growth, seeking to understand health and thereby contributing to health gains among the population. It also intends to acquire knowledge useful for understanding Portugal´s challenges on current health status in childhood, adolescence and adulthood. In focusing on new-borns' early growth it seeks to provide a better understanding of health determinants during childhood, adolescence and adulthood. In this project, new-borns receive a special medical consultation twice a year. At this consultation doctors monitor the child's physical and motor situation, their behaviour, their dietary needs and diseases and other factors.

All mothers who are residents in one of the five maternity units in the Porto metropolitan area (Vila Nova of Gaia´s Hospital, Hispanic Peter's Hospital, St. Anthony´s General Hospital, St. John's Hospital and Maternity Julio Dinis) and delivered a live-born child (with a gestational age ≥24 weeks), between April 2005 and August 2006, were eligible and invited to join the study 24 to 72 hours after delivery. Children´s information is collected through structured questionnaires that evaluate the health status of each child through anthropometric, bioelectrical impedance analysis, blood pressure measurement, blood (venous) and dental measurements.

The XXI cohort was the first of its kind in Portugal, which affected the planning phase. A comprehensive negotiation phase between stakeholders was necessary before everything was sorted out. The XXI addressees health in a holistic manner

and was designed under the assumption that early life physical and social exposures, involving biological, behavioural and psychosocial pathways, operate across an individual's life course influencing the development of chronic diseases. Therefore, the project did not only include obesity in its objectives but general health and well-being.

Management strategy

No information available.

Sustainability addressed?

No information available.

Have impacts been sustained?

No information is available.

Have the initiative been embedded?

No information available.

Have the initiative been transferred to other contexts?

No information available.

3.1.1.4 Healthy Day Care (Germany)

Background, planning and important elements of the initiative

The Healthy Day Care project is a German initiative targeted at children aged 0 to 6 years in day care facilities. It is an initiative by Platform Diet and Activity (Peb). Peb is a national platform to encourage German regions (Lander) to develop measures to counteract obesity, working on a partnership basis, although not all areas of

Germany are involved. Peb´s overall aim is to bring the increasing obesity rates in children to a standstill by encouraging healthy eating and exercise through educational play. The project aims to implement obesity prevention strategies in German day care centres on a day-to-day but also long-term basis, rather than relying on sporadic short-term initiatives. The overall approach is to form a partnership with day care centres that set their own goals and measures and provide the centres with innovative ideas.

Day care centres are coached and trained in educational strategies of a wide range of activities that should promote physical activity, healthy eating and relaxation. Part of the initiative is also to focus on establishing a 'health dialogue' between the day care centre and parents. In terms of diet, a wide range of activities can be carried out, including healthy breakfasts, fruit and vegetable dishes, joint cooking/food preparation (including ethnic/international cuisines), composing shopping lists, identification of foodstuffs, drawing up menus table manners and customs and farm visits.

Considerations about the initiative started within Peb, which is focused on preventative initiatives targeting children and young people. The idea was to develop a pilot programme based on a train-the-trainers approach that could be adopted in the diverse landscape of German Kindergarten providers. The initiative builds on what it calls a health development approach that focuses on promoting health rather than preventing disease. The initiative defines a healthy lifestyle based on the following characteristics: a well-balanced diet, sufficient activity and space for relaxation.

The initiative focuses on children because Peb suggests that (a) changing the behaviour of children has the greatest effect on overall health outcomes, and (b) behaviour change is more achievable with children. It focuses on day care centres because in Germany 80 per cent of children between the ages of 3 and 6 visit a nursery at some point. Obesity is thus seen as the outcome of values and behaviour

formed at a relatively early age by training from care givers, whether they are parents or nursery staff.

Management strategy

No information available.

Sustainability addressed?

The project has a pilot-study character, meaning that it is deliberately implemented in only a small number of day care centres (46, in four geographic areas), coupled with a strong focus on evaluation and transferability. Furthermore, The Healthy Day Care initiative aims at integrating the focus on healthy living into the daily routine of the nursery. The holistic health education and support is to be integrated with children's overall educational and developmental processes and combined with a health dialogue with parents.

The initiative builds upon network development with supra-local, local, regional and national partners since these networks would allow the penetration of the passive-resistant federal structure in which nurseries are embedded.

Have impacts been sustained?

No information available.

Have the initiative been embedded?

No information available.

Have the initiative been transferred to other contexts?

No information available.

3.1.2 Cross analysis of good practice pre-school initiatives

This cross analysis is based on the collected information from 4 cases regarding pre-schools: XXI Generation Project (Portugal), Thao - Child Health (Spain), Moving Kids (Spain) and Healthy Day Care (Germany).

The cross analysis compares all collected cases for pre-schools in order to develop knowledge about similarities and differences among the different programmes. The cross analysis is based on the same basic framework as used in the single case studies and address those aspects where information has been available. The analysis is based on the following sections:

- Background for the initiatives
- Important elements in the initiative
- Management strategy
- Implementation of initiative – compared to the planning of the initiative
- What impacts have been obtained? How can obtained results be explained?
- Have the initiative been transferred to other contexts?

3.1.2.1 Background for the initiatives

The health risks associated with obesity and overweight are numerous. They include heart disease, certain types of cancers, high cholesterol, high blood pleasure, stroke and pulmonary diseases among others. While the need for prevention strategies is critical, the challenge is to address both broader environmental measures as well as those affecting behaviour. The majority of the initiatives, except XXI Generation Project, are implemented to transform less healthy behaviours.

3.1.2.2 Key elements of the initiatives

In all the cases, the target groups are children and in one of the programmes also their parents. XXI Generation Project and Healthy Day Care have specifically focus on newborns and children between 0 and 3 years old. Healthy Day Care is also addressing children between 3 and 6 years old, while Thao-Child Health, as Moving

Kids, is focussing on children between 3 and 12 years old. The Moving Kids initiative pays special attention to the children´s parents on the grounds that it is fundamental to involve the whole family to achieve long term behaviour changes.

All the analysed cases aim at promoting health among the targeted population. The majority of them aim to promote healthy eating habits, except XXI Generation Project. Moving Kids and Healthy Day Care are also focusing on promoting change in overweight family´s lifestyle while XXI Generation Project is concentrating on the health system's collection of knowledge on current health status in different stages of life.

In all the projects its users are coached and supported into undertaking the main activities proposed by stakeholders. The XXI Generation Project collects children´s information through structured questionnaires. In particular Thao-Child Health and Moving Kids have sessions and/or activities especially created for children. In the same way Thao-Child Health, Healthy Day Care and Moving Kids have prepared activities or sessions for parents. In addition, Healthy Day Care and XXI Generation Project both have a medical consultant focusing on newborns.

The main stakeholders involved in the initiatives were scientific and practitioner experts, the private sector and local public entities. National authorities were also involved in Thao-Child Health and Healthy Day Care. A partnership was chosen as the structure of these initiatives because it is responsible for the development and dissemination of guidelines regarding the interest and possible role of each stakeholder. It has been assumed that partnership structures enrich the variety of intervention aspects in the initiatives and spreads the financial risks.

The funding of Healthy Day Care and Moving Kids is provided by large companies and by the respective governments whilst the XXI Generation Project is financed solely by public entities. Intangible or 'in-kind' resources have also been fundamental to develop these initiatives. The support of national authorities and

local public entities linked with the invaluable help of experts, expert practitioners and the knowledge and opinion of doctors has been very important to implementing the programmes.

3.1.2.3 Management strategy

With Thao a national coordination team delivers tools and methods to the project manager who disseminates the communication tools and encourages all kind of local stakeholder to change their professional practices, in order to create an environment to facilitate the adoption of healthier behaviours by children and their families.

Healthy Day Care was designed as a pilot project. Therefore, the establishment of local working groups and the co-operation with Peb initiative 'Regions with Peb' looked for embedding healthy eating and activity initiatives in different regions. Similarly Moving Kids was a pilot project in the Hospital Vall D'Hebron of Barcelona. When it was established other institutions became interested in this multidisciplinary programme of education. Lastly, the XXI Generation Project stakeholders are responsible for planning and executing the initiative in the Department of Hygiene and Epidemiology, University of Porto Medical School and at Institute of Public Health, University of Porto.

Moving Kids is the only programme that involves the target groups during the planning phase.

3.1.2.4 Implementation process of 'best-practice' initiatives

All the initiatives were adapted to local conditions during the implementation, since each particular region has their own characteristics. It is the way of enabling the entire community (teachers, schools, health professionals, parents, companies) to create the required healthy environment that ideally facilitates social changes.

Healthy Day Care considered that the initiative ought to be adapted to the local conditions. For instance, in their case the intervention was shortened in time and integrated into an ongoing change process.

3.1.2.5 Observed outputs and outcomes

XXI Generation Project employs structured questionnaires on maternal and grandparent's life history and neonatal records on newborn's weight and size. While Healthy Day Care takes the results from a group of questions that are focussed on parent's judgments and nursery pedagogical staff experience, Thao mainly uses structured questionnaires and medical consultations.

3.1.2.6 Have the initiatives been transferred to different contexts?

Not all the programmes have been transferred to other settings or has there been pressure to do so. Moving Kids has recently been taken up by other organisations and has in particular been successful in transferring to a different national context. Its approach to obesity prevention, which includes nutrition, physical activity, emotional stress and family life, implies an improvement in the likelihood of a successful and sustainable programme.

3.2 Schools

3.2.1 Summary of good practice cases

In this section the main characteristics of the following programmes are presented: EPODE (France), PAIDEIATROFI (Greece), THAO (Spain), VIASANO (Belgium), Food Dudes (Ireland), Incredible Edibles (Ireland), NutriKids (Hungary), Moving Kids (Spain) and Keep Fit (Poland).

3.2.1.1 EPODE (France)

Background for the initiatives

The EPODE study was based on an experimental study carried out in two small cities in Northern France. The study, called the FLVS study, was inspired by a community-based intervention carried out in California in the early 1990s and later imported to France by Dr Jean-Michel Borys, who remains centrally involved with EPODE today. EPODE in 2012 is a generic name for programmes that share certain characteristics, described below, although no national programme is currently termed EPODE.

EPODE aimed at preventing overweight and obesity without stigmatisation of overweight children or specific foods. A key consideration was to act on the behaviour of the whole family, to change the environment and social norms, in order to achieve a sustainable change. By targeting children, it has addressed poor dietary or physical activity habits at an early stage and children willing to improve their daily habits can influence the home environment, hence improving habits in other family members[1].

Initially, the FLVS study did not attract public funding and a PPP was therefore established. Later when EPODE was set up, the PPP element of the initiative was presented as one of the key pillars of the programme. At the current time, the corporate partners are seen chiefly as financial supporters.

Planning of the initiative: what stakeholder groups participated in the planning?

The original FLVS study gathered a group of doctors, academics and communication professionals, which later turned into a NGO they called 'Association FLVS'. When EPODE was planned, Association FLVS assembled a scientific committee and was assisted by the communication agency Protéines.

[1] Called 'pester power' according to communication professionals

The Association FLVS used a bottom-up approach when designing the initiative by including schoolteachers in the planning process together with the food, pharmacological, and sport industries. Corporate stakeholders brought funding and marketing expertise while the teachers assisted in developing a pedagogical programme regarding nutritional information.

Important elements in the initiative

EPODE uses a social marketing approach by urging positive appreciation of a healthy balanced diet. The coordinating team centrally develops the messages and campaigns, but promoting the message is up the local project manager in city councils.

Financially, private partners and European Commission have been sponsoring EPODE. Each City council or village that joins the initiative pay 3000-6000 €/year, committing for 5 years, which also assists working group. In addition, although the legitimacy of the programme rests on the FLSV, it is Protéines that holds the legal ownership of the EPODE programme. Protéines has registered the EPODE's brand and associated concepts, hence all international projects derived from EPODE has to pay fees to Protéines.

Management strategy

The Association FLVS develops the health campaigns together with Protéins, but the management structure allows local project managers a degree of freedom to make adjustments to fit the environment in which it is implemented. An expert scientific committee validates all official EPODE documents in order to assure a sufficient level of evidence behind the initiatives. Furthermore, it is up to the local project manager to make sure that the decided theme generates various events in schools or in other local venues.

Corporate partners are not involved in the in the development or implementation of programmes at national level, but if local project managers want to make use of local private partners at latter stages, they are allowed to.

Sustainability

Local authorities that join the programme have to sign up for 5 years. This rule does not apply to corporate partners but nonetheless the large corporate partners engaged have been stable throughout. The significant dependence on private funding requires that a certain amount of time and resources be devoted to fundraising activities. It was reported that a lack of transparency in the budgetary process and the private ownership of the programme have degraded the level of trust in the programme.

Implementation of initiatives – compared to the planning of the initiatives

Although EPODE has been devised as programme methodology for application in local settings it is not, practically speaking, a top-down programme and the implementation process is therefore rarely conforms with the national model. The degree of freedom for local authorities means they can adjust EPODE initiatives to fit local environments or even to start different initiatives. Non-EPODE cities can have initiatives that would qualify as EPODE quality, and if the city one day decides to become an EPODE city, these initiatives can be accredited retrospectively.

What impacts have been obtained? How can obtained results be explained?

The size and weight of children (5 to 12 years old) in all EPODE cities are measured every 2 years by school nurses and doctors. Although no scientific study has been published on EPODE, several results have been validated and made available. EPODE cities have been successful in decreasing obesity incidences and rates among children in the period 1992-2004, and particularly in vulnerable populations.

It is important to emphasise some of the limitations in the assessment of EPODE. Presented quantitative outcome results are vulnerable to bias and confounding as the use of control cities is limited and there is no randomisation in use. Furthermore, EPODE also addresses output measures of qualitative nature but the results presented on their webpage might be prone to observer/publication bias as it is only success cases. The success in creating awareness is measured according to press coverage, which merely is a measure of marketing rather than impact on the target population.

No adverse effects of EPODE have been reported.

Have impacts been sustained?

Long-term results are too early to assess, however EPODE corporate partners have affected changes in the food system that may be of a sustainable character. For instance, Orangina-Schweppes has been engaged in the reformulation of its products and like other soft drink companies has said that 'it stopped marketing its products to the under 12.' It has also decided to implement the EPODE programme (although it was designed for young people) in its own factories

Have the initiatives been embedded?

EPODE standards have been embedded in internal and local health policies at schools, private partners, etc.

Have the initiatives been transferred to other contexts?

Belgium, Spain, Greece, South Australia, Mexico, and recently Romania and Netherlands have all implemented the EPODE initiative in some way or another. The structure of the programme varies from country to country depending on the political and cultural context in which it is implemented. The involvement of public partners and the importance of local authorities is consistent for all EPODE-derived programmes. The level of involvement and from corporate partners differs from

country to country depending on the political culture. By using what are described as social marketing tools to promote healthy behaviour the potential is that the approach is tailored to national culture and habits. Lastly, the strength of social networks in the region of implementation will affect the degree of involvement of civil society, which is presumably an important factor towards the success of the initiative.

3.2.1.2 PAIDEIATROFI (Greece)

Background for the initiative

The Greek EPODE-inspired programme began in Greece in December 2008 in five selected pilot cities, while today 14 municipalities are participating both inside and outside Attica (the municipality of Kalymnos was introduced in January 2011).

Negotiations were necessary to get to support for such a programme because no such programme has been implemented in Greece before. A lot of time and effort was put on explaining the methodology of the programme to the scientific partners and political representatives.

Planning of the initiative: what stakeholder groups participated in the planning?

During the planning stage of the initiative, it was realised that obesity is a very important problem in Greece. However, there was a lack of relevant research and monitoring. The awareness of what obesity is and its effects is not fully perceived by the Greek population. This led to the conclusion that the implementation of a childhood obesity prevention programme (community based intervention) was imperative. This had to be done through the involvement of different partners with distinct roles, ranging from Ministries to families with young children.

Among the relevant studies etc. which could be seen as a background to the programme are:

- 1st Pan-Hellenic epidemiological study for prevalence of obesity in children and teenagers, www.eiep.gr (Hellenic Medical Association for Obesity)

- Design and Descriptive results of the "Growth, Exercise and Nutritional Epidemiological Study in preschoolers: the GENESIS study, BMC Public Health 2006, 6:32.
- EU platform on Diet, Physical Activity & Health, IOTF (International Obesity Task Force) EU Platform Briefing Paper (15 March 2005).
- Kyriazis, A. at al. (2008) Nutritional factors and obesity in elementary school pupils. Paper presented at the 6th International Conference on Nutrition and Fitness.

Important elements in the initiative

The EPODE methodology was implemented and adjusted in Greece, following the French model. In this methodology, the partnership of different actors for a common goal (the decrease of childhood obesity prevalence) is central. Each actor (National Coordination, Scientific Committee, Private Partners, Governmental & Scientific Partners, Mayors & Local Teams) has a distinct and important role and through cooperation it becomes possible to reach and influence the general population. The aim is to change behaviours and promote a healthier lifestyle.

The elements of the initiative are:

<u>Stakeholders:</u>

1. National Coordination Team
2. Governmental and Scientific Supporters
3. Scientific Committee
4. Mayors & Local Political Representatives
5. Local Project Managers & Local Steering Committees

<u>Structures:</u>

1. Training Seminars for local team every six months (min)
2. Biannual Meetings of the Scientific Committee
3. Local activities in the PAIDEIATROFI towns on a regular basis

<u>Tools:</u>

1. Roadmaps for local PMs
2. Presentations
3. Leaflets
4. Posters
5. Pedagogic Methods for teachers
6. Letters to health professionals
7. Press Releases and other material
8. Website & Newsletters

Important tangible and intangible resources are:

Tangible:

1. Funding through Private Partners
2. Human resources through Nostus Communications & Events, who is responsible for the PAIDEIATROFI National Coordination
3. At local level, the municipalities need to provide all the available infrastructure (event halls, sports clubs, courts, parks etc) as well as cooperation with local actors such as restaurants, local stores and super-markets, associations etc.

Intangible:

1. Institutional/governmental support
2. Scientific support
3. Political commitment (local level)

Management strategy

At the national level, the **National Coordination Team** is responsible for the management of the programme. The team uses social marketing methods and organisational techniques to coach local project managers and their teams, while guaranteeing the communication and smooth cooperation between all PAIDEIATROFI stakeholders.

The Independent **National Scientific Committee** places PAIDEIATROFI in national context, taking into account scientific guidelines and is responsible for the definition and approval of the programme's key messages. The members of the Committee are also responsible for giving a critical view on the programme's development and evaluation at national scale, while they make PAIDEIATROFI known in the scientific and institutional world.

The **Private Partners** provide the funding of the programme at national level. They also share knowledge about consumers and behaviours, while they aim at mobilising the whole industry where they operate: clients, suppliers and competitors. They do **not** interfere with the scientific context of the programme and they can**not** link PAIDEIATROFI with any promotion for a brand or product.

At the local level, **municipalities** are responsible for the implementation and financing the programme. Each municipality that enters the programme signs a memorandum of collaboration with the PAIDEIATROFI National Coordinator that lasts for 4 years, with the possibility of renewal.

The memorandum is signed by the **Mayor** who also assigns **a local Project Manager**, employed by the municipality, and a **local steering committee** involving a nutritionist/dietician and a doctor. They are responsible for setting up and coordinating the programme at local level. The local Project Managers are constantly trained and supported by the PAIDEIATROFI National Coordination team.

A professional organisational scheme is central to the implementation of PAIDEIATROFI. It is essential that there is a National Coordinator with networking expertise that can bring together all the involved parts.

Sustainability addressed?

The sustainability of the intervention was one of the most important issues, which was addressed right from the planning stage of PAIDEIATROFI. The aim of the programme is to influence people's lifestyles, mentalities and behaviours. It is

assumed these fundamental changes can last way after the programme is completed.

Implementation of initiative – compared to the planning of the initiative

The national coordination team estimates that around 80% of the initiative was implemented as planned. At national and scientific level, the programme was implemented as expected. There have been some difficulties at local level mostly. For instance, one of the PAIDEIATROFI pilot towns entered the programme in December 2008 but for local reasons was not able to implement PAIDEIATROFI and organise activities. The National Coordination had to replace this town in 2010.

What impacts have been obtained? How can obtained results be explained?

BMI is the main indicator used by PAIDEIATROFI. In 2011 only the results of the initial BMI measurements were available. The repetition of these measurements over the 4th year of implementation of PAIDEIATROFI in the participating towns, will allow defining the evolution and prevalence of childhood overweight and obesity over time. It is also an important evaluation tool of the programme that can have a big impact on the further development of the PAIDEIATROFI methodology.

Have impacts been sustained?

The initiative is too recent to assess the impacts and their sustainability.

Have the initiatives been embedded?

PAIDEIATROFI is a long-term programme (duration of 1st phase: 5years) and its implementation can continue after this period, as long as the necessary funding in ensured.

New towns enter the programme every year, while the existing towns have training, tools and know-how to continue its implementation for as long as they feel it necessary.

Have the initiatives been transferred to other contexts?

The Greek initiative is itself a transfer of the EPODE methodology. The scientific basis, as well as the scientific results of the EPODE programme in France, was the inspiration for the adoption of such a scheme to counteract obesity in Greece. By the time the intervention reached Greece (2008), it had been implemented in two other countries (Spain and Belgium), which provided further evidence for the transferability between settings. In future transfer of the initiative it is very important to form an adaptation committee that will be responsible for taking into consideration these local and national characteristics

3.2.1.2 THAO (Spain)

Background for the initiative

The Thao-Child Health programme is developed by the THAO Foundation in Spain. The foundation furthermore coordinates the national programme efforts by being in contact with the local managers and the European coordination team that is represented by the agency Protéines of France. This program, which is implemented in Spain´s municipalities through continuous and sustainable activities, is especially focusing on preventing childhood obesity and in particular children between 0 and 12 years old. The programme aims to promote healthy eating habits and to encourage children to do physical activities. It is based on three pillars: intervention, communication and evaluation. Intervention refers to a particular plan and a coordinated action focus on changing lifestyles through healthier eating habits and physical activity.

This programme has two important steps:

- Primary prevention: Consist of mechanisms to help avoid the tendency to weight gain. So, it is fundament to involve the whole community, informing those involved in child's environment to act more effectively in education centres throughout the city (restaurants, shops, associations, etc).

- Secondary prevention: Consists of mechanisms for teaching health professionals (paediatricians, nurses) to detect overweight children and start treating them as soon as possible.

The programme started in September 2007 in five Spanish pilot municipalities: Villanueva de la Cañada, San Juan de Aznalfarache, Castelldefels, Sant Carles de la Rapita and Aranjuez.

Management strategy

No information available.

Sustainability addressed?

No information available.

Have impacts been sustained?

No information available.

Have the initiative been embedded?

Based on the success of the initiative and the distressing rates of childhood obesity in Spain, more municipalities have decided to be involved in the program:

- In 2008, 32 new municipalities were included on THAO.
- In 2009, 36 new town councils
- In 2010, 43 new town councils
- In 2011, 3 new municipalities implement the program
- In 2012, 12 rural schools in Lleida

This makes a total of 84 town councils in Spain. Finally, in the programme´s evaluation child biological and anthropometric parameters are used (e.g. BMI,

height, weight, children, waist circumference) together with a survey based on eating habits and physical activity provided by the independent and multidisciplinary committee experts who validate the programme´s actions and materials.

Have the initiative been transferred to other contexts?

No information available.

3.2.1.3 VIASANO (Belgium)

Background for the initiative

Viasano is the Belgian translation of the French Epode programme. To prevent childhood obesity and overweight, the key consideration is to act on the behaviour of the children and by extension to the behaviour of the whole family, to change the environment and social norms. It is based on a social marketing approach at the community-level (town and/or districts). Positive apprenticeship through experience of a balanced diet is used, while stigmatisation is avoided: stigmatisation of obese and overweight children as well as stigmatisation of ”unhealthy” products.

Planning of the initiative: what stakeholder groups participated in the planning?

The Viasano initiative is a direct implementation of the French Epode programme in 2007. However, contrary to the French program, it is not based on an NGO but is directly implemented by Protéines Belgium. Royalties are being paid to the Protein Group.

Important elements in the initiative

Protéines, the French communication agency, has developed Epode through a franchise system. As such, Viasano – implemented by Protéines-Belgium – follows the Epode methodology which holds the partnership as a key success factor. The PPP is necessary for financial reasons but private partners are seen as a media for the health messages of the programme. In practice, there is a difference between

national private partners (who cannot get directly involved in the programme) and local private partners who can have a crucial role in the programme's delivery.

The budget of Viasano is not officially available but should be around 0,5m Euros. The programme is mostly being sponsored by private partners. Most of this money is used to fund the expenses of the coordinating team. Unlike France, Belgian city councils which join the programme do not have to pay a fee but they have to commit them for 4 years and hire a dedicated staff (the local project manager). Beyond economic and human resources, the programme can benefit from the professional savoir-faire of the communication agency (social marketing, fundraising, advocacy of the programme's relevance). In addition, the programmes benefit from various legitimate labels (it is sustained by various academic societies, by the European Commission, etc.) and from the scientific expertise of the Epode European Network. Local project managers also meet in training sessions (at least once a year) which is an opportunity to exchange best practices.

Management strategy

The development of the programme emerged from Protéines, the communication agency, in charge of the management of the French programme. It replicated the same methodology and programme. There was a coordinating team within Protéines-Belgium and a scientific committee.

The main tool is to use social marketing in order to change habits (food habits, way of life, moving around) in a sustainable manner. As mentioned, messages and campaigns come from the coordinating team, and it is up to the local project managers in city councils to promote the campaign.

At the local level, city councils have to set up a steering committee gathering the voluntary – public and private – stakeholders who can exchange information, experience and expertise.

Sustainability addressed?

The initiative targets children who are supposed to adopt incrementally healthy habits. As explained earlier, it is the commitment of everyone, the "synergy of microactions" that will sustain this behavioural change. As it is a long term and incremental change that is expected, it requires some sort of stability among stakeholders. As such, local authorities which join the programme have to engage for 4 years. This rule does not apply to corporate partners but there is nonetheless some sort of stability. Meanwhile, the dependence on private funding requires that a certain amount of time and resources are devoted to fundraising activities.

Implementation of initiative – compared to the planning of the initiative

The implementation of the programme is not mechanistic. A lot of leeway is given to local authorities. More, it is thanks to local authorities that the programme is so diversified, is being developed according to many original actions. It is often the case that existing initiatives before the launch of the programme are re-labelled Viasano initiatives. Conversely, local authorities not involved in Viasano can develop actions that would be labelled as Viasano in Viasano cities.

What impacts have been obtained? How can obtained results be explained?

The programme'slegitimacy rests on the FLVS pilot study which has been published in 2009. It also rests on the first Epode results from the 10 pilot cities. As in France, the data are being collected but no results have been advertised so far. For the moment, the only evaluation of Viasano has been through the Epode European Network. As such, Viasano was the object of an indirect qualitative study. No scientific study has been published on Viasano, nor any figures regarding the prevalence of obesity and overweight in Viasano cities.

Have impacts been sustained?

The initiative is too recent to assess the impacts and their sustainability.

Have the initiative been embedded?

It is very hard and too early to say whether and how practices have changed within the 13 participating local authorities.

Have the initiative been transferred to other contexts?

Viasano is part of an overall international strategy. At the international level, Epode has been transferred from France to several other countries (Belgium, Spain, Greece, Mexico, South Australia, Netherlands, Romania) but it is Epode that is being promoted as a success story rather than the younger Viasano programme.

3.2.1.4 Food Dudes (Ireland)

Background for the initiative

There has been mounting political concern in Ireland about both child and adult obesity. A government document 'Shaping a Healthier Future' noted that about two-thirds of adult men and nearly half of adult women are overweight. Ireland's strategic approach to population weight and obesity was defined in the May 2005 Report of the National Taskforce on Obesity, 'Obesity the Policy Challenges'. The report aimed to provide both a policy and action framework around the prevention of childhood obesity. Such concerns follow long-standing action to reduce levels of heart disease.

Increasing fruit and vegetable consumption has been seen as critical to improving the Irish diet and in particular to help stem the rise in childhood obesity. The Irish population has a noteworthy lower intake of fruit and vegetables compared to countries like France or Spain, and it is therefore an area for potential progress to be made. Food Dudes uses cartoon forms of 'superhero' characters to develop school children's interest in fruit and vegetables. Behind this approach lie sophisticated psychological principles and a tested programme developed by Bangor University in Wales, trailed in the UK and first piloted in Ireland in 2002/2003, in concert with the fruit and vegetable sector, which offered financial support.

Planning of the initiative: what stakeholder groups participated in the planning?

The Food and Activity Research Unit at Bangor University (BFARU) developed and pilot tested the program, which at that point was called the Bangor Project. Following the field implementation in England, the renamed Food Dudes was accepted for pilot run in Ireland. Pilot funding was approved for implementing the Food Dudes Programme in 150 schools over a three-year period 2005 – 2008. The funding per year was provided as follows:

- 41% EU Commission
- 25% from the fresh produce industry
- 17% Department of Agriculture, Fisheries & Food
- 17% BordBia (Irish Food Board)

Initially, the Fresh Produce Consortium offered support for the pilot stages. When implemented in Ireland, the Irish Food Board took control of the programme and to this day still manages it.

Important elements in the initiative

The Food Dudes initiative aims at prevent childhood obesity by encouraging fruit and vegetable intake. Concretely, the Food Dudes working group has put down following aims and objectives:

- To encourage children to eat fruit and vegetables both at school and at home
- To help children develop a liking for fruit and vegetables
- To encourages children to become proud to think of themselves as healthy eaters
- To change the 'culture' of a school to one that strongly supports healthy eating

The programme has two main phases. Phase 1 is an intensive intervention that lasts 16 days. During this time, fruit and vegetables are delivered to the school, one portion per child. The children read aloud and watched a specially designed video of the Food Dudes. Each day the children are rewarded with small prizes for

successfully eating the fruit and vegetables. Phase 2 extends the home element of the programme by encouraging children to bring their own fruit and vegetable to school every day in special Food Dudes containers. Classroom wall charts are used to record progress, and the children receive further rewards upon reaching goals. This phase is intended to maintain fruit and vegetable consumption in the longer term.

Management strategy

The key management structure operates at the level of the BordBia/Irish Food Board. It operates through a logic structure focused on product distribution through the Irish counties.

Sustainability

The programme is a national commitment and therefore sustainability issues are related to national affordability. However, Food Dudes is seen to be demonstrably successful and therefore, despite the substantial difficulties faced by public sector finances, has both the profile and to evidence to be maintained as a priority.

Implementation of initiative – compared to the planning of the initiative

The Food Dudes programme was developed experimentally and through extensive trailing. Therefore the original approach has incrementally differed from the original formulation. The programme began as a PPP but subsequently became aligned with EC programmes, giving it a broader, indeed non-Irish, funding element.

What impacts have been obtained? How can obtained results be explained?

Food Dudes appears to normalise the eating of fruit and vegetables by establishing both habits and desires for these foods in the targeted children. The question is whether this model compares favourably and on a cost-benefit basis with schemes providing only fruit and vegetables to children without the habit-formation

methodology. The academic group supporting Food Dudes has presented evidence that offers considerable support for the sustained pattern of consumption increase.

Their research among participating schools suggests:

- A large increase in fruit and vegetable consumption
- Consumption among poorest children improved the most
- An increase in consumption will be long term
- An increase extends cross a wide range of fruit and vegetable varieties
- Works for all children aged 2-11 years old
- The effects generalise across contexts i.e., school to home
- Equally effective for boys and girls
- Effects are highly reliable, regardless of school location and social deprivation.

No adverse effects of Food Dudes have been observed.

Have impacts been sustained?

Evaluation of the Food Dudes programme has offered precise measure on the degree of sustainability of behavioural impact from the original application of the programme in the school until a period of two years later.

Have the initiative been embedded?

In Ireland, the project is now part of the mainstream government expenditure. However, the funded aspects of the project have ended and although local partners have committed to continuing. The overall financial context will influence Food Dudes' financial sustainability.

Have the initiative been transferred to other contexts?

Food Dudes was developed in Wales, piloted in the UK and later implemented in Ireland. The reason for lack of success in England ought to be because the

Department of Health decided to develop a separate scheme to deliver fruit to schools (National Fruit in School Scheme - NFSS). However, Food Dudes has been shown to provide better and more sustainable results in contrast to this scheme. In Wolverhampton, UK, Food Dudes has been applied alongside the NFSS with great success. Food Dudes has also been developed and implemented in Italy and the USA. Bangor University has set up a separate division to develop and advise potential countries or regions that wish to take up Food Dudes. This division has pointed out critical components related to transferring Food Dudes, including political leadership, parental and teacher support, financial support and the effectiveness.

3.2.1.5 Incredible Edibles (Ireland)

Background for the initiative

The background considerations are shared with the Food Dudes Initiative, although there is limited contact between the two Irish school-based schemes. Ireland has traditionally experienced low consumption and low demand for fruit and vegetables. In 2008, the International Year of the Potato, the charitable organisation called Agri-Aware[2], launched a programme called 'Meet the Spuds', a school potato growing challenge. Later, in 2009, Incredible Edibles was launched with a focus on children in order to develop a new culture of understanding, growing and consuming vegetables.

Incredible Edibles is a programme that promotes fruit and vegetable consumption by urging schools to grow them themselves together with the children. Incredible Edibles growing kits are sent to each primary school in April. Each kit contains a seed potato, strawberry plant, scallion, lettuce and cabbage seeds. The kits contain growing materials, classroom resources and instructional DVD. As of 2011, raised seedbeds are now available to cope with schools that are lacking proper soil or space.

[2] Established in 1996 to improve the image and understanding of Agriculture, Farming and the Food Industry in Ireland

Planning of the initiative: what stakeholder groups participated in the planning?

It is not clear what stakeholders participated solely during the planning phase, but current stakeholders include governmental agencies i.e. the Irish Food Board, NGOs, e.g. Agri-Aware, corporate companies from the fruit and vegetable industry. Lastly, schools, teachers and parents are likewise involved. The role of stakeholders ranges from funding, publicity, commissioning of educational materials, creation of packs for schools, and distribution.

Important elements in the initiative

Incredible Edibles is a voluntary partnership. The Fruit and Vegetable Industry and Agri-Aware, are the prime elements. The scheme receives 50% match funding from government via the Irish Food Board.

Management strategy

Agri Aware manages Incredible Edibles on a day to day basis. Agri Aware (est. 1996) is a charitable trust that works to improve the image and understanding of Agriculture, Farming and the Food Industry in Ireland. One staff member is assigned to manage Incredible Edibles, which is said to have a low costs but maximum impact. Other staff and some volunteers manage interaction with schools and stakeholders.

Sustainability

This is low cost programme with industry funders. The ability to fund the programme is dependent on the economic health of the fruit and vegetable industry and of course their priorities. The benefit of the programme for the industry is that it increased the long-term demand for their products.

Implementation of initiative – compared to the planning of the initiative

The scheme has changed almost continually since its inception. The first focus was potatoes, the second was each classroom raising plants from seeds, the third was

raised seedbeds in the school grounds. The scheme is simple in concept but requires a considerable level of coordination and logistics expertise and contacts with schools. The distribution was originally through the post office but now is conducted by a cheaper private service.

What impacts have been obtained? How can obtained results be explained?

In 2010, 79% or 2,635 primary schools participated in the programme

Approximately 20 of Ireland's fruit and vegetable organisations support the project

Have impacts been sustained?

The impact is assessed as being either consistent or increasing with each year.

An evaluation to the scheme pointed to the following threats:

- Teachers' opinion regarding anti commercial activity in schools
- Changing school environment: fewer posts and possible edict from trades unions not to participate in additional/non-curricular activity
- Competition from other activities and school/ health programmes
- Lack of time in an overloaded curriculum and school day
- Lack of funding in a cash-strapped industry
- Negative media coverage regarding commercial industry activities in schools
- Loss of AgriAware's credibility if the objective shifts to an overtly commercial aim

Have the initiative been embedded?

The project is formalised since it operates on the basis of school timetables, health and safety issues, etc., within schools

Have the initiative been transferred to other contexts?

There are other fruit and vegetable growing initiatives in schools across Europe. It is not known whether any of these have followed the Incredible Edibles model. There is no known research on the extent of such programmes or the different PPP models, which may be engaged.

3.2.1.5 NutriKid (Hungary)

Background for the initiative

The Nutrikid Programme, developed for the 10-12 year old age group, was launched by Nestlé in conjunction with the Hungarian Dietetic Association in 2003. Any primary school in Hungary may join the programme for free. The Nutrikid programme package is an advertisement free exercise book for children, rich in playful elements, containing a film with cartoons and a teacher's manual to assist educational work.

Planning of the initiative: what stakeholder groups participated in the planning?

Nestlé had decided to dedicate a part of its resources to the development of social activities. They took a poll among their employees about which issue they should support. Nutrition and kids were the most popular themes. An employee who formerly was a teacher mapped out the existing teaching materials already used in schools for educating kids about a healthy lifestyle (teacher's books, workbooks etc.). This mapping concluded that there were no such educational materials in Hungarian schools. At the same time Nestlé's headquarters in Switzerland developed educational materials about healthy eating and lifestyle for 10-12 year old children; it was titled Nutrikid. Nestlé Hungary decided to adapt the program for Hungary. The HDA was invited to help introduce the program. The president of the HDA proofread the teachers' guide, the workbook, and screenplay the Nutrikid film. In 2003 the educational materials and the recommendations were ready and had been adapted to Hungarian nutrition habits.

Important elements in the initiative

The interested primary schools can find the material of the Nutrikid educational programme all year around at a website: www.nutrikid.hu. The interactive interface contains reading materials, a film titled "The secret of the pyramid" related to the programme and various games for the children together with a separate menu for adults. Every year there is a competition for school groups. They can design health programs/campaigns in the school, the best ideas are awarded with a money prize.

The annual budget of the program is about 75,000 EUR that covers the printing and distribution of the publications. Personal costs have not been estimated. The costs allocated to HDA are 1100-1900 EUR annually.

Management strategy

Nutrikid is part of Nestlé's Healthy Kids Global Programme. Nestlé is responsible for the daily management of the programme. HDA participates in activities like evaluation of the competition entries, and contributes to keeping the website updated. They are also in contact with the teachers, but questions usually arrive to Nestlé, where the dieticians answer them directly.

Sustainability addressed?

Nestlé plans to run the program as long as there is a demand for it. According to the feedback from teachers the materials are very popular. The teachers adapt the program to the changing needs of the target group

Implementation of initiative – compared to the planning of the initiative

No information available.

What impacts have been obtained? How can obtained results be explained?

The following output oriented impacts are assessed:

- The number of distributed education packages
- The children's lexical knowledge

- Whether teachers know the programme and whether they consider it useful.

Between 2003 and 2011 the educational materials reached 2800 schools and 260,000 students. Nestlé has realised that there is no substantial feedback from teachers about the program and the measurement of the lexical knowledge of children does not tell whether lifestyle and attitude changes take place. Therefore a new survey that measures the healthy lifestyle attitudes of the 10-12 year old children was initiated in 2010. The survey is done by the National Institute for Food and Nutrition Science together with Hoffmann Research, an opinion survey company.

Have impacts been sustained?

No information is available.

Have the initiative been embedded?

Nestlé plans to organise a one-day Nutrikid education for the children of Nestlé employees. Furthermore, Nestlé has asked its employees several times to inquire whether Nutrikid is running in their children's schools. When the answer was 'no' Nestlé would contact the teachers. A few times Nutrikid was not accepted in the school..

Have the initiative been transferred to other contexts?

It is a copyrighted program and therefore it cannot be taken up by other organisations. Nestlé watches the development of similar programs.

3.2.1.6 Moving Kids (Spain)

Background for the initiative

Moving Kids (Spain) is a comprehensive treatment programme, which mainly focuses on overweight or obese children aged 4–12 years but has recently spread its target group to include adolescents aged 13–18 years. The programme has a holistic approach to facing weight problems among children by addressing the children's families. The programme aims at promoting a change in lifestyles by improving eating habits and also in their emotional aspects: through changes in diet, physical activity and psychological treatment. Each family undergoes treatment over eleven meetings, with one session per week that lasts an hour and a half. Parents and children receive similar information, despite the fact that they are not in the same room. Each session uses cognitive behavioural techniques aiming at setting an environment where children and their parents can discuss and express their emotions freely in relation to the issue of overweight. The programme develops different techniques related to child's health such as nourishment, self-control, corporal image, communication, conflict resolutions, assertiveness, self-esteem, relaxation, movement and physical inactivity.

The terms of the programme was necessary to negotiate between the stakeholders in order to get support, especially with the Hospital Vall d'Hebron of Barcelona. When the programme was already implemented, other institutions were interested in multidisciplinary programme of education such as Moving Kids.

Management strategy

No information available.

Sustainability addressed?

No information available.

What impacts have been obtained? How can obtained results be explained?

The program has examined 95 children at the Hospital Materno-infantil Valld'Hebron. The results showed that 94.3% of the children decreased their body mass index and percent body fat. At the same time they have an improvement in the quality of their (Mediterranean) diet. The number of children who did not eat breakfast declined and at the same time increased their consumption of fruits, vegetables and fish. Finally, the programme indicated that anxiety and depression were successfully treated and that self-esteem and body satisfaction of the children was increased.

Have impacts been sustained?

No information available.

Have the initiative been embedded?

The programme was implemented at the Hospital Vall d'Hebron of Barcelona and also in Spain´s Primary Attention Centres and three Hospitals of Mexico and Argentina. However, they are planning to expand it to all Spanish Primary Attention Centres, while so far it is only implemented in 45 Centres all around the country. To reach this goal it is necessary to bring in health professionals, who can lead the Programme and also take part in the community development of the awareness about obesity among families, schools and health centres. It is also fundamental to conscience government entities to get the proper support for this kind of initiative.

Have the initiative been embedded?

No information available.

Have the initiative been transferred to other contexts?

No information available.

3.2.1.7 Keep Fit (Poland)

Background for the initiative

It has long been a feature of Polish public health discussion that many teenagers in Poland have problems in achieving a balanced diet. The result has been a growing incidence of overweight or obesity as well as qualitative malnutrition and, it has been suggested, a range of eating disorders such as bulimia and anorexia.

The 'Keep Fit!' programme statements derive from an earlier educational programme called 'A-Class Fitness'. The 'A-Class Fitness' programme was implemented in 3 schools in Warsaw and concerned a group of 500 kids. The programme statements were fulfilled as lessons with active participation of kids. The topics referred to nutrition and physical activity and both were implemented as 2-hour lessons for each class. Proper training for teachers was organised. Basing on the experiences gathered during 'A-Class Fitness' programme the Polish Federation of Food Industry (PFFI) created the 'Keep Fit!' programme.

Planning of the initiative: what stakeholder groups participated in the planning?

Stakeholders were involved in the organising and planning of educational activities including meeting with involved schoolmasters. At later stages, stakeholders were involved in the creation of the web-site and for printing educational material. The scientific institutions, together with the official authorities and private sector have prepared the educational materials whilst the private sector (Polish Federation of Food Industry) printed the materials. The educational material was the distributed to the Poviat (county) structures via the provincial structures of Sanitary Inspection. The coordinators in Poviat Sanitary Inspection organised training sessions for school coordinators (usually teachers). Based on the educational materials, school coordinators, together with the students, parents, local governments and local communities, prepare the projects to be implemented.

Important elements in the initiative

The objective of the Keep fit! initiative is to induce teenagers into a culture of active lifestyle and balanced diet based on individual responsibility and free choice. The Keep fit! programme mitigates adverse trends (overweight, obesity, poor nutrition) through the communication of practical knowledge on a healthy lifestyle

The Keep fit! programme is operated on the project basis using a teaching method based on the voluntary involvement of students, teachers, parents and local government. Each school participating in the Keep fit! programme prepares its own project regarding the healthy lifestyle and including elements concerning the physical activity and balanced diet. The Keep fit! programme structure gives schools considerable discretion in the form and manner of its implementation, therefore students have an opportunity to come up with and implement their own health promoting ideas. It is intention that each project closely matches students' interests and capacities.

Management strategy

The programme is run at national level by the Polish Federation of Food Industry, Chief Sanitary Inspectorate, together with the National Institute of Food and Nutrition, The Mother and Child Institute, Warsaw University of Life Sciences, Polish Association of Obesity Studies, Consumer Federation and Academy of Physical Education in Warsaw. At the local level, programme involves provincial and poviat structures of the National Sanitary Inspection, local governments, school heads, teachers and parents.

Sustainability

The mix of supporters of the scheme helps its sustainability but the critical dimension is the continued refreshing of the programme to maintain interest, particularly among teachers, and the ability of them to commit time to the scheme given competing priorities.

Implementation of initiatives – compared to the planning of the initiatives

No information was available, in part because the variable development of the initiatives between areas.

What impacts have been obtained? How can obtained results be explained?

Currently there is an evaluative study being executing comparing schoolchildren at participating schools with non-participating schoolchildren. The study uses a questionnaire that seeks to investigate any differences in: level of knowledge, dietary habits and/or level of physical activity. Previous surveys have indicated that adolescents at schools participating in the Keep Fit programme are more satisfied their physical appearance; more likely to eat 5 meals a day; less likely to eat at night; less frequently having sweets as dessert; and more likely to consume vegetables and salads.

Keep fit! is evaluated after each edition of the programme in regard of qualitative outputs. These evaluations have found that the programme has a positive reputation among a great majority of the participating schools and that according to staff at participating schools children acquire theoretical knowledge and practical skills. A decrease in absence from PA-lesson was observed as well as an increase in after-hours sport activities participation.

An explanation of theses tendencies has been suggested in the fact that the programme integrates the parents and teachers in the programme. By integrating both sectors a more holistic environmental approach is obtained, addressing both children and adults with one group reinforcing the other.

Have impacts been sustained?

Has the initiative been embedded?

Has the initiative been transferred to other contexts?

3.2.2 Cross analysis of good practice school initiatives

3.2.2.1 Background of the initiatives

All the analysed school-based initiatives are addressed to schoolchildren and teenagers up to 15 years old and in most cases to their families as well. They all share a common goal which is prevention of obesity through changing awareness about healthy eating, changing the school/home environment and social norms. Throughout the analysed initiatives, education is primary tool through which this is achieved.

One exception is the Moving Kids initiative, which does not focus on prevention but rather on treatment of overweight and obesity by engaging children in physical activity. It has also recently been extended to target adolescents up to 18 years old.

3.2.2.2 Planning of the initiatives

All the EPODE type initiatives, EPODE, THAO, PAIDEIATROFI and VISANO, seem to have a similar structure of stakeholder groups involved. This usually includes a communication agency (with the exception of THAO (Spain)), corporate stakeholders, scientific committees as well as local/national authorities and regional/local public entities. NGO involvement is rarer with only two school initiatives accounting them as a stakeholder. In some cases NGOs are also involved, in Spain and France. However, at the planning stage of the initiatives in Spain, Greece and Belgium, the exact same methodology and programme was replicated

from France, thus the role of other actors, besides that of the central coordinator, was rather limited if not null. In France the only actors involved in the planning were a NGO (FLVS), a scientific committee and the communication agency *Proteines*.

For the non-EPODE derived initiatives, Food Dudes (Ireland), Incredible Edibles (Ireland), NutriKids (Hungary), Moving Kids (Spain) and Keep Fit (Poland), a variety of stakeholders have been involved in the planning process and there is not much consensus on the type of the group. For example, Food Dudes (Ireland) was developed by Bangor University in Wales. It has since been adopted in parts of the UK and is being developed in Italy and the USA. In Ireland it receives financial support from Irish government, European Commission as well as the food industry. Incredible Edibles (Ireland) was conceived by a charitable trust (Agri-Aware) and involved stakeholders include:, the Irish Food Board, private companies and schools.

Moving Kids (Spain) and NutriKids (Hungary) were developed by health and nutrition professionals; doctors and the national dietetic association respectively. These two initiatives seem to work on a simpler basis in terms of number of stakeholders.

3.2.2.3 Key elements of the initiatives

Why a PPP?

In the EPODE-type initiatives the PPP approach was adopted as this was the original design in France. In France, the PPP was chosen because the initial experiment that motivated the programme did not originally attract public funding. When EPODE was set up, the PPP was portrayed as one of the key pillars of the programme. Beyond the need to get funding (EPODE only recently got limited funding from the French Ministry of Agriculture and from the Ministry of Health in 2009), the involvement of private partners was justified by the promoters on the grounds that they were 'part of the solution'. Corporate partners are also seen as a medium for health messages of the programme. In practice, there is a difference between national private partners (who cannot get directly involved in the programme) and local private partners who can have a crucial role in the programme's delivery. In all other school-based initiatives funding as well as the know-how of the private sector was the main reason for choosing a PPP approach.

Benefits and risks of stakeholders?

In most school-based initiatives, considerable attention is given to the risk of the scheme being seen as publicity for the commercial stakeholders and their brands since this would compromise the integrity of the scheme among schools and teachers. As a result of this, no logos of private companies are allowed to be used (only those of the organising body) while others (EPODE-type, Nutrikids) utilize a less strict policy regarding that issue.

As they do not have the right to interfere in the design of the programme, the benefit of the private partners in all cases is the inclusion of their participation in such programmes as part of their Corporate Social Responsibility (CSR) policy. Their involvement in such initiatives is in most cases an effective public relation strategy and might also provide a lobbying tool. In a context were the food industry is being criticised for the low nutritional quality of their products and/or their marketing habits, being a partner of such an initiative is quite significant as they can be seen as 'part of the solution', as corporate citizens in their interactions with public bodies such as the EU Commission.

On the other hand, the Ministries, governmental actors and local authorities that endorse the programme want to be part in initiatives that tackle such important issues in order to increase their prestige and popularity. We do not preclude the fact that noble motives may also exist in both private and public actors but we argue that this is very difficult to judge and as such they are left out of our analysis.

For the private partners, the only risk inherent in participating in such programmes is that of spending their funds on an unsuccessful initiative from which they will not gain any publicity or credit while public actors in unsuccessful cases may have to bare the political cost of the failure in the implementation.

3.2.2.4 Management strategy

The management structure of the EPODE-type initiatives is very similar with a National Coordination team along with the counselling of a scientific committee and

the financial support of private partners carrying the burden of the management at the national level. At the local level, each representative of the municipality (e.g., the Mayor) is responsible to assign a local project manager and an organising committee. The project manager and organising committee's role in the management is absolute key as they have to carry out all actions necessary for the programme to be successful at its most important aspect, that of implementation. However, differences among the countries do exist in terms of the types of organisations that have the central role in the National coordination team. In Greece and Belgium, a private communication agency (Nostus and Protéines respectively) is in charge of the national coordination team. In France, on the other hand, it is a NGO (FLVS) who took the reins from the communication agency (Protéines) after the president of the NGO denounced the contract. Following the change in management, a PPP committee was established consisting of public and private partners in order to ensure a high level of ethics in the programme. Lastly, in Spain no clear reference about the origination of the members of the national coordination team was made, giving the impression of a mixed panel of individuals probably both from the private and public sector.

Among the non-EPODE initiatives, the one whose management structure resembles that of the PPPs under the EPODE umbrella is the Keep Fit programme in Poland. The differences between the two are that there are three management levels in the latter (district, province and national level)[3] while only two in the former (local and national level) and that the Polish initiative is vertically integrated in terms of management with only one public organisation (the Chief Sanitary Inspectorate), along with its district and province authorities, having the full responsibility of managing the project.

Among the rest of the PPPs aimed at schools, there are some worth-noticing differences in relation to the size of the management authority with the most profound differences being within one country (Ireland). Food Dudes is managed by

[3] As of January 1999, a new, three-level territorial division of the state of Poland was introduced, according to which the state consists of: communes (gminas), districts (poviats) and provinces (voivodeships).

a quasi-state company (BordBia, the Irish Food Board) whereas the management tasks of Incredible Edibles are ran by one employee of a charitable trust (Agri-Aware). In Spain the Moving Kids initiative lies somewhere in scale between the two, with management responsibility undertaken by a small department of a hospital (Department of Obesity, Hospital Valld'Hebron).In all of the above analysis, the NutriKids initiative (Hungary) was not included due to the lack of information about its management structure.

3.2.2.5 Was sustainability of the initiative addressed?

Since almost all initiatives aiming at schools are designed to educate and inform the basis for healthier future lifestyle and better food choices, special emphasis was given during the design to the sustainability of the results over time. An exception is the Moving Kids in Spain where, given the nature of the intervention, the focus is on the achievement of the best possible outcome (weight reduction) during the 11 weeks of programme participation. Project managers of the Spanish programme claim that the sustainability of their results would be much more successful from following the subjects over time, had they had greater financial resources.

Fundraising seems to be the most important aspect, and for that matter burden, in sustaining the initiatives, and yet the means they use to ensure sustainability is differentiated between countries. What the programmes have in common is the continuous dissemination of their successful results from previous years in order to promote their action and retain the financial support of public and private partners or attract new stakeholders capable of financing the initiative. While some initiatives considered it very important to evolve and become more efficient (and thus more attractive to funders), other initiatives use legal commitments on funders to ensure the necessary resources. The Nutrikid programme in Hungary and the two initiatives from Ireland (Food Dudes and Incredible Edibles) fall into the first category. In the former, the programmes evolve in terms of improvement from the latest scientific information (web-based application and DVDs instead of VHS) while in the latter reducing the cost is the most important aspect of sustainability. All the EPODE-type initiatives fall in the second category where every municipality that joins the

programme has to sign a 4-5 years commitment of funding the EPODE actions at the local level.

3.2.2.6 Implementation process of the initiatives

Very little information is available from the templates of WP5. In general most of the initiatives seem to have been were implemented as planned.

3.2.2.7 Observed outputs and outcomes

The results obtained so far from the different countries are mostly quantitative with some qualitative elements and overall seem promising, which justifies the existence of these interventions.

In general, the results could be categorized in *output-oriented* and *outcome-oriented* based on their relevance to the success of the diffusion and adoption of the programme or to the achievement of the outcome of interest. Outcome-oriented results can be further decomposed in *direct* and *indirect*, based on the straightforwardness of their interpretation in relation to the prevalence of obesity. Lastly, both direct and indirect results can be distinguished in terms of whether they have been derived from a within- or a between-subjects design, with the former being of higher significance unless appropriate control groups are used in the latter.

All selected programmes have acquired some *output-oriented* results such as number of schools and kids participating in the initiative, number of educational materials printed etc. However, in the Incredible Edibles and the Nutrikids initiatives, the results stop short of providing any other conclusions. Yet, Nutrikids have announced an outcome-oriented survey started in 2010, the results of which have not been released.

From the *outcome-oriented* results, only those Moving Kids can be classified as both direct and indirect since the available data concern direct indicators (BMI) as well as indirect indicators (several diet and physical activity indexes). The results of Moving Kids come from a within-subject design.

Direct results (BMI) have been obtained by all other EPODE-type initiatives. Conclusions are drawn based on between-subjects comparisons. Nevertheless, the importance of data from control groups has not been stretched in all but one (France, see M. Romon et al., 2009) of these countries. On the other hand, indirect results are considered in Food Dudes (Ireland) and Keep Fit (Poland) programmes as they relate to the improvement of the eating habits of kids and teenagers (amount of fruits and vegetables consumed, satisfaction with physical appearance, eating schedule) and not their weight status *per se*. In both cases a between-subjects design is employed.

As a conclusion one can notice that although the output results of all school-based initiatives are positive it is only those of the Food Dudes (Ireland) initiatives that provide a high level of credibility.

3.2.2.8 Have impacts been sustained over time?

All initiatives are on-going. No information is available about the long term sustainability of the impacts on the school children.

3.2.2.9 Local and national embedment of the initiatives

We miss relevant information for most cases. Food Dudes (Ireland) is the exception since we have some information that the project is now part of the mainstream government expenditure but this is far from being adequate to judge embedding.

3.2.2.10 Have the initiatives been transferred to different contexts?

The EPODE initiative has been transferred. Food Dudes is starting in Sicily (2009-2010, 3 schools 345 pupils) and U.S.A (Utah and California).

3.3 Workplaces

This section presents the best practices cases and a cross analysis of best practice cases at workplaces. It is based on information from the cross European FOOD

Project running in 6 countries and the 6-a-day workplace canteen running in Denmark. Additionally, insights from the Keyhole Restaurant labelling scheme running in Sweden and soon to be implemented in Denmark, has been included in the cross analysis.

3.3.1 Summary of good practice cases

3.3.1.1 6-a-day workplace canteen (Denmark)

Background for the initiative

The 6-a-day workplace canteen initiative originated from the increased focus on health and the escalating evidence-base on fruit and vegetables intake around the turn of the millennium. In Denmark at the same time, a growing interest in local community bottom-up health projects was developing and the results from the school fruit initiative were also seen as promising. Furthermore, supranational bodies had shown interest in a setting approach to health promotion, which underlined the urge to start the programme.

In 2001 the 6-a-day workplace canteen programme was initiated with a partnership between the Danish Cancer Society, the Danish National Food Agency and the already existing 6-a-day project organisation and secretariat.

Management strategy

The initiative was managed by the Danish Cancer Society. The Society has a tradition for initiating, participating and managing projects on the borderline between research and development in the field of public health nutrition. In the case of 6-a-day an important element has been to engage the supply side, in this case the suppliers of fruit and vegetables and at the same time to create support among the other stakeholders supporting the initiative. These include canteen operators, local authorities and others. The strategy seems to have been building on the importance

of creating opportunities for stakeholders as a way to establish sustainability and long-term survival of the initiative.

Sustainability addressed?

Canteen professionals were involved during the planning and initiation phase, which gives the stakeholders and implementers a feeling of ownership and thereby increasing the likelihood of a successful implementation. A further assessment of the initiative at the end of the intervention and after one year is supposed to guide the further local implementation.

Have impacts been sustained?

A significant increase in average consumption of fruit and vegetable per person per day in the workplace canteen was found in all five pilot canteens. The programme also found a change in menus at the canteens towards a healthier selection with improved fruit and vegetable selections. A 5-year follow-up study in the five pilot canteens found that the results were sustained in four of the five pilot canteens.

Have the initiative been embedded?

The 6-a-day workplace canteen initiative was embedded into the overall 6-a-day project's services and a series of informational material for workplaces was supposed to enable future interested canteens.

Has the initiative been transferred to other contexts?

No other organisations or countries have adapted this initiative. It is possible that other canteens beyond the five pilot canteens have been inspired by the initiative, but only anecdotal evidence suggests this.

3.3.1.2 The European FOOD project (Europe)

Background for the initiative

The Edenred company initiated the European FOOD project in 2009. Edenred had, prior to the EU FOOD project, developed specific programmes in line with current nutritional concerns of public authorities. FOOD is used as an abbreviation for **F**ighting **O**besity through **O**ffer and **D**emand. Such public awareness on nutrition and rising obesity trends opened a window of opportunities for the Edenred company and they managed to get funding for the FOOD project from the EAHC and gather a broad group of partners.

The EU FOOD project was undertaken in two main types of locations: restaurants and workplaces. The project was mainly addressing restaurants but they also target workplaces that use voucher systems[4] in their workplace canteen. It was assumed that a lunch voucher system at work increases the possibilities for changing eating behaviour through changes in the canteen.

Management strategy

The project was initiated and managed by the Edenred company. The management strategy seems to have been a building on a traditional multistakeholder project management approach.

Sustainability addressed?

The FOOD project was running 2009-2011 with the support of EAHC and the issue of sustainability has been addressed during the project. The result has been a non EAHC supported post-initiative in which FOOD continues its operation with a number of new members and based on members' own contributions.

[4] Employees are given vouchers often as a part of their contract and the scheme is based on a subscription contract system in which the restaurant afterwards cash the value of the voucher at the company.

Have impacts been sustained?

Experiences from the project so far have been communicated through: papers, conference contributions, a website and a blog.

Have the initiative been embedded?

The initiative has been related to national strategies and policies in some of the countries where it has been implemented. Furthermore, the European FOOD project has participated in working groups organised by the European Commission's Directorate-General for Health and Consumers.

Has the initiative been transferred to other contexts?

Six countries have been involved in the project: Italy, France, Belgium, Czech Republic, Sweden and Spain. As the design of EU FOOD project basically only addresses individual factors such as knowledge, attitudes and norms, rather than environmental factors such as food, availability and accessibility, it is important to keep in mind that lunch arrangements are very different across Europe and potential implementation might be restricted in other countries.

3.3.2 Cross analysis of good practice workplace initiatives

3.3.2.1 Background of the initiatives

The analysed initiatives are targeting employees in general at workplaces and follow either a broad healthier eating and balanced diet approach or a more focused narrow fruit and vegetable approach. In the FOOD project focus is mainly based on the assumption that specific advice to canteen chefs and canteen customers will lead to a more balanced diet that eventually will lead to decreased prevalence of obesity. Environmental changes through improved assortment in the workplace canteen could be a possible outcome. In contrary the 6-a-day Workplace canteen initiative was built around environmental changes through changes of worksite canteen food

supply towards more fruit and vegetables based on local strategies. The European FOOD Project is most clearly driven by the concern for obesity whereas the 6-a-day canteens project also involves an assumption about the independent beneficial effect of increased fruit and vegetable intake. It is worth noting that the European FOOD Project has only been running recently (2009-2011) whereas the 6-a-day workplace canteen has a much longer history (2001-2002). Both projects build on the WHO Ottawa charter-based assumption that everyday life settings such as workplaces are well-suited arenas for health promotion and education. Furthermore, both projects build on the fact that workplaces are 'enabling settings' in the way that they are considered as obvious and widely accepted settings for health promotion and education interventions. Workplaces might be considered 'win-win' settings for health interventions because health promotion can be an asset to the company and at the same time can be a benefit to employees. In addition workplace health programmes might fit into contemporary corporate social responsibility (CSR) strategies. By implication, successes in organisation and results might help the spread of such schemes across different companies and workplaces.

The European FOOD project and the 6-a-day Workplace canteen initiative differ in one aspect regarding the initiation-phase of the initiatives. The European FOOD Project was highly influenced by the increasing demand for initiatives that uses a balanced diet as a mean to combat obesity, hence creating a political window of opportunities. The 6-a-day canteen programme on the other hand was based in the increasing evidence base on the potential of local community bottom-up projects to contribute to the provision of health and the growing number of scientific papers on the beneficial health effects of increased fruit and vegetable consumption.

3.3.2.2 Planning of the initiatives

A broad range of stakeholders were involved in both the European FOOD project and the 6-a-day canteen initiative. As in many contemporary stakeholder approaches the idea seems to have been built on the idea that creating a platform of a broad spectrum of influential stakeholders increases the chance of success. In both cases,

academia, public interest NGOs, business interest NGOs, public authorities and consultancies has been involved along with a broad range of participating companies, canteens and restaurants.

Although it can be assumed that the first priority has been consensus and operational functionality it might be speculated that by engaging a broad range of stakeholders the likelihood of success is enlarged.

The European FOOD Project involved a broad range of stakeholders including the Edenred company and a broad number of stakeholders in the six different implementation countries. Through negotiations with different stakeholders including the International Labour Union and through different networking activities the project was shaped during a couple of years. Edenred's interest for entering into the partnership was due to that fact that its core businesses includes corporate service solutions based upon enhancing employees' convenience, including easy access to lunch options. Edenred offers programmes that enable organisations to provide convenient payment solutions to employees, and the European FOOD Project seemed as a relevant partnership to get involved in. NGOs, authorities, consultancies and research institutions engaged in the partnership and partners came to represent six countries: Belgium, Czech Republic, France, Italy, Spain and Sweden.

The 6-a-day workplace canteen partnership in Denmark was planned by a broad partnership with stakeholders from the fruit and vegetable supply side, large companies, restaurants, canteens, government food research bodies and was administered and managed by the Danish Cancer Society. The 6-a-day Workplace Canteen project was a part of a broader fruit and vegetable promoting partnership that included school interventions, campaigns, web services and advocacy, all of which was managed by a secretariat at the Danish Cancer Society and a multi-stakeholder board.

Anecdotal evidence suggests that a long process of negotiation and attempts to reaching consensus has been necessary in order to get the partnership established and operational. It should be noted that in the case of the 6-a-day Workplace Canteen project, the cultural and political context in Denmark is believed to have facilitated this process, as close collaboration between public interest NGOs, government research and government risk management is common. It should also be noted that the establishment of public-private partnerships in obesity governance have been highly prioritised by the Danish governments and its implementation has enjoyed broad political support throughout a decade. The obvious business opportunities that is created for fruit and vegetable suppliers through an increased focus on the beneficial effects of increased intake of fruits and vegetables has contributed to reinforcing the success of the 6–a-day partnership and in facilitating the canteen element of the project.

In the case of the Keyhole Restaurant Labelling scheme it was planned with the existing Keyhole labelling scheme for pre-packed foods as a point of departure. This scheme has a long history and has evolved over the past decade by important stakeholders from Swedish retailing and government food administration. Later it has been institutionalised in the form of a public interest NGO.

3.3.2.3 Key elements of the initiatives

The strategies identified included both initiatives targeted in-house based employee lunch provision schemes as well as out of house/out sourced schemes.

Strategies include both end-user and mediator approaches. In the case of the European FOOD Project, the aim was to promote a balanced diet among employees in companies through a meal voucher scheme. The meal voucher scheme that is offered to companies in number of countries is a simple way in which companies can supply a fixed employee benefit such as a lunch to employees. Employees are given the vouchers often as a part of their contract and the scheme is based on a subscription contract system in which the restaurant afterwards, like in other

voucher systems, cash the value of the voucher at the company. Since it is based on vouchers it is very easy to limit the choice to, for instance, healthy diet-based 'choices'; in effect this is 'choice editing'. The project has primarily been targeting companies relying on voucher systems. The aim of the project activities has been to facilitate a balanced choice of diet among employees through; improved information; training of staff to offer healthy options; and increased awareness of the importance of a balanced diet communicated via employers to their employees. In addition to these non-environmental strategies, elements addressing availability was also applied. For instance the project involved reducing portion sizes and changing the special offer deal from main meal plus dessert for a fixed price, to starter plus main course for a fixed price.

In the case of the Danish 6-a-day Workplace canteen project the elements included: communicative components, availability strategies, local recipe redesign, training as well as strategies targeting the canteen staff and canteen management level. All projects have been involving an evaluation element through the involvement of research participants in the partnership. It is the impression that projects have been putting much emphasis on the evidence creation process as part of a wider policy process. The canteen part of the initiative alone has produced 2 peer-reviewed papers.

Generally, The European FOOD Project, the 6-a-day Workplace Canteen initiative and the Keyhole Restaurant Labelling initiative all include elements from a broad range of health behavioural theories. Some elements in the initiatives build on the assumption that food behaviour and eventually prevalence of obesity can be influenced through information. This line of relationship is often referred to as the KAB[5] model. Some intervention elements rely on changing the environment and directing people towards a healthier offer – also referred to as the settings approach. This is mainly the 6-a-day Workplace canteen initiative. The Keyhole

[5] Knowledge, Attitude, Behaviour, also referred to as the *KAP practice model*

restaurant initiative seem more based on providing a 'healthy choice' strategy than a 'healthy supply' strategy. The limited focus on environmental change in the European FOOD project is focused on training of staff to offer healthy options, which implies that the extent of actual environmental change is not known.

All the initiatives seem to rely on a voluntary approach rather than on prohibition and restrictions. The approaches have mainly been targeting the food provision level and to a lesser extent attempts to target the management level in the involved companies.

3.3.2.4 Management strategy

The European FOOD Project was initiated by the Edenred company in collaboration with a broad range of partners. The partnership established itself as a consortium and applied for supporting grant from EAHC. The company functioned as the main applicant, hosted the secretariat and acted as coordinator.

The 6-a-day partnership was initiated and managed by the Danish Cancer Society as a partnership involving an agricultural research organisation, a number of health NGOs and the national food agency. The Danish Cancer society established a secretariat and a governing board with representatives from the involved organisations to operate the partnership. The partnership applied for financial support from government food programme that made the partnership possible in combination with partners' own self financed resources.

3.3.2.5 Was sustainability of the initiative addressed?

Sustainability was addressed in the 6-a-day workplace canteen initiative by ongoing measurements during the intervention period and a one year follow-up analysis. It was assumed that the approach based on development of local recipe re-design strategies by the local workplace canteen in cooperation with a project coordinator

and a network among the pilot canteens would have good possibilities of obtaining a sustained impact.

3.3.2.6 Implementation process of the initiatives

It can be argued that it is often difficult to identify how implementation came to differ from what was anticipated. This was the case in both the analysed cases.

3.3.2.7 Observed outputs and outcomes

Both the 6-a-day workplace canteen initiative and the European Food Project have been heavily reported in the media. The 6-a-day workplace canteen initiative has primarily been reported in the Danish media but in recent years the project has been disseminated through scientific media also. As a result the project has been reported internationally especially through the international research and practice community for fruit and vegetable promotion. Two scientific papers (Thorsen et al 2009 & 2010) from a 5-year follow-up study of the 6-a-day canteen workplace project show that in a sample of five studied canteens it was possible to increase the mean daily intake of vegetables per person significantly and close to the current recommendations.

The European FOOD Project on the other hand has had international exposure in media across Europe. Unlike the 6-a-day project the European Food Project has not been applying summative outcome measures. The project has been resulting in a series of country specific recommendations. In addition a limited number of healthy menu-based pilot schemes in restaurants has been carried out, but not published.

3.3.2.8 Have impacts been sustained over time?

Two scientific papers (Thorsen et al 2009 & 2010) from the 5-year follow-up study of the 6-a-day canteen workplace project show that in addition it was possible to sustain the results in four of the five canteens.

3.3.2.9 Local and national embedment of the initiatives

It should be noted that the 6-a-day workplace canteen project and the European FOOD project and their progress show considerable differences in terms of their background, their structure and aim. The interventions seem to have been based more on what consensus can be reached among the partners and what is socially acceptable rather than on theoretical analysis of what might be most effective when looking into the literature on behavioural change.

One important difference is that the European FOOD project stretches over national borders and as a result has been forced to accommodate differences in governance approaches and food cultures. Another important difference is that the European FOOD project has targeted a broader balanced diet and healthier eating trajectory as opposed to the 6-a-day Workplace Canteen initiative, which has followed a narrower and easily communicable goal of 6-a-day fruit and vegetable intake.

An important element of the sustainability is financial support. Both the 6-a-day workplace canteen initiative and the European FOOD project have received financial support from governments or EU institutions, which has contributed to the sustainability of the projects. The consortium behind the European FOOD project has now established the initiative permanently without financial support from the EAHC.

In the case of the European Food Project the original 2-year EAHC financed project has now been sustained to a second generation non-EU financed project in 2011 based on a fully self financed architecture with no EAHC funding. As a result a full assessment of the embedment potential cannot be done.

In the case of the Keyhole restaurant project the label concept has been institutionalised through the establishment of a permanent NGO.

3.3.2.10 Have the initiatives been transferred to different contexts?

The European FOOD project is an international project where national representatives have been involved in the development of national recommendations. This implies that the project has been resulting in a series of country specific recommendations. The overall concept of the project is thus applicable in different national contexts, but recommendations for transfer of the approach to other contexts seem not to have been developed.

3.4 Labelling

Front-of-pack labelling has been on the agenda since the 1980s and has been included as a measure in global, regional and national nutrition action plans.[6] In WHO's global strategy on diet, physical activity health (2004-2005) private industry was encouraged to label food products in order to steer consumers' food choices in a healthier direction. The Nordic Council of Ministers adopted a 'Nordic Plan of Action on better health and quality of life through diet and physical activity' in July 2006. One of the objectives was to explore the possibilities of harmonising criteria behind signpost-labelling schemes.

The comparison among the best practice cases within labelling is based on information collected from five cases on voluntary front-of-pack labelling: Keyhole labelling (Sweden), Keyhole Restaurants (Sweden), Keyhole labelling (Norway), Bread Scale (Norway) and Heart symbol – a better choice (Finland). Health-related front-of-pack labelling aims at making healthy choices easier for consumers and also stimulating healthy food product innovation and reformulation.

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[6] For example, World Health Organisation (2004). Global Strategy on Diet, Physical Activity and Health. http://www.who.int/dietphysicalactivity/goals/en/; Nordic Council of Ministers (2006). Nordic Plan of Action on better health and quality of life through diet and physical activity. http://www.norden.org/en/nordic-council-of-ministers/councils-of-ministers/council-of-ministers-for-fisheries-and-aquaculture-agriculture-food-and-forestry-mr-fjls/nordic-plan-of-action-on-better-health-and-quality-of-life-through-diet-and-physical-activity/

First we present information for each of the five selected cases separately and this is followed by a cross analysis of the cases.

3.4.1 Summary of good practice cases

3.4.1.1 Keyhole labelling (Sweden)

Background for the initiative

The idea of Keyhole labelled products in Sweden grew out of a concern for public health problems, such as heart diseases and cancer back in the 1980s. The idea was to make it easier for consumers to choose food products that contained less fat and more dietary fibre. The planning of the initiative did not directly involve a specific understanding of obesity and obesity governance, but obesity reduction was added at a later stage as one of the objectives.

Planning of the initiative: what stakeholder groups participated in the planning?

The Swedish National Food Administration (NFA) started discussing the issue of making it easier for consumers to choose healthy food products in 1983. The original suggestion was to introduce a three-coloured 'traffic light' system (low, middle, high – content of fat, sugar, salt, dietary fibre), however the food industry were not interested in using red 'stop signs' on their food products and the system was never applied.

The food industry played an important role in initiating the voluntary labelling system in Sweden. Between 1985 and 1989 a variety of symbols for sugar, salt, fat and dietary fibre content in food products was introduced by different organisations and businesses. For example, ICA, a major retailer, introduced a green dot on healthy products. This green dot is the background for today's Keyhole symbol. Because the proliferation of different symbols in use could confuse consumers, NFA decided to ban private labels, and introduced in 1989 rules for labelling packaged

food products with a low content of fat, sugar or salt or high content of dietary fibre (SLVFS 1989).[7]

The food industry and retailers (including ICA, Axafood, Coop, etc.) were involved in the discussions about the Keyhole labelling system from the start. It was decided that NFA in close dialogue with food industry could make amendments to the established rules. The corporate stakeholders were conferred in the standard discussions, and they were also closely listened to with regard to the technical possibility of introducing stricter standards.

Consumers were not directly involved in the planning, but the rules behind the Keyhole symbol were based on research on national dietary advice and research.

Important elements in the initiative

The Keyhole is a voluntary front-of-pack food label (logo) with two main objectives:
1) To assist in and to give the opportunity to all consumers in making healthier food choices and to easier identify healthier food products. The label is aimed at the healthy population or 'normal' consumers above the age of three years. By selecting the Keyhole labelled food, people can eat healthier and lose weight. By healthy eating and regular exercise the risks of diseases such as obesity, cardiovascular disease, diabetes, hypertension, certain cancers and osteoporosis are reduced.
2) To stimulate manufacturers to change product innovation, development and reformulation in a healthier direction.
Keyhole labelled food is leaner and contains less sugar and salt, but more fibre and whole grain than alternative similar products. Standards for different food groups or categories are set by NFA, in close dialogue with industry stakeholders.

[7] SLVFS, 1989:2

Management strategy

NFA manages the Keyhole labelling system, which is a registered trademark owned by NFA since 2005.

The use of Keyhole labelling is voluntary and free of charge. Food producers using the Keyhole label are responsible for regulatory compliance. The municipal environmental- and health board is responsible for controlling the Keyhole labelling. NFA has regulatory oversight of the major manufacturers who use the Keyhole symbol on some of their products.

Sustainability addressed?

As part of the revisions of the Keyhole labelling guidelines in 2005 the number of food product groups increased from 14 to 26. The new regulations from 2005 were based on the Nordic Nutrition Recommendations and added criteria on the saturated fat and transfat content and on sugars and salt content for those products that this is relevant (LIVSFS 2005).[8]

Today keyhole labelling can be used in three contexts:

- On pre-packaged food directed at consumers and catering firms. Fresh and frozen fish, fresh fruit, vegetables and potatoes may also be unpackaged.
- On menus and recipes for restaurants and fast food outlets (see the Keyhole Restaurants)
- On recipes aimed at consumers in stores. Special agreements on criteria are in this case made between the NFA and retailers (ICA, Coop, Finax etc.).

Almost all food producers in Sweden have accepted the Keyhole labelling and have products in line with the guidelines. One of the main reasons for this is thought to be the fact that the NFA included food producers at an early stage in the development of the Keyhole guidelines. At later stages the NFA also accommodated the

[8] LIVSFS 2005:9

producers' concerns when the restrictions seemed too strict and hard to adapt to the present standards of product development.

Implementation of initiative – compared to the planning of the initiative

There has been no change in organisational structure since the implementation, but the rules have been amended. In the 1990s and up to 2004/05 there was a thorough revision of the Keyhole labelling guidelines. During this period there was a lot of product development in relation to wholegrain and the standards from 1989 were out-dated. In 2004, the NFA suggested wholegrain as a standard in addition to dietary fibre. However, the bread producers opposed the suggestion because according to them it would be too expensive to make the suggested changes at that point of time. They suggested instead of the suggested standard based on both wholegrain and dietary fibre to include either a standard for wholegrain or one for fibre. Based on this, NFA chose in 2005 to only include a standard for dietary fibre.

Before NFA made amendments in 2005, a survey was conducted among the food industry. Stakeholders were thus given an opportunity to respond to the suggestions from NFA. The whole scheme is based on collaboration between stakeholders and the scheme requires collaboration in order to be successful. The rules have been developed gradually based on a dialogue between stakeholders. Amendments to the rules have been driven forward by dietary debates in the media on sugar, wholegrain etc.

What impacts have been obtained? How can obtained results be explained?

National and Nordic surveys have reported increased knowledge and use of the Keyhole label among consumers.

In 1991 and 1993 NFA and the Swedish Bureau of Statistics jointly carried out two repeat postal surveys regarding the dietary habits, knowledge and attitudes to food and health among representative samples of the Swedish population. One of the

questions was: *Do you know the meaning of this symbol?* And the results both years showed that 66% of the respondents believed that the symbol indicates low in fat and about 40% rich in dietary fibre. Only about 10% were aware of the fact that the symbol had both meanings. An additional 10-15% erroneously believed that the symbol was used in relation to environmental issues. 40% of people in 1991 and 50% in 1993 reported that they usually look for the Keyhole symbol when purchasing food, particularly crisp bread, margarine, blended meat products, cheese and milk.

In 2009 the Food Authorities in Norway, Sweden and Denmark together with the Nordic Council of Ministers conducted an evaluation of the Keyhole label through a common survey in all three countries among people who have the primary responsibility for purchasing food in the household they belong to. The Swedish results from the 2009 survey:

- 98% recognised the Keyhole label.
- Respondents know the Keyhole label from the following places: food products (66%), grocery stores (54%) and newspapers and magazines (30%).
- 46% evaluate the Keyhole to be very visible in Sweden.
- The survey population linked the Keyhole label to: health (67%), a better choice (24%) and sustainable environment (18%).
- 25% agree with the statement that the Keyhole makes it easier to choose healthy food products in the grocery shopping process.
- 31% are of the opinion that there is a small selection of Keyhole labelled products in the stores. - 43% claim that they would buy more Keyhole labelled products if the availability were to be increased.
- The Keyhole is referred to as the second most important label when choosing food products, only surpassed by the label KRAV (organic).
- 47% of respondents report to trust the Keyhole label in 2009, compared to 44% in 2008.
- In 2009, 22% of respondents say they often or always buy keyhole labelled products when this is an option, as compared to 27% in 2008.

Have impacts been sustained?

The entire system is based on the idea that business stakeholders are actively involved in the discussion of standards. The results within the industry have been sustained. The fact that it is a label that is used to identify healthier food products 'works' for the industry because then they don't have to say anything about the products that are not labelled. The initiative is built on co-operation, and even if food authorities have a regulatory role, it is optional for food producers to participate.

Have the initiative been embedded?

Since 2003, Swedish restaurants have been able to use the Keyhole label to signify healthy menu choices, and in 2009 an independent Keyhole Restaurant Association was formed. As part of the revisions of the Keyhole guidelines in 2005, the number of food product groups increased from 14 to 26. In 2009, the Keyhole became a common Nordic label for healthier food products in Denmark, Sweden and Norway. Norway and Denmark have since the introduction conducted campaigns to anchor the Keyhole label among consumers.

Have the initiative been transferred to other contexts?

The Keyhole became a common Nordic label for healthier food products in Denmark, Sweden and Norway on the 17th of June 2009. The standards are the same in all three countries. Although Norway wanted to have even stricter standards for the food industry, it was decided that all three countries should operate with the same standards in order to ensure a common Nordic labelling system.

When the Keyhole initiative began to be discussed as a common label system for the Nordic countries, authorities in all three countries agreed that also standards for wholegrain should be included in the Keyhole label. The businesses responded that the amendments to the rules were happening in too big steps. Therefore, the rule for wholegrain was set to 25% for dry products and 50% for other products. For corn it was set to a 100%.

NFA recognises that the fairly strict standards for the Keyhole probably work best in Nordic countries. Other European countries have different food cultures, political systems and dynamics between authorities and industry, which may not always support this type of initiative. If a similar system is going to work in countries outside Scandinavia, it is a necessity that the standards are adapted to national food cultures.

3.4.1.2 Keyhole Restaurants (Sweden)

Background for the initiative

The Keyhole label, which is a Swedish registered trademark, owned by the National Food Administration (NFA), has been used in Sweden since 1989 as a voluntary front-of-pack food label that identifies healthier food products within a product group. Restaurant owners who wish to use the label contact NFA, and from 1993 restaurants were able to use the Keyhole label to signify healthy menu choices to customers.

Keyhole Restaurants labelling scheme addresses obesity indirectly by improving the selection of healthy foods in restaurants in workplaces, high schools, hospitals and regular restaurants and cafes. An earlier survey had shown that many restaurants in Sweden had generally unhealthy menus and in the mist of Keyhole labelling being implemented in Sweden, both restaurant-owners and politicians saw a window of opportunity to stimulate change.

Planning of the initiative: what stakeholder groups participated in the planning?

NFA was in charge of planning the initiative from its beginning in 1993. NFA had the main responsibility of designing and developing the initiative, in dialogue with other stakeholders such as the Swedish National Institute of Public Health, representatives from the food industry and restaurant owners. It was natural that a partnership was chosen as the structure of the initiative, as the Keyhole Restaurants is voluntary for restaurant owners.

NFA conducted a certification pilot-project in 2007 involving 60 restaurants.

It was not necessary to negotiate between stakeholders to obtain support, as this was an idea restaurant owners, customers, employers offering lunch to their employees and NFA supported. Restaurant owners had various reasons for using the Keyhole label; some were concerned with health issues whereas others saw it as part of a trend offering profit opportunities. Employers who joined wished to keep their employees eating healthy by offering them healthy meals in their canteens.

Important elements in the initiative

The target group of the initiative has remained the same from the onset:
Serving staff and cooks at different types of restaurants, including those who serve lunch meals at schools and workplaces
Customers at restaurants, schoolchildren and employees at workplaces

The criteria for the Keyhole Restaurants are harmonised with the Keyhole criteria for food products in food stores set by NFA. One important difference from the Keyhole on food products is that the Keyhole Restaurants is a holistic approach, which means that the restaurants must offer complete healthy meals. Restaurants are divided in five different categories.

The Keyhole Restaurants initiative has three equally important aims:

- Increase the restaurant professionals' knowledge about how to cook and serve healthy meals and provide them with the tools to be successful in their work with healthy meals.
- Increase the availability of healthy restaurants throughout the country and make it easier for the guest to make healthy choices in the restaurants.
- Inform the restaurant guests about healthy meals and healthy lifestyles.

In 1993 when the Keyhole label first was extended to restaurants, there was no training of staff or quality check of the restaurants, but NFA soon found out that a certification process was needed to increase the knowledge of healthy cooking and secure the quality of the healthy menus served at the restaurants. Therefore, the idea of a certification with training of staff through seminars and web-based courses was introduced.

Step one in the certification process is training of the restaurants' staff. This training is tailored for the needs of the different restaurant categories. Restaurants with fixed menus (for example, hamburger restaurants) have a certain need for training, whereas lunch restaurants that regularly have new menus have a different need. It is seen as crucial that the entire staff receives basic training while the chefs receive more advanced training. The restaurants are offered tools (including a simplified web-based programme for nutritional analysis of menus and recipes, information and marketing material, and a database for Keyhole recipes) to help in the different aspects of their work with healthy meals. After the training is finished the restaurant adopt its menus, provides required additions e.g., a salad bar, to follow the criteria for using the Keyhole label. After this process is completed, the first follow-up and feed-back visit is performed by the Keyhole Restaurant Association`s freelance staff. If the restaurant passes all the criteria it is allotted the certification for the first year. Annual follow-up must be passed in order to keep the Keyhole certification.

Management strategy

Plans to set up an independent non-profit association organising the Keyhole Restaurants started in 2007. The association was to be supported by the Department of Agriculture the first year. Knowledge and legitimacy was already present through the existing Keyhole label and NFA.

The Keyhole Restaurant Association is in charge of training, control and certification through freelance experts around the country conducting seminars as well as web-

based training. In 2009 a new organisation for the certification of restaurants using the Keyhole label was formed: They Keyhole Restaurant Association.

The Keyhole Restaurant Association is a non-profit organisation with seven members: National Food Administration, Swedish National Institute of Public Health, three trade organisations (representing hotels and travel, food industry and retail) and two universities with a culinary focus.

The association had by 2011 three employees and a freelance staff (40 health and diet professionals around the country) who provide training and the yearly follow-up of the certified restaurants.

Sustainability addressed?

At the start-up the Keyhole Restaurant Association was funded by the Department of Agriculture, but it was envisioned that the association would primarily be self-sustained by 2012 through fees for training and annual certification. However, public financing is still needed to support the Keyhole brand and to reach restaurants in the less populated parts of the country.

Implementation of initiative – compared to the planning of the initiative

The organisational relationship between the stakeholders has not been changed since the start, but the initiative has not been implemented as expected with regard to the goal of self-financing. The plan was that the initiative would be self-sustained by 2012. It has proved more difficult to expand the concept than what was envisioned from the onset, so the aimed number - 500 - of participating restaurants has not been achieved. According to the CEO of the Keyhole Restaurant Association, a reason for this is the lack of a promotional strategy by the NFA for the Keyhole at Restaurant initiative. Also, there is currently a lot of focus on other aspects relating to food such as sustainability and organic and local food. Therefore, it has become

more difficult to promote the Keyhole label, which focuses only on the composition of healthy meals, not how the food has been produced.

What impacts have been obtained? How can obtained results be explained?

An output measure used is the total number of certified restaurants. More than 325 restaurants are at this point either certified or have started the certification process, which is lower that the target 500 restaurants. Furthermore, improvements have been observed in the training of staff, which have been detailed at different levels and better adapted to type of restaurant/café.

Some of the restaurant chains have managed their own internal evaluations of the system. Students from the Universities that are part of the association have done follow-up studies of the initiatives. For example, an interview study in a hospital canteen for employees showed that the customers selected foods mainly based on taste and not the Keyhole label.

Have impacts been sustained?

The initiative has been sustained in the involved organisations. However the Keyhole Restaurant Association has not become independent from funding from the Department of Agriculture as planned. However, the number of certified restaurants is increasing.

Have the initiative been embedded?

The initiative was supposed to be uniform around the country, but adapted to fit different types of restaurants (ranging from set menu restaurants, new menu every day and cafes). Currently there are more than 325 restaurants throughout the country that are either certified or have started the certification process. The majority of these restaurants are lunch restaurants connected to larger workplaces, but also restaurants in hospitals and at high schools are represented.

Have the initiative been transferred to other contexts?

By 2012, the Keyhole at Restaurants initiative will be imported into Denmark. Norway also plans to adopt the concept. The Nordic cooperation will further strengthen the Keyhole certification of restaurants and will be very valuable for the further development and growth of the initiative.

In 2010, the Danish government made an agreement with NFA to launch the Keyhole Restaurants in Denmark. During 2011 the Danish government will work with adopting the Swedish Keyhole Restaurants concept to the Danish context. Implementation of the system and pilot-projects will be conducted in 2011-2012.

There is a political interest to introduce the Keyhole at Restaurant in Norway. In 2011 the Norwegian Directorate of Health and the Norwegian Food Safety Authority have mapped the possibility of extending the Keyhole label to kiosks, petrol stations and serving places in Norway. An analysis of the need and motivation among market actors in this niche for using the Keyhole symbol is central in this mapping. The Norwegian Directorate of Health and the Norwegian Food Safety Authority are in the process of evaluating different alternatives for the implementation of the system in Norway. Possible alternatives are: 1) Developing and offering a larger variety of ready-packed products which are Keyhole labelled; 2) Implementing the Swedish system adopted to Norwegian lunch culture in canteens and roadside restaurants etc.; 3) Implement a new Swedish system adopted to fast-food restaurants; and 4) Visualise Keyhole labelled products when serving without packaging. The needs, wishes and preconditions among commercial target groups will be mapped in a report to the Ministry of Health and Care Services.

According to the CEO of the Keyhole Restaurant Association it will be very important to adapt the initiative to fit different national contexts (food culture, market structure and restaurant owners' and guests' needs and expectations).

3.4.1.3 Keyhole labelling (Norway)

Background for the initiative

When the Norwegian Directorate of Health and Norwegian Food Safety Authority discussed symbol labelling in the mid 1990s, they concluded that it was not that useful and that the extra resources it would demand could not be supported. They therefore decided to wait and see what the experiences were in other countries.

In 2004, a group of NGOs in public health ('Kostforum') started to promote symbol labelling and organised meetings in order to obtain support from the Ministry of Health and Care Services, Norwegian Directorate of Health, National Nutrition Council and political parties. They organised a conference 'Why do Norway symbol labelling of food?' with invited speakers from Finland (Heart symbol - 2000), Sweden (Keyhole - 1989), Denmark ('spis mer, mindre, mindst' - eat more, less, least – 2007) and Australia (Pick the tick - 1989). Approximately 50 participants from NGOs, industry, retailers, authorities and research institutes attended the event. Subsequently a collaboration group under the rubric 'Symbol labelling of healthy food' with members from NGOs ('Kostforum'), Med. Prof. Bjørn Christophersen, National Institute for Consumer Research (SIFO), Norwegian Consumer Council and retailers (DLF, ICA, Coop) was established. This group had meetings in 2006-2007 and also initiated a consumer survey that SIFO undertook in 2007. The goal was to get the authorities interested in introducing symbol labelling in Norway. Parallel, in 2006 ICA, which has retail stores in Sweden, introduced the Swedish Keyhole labelling on shelves in their Norwegian stores.

In September 2007, ICA (retailer) and NGOs ('Kostforum') organised a conference together on symbol labelling for updating on what had been done and discussions about the future. 100 representatives from authorities, food sector, consumers, and media participated.

Planning of the initiative: what stakeholder groups participated in the planning?

In the Norwegian government's 'Action plan for an improved diet among the population (2007-2011) – Recipe for healthier eating' symbol labelling is included as a possible strategy to provide information to consumers and to make healthy choices easier. When the Ministry of Health and Care Services arranged a meeting related to the action plan in 2006 for external actors, symbol labelling was one of the issues brought up by both NGOs ('Kostforum') and retailer (ICA).

The Ministry of Health and Care Services established in 2007 a working group (with members from the Norwegian Directorate of Health and Ministry of Agriculture) to look into the different aspects of symbol labelling. The aim of the ministry was to have a voluntary public labelling scheme in place before the end of 2008. The ministry assigned the Norwegian Directorate of Health and Norwegian Food Safety Authority to start the work in spring of 2007.

The working group organised information meetings in 2007 with various stakeholders (industry, retailers, consumer organisations, etc.) to get them involved and gain their acceptance. Dialogue was initiated with retailers, food industry, nutritionists (National Nutrition Council) and relevant trade organisations through an open meeting in September 2007 and a reference group was established and had six meetings. There were especially discussions about some products, for example, fatty fish (salmon, mackerel), milk (limit 0.5% fat – raised questions: what about the milk with 0.7% available on the Norwegian market?) and pizza. Industry expressed at an early stage that they would prefer a label that positively signifies the healthier choices. A marketing company performed a consumer study in 2007 on preference for type of labelling. Results from focus groups suggested that the Keyhole was preferred.

The report 'Recommendations for healthy labelling' ('Anbefaling av en sunnhetsmerking') to the Ministry of Health and Care Services was published early in 2008. In this report the Norwegian Directorate of Health and the Norwegian Food

Safety Authority recommended that Norway collaborate with Sweden and Denmark to establish a common Nordic label. However, the Norwegian Consumer Council based on consumers' right to choose recommended a traffic light type of label.

The Nordic Council of Ministers adopted a 'Nordic Plan of Action on better health and quality of life through diet and physical activity' in July 2006 (one of the objectives: explore the possibilities of harmonizing criteria behind signpost-labelling schemes). In August 2007, the Danish Veterinary and Food Administration took an initiative to explore if a common Nordic label would be possible (because the Danish labelling initiative traffic light had met resistance from industry and retailers). In September 2007, a Nordic workshop 'Harmonizing criteria behind the signpost labelling schemes in Nordic countries' started the Nordic collaboration and discussions about a common Nordic labelling. In Norway the Ministry of Health and Care Services asked the Norwegian reference group and some of the large food producers for written comments on the development of criteria and food groups included in the Swedish Keyhole (written comments from stakeholders are published in the report 'Recommendations for healthy labelling').

The Keyhole became a joint Nordic label for healthier food products in Denmark, Sweden and Norway as of the 17th of June 2009.

Important elements in the initiative

The elements of the Keyhole in Norway include labelling, information campaigns, and product reformulation.

Two main objectives of the Keyhole labelling:

1) to assist in and to give the opportunity to all consumers in making healthier food choices and to easier identify healthier food products within a product group;

2) to stimulate manufacturers to move product innovation, development and reformulation in a healthier direction (product reformulation – less fat, sugars and salt and more dietary fibre).

The Nordic criteria have been developed by the authorities in Norway - the Norwegian Directorate of Health and Norwegian Food Safety Authority, Sweden – National Food Administration, and Denmark – Ministry of Food, Agriculture and Fisheries. The label is supported by the Nordic Council of Ministers.

Management strategy

The management of the Keyhole labelling system is based on cooperation between the Norwegian Directorate of Health and Norwegian Food Safety Authority (in close dialogue with other stakeholders).

Sustainability addressed?

The Keyhole was originally Swedish and in 2009 became a Nordic label used in Denmark, Norway and Sweden.

The need for informing all Norwegian consumers, also the immigrant population, has been recognised. Information about the Keyhole, including educational material for schools, posters, leaflets, campaign films etc. has since been made available at the website www.nokkelhullsmerket.no.

Implementation of initiative – compared to the planning of the initiative

In 2007 the Ministry of Health and Care Services aimed to have a voluntary public labelling scheme in place in Norway before the end of 2008. However, because of Nordic collaboration instead it became a common Nordic label in 2009.

What impacts have been obtained? How can obtained results be explained?

Impacts have been measured by both internal and external independent evaluation.

The Authorities in the three Nordic countries have internally evaluated the labelling scheme. In Norway, 72% of consumers responsible for grocery shopping recognised

the Keyhole already in 2008. The number has increased and was 89% in December 2009. Also the sales of Keyhole labelled products (4.7% of the total sales in 2010) and the number of products (550 in 2010) have increased.

An external study 'To select or ignore: Consumer strategies for manoeuvring in the label diversity' was based on representative web-survey in November 2010 and focus groups on consumers' perceptions of the multitude of labels. In the focus group criticism was aired towards the Keyhole label. It mainly focused on the fact that products normally considered to be unhealthy, e.g., a type of frozen pizza had been assigned the label. In the web-survey six out of ten related the Keyhole label to health. However, more than one fifth related the label to 'environmental concerns', and about one out of six to 'organic'. It was assumed that this might be due to the green colour of the Keyhole.

Have impacts been sustained?

The Nordic labelling was implemented in June 2009. The number of Keyhole labelled products has increased and Norwegian consumers seem to recognise the Keyhole label.

Has the initiative been embedded?

The Keyhole is based on dialogue between authorities and the industry and retail both in planning and implementing.

Has the initiative been transferred to other contexts?

The originally Swedish Keyhole labelling was through Nordic collaboration transferred to Denmark and Norway.

3.4.1.4 Bread Scale (Brødskala'n) (Norway)

Background for the initiative

Actors in the Norwegian market discussed labelling of bread in the 1980s, and some bakeries initiated attempts to label their bread. However, these early attempts were not successful. The Norwegian Food Safety Authority already regulated the use of the concept whole grain, and bread products claimed to be 'whole grain' had to contain at least 50 % whole grain.

A few years before the Bread Scale initiative took form in 2006 package declarations of bread were criticized for being incomplete and bakeries were criticized for misleading consumers to believe that darker coloured breads were healthier and contained more whole grain. Within this context of public debate a demand for better and more informative labelling of bread was expressed in the media. The first initiative took place on a bread tasting gathering organised by a major Norwegian newspaper. The president and the director of the Baker and Confectionery Industry Association both attended the tasting where a representative from the Norwegian Consumer Council encouraged the bakery industry to label bread according to whole grain percentage. The Baker and Confectioner Industry Association brought the idea on wholegrain labelling to the Federation of Norwegian Food and Drink Industry shortly after. In addition, there were some concerns about the competition in the food market and especially new imported products. In the context of new nutritional advice from the government, an increase of the consumption of whole grain products may have served as marketing strategy as well as encouraging healthy food choices.

Considerations appear to have been based upon the role and the responsibility of the food suppliers, bakeries and mills, in preventing obesity by informing consumers about the content of wholegrain in bread. One implication of the WHO Global Strategy of Diet Physical Activity and Health was to encourage private industry to

label food products in order to steer consumers' food choices in a healthier direction. The Federation of Norwegian Food and Drink Industry saw the opportunity to make to position the organisation within the political discussion on health and nutrition.

Planning of the initiative: what stakeholder groups participated in the planning?

The Baker and Confectioner Industry Association approached the Federation of Norwegian Food and Drink Industry with the idea. They invited the Norwegian Consumer Council to join the planning project and encouraged different representatives from the bakery industry and flour and cereal industry to participate. In early stages of the initiative it was a partnership between the three stakeholders (the Federation of Norwegian Food and Drink Industry, Norwegian Consumer Council and Baker and Confectioner Industry Association. Each of the three organisations contributed to necessary resources for the project, and all partners were satisfied with this way of organising the project. Early on recognition and support behind the idea from the Norwegian Food Safety Authority and Norwegian Directorate of Health was seen as necessary, and thus the two organisations were invited to participate in the planning process.

Bakeries organised through the Baker and Confectioner Industry Association welcomed the initiative. Some bakeries raised some concern related to what they expressed as a downgrading of 'fine' (white) bread as unhealthy. This and similar objections were met by ensuring that the label would only inform consumers about whole grain percentage in bread. No negotiating seems to have been necessary within the Federation of Norwegian Food and Drink Industry or between the initial stakeholders.

The planning of the initiative was managed as a project, in which participants from the three initial stakeholder organisations took part. In addition, a steering group approved or disapproved of the project group's results at different stages of the process. The first element was to design and create a labelling system with some

originality. A part of this was achieved through hiring a design agency for the actual designing of the label. A second element was the establishment of the contract bakeries would assign to and the forms and schemas for accounting for wholegrain content in particular food products. A final element was to gain publicity, and this was achieved by involving Bakers (the largest supplier of bread in the food store chains) to go in front and market the Bread Scale.

The Norwegian Consumer Council was supposed to contribute with consumer insights through consumer panels. The Baker and Confectioner Industry Association contributed with market insights from the supply side, and special knowledge about the bakery industry. The Federation of Norwegian Food and Drink Industry had the experience with political discussions and lobbying and was therefore much more capable of organise such a process, than the Baker and Confectioner Industry Association.

At two stages of planning the initiative, consumer panels were involved. First the panels discussed how to label grain content in bread and participated in some early sketches of the actual label. For instance, the colour of the label was discussed and the panels emphasized red instead of green. Later on, the Norwegian Food Safety Authority and the Norwegian Directorate of Health were not satisfied with an early sketch of the label and the consumer panels were gathered once more to discuss this objection.

There appears to have been no conflicting or contradicting interest between the different stakeholders' influence on the initiative. According to representatives from the Federation of Norwegian Food and Drink Industry and The Baker and Confectioner Industry Association all parties agreed upon the mutual aim at labelling bread in order to give information on whole grain content.

Important elements in the initiative

The aim of the initiative was to develop a label informing consumers of the content of whole grain in bread.

In addition to planning the actual design of the initiative a large part of the process of developing the initiative was planning the release of the Bread Scale. The strategy to involve large actors on the bakery market to front the label was selected to influence other bakeries to participate. Since the Baker and Confectioner Industry Association participated in planning the initiative the assumption was that members would recognize, approve and further participate in the new labelling schema. Members were able to label their bread without additional fees. Increased growth of participation of bakeries and food products by non-members was achieved through differential payment based on the bakery size. The release campaign also aimed at highlighting the Bread Scale for consumers. The goal was that 20% of adult consumers in Norway would recognize the new label within three weeks after the campaign ended. In addition, the campaign aimed at informing not only the wholegrain content of bread but also provide consumers with insight into what determines the bread grain content.

During the planning process bakeries where informed about the Bread Scale and expressed interest to participate. The initiative was implemented in 2006 with a release campaign where the Bread Scale was promoted in the media. The director of the Federation of Norwegian Food and Drink Industry and the director of Bakers appeared on national radio. In addition, the Minister of Health attended the release campaign. The Federation of Norwegian Food and Drink Industry visited bakeries and bread suppliers and gave them necessary education of how to use the label and calculate the grain percentage.

Management strategy

Since the Federation of Norwegian Food and Drink Industry organises the food industry interests in Norway and the Baker and Confectioner Industry Association is a part of, it was decided that they would both lead the planning of the bread scale initiative and later on have the ownership of the labelling system. To secure this ownership they decided to get it registered in the Norwegian Industrial Property Office. The Baker and Confectioner Industry Association participated in the project

group. The Norwegian Consumer Council was part of the project group and provided for the consumer panels. The Norwegian Food Safety Authority contributed to optimize the guidelines of the label in accordance with established food and drink regulations. The Norwegian Directorate of Health contributed to nutritional expertise and developed the written materials such as brochures in accordance with official definitions of nutritional guidelines.

The project applied for funding from the Norwegian Agricultural Authority. In addition, the project was funded by the Federation of Norwegian Food and Drink Industry and the Baker and Confectioner Industry Association, as well as two private business partners (Norgesmøllene and Cerealia). The funding financed the design agency, production of information brochures and manpower. To ensure scientific standard on the four scales within the bread scale the Norwegian Institute of Food, Fisheries and Aquaculture Research (Nofima) functioned as advisor.

Sustainability addressed?

Early on it was decided to embed the Bread Scale within food and drink legislation and national nutritional guidelines. This aim was maintained by inviting the Norwegian Food Safety Authority and Norwegian Directorate of Health to participate in the planning process of the bread scale.

Sustainability of the initiative was addressed and it was an important aim during the planning process. Deciding that the Federation of Norwegian Food and Drink Industry would organise and have the ownership of the labelling system was expected to bring about broad participation from the industry. Collaboration between key players in the planning of the initiative also supported broad participation.

Implementation of initiative – compared to the planning of the initiative

There seems to be no changes between planning and implementation.

What impacts have been obtained? How can obtained results be explained?

Today, about 900 types of bread are included within the bread label organisation. Of these 87 are 'extra whole grain', 271 'whole grain', 266 'semi whole grain' and 272 'white' bread.

Studies have shown that bakeries have increased their sales of whole grain bread. For example, Newswire found that both a popular bakery located in Oslo and two suppliers of bread to the Norwegian retail chains had increased the sales of whole grain bread between 2007 and 2010. The bakery in Oslo increased the sales of whole grain bread with 6%, and the two suppliers increased the sales of the extra whole grain bread varieties 7-10%.

The National Institute for Consumer Research has conducted two studies that included the Bread Scale initiative. A study of Norwegian's attitudes to bread and grain products in 2008 showed that 45 % used the label when buying bread and 31 % claimed to eat more whole grain bread than two years prior to the survey. According to a study of consumers' perceptions and understandings of labelling in 2011, 7 of 10 associate the Bread Scale label to health information. The researchers concluded that the bread scale is a well-known label in comparison with other labels on food products. However, further research is needed to obtain knowledge of whether the consumption pattern of whole grain bread has changed after the Bread Scale label was introduced.

An overall sale statistic on bread products with varying whole grain content has not been obtained. Therefore, there is so far no accurate information on consumption of bread with varying content of whole grain. In 2006, statistics showed that Norwegians annually ate 164 000 tons of fresh whole grain bread compared to 28 000 tons of fresh white bread.

Have impacts been sustained?

The Norwegian bread consumers appear to consume more whole grain bread. However, it is uncertain if this is a direct result of the Bread Scale label. By informing

consumers about whole grain content in bread the Bread Scale may have increased healthy food choices among a broader spectre of consumers. The Bread Scale may also have led to increased production of whole grain bread and therefore less white bread on the market. However, more thorough investigation is needed to conclude if the Bread Scale has altered the Norwegian bread consumption to include less white bread and more wholegrain bread.

Has the initiative been embedded?

The initiative has been sustained in the involved organisations. The Federation of Norwegian Food and Drink Industry manages the labelling schema together with the Baker and Confectioner Industry Association. However, the Norwegian Consumer Council has not actively partaken in sustaining the initiative after their role in the planning process. On their web page there is only one article from 2006 about the Bread Scale.

There appears to be no information about the Bread Scale on the Norwegian Food Safety Authority's webpage, but at the web site '('Matportalen'), where the Norwegian Food Safety Authority participate with other governmental agencies in informing consumers about food related issues, consumers are advised to use the Bread Scale label to make healthy food choices.

The Directorate of Health is responsible for the National Council for Nutrition. In 2011 they released the report 'Dietary advice to promote public health and preventing chronic diseases' (2011) which has reference to the Bread Scale. This report is aimed at health workers and nutritional advisers. In addition, the Directorate of Health has information about the Bread Scale on their webpage aimed at a broader public, for instance under the heading nutrition and dietary advices readers are encourage to use the label to make healthy food choices.

For the Federation of Norwegian Food and Drink Industry the Bread Scale has led to new routines and work tasks. For instance, a record of all bakeries and food products labelled with the Bread Scale is regularly updated. The organisation conducts

inspections both in food outlets and at bakeries to ensure that guidelines are being followed. The Baker and Confectioner Industry Association participate in this.

Has the initiative been transferred to other contexts?

There seems to be no diffusion of the initiative.

3.4.1.5 Heart symbol – a better choice (Finland)

Background for the initiative

The background for the Heart symbol was an action plan for promoting Finnish heart health from the Ministry of Social Affairs in 1997. This action plan was accepted at a consensus meeting arranged by the Ministry of Social Affairs and Health and Finnish Heart Association. One of the recommendations in the action plan was establishment of labelling system for foods.

The Finnish Diabetes Association had also started a similar plan for prevention of diabetes and development of treatment (DEHKO), and they also included labelling of foods in their recommendations.

In Finland there is no governmental agency that gives nutrition information direct to consumers. Therefore, NGOs that receive support from the government are important actors.

Planning of the initiative: what stakeholder groups participated in the planning?

The Finnish Heart Association and the Finnish Diabetes Association in collaboration with the Cancer Association undertook planning. The Cancer Association later withdrew from governing the labelling system because of internal reasons, but they remained represented in the expert group.

The criteria for the Heart Symbol were developed in a broadly based working group with representatives from research, Finnish food safety authority and other authorities, and food industry. Information on nutrition and public health in Finnish population and dietary recommendations were used as background. The FINDIET study (Finravinto, 1998) was used to describe the situation, challenges within heart health (fat amount and quality, salt) and public nutrition. However, obesity was not mentioned specifically.

The main planning work was undertaken by the Finnish Heart Association with funding from Finland's Slot Machine Association (who raise funds through gaming operations to support Finnish health and welfare organisations). As part of the planning almost 60 organisations and businesses were consulted and asked to comment. Based on the responses and the interest showed by industry it was decided to implement the Heart Symbol in 2000.

The main reason for including many stakeholders was the need for different expertise (e.g. food legislation, food technology) and for creating commitment and engagement. Especially the development of criteria took a long time It was focus on the quality of the whole diet and on not getting too strict or too loose criteria. There were discussions about some product groups (for example, cream was included because it was considered important to help consumers in finding 'healthier' options when cooking).

They did look at some other models, for example, Australia and Canada, but recognised that the dietary problems and food groups vary and thus criteria and food groups have to be nationally-based.

Important elements in the initiative

It was NGOs who planned and launched the Heart Symbol.

The criteria for nine main food groups were developed based on Finnish nutrition recommendations and focused on fat and sodium content. For some product food groups were the criteria also based on cholesterol, sugar and dietary fibre.

Food companies have to apply for the right to use and the expert group makes the decision. The right to use is subject to an annual charge, which is 100-500 euro/product.

Management strategy

The Heart symbol campaign was launched and governed jointly by the Finnish Heart Association and the Finnish Diabetes Association with information campaigns in 2000. An expert group[9] was established to evaluate criteria, decide if products qualify, and arrange controls. Products are controlled by spot checks.

The Finnish Heart Association has assigned 1.5 whole-time-equivalent persons per year, a product manager and a nutrition expert who reviews applications for the Heart Symbol. The expert group may also consult outside experts on legal matters and food technology issues.

Finland's Slot Machine Association has funded campaigning until 4 years ago. After this it has been funded by the fees that the food industry pays for using the Heart symbol.

The Heart Association underlines the fact that they promote the Heart symbol and not products associated with the symbol. This is important because all businesses have to be treated equally and be in the same position in the market.

[9] Currently seven members (Kuopio University, Finnish Heart Association, Finnish Diabetes Association, Finnish Cancer Association, Institute for health and welfare and the Consumers' Association of Finland)

Sustainability addressed?

Information material and campaigns have been seen as important to secure sustainability. Brochures have been printed for different target groups and the Heart symbol has its own homepage: www.sydanmerkki.fi. Finnish food industry has used the symbol in marketing of their products.

Implementation of initiative – compared to the planning of the initiative

Obesity was not targeted in the planning phase of the Heart symbol, but it was included later and this resulted in changes in some of the criteria. For example, sugar was added because fat reduced yogurts contained a considerable proportion of sugar and energy. Not only the criteria has been revised but also some new food groups have been added, such as fresh vegetables, fruit, fish and meat.

What impacts have been obtained? How can obtained results be explained?

The Heart Symbol has been evaluated based on both annual internal surveys and since 2001 the National Institute for Health and Welfare has included two questions on familiarity and use in the annual population survey Health Behaviour and Health.

Results from both the internal surveys and the Health Behaviour and Health Survey show that recognition of the Heart symbol has increased. In December 2009 the Finnish Heart Association conducted a study that concluded that 80% of the adult population recognised and 52% reported that the Heart Symbol has, at least now and then, influenced their purchases. The Health Behaviour and Health Survey from 2008 showed that 90% of women and 61% of men recognised the Heart symbol, but fewer (69% of women and 48% of men) reported that they use the symbol.

The number of products with the Heart Symbol has increased from 243 products (29 companies) in 2005 to 787 products (92 companies) in 2011.

The Heart Association has also checked potential products in food stores, which has increased from 150 in the beginning to 1600 today. This seems to indicate that products that do not use the Heart Symbol have been reformulated.

The industry requests more information about how much consumers use the symbol and what consumer groups are interested in using the symbol.

Have impacts been sustained?

The number of products has increased and industry uses the Heart symbol actively in product development and strategies.

Has the initiative been embedded?

The number of products with the Heart symbol has increased, but some retailers prefer to use GDA on their private label products. Food industry views these as complimentary labelling.

Has the initiative been transferred to other contexts?

The Finnish Heart Association has been contacted by some other countries (Switzerland, Norway, and the Netherlands). They recognise that it is important to consider that NGOs and governmental agencies have different roles in different countries and that because dietary problems and food product groups vary the criteria and product groups have to be national. It is also underlined that it is important to remember that advertising, communication and making it known require lot of work and it takes time to get results.

3.4.2. Cross analysis of good practice labelling initiatives

3.4.2.1 Background for the analysed labelling initiatives

Public health problems, in particular heart disease, received growing attention in the 1970s and 1980s in the Nordic countries. At the same time national nutrition policies and public health interventions, such as, for example, the North Karelia project in

Finland, were launched. With a growing emphasis on health as a community and particularly individual responsibility, the proposed actions and recommendations have focused mainly on giving consumers information, including labelling, and helping them to make the best choices. Sweden was the first to introduce the Keyhole label in 1989, which was extended to restaurants in 1993. The other labelling initiatives were launched more than ten years later, the Heart symbol in Finland in 2000 and the Bread Scale in Norway in 2006. The Keyhole became a joint Nordic label for healthier food products in Denmark, Sweden and Norway in 2009.

Obesity was not perceived as a major public health problem in the Nordic countries in the 1970s-1980s. The background for the Swedish Keyhole, which was introduced in 1989 by the Swedish National Food Administration, was mainly a concern for other health problems, such as heart diseases and cancer, and the aim was to make it easier for consumers to choose food products containing less fat and more dietary fibre. The Norwegian authorities discussed symbol labelling of healthy food already in mid 1990s as part of possible nutrition actions, but concluded to wait. In 2007, the Norwegian Ministry of Health and Care Services established a working group that was assigned to look into symbol labelling. Simultaneously, a Nordic collaboration was organised and discussions about a common Nordic Keyhole label were started.

In the 1980s it was mainly the authorities that started labelling initiatives and the main focus was on prevention of heart diseases. This was the background when the National Food Administration established the Swedish Keyhole. There seems to have been a shift in responsibility in the 1990s and 2000s, when NGOS, retailers and consumer organisations became more active in labelling issues. Prevention of obesity turned into a major public health issue and health became part of marketing and strategies in food businesses. Collaboration and consensus among stakeholders has been common in Nordic nutrition policy and this is also the background for labelling initiatives.

3.4.2.2 Planning of labelling initiatives

The five selected Nordic labelling initiatives have all included collaboration between public authorities and private partners in the planning of the initiatives. When planning the Swedish Keyhole in the 1980s food industry was involved from the start and it was decided that amendments to the established rules would be done in close dialogue with food producers. Consumers were not directly involved in the planning, but the rules behind the Keyhole symbol were based on research on national dietary advice and research.

Nordic countries have in planning labelling initiatives utilised experiences from earlier initiatives. Experiences from the Keyhole labelling in Sweden, which was established earlier than the other ones, have been used in developing the joint Nordic label. The necessity to include many stakeholders in the planning was clearly recognised when planning the Keyhole labelling in Sweden. Especially the development of criteria is a multi-faceted task that requires different expertise and involvement in planning creates commitment and engagement. Therefore, the planning phase has usually taken several years.

In two of the countries, Finland and Norway, NGOs have had particularly central roles in the planning phase. The Finnish Heart Association and Finnish Diabetes Association undertook the planning work of the Finnish Heart symbol in collaboration with the Cancer Association. The criteria for the Heart symbol label were developed in a broadly based working group with representatives from research, Finnish food safety authorities, other authorities and the food industry.

3.4.2.3 Key elements of labelling initiatives

A main aim of the labelling initiatives (such as the Keyhole initiatives, the Bread Scale and the Heart symbol) is to inform consumers to make healthy food choices easier. To assist consumers in making healthier food choices has been included as objectives in national and Nordic nutrition action plans. Another recognised objective of labelling of food products is to stimulate manufacturers to change product innovation, development and reformulation in a healthier direction.

Authorities have been the main actor in developing the Swedish Keyhole and the Nordic Keyhole, whereas some of the labelling schemes have been mainly developed by NGOs (Heart symbol) or food industry (Bread Scale). Criteria have been set in close dialogue with several stakeholders including authorities, business and NGOs.

They are all voluntary labels, mainly free of charge to use but some are subject to qualification and annual charge (Keyhole restaurant certification in Sweden and the Heart symbol in Finland).

The Swedish Keyhole restaurants differs from the other labelling initiatives in that it is a holistic approach, which means that the restaurants must offer complete healthy and appetizing meals (certification of restaurants). The target groups of the initiative are both restaurant professionals (cooks, serving staff) and customers. An independent non-profit Keyhole Restaurant Association is in charge of training, control and certification. Step one in the certification process is training of the restaurants' staff. The tools provided help the restaurant in the different aspects of their work with healthy meals. One tool offered is a simplified web-based programme for nutritional analysis of menus and recipes. Information and marketing material in the restaurant is also offered as well as a database for Keyhole recipes. The criteria for the Keyhole in restaurants are harmonised with the criteria for food products in food stores, which are set by the National Food Administration.

3.4.2.4 Management strategy

The selected labelling initiatives vary in management and ownership (authorities, industry or NGOs), but all are based on collaboration and dialogue with stakeholders and experts.

The Swedish Keyhole is a registered trademark owned by the Swedish National Food Administration. The Swedish Keyhole restaurants initiative is managed by an independent non-profit organisation, the Keyhole Restaurant Association. The management of the Norwegian Keyhole is based on cooperation between the

Norwegian Directorate of Health and the Norwegian Food Safety Authority. The Norwegian Bread Scale initiative is managed and owned by the Federation of Norwegian Food and Drink Industry. The Finnish Heart symbol is governed by two NGOs (the Finnish Heart Association and the Finnish Diabetes Association).

3.4.2.5 Was sustainability of the initiative addressed?

Voluntary labelling can only be successful if food businesses decide to use it. Therefore, partnership and collaboration with private stakeholders has been viewed as central for sustainability of the five labelling initiatives.

The Keyhole label was first introduced in Sweden in 1989, and today almost all food producers in Sweden have some products that are Keyhole labelled. This result has been accredited to those food producers that have been involved in the discussions of criteria, and that the National Food Administration to some degree has accommodated producers' concerns when the criteria suggested have been perceived as too strict or poorly adopted to the standards of product development. When the Keyhole in 2009 became a common Nordic label information campaigns and educational material was used in Norway to make the Keyhole known. The Finnish Heart Association has also supported and promoted the Heart symbol through campaigns in different media, brochures for different groups and a web site www.sydanmerkki.fi

The Federation of Norwegian Food and Drink Industry saw sustainability as important in planning the Bread Scale and it was decided to embed it within legislation and national nutritional guidelines. It was decided that the Federation of Norwegian Food and Drink Industry would organise and have the ownership to secure broad participation from the industry.

Public financing was used in Sweden to support the development of Keyhole Restaurants. It was, when established in 2009, envisioned that the Swedish Keyhole Restaurant Association would primarily be self-sustained by 2012 through fees for training and annual certification fees. However, public financing is still needed to

support the programme and to be able reach restaurants in the less populated parts of the country.

3.4.2.6 Implementation process of labelling initiatives

In general there have not been many changes in the organisation and implementation of the initiatives compared to the planning. The main changes have been amendment of criteria, which have been driven forward by dialogue between stakeholders, product development and public health and dietary debates in the media. In some of the earlier labelling schemes obesity was included as a target at a later stage.

The Swedish Keyhole restaurants initiative has not been implemented as expected with regard to the goal of self-financing. The number of restaurants they aimed at reaching has also been lowered. It has proved more difficult to expand the concept than what was envisioned from the onset.

Keyhole labelling in Norway was first planned as a Norwegian labelling initiative, but during the planning process it became a common Nordic initiative.

3.4.2.7 Observed outputs and outcomes

No results that show a link between labelling and obesity rates, but all five labelling schemes have internal or external consumer surveys and have information related to numbers of labelled products and/or sales statistics.

The labelling schemes seem to be well recognised among consumers, but fewer use and understand what the labels refer to. Consumer surveys have shown that recognition of the labels is often 80-90%.

The numbers of labelled products have increased and increases in the number of products that fulfil criteria seem to indicate that producers have been stimulated to reformulate in a healthier direction. For example, the number of products with Heart label has increased in Finland from 243 in 2005 to 787 in 2011, and the

number of products that fulfil the criteria and could be labelled has also increased from 150 to 1600.

3.4.2.8 Have impacts been sustained over time?

The labelling initiatives appear to have been sustained. The Swedish Keyhole system was from the beginning based on collaboration and dependent on business stakeholders being actively involved in the criteria discussions. This was seen as necessary for sustainability within the industry because it is voluntary for food producers to participate. The Swedish Keyhole was in 2009 expanded to a common Nordic label in Norway and Denmark. The number of Keyhole labelled products have increased and consumers recognise the label. The Keyhole Restaurant Association reports an increasing number of certified restaurants.

The other labelling initiatives (Heart Symbol, Bread Scale) also report increased numbers of labelled products and that the industry uses it in product development and strategies. After the Bread Scale was launched in Norway consumption of wholegrain bread has increased and the label may also have stimulated development of more wholegrain products.

3.4.2.9 Local and national embedment of the initiatives

Among the labelling schemes especially the Keyhole label appears to have become embedded.

The Swedish Keyhole, which was launched in 1989, was expanded to restaurants in 2003 and in 2009 an independent Keyhole Restaurant Association was formed. The Keyhole restaurants in Sweden have certified more than 300 restaurants throughout the country. The majority of restaurants are lunch restaurants connected to larger workplaces. There are also certified Keyhole restaurants in hospitals and high schools. The overall goal is to develop and expand the concept so that certified restaurants can be found in all parts of Sweden.

In 2005 the Swedish Keyhole guidelines were revised and extended from 14 to 26 product groups. In 2009 the Keyhole became a common Nordic label for healthier food products in Denmark, Sweden and Norway. There has been focus on cooperation with industry and retail in planning, implementing, marketing and revisions. The Finnish Heart Symbol is also based on similar cooperation with industry.

The Norwegian Bread Scale has been sustained in the Federation of Norwegian Food and Drink Association that manages the labelling scheme.

3.4.2.10 Have the initiatives been transferred to different contexts?

All five labelling initiatives are from the Nordic countries. It has been suggested that the somewhat strict standards for the Keyhole probably work best in the Nordic countries. In other European countries there is a quite different political system and dynamic between authorities and the industry, as well as different food cultures. If a similar system is going to work in countries outside the Scandinavian countries, the standards also need to be adapted to national food cultures.

Experiences with the Keyhole label show that labelling initiatives have been transferred to other countries. The Keyhole became common Nordic label for healthier food products in Denmark, Sweden and Norway on the 17th of June 2009 after discussions within and between the countries especially about the criteria. The standards are the same in all three countries, but Norway and Denmark have since the introduction of the scheme conducted more campaigns to anchor the Keyhole label among its consumers. Norway wanted to have even stricter standards for the food industry, but it was decided that all three countries should operate with the same rule to have a common Nordic labelling system. It may not always be possible to have common criteria because dietary problems and food cultures vary.

The Keyhole at Restaurant concept is to be imported to Denmark by 2012. Norway also has plans to adopt the concept. The Nordic cooperation is seen as important because it may further strengthen the Keyhole certification for restaurants and it

would be valuable for the further development and growth of the concept. According to the CEO of The Keyhole Restaurants Association it is very important to adopt the Keyhole Restaurants initiative to fit different national contexts. It is still too early to judge the experiences from the transfer of the Keyhole Restaurant label to Norway and Denmark, as they are in the process of implementing the initiative.

3.5 Drinking

What people drink and how much they drink is of major importance for public health. The European Food Safety Authority recommends that an adult should consume at least 2 litres water a day, or 2.5 litres for a man (EFSA 2010). Adequate intakes of water for children are estimated to be 1.3 litres a day for boys and girls 2-3 years of age; 1.6 litres a day for boys and girls 4-8 years of age; 2.1 litres day for boys 9-13 years of age; 1.900 litres a day for girls 9-13 years of age. Adolescents of 14 years and older are considered as adults with respect to adequate water intake.

Consumption of water comes in many forms, directly 'from the tap', in the form of packaged or bottled water, in juices and dilutable nectars, tea or coffee, alcoholic drinks, soft drinks, and other forms. Within these various drink types, the recent trend has been towards increased drink consumption of particular significance for rising rates of obesity and other health consequences. In a meta-analysis of 88 studies, one North American research group found an association between sugary soft drink intake, increased energy intake and body weight. Conversely soft drink intake in the USA is associated with lower intakes of milk, calcium, and other nutrients and with an increased risk of several medical problems (e.g., diabetes) (Vartanian et al 2007). Soft drinks represent a food category with the strongest scientific evidence showing its negative health consequences, which has prompted broader worldwide, but especially US, efforts to limit consumption (Popkin & Nielsen 2003).

There is a striking variance between soft drink consumption between North America and Europe. According to 2002 data soft drink consumption in the USA was 216 litres per person per year, in the two of the countries considered in this report, the UK, it

was 96.5 litres pppy and in Austria, it was 78.8 litres pppy (Global Market Information Database 2002). Soft drink consumption has continued to rise globally. Today US citizens consume on average more than 200 calories each day from sugary drinks (Wang et al 2008, Bleich et al 2009). This represents consumption four times greater than 1965 (Duffey & Popkin 2007). In consequence a growing number of major cities across the USA have taken a variety of strong measures and in some cases have banned the sale of soft drinks on municipal property. Soft drink consumption in the USA is now static or falling.

Although no other country achieves US rates of consumption data from 2008 suggest that soft drink consumption rose 12.7% in western Europe, 28% in Eastern Europe, 23% in Latin America, 18.9% in the Asia Pacific region, 21.5% in the Middle East and Africa, and 2.7% in Australasia (Euromonitor 2008). There are consequences for health, particularly child health from these figures, but for drinks manufacturers there is rising reputational risk, given the attention to the US situation among public health organisations in Europe. As a consequence some drinks companies have shifted their marketing solely to the sugar free varieties of drinks, limited or stopped marketing their products to children or stopped the distribution of soft drinks to schools. In 2007 it was claimed in the publication Marketing Week that around of 50% of sales of Coca Cola in the UK, where it has a dominant market presence, were of the sugar-free variety.[10] In 2010 the same company said that 'no' or 'low' calorie drinks composed 28% of their European volume (data was limited to the countries of North West Europe) while regular soft drinks composed 58% of volume. Other drinks categories made up the rest (Coca Cola Enterprises 2010-2011). The Union of European Soft Drinks Associations (UNESDA) say that soft drinks contribute around 2% of calories to the average daily diet in Europe and that 30% of soft drinks sales across Europe are no- and low-sugar varieties. [11]

10 Sugar-free Coke sales rocket as UK adopts a healthier lifestyle, Marketing Week, 26 Jul 2007

11 http://www.unesda.org/facts-figures

For certain groups and individuals and in certain markets, consumption of sugary soft drinks may be much higher and consumption in some markets is rising. Data from Canadean, the market research group suggest that consumption of soft drinks – a major market category among non-alcoholic drinks – saw a 9% rise over the last five years.

Table 1 – Showing

		2005	2006	2007	2008	2009	2010
Soft Drinks EU*	million litres	42853	45035	46077	47358	47421	47610
	litres per cap	87.5	91.6	93.4	95.5	95.5	95.7

*** www.unesda.org**

Over the same period the proportion of low-calorie to regular (sugar-enhanced) soft drinks increased has shifted but given the rise of overall consumption of regular drinks the actual consumed volume of regular (sugar-based) drinks remained similar overall.

Table 2 - Showing

Soft drinks EU*	2005	2006	2007	2008	2009	2010
Low-calorie	14.1%	15.3%	16.3%	16.2%	16.3%	16.7%
Regular	85.9%	84.7%	83.7%	83.8%	83.6%	83.3%

*** www.unesda.org**

The situation varies considerably country by country and therefore European-wide observations on trends may be inappropriate. There is certainly considerable variance in consumption between European states on volume and regular vs. low-calorie consumption. In Bulgaria, for example, according to Canadean, the 109.3 litres per capital were consumed in 2010, 97.2% being composed of regular soft drinks and only 2.8% of low-calories soft drinks.

One critical question therefore is whether PPPs are able to shift consumption from regular to low-calorie drinks or from soft drinks to water. If so, there may be a considerable impact on those groups who are high consumers of sweetened drinks and who are vulnerable to weight gain. In this respect there are multiple actions that can be undertaken to change consumption. One example is indicated by a controlled study in Germany based on the installation of water fountains in schools, the provision of water bottles and classroom lessons on the importance of drinking water showed that combining educational and environmental interventions was effective in the prevention of overweight in school children, although it had much less impact on children from immigrant communities (Muckelbauer et al 2009).

The 'best practice' cases of drinking reviewed here are 1) Austria, known as Schlau trinken (Clever Drinking), in 2) Poland, known as Mamo, Tato wolę wodę (Mum, Dad I'd prefer water), and in 3) England, the drinking component of Responsibility Deals. These are highly diverse programmes. Information for each of the cases is presented separately and this is followed by a comparison among the cases.

3.5.1 Summary of good practice cases

3.5.1.1 Schlau trinken (Clever Drinking) (Austria)

Background to the initiative

Soft drink consumption has been rising in Austria. In 2010 the consumption per person was 126.2 litres per person contrasted with 95.7 litres per person in the EU. This is the highest consumption in the three national settings considered. It is not known whether this high and continuing level of consumption forms part of the explanation for the setting up of Schlau trinken.

Table 3 - Showing

			2005	2006	2007	2008	2009	2010
Soft Drinks, Austria*		million litres	927.0	972.1	1011.5	1048.1	1048.0	1059.4

litres per cap	112.6	117.4	121.6	125.6	125.3	126.2

* www.unesda.org

Table 4 - Showing

Soft Drinks Types	2005	2006	2007	2008	2009	2010
Low-calorie	29.1%	30.0%	29.9%	29.6%	29.5%	29.8%
Regular	70.9%	69.9%	69.9%	70.2%	70.3%	70.0%

The initiative started at the suggestion of Austrian drinks companies. It is organised by SIPCAN, the charity that carries it out. The drinks companies were already working with SIPCAN on another project (School food with Right of Way) and suggested a campaign to support healthier patterns of drinking among schoolchildren. SIPCAN then started off thinking about an information campaign, out of which grew the school support campaign. Both were eventually implemented.

The SIPCAN initiative is built on an understanding of obesity as developing because of environmental and personal factors. Of these, the project managers saw environmental factors as more important. The initiative itself influences both individual aspects (knowledge) and environmental aspects (offer). The initiative does not deal with regulatory aspects.

No negotiations were necessary with the involved drinks companies, although they provided regular input into the development of the initiative in update meetings.

Public support was gained through a funding application to the Healthy Austria Fund (FGÖ). The FGÖ funded the project despite not normally supporting initiatives with private involvement. In this case their decided differently because of the good reputation of SIPCAN and the limited involvement of the private sector. Apart from

deciding to fund the initiative, FGÖ did not take any influence on design or implementation.

There was only a limited partnership structure, with limited private sector involvement and almost no direct public sector involvement.

During the planning of the initiative the understanding of obesity as being driven by environmental and individual factors did not change.

Planning of the initiative: what stakeholder groups participated in the planning?

The initiative was planned by SIPCAN. Private and public stakeholders were reported to and had the chance to influence the direction of the initiative. SPCAN provided the overall programme management, and materials.

There were two primary target groups:

- Pupils visiting schools that took part in the *Clever Drinking School* initiative
- All pupils

Secondary target groups differ by the aspect of the initiative. For the information campaign, the secondary target groups are:
Teachers, head teachers,
Possibly, school doctors and nurses

For the *Clever Drinking School* initiative, the secondary target groups are:

- Teachers – to teach drinking-related issues in class and to allow drinking during class time
- Head teachers – to support the initiative and push for wide adoption of class-based and school-based measures
- School food and drink providers – to change the majority (>80%) of drinks on offer to low-sugar and non-sweetener drinks

Pupils were chosen as target group partly because of the idea their behaviour can be influenced more successfully, partly because of the thought that changes in behaviour in children have a greater effect on obesity and related issues. Another reason why children may have been chosen is because of their advertising appeal. A company supporting healthy lifestyle in children might be able to sell this idea better than one supporting a healthy lifestyle in adults.

(Primary) target groups were not involved in the planning of the initiative.

Secondary target groups were central to planning and implementing the initiative. In each participating school, a school-internal project group, led by an internal project leader, was responsible for implementation. This project group should include all relevant stakeholders, i.e. all secondary target groups, plus school doctor/nurse and representatives of parents and pupils. Later in the running of the initiative, teacher buy-in was increased by starting a 'creativity competition' to find creative ways to teach healthy drinking.

Important elements in the initiative

There are essentially two initiatives, sold under the same banner. The *information campaign*:

Stakeholders:

- Pupils
- School management, including head teachers
- Teachers (inasmuch as they might pick up on the initiative in their work with pupils)
- Materials
- Website
- Brochures that can be ordered
- Posters that can be ordered

Structures:

A website provides material that schools can order

In terms of mechanisms, the *information campaign* initiative originally sent out brochures to all secondary schools in Austria. It allowed schools to order posters of healthy drinking for display in the school as well as additional brochures.

For the *Clever Drinking Schools* part of the initiative:

Stakeholders:

- Pupils
- School management, including head teachers
- Teachers
- Drinks retailers
- School doctors and nurses
- SIPCAN

Structures:

- Partnership between school and SIPCAN
- School-internal management group
- Materials
- Detailed project planning materials
- Classroom teaching material
- School materials (e.g. posters)
- Regular newsletters to participating schools
- A prize for the winning school at the end

This part of the initiative worked by schools committing to the requirements of the *Healthy Drinking Schools* initiative and largely implementing these themselves. SIPCAN provided a detailed plan of how this could be achieved, incentives for those schools that achieved it, and some level of support, mainly in the form of documentation and classroom material. Schools evaluate their own progress and

submit a progress report at the end. SIPCAN decides which school has made the greatest progress and awards a prize (around 1000 bottled drinks provided by the commercial partner).

The initiative has not changed considerably since it was first conceived three years ago.

Local adoption of the initiative is central to its success. The local implementation group adjusts requirements and approaches to their circumstances. For example, in some schools teachers themselves decide how to incorporate drinking into the classroom.

Management strategy

The overall initiative is managed by SIPCAN. SIPCAN believes that all stakeholders at this level are happy with the extent of their input. Trust is a key aspect of this initiative. SIPCAN's reputation as independent and outcome focused allowed it to bring together both private and public stakeholders.

Sustainability addressed?

The sustainability of results was considered. Changes to the drink offer in schools are likely to be carried on if the school successfully implements them. Changes in teachers' attitudes towards drinking in class are also likely to continue. Only anecdotal evidence of this exists.

Implementation of initiative – compared to the planning of the initiative

The implementation was carried out largely by schools themselves. A project group brought together all local stakeholders. The project co-ordinator planned the initiative, based on an analysis of the current state of drinks provision and teaching in the school. She or he initiated a 'kick-off' meeting that brought together all

relevant stakeholders, in order to discuss the aims of the initiative and how they might be achieved.

Teachers' role was two-fold. For the requirements of the initiative, at least half of teachers had to allow pupils to drink during class time. Another requirement was that pupils were taught about healthy drinking habits in class.

Drink retailers and vending machine operators had to agree to stock different drinks.

SIPCAN provided information material for schools as a whole and for use in the classroom. It also provided a drinks list, which judges the health aspects of over 400 drinks sold in Austria.

Public and private partners fund the initiative jointly. SIPCAN employed 1.5 full-time staff on the initiative.

The initiative was implemented as expected and has not substantially changed from its original conception.

Two things did change but only as matters of degree:

- SIPCAN put greater emphasis on advocacy, rather than sending out information material. This is because unsolicited mail was often ignored by schools.
- Teachers were more directly involved in developing the teaching materials. While originally materials were simply available online, feedback led SIPCAN to initiate a creativity competition between schools about the best way to teach pupils about healthy drinking. This, SIPCAN felt, increased buy-in.

What impacts have been obtained? How can obtained results be explained?

The information campaign reached nearly all schools in Austria. During the life of the initiative 7000 posters were ordered, on average 15 per school. Over the same

period 60,000 brochures were sent out, reaching around 15-20 per cent of schools. Theoretically, the information campaign reached 100,000 people.

SIPCAN is not planning an evaluation of the information initiative's effectiveness.

There is likely to be a formal evaluation of the *Clever Drinking Schools* initiative, but this has not started.

In this part of the initiative, in 2009/10 and 2010/11, around 350 classes worked regularly on the topic, reaching over 4,500 pupils. Around 80 per cent of classes used the materials provided by SIPCAN.

During the initiative the percentage of 'healthy drinks' in vending machines rose from 69 to 89 per cent, and from 86 to 96 per cent in school food cantinas. Around 15,000 pupils were affected.

Have impacts been sustained?

The percentage of teachers supporting drinking during class time rose from 26 per cent at the beginning to 81 per cent at the end of the initiative.

In 2010/11, 21 of the 26 participating schools fulfilled the criteria and were awarded the *Clever Drinking School* status. In 2009/10, 14 out of 19 schools did.

In addition to these measures, SIPCAN surveyed participants about their views.
No analysis of actual behaviour change or adverse effects on vulnerable groups was carried out.

Has the initiative been embedded?

There is anecdotal evidence that schools will continue to implement the initiative once they have obtained the *Clever Drinking School* label.

Has the initiative been transferred to other contexts?

The information campaign targeted all schools in Austria.

It is not known whether schools other than those who officially participated took up the co-operative part of the initiative. It has not been transferred elsewhere.

3.5.1.2 Mamo, Tato wolę wodę (Mum, Dad I'd prefer water) (Poland)

Background to the initiative

Recent data referred to by this initiative shows that in Poland the population of children overweight or obese is estimated at between 12-21% of boys and 10-16% of girls. It is also estimated that as much as 20% of the calories consumed every day by children come from liquids (source: Project OLAF). Based on 2010 data for children 3-6 years old liquids based on sugar represent approximately 65% of consumed liquids (including hot beverages, juices, fruit drinks and compote). According to Canadean data (a market research company) supplied to the European Commission by UNESDA soft drink consumption in Poland rose over 50% between 2005 and 2010 with only 5.6% of the market being composed of low-calories drinks in 2010.

Table 5 - Showing

		2005	2006	2007	2008	2009	2010
Soft Drinks Poland*	million litres	2356	2592	2983	3501	3637	3710
	litres per cap	61.8	68.0	78.3	91.8	95.5	97.5

* www.unesda.org

Table 6 - Showing

Soft Drinks Types						
Poland*	2005	2006	2007	2008	2009	2010
Low-calorie	2.1%	3.9%	5.0%	5.4%	5.2%	5.6%
Regular	97.9%	96.1%	95.0%	94.6%	94.8%	94.4%

* www.unesda.org

The major focus in Poland regarding healthy diet has food not drink. There are only a few initiatives or programmes addressing excessive caloric intake coming from liquids, hence this project is important when considering fluid intake data in Poland.

The thinking behind Mamo, Tato wolę wodę, say its organisers, is that water has a beneficial effect upon health. Their view, informed by the scientific advice of stakeholders, is that consumption of water helps combat excessive calorific intake from other liquid sources, thus helping prevent obesity and other adverse health consequences. Water is an indispensable substance for life. For infants, as well as for children and adults it is the basic nutritional building block, it is a carrier of various metals and minerals and a solvent for numerous compounds arising during metabolic processes. Water constitutes 65% of an adult human body. The first 20 years of life can be a major determinant of lifelong preferences and metabolism. Adipose tissue is built during those years and will stay with you for the rest of your life (from then on, with a healthier diet and lifestyle, you can decrease the size of fat cells, you cannot decrease their number). This higher presence of fat cells therefore increases risk and propensity to be overweight throughout life. A habitually excessive caloric diet and lifestyle can lead to an increase of the number of fat cells developed in the first 20 years. In addition the habit of drinking sweet liquids in childhood almost always affects future choices. The daily demand for water in children is estimated to be 10–15% of their body mass, and in adults in moderate ambient temperatures, about 2–4% of their body mass. The WHO clearly indicates that if added sugars provide more than 10% of the daily energy requirement, society is on a straight path to excessive weight and obesity. This applies both to adults and

children. The importance of drinking water for children is therefore far more critical than for adults.

Planning of the initiative: what stakeholder groups participated in the planning?

The project was organised by the Żywiec Zdrój Company with scientists from the National Food and Nutrition Institute and Mother and Child Institute, media and honorary patronage by the Polish Ministry of Health. The Żywiec Zdrój company is part of Groupe Danone. About 56% of its 2006 net sales derived from dairy, 28% from beverages (notable brands being Volvic, Evian, and Badoit), and 16% from biscuits and cereal. Żywiec Zdrój decided to organise a programme to encourage children to drink water by showing it in a way that is interesting and attractive. Żywiec Zdrój brought the idea of increasing the awareness of water in children to the issues of diet and in the environment. Scientific partners and authorities such as Ministry of Health, Ministry of Education, National Food and Nutrition Institute and Institute of Mother and Child brought expert knowledge, experience and credibility necessary for implementation of the programme. [12]

The preparation phase of 'Mum, Dad I prefer water' programme took almost two years before its launch. During this time the close partnership had established with above institutions and also other experts from nutrition and psychology field. The entire programme content and all the educational materials were prepared with scientific partners and agreed with Ministry of Health and Ministry of Education.

As a result of discussion with scientific community on diet and especially roles of liquids in the diet, a new recommendation was published: Position paper of the expert group on intake of drinking water and other beverages by infants, children and adolescents. The aim of the group of experts was to present recommendations

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[12] Powerpoint presentation, Mum, Dad I prefer water! http://ec.europa.eu/health/nutrition_physical_activity/docs/ev20111128_co01_en.pdf

on the consumption of water and other beverages by infants, children and youth, as well as the results of excessive consumption of sweet beverages.

'Mum, Dad I prefer water' programme started in September 2009 and the 3rd phase is running during 2011. This educational campaign is a long-term strategic commitment of Żywiec Zdrój company, that aims at building healthy habits of drinking water. The programme is not branded in any of its educational elements (materials, school lessons, etc.). It does not promote any water brand, instead, it is promoting water drinking as a daily healthy habit from the earliest age and therefore helping to prevent overconsumption of calories. The educational materials for children were not branded although they comply with the Code of Advertising Ethics of Food Products (based on EU Pledges). This assumes that companies are not allowed to use advertising or the use of the name, logo or product in educational campaigns aimed at promoting healthy eating habits and physical activity.

The objective of the project is to encourage children to drink water, as well as help parents and teachers to enable children to do so. The campaign is conducted at kindergartens targeted at children aged 3-6, as the main target group of the project. This group was chosen due to the fact that the period when children are still small is the best time for commencing the development of correct habits, including making children accustomed to drinking water. Parents are seen as the main example and model for children to emulate and also therefore form part of the communication strategy. Teachers were also engaged because educational establishments play the role of a second home and a huge role in the development of attitudes and habits.

The main elements of the campaign were the education materials used during lessons. These included lesson scripts, information brochures for parents and exercise books for children and education posters for use during lessons. A set of games and experiments with water was also prepared for teaching the importance of water, its numerous possibilities and applications as well as the importance of caring for its quality. They were designed in co-operation with nutrition experts,

physicist, ecologist and psychologist, having a particular aim of adapting them to the abilities of children. Educational sets were prepared as part of the campaign and sent to the educational establishments (like kindergartens) interested in taking part in the initiative. The decision depended on the director of the establishment; lessons were taught by teachers.

Important elements in the initiative

Mum, Dad I'd prefer water is organised by the Żywiec Zdrój Company with scientists from the National Food and Nutrition Institute and Mother and Child Institute, media and honorary patronate by the Ministry of Health. It is aimed at Pre-school children, schoolchildren from 1st to 3rd classes and their parents. The aim is to improve the knowledge of children about the importance of water for human health and to improve the volume of water consumed by children. The focus is kindergartens in 160 towns and 1,100 schools in 40 towns across Poland. The short period of this campaign (2009-2010) means that there are no clear results as yet. However taking into account the widely spread campaign it is expected that both children and parents will choose water instead of sweetened beverages.

Management strategy

'Mum, Dad I prefer water' programme was supported by wide-ranging media campaign informing about the initiative. Scientific partners supporting the project, including National Food and Nutrition Institute and Institute of Mother and Child, participated in the meetings with media. Since the first phase of the project it was continuously evaluated, modified and improved so that the set goals were to be achieved successfully. After the first and second phases, the evaluation survey was carried out among teachers involved in the project. Their comments and suggestions regarding the materials (extension or changes) were taken into account during preparations for the subsequent editions of the programme (Quantitative-qualitative evaluation questionnaire for teachers involved in the action, November 2009, N=794; November 2010, N=735).

The programme has started with target group defined as children aged 3–9. After the first edition the target group has been reduced to children aged 3–6 in order to concentrate efforts on the group, which is more prompt to build the healthy drinking habits. The change of the target group helped also to improve the educational materials.

The programme was designed to achieve media interest. The key assumptions of 'Mamo, Tato, wole wode' and its supporting activities were reflected in press publications, TV, radio and Internet broadcasts. Nationwide interest in the campaign was achieved within four months of media relations activity, 173 media features were published, including: TVP1 (Kawa czy herbata), TVP2 (Pytanie na sniadanie), Polsat, TVN Warszawa, TV4, radio stations: PR 1, Radio Kolor, Radio RDC, Radio Vox.

Sustainability addressed?

The critical issue of sustainability is the continued financial support of the sponsoring company. According to the company comments made by parents, teachers, authorities and experts allow it to claim that 'Mum, Dad I prefer water' programme has brought tangible results and therefore its continuation was seen necessary and supported by the authorities.

Implementation of initiative – compared to the planning of the initiative

No data available.

What impacts have been obtained? How can obtained results be explained?

In the first two phases of the programme (2009 & 2010) it reached approximately 420 000 children and 3260 educational institutions. In all three phases (2009-2011) it is calculated that the programme will reach approximately 570 000 children and about 4 400 educational institutions (kindergartens and schools).

Media have taken up the topic of liquids consumption and information regarding this issue appears on a regular basis in the Internet, press, radio and TV. Within the two editions of the campaign over 400 media clippings were collected. Media often and willingly used the statements of experts involved in the campaign.

About 40% of Polish mothers of children aged 3-6 have indicated that they understand the purposes of the programme the idea behind it (Quantitative study, CATI, N=100, November 2010). 92% of Polish mothers evaluate programme as interesting and important, mainly due to the healthy hydration message (Quantitative study, CATI, N=100, November 2010). Nevertheless, while water consumption is increasing it is still at very low level. In 2006 water consumption reached only 6% of total fluid intake in children aged 4 - 14. In 2010 in children aged 3-15 it was 12% of daily liquid intake. It is about 200 ml, so less than a cup (Fluid Intake Study, TNS OBOP, 7-days dairy, self-completed by respondents; in 2006 - N=1800 & in 2010 - N=1008 respondents).

Educational materials were highly evaluated by teachers implementing lessons - 5 on a 1-6 scale. (Quantitative-qualitative evaluation questionnaire for teachers involved in the action, November 2009, N=794; November 2010, N=735).

Have impacts been sustained?

Continuation of the programme through phases, 1, 2 and 3, indicates that impact has been sustained.

Has the initiative been embedded?

The sponsoring company and researchers indicate that the success of the scheme means that it will continue to be supported.

Has the initiative been transferred to other contexts?

The Danone company, the owner of the Żywiec Zdrój company, is hoping to reproduce the scheme in Mexico. At the end of 2011 the information was not finalised for dissemination.

3.5.1.3 Public Health Responsibility Deal (England)

Background for the initiative

Considerable resources have been to understanding and combating obesity in England. These developed through a scientific inquiry by the Government Office for Science, known as Foresight. This reported in 2007. The response of the government at the time was a new policy framework called Healthy Weight, Healthy Lives. The Responsibility Deal approach is a more recent attempt by the new coalition government, elected May 2010, which applies to England only (note, not UK -wide). In contrast to the previous policy framework this is a more distinctively voluntary approach to the food and drink sector for seeking health improvements. The approach is essentially partnership based and non-regulatory. Companies chose which and how many pledges they wish to 'sign up' up and no compulsion is involved.

This approach was the policy initiative of one party of government (Conservative Party) and developed when in opposition through its meetings with the food industry. In 2008 the current secretary of state for health, Andrew Lansley, then in opposition, set up a Public Health Commission to explore the potential of forming a 'Responsibility Deal'. Chaired by Dave Lewis of Unilever, the PHC produced a report 'We're all in this together' in May 2009. At the time of the launch in March 2011 over 170 organisations had signed up. According to the launch document: 'The Public Health Responsibility Deal is a new way of harnessing the contribution that business can make.' [13] A contrary point of view was that Responsibility Deals were

13 http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125237.pdf

promoting partnerships with the 'vectors of disease' (Gilmore et al 2011). Nevertheless, the Responsibility Deal approach has become the central focus for the consideration of PPPs in England. Hence, whether it can be appropriately termed best practice or something else, it is certainly a defining practice.

To become a 'Responsibility Deal Partner' organisations are required to sign up to a set of 'core commitments' and 'supporting pledges', and to at least one 'collective pledge' developed by one of the five networks (on food, alcohol, physical activity, health at work, and behaviour change) on which they commit to take action. They may also make 'individual pledges' that are specific to their organisation. By the time of the Responsibility Deal launch in March 2011, the Food Network had collectively agreed only three pledges to support the core commitment to 'encourage and enable people to adopt a healthier diet'. Drinking is a minor part of the Responsibility Deal but it is nevertheless present. The commitment itself is minor (calorie information). Accordingly the Responsibility Deal pledge is the following: 'We will provide calorie information for food and non alcoholic drink for our customers in out of home settings from 1 September 2011. '

The UK soft drink market is significant. In 2010 the 'take home' soft drinks sales accounted for £6,602.3 million in sales. Sales of tea, considered the national drink, were valued one tenth of this amount, at £660.8 million (Britvic Soft Drinks Report 2011). The soft drinks industry has argued that 'Offering a range of drinks will make it more likely that children will drink enough fluid during the school day' (www.britishsoftdrinks.com Jan. 2012). The Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007 as amended by SI 2008 No. 1800 provides the framework for drinks permitted in schools. Its establishment reflected concern about the marketing of sugary drinks to children and to schools and the provision of vending machines in schools. The School Food Trust has devised a voluntary code of practice for schools for drink which has been consulted upon with industry ('Schools Foods Trust' Jan.2012). The School Foods Trust say there is there is no evidence that hydration is compromised by a lack of availability

of drinks in schools. 'Water by law must be freely available to pupils at all times, is sufficient to meet any hydration needs, and pupils should be encouraged to drink water (and preferably tap water) as part of a school's healthy eating policy.' ('Schools Foods Trust' Jan.2012) In practice, the provision of water is school is variable, related to the age of the school and plumbing and water fountain considerations. Campaigns around school water were undertaken by the Water for Health Alliance, a coalition of bodies coordinated by the water utilities industry, but it appears that this campaign is now in abeyance (i.e., the last Water for Health briefing occurred in July 2009).

Planning of the initiative: what stakeholder groups participated in the planning?

The March launch of the Responsibility Deals involved around 170 different companies. The figure later expanded to 300. Stakeholders were involved in the five networks. In the Alcohol Drinks Responsibility deal tensions developed at the early formation of the Network. Six organisations publicly declared their refusal to sign up to agreements on alcohol. They included Alcohol Concern, the British Medical Association and the Royal College of Physicians.

There are over 250 soft drinks producers in England, which is, by size and sophistication, the pace setter for Europe. The market is populated by globally-branded manufacturers operators, retailer own label specialists, contract packers and a significant number of smaller independent companies. It follows that only a small number of companies have participated directly in the Responsibility Deal, although several global drinks companies, such as Coca Cola, Pepsi Cola, are represented in their own right. The majority of soft drinks companies (90%) are represented by a commercial trade association, the British Soft Drinks Association. Additionally, although outside of the Responsibility Deal, the BSDA undertakes educational Cause Related Marketing in schools in a programme called Liquids means Life (www.liquidsmeanlife.org.uk Jan. 2012).

The BDSA says that the proportion of the market made up of drinks with no added sugar is currently 60 per cent, up from 30 per cent 20 years ago (British Soft Drinks Association 2011). However, data from the marketing research group Canadean on behalf of the Union of European Soft Drinks Associations indicates that regular soft drink consumption in 2010 in the UK composed 70.0% of regular sugar-enhanced soft drinks compared to 29.8% for low-calorie soft drinks. These proportions compare to 70.9% and 29.1% in 2005. These figures are shown in the chart below. In terms of soft drinks therefore, the market is either in volume or drink type the situation is relatively static. The implication is that the BDSA terms a far broader category of drinks as soft drinks.

Table 7 - Showing

		2005	2006	2007	2008	2009	2010
Soft Drinks UK*	million litres	6565	6490	6472	6534	6575	6686
	litres per cap	109.0	107.1	106.2	106.4	106.4	107.5

* www.unesda.org

Table 8 - Showing

		2005	2006	2007	2008	2009	2010
Soft Drinks Types UK	Low-calorie	29.1%	30.0%	29.9%	29.6%	29.5%	29.8%
	Regular	70.9%	69.9%	69.9%	70.2%	70.3%	70.0%

Important elements in the initiative

To become a Responsibility Deal partner an organisation must sign up to:

- All of the core commitments and the supporting pledges
- As many collective pledges as possible (but with a minimum requirement of one)

- Any individual pledges which they have agreed with the relevant Responsibility Deal network chair and the Department of Health
- Register with the Department of Health

As noted the number of drinks companies exceeds the number of existing partner companies in the Responsibility Deals. This means in practice that the British Soft Drink Association represents the soft drinks sector.

Management strategy

Management of the Responsibility Deal lies within the Department of Health, although the networks themselves have non-civil servants as chairs.

Sustainability addressed?

Organisations signing up to the Responsibility Deal need to report on the progress they are making on the pledges they have committed to. They will also fulfil the monitoring and evaluations requirements agreed for each pledge.

Implementation of initiative – compared to the planning of the initiative

The Responsibility Deals were planned to have independent evaluation. There is evaluation of alcohol drinks but no evaluation of soft drinks pledges. (See below).

What impacts have been obtained? How can obtained results be explained?

The document accompanying the launch of the Responsibility Deals in March 2011 noted in a section headed 'Accountability to the Public' that monitoring progress was key to establishing accountability. Evaluation has also 'an important role to play' and was 'considering the feasibility of an independent evaluation of the impact of elements of the Deal.' No evaluation was available as of early December 2011. Responsibility Deal guidance contains discussion on potential evaluation of pledges, including the use of NGOs in monitoring commitments and 'mystery shopper'

assessments. There is no information (December 2011) about whether any these proposed arrangements have been enacted.

Have impacts been sustained?

No impacts are currently reported.

Has the initiative been embedded?

Responsibility Deals are presented as a major mechanism agreed by government and the food and drink industry for resolving what has been referred to as an 'obesity epidemic' in England. In this sense previous initiatives by government or by the companies attract less attention or commitment if they are not contained within Responsibility Deal pledges.

Has the initiative been transferred to other contexts?

No.

3.5.2 Cross analysis of good practice drinking initiatives

3.5.2.1 Background for drinking initiatives

The PPP in each country setting was applied to a complex background. In each case the impact of fluid and beverage consumption appeared a far more limited concern than food. In England, however, there had been considerable policy attention to the marketing and supply of soft drinks to schools with both regulation and voluntary commitments by major manufacturers and distributors. These commitments were also reflected at the EU level by the voluntary commitments made by UNESDA. In significant part the need for these commitments reflects the rising consumption of soft drinks across the EU. In the UK, for example, soft drink consumption is several times the level of four decades ago. Even so, consumption is still low in comparison to the USA, where there has been considerable concern expressed about levels of soft drink consumption from obesity, dental and general health perspective. Industry

data suggests that central and Eastern Europe there has not been the gradual shift towards low-calorie drinks as has occurred in much of Western Europe.

These three initiatives were identified as 'best practice' but the use of this designation raises fundamental questions about appropriateness not only in terms of transferability but also to the original setting. In terms of transferability PPPs are generally only a small part of the total intervention framework. Applying a PPP from one context to another may fail to take account of the other contextual factors that made it a success (or at any rate 'seen' to be a success). The format of PPPs arising in contexts where soft drink consumption is a social norm and there already have been considerable efforts to reduce consumption may differ from those in other places where consumption is still growing.

A successful PPP may only be an interim or exploratory arrangement. The 'success' of a scheme might be that shows that broader policies are needed. Soft drink companies are acutely aware of reputation risk and therefore action in schools, such as drinks education, can be seen as part of range of measures to mitigate such risks. Care must therefore be taken when attempting to measure the 'success' of soft drinks policies developed through PPPs. Alternatively best practice might be measured in 'whole system' terms, such as the volume of drinks shipped to schools, or the shifting balanced between sugary drinks and non-sugared drinks (the focus of reporting by the soft drinks industry), water consumption (a focus of the bottled water industry), attitudes towards soft drinks, social norms around consumption, or longer-term consumption habit. The question has been raised at whether soft drinks should be present in schools in the first place, which might raise questions over the very existence of the Zipcan scheme (Hawkes 2010).

3.5.2.2 Planning of drinking initiatives

All three PPPs developed because of concern about rising levels of weight in the population, particularly among children. The Austrian scheme, supported by drinks companies, had limited public involvement but strong stakeholder involvement. It

was financed by a trust. The Polish approach was financed by an international food company with interests in water. It engaged strong stakeholder involvement and extensive public involvement. The England Responsibility Deal model was politician and industry led. While food and alcoholic drinks companies were prominent, the focus on non-alcoholic drinks was limited. The pledges to which drinks companies were responsible meant that marketing or product formulations were largely unaffected.

3.5.2.3 Key elements of the initiatives

The three initiatives apply varying degrees of policy and behavioural leverage. In the case of Austria scheme this relatively small, quite limited in terms of policy change and focused on behavioural change in schools. The influence of the drinks industry was evident in the format of the scheme. In Poland, the scheme was much larger in scope and its recommendations, as the name of the scheme implied, was 'hostile' to drinks other than water. It was also focused on a younger age group. The sponsoring company, it should be noted, was not a soft drinks supplier. In England, the scheme described was limited to calorie information. Far more significant voluntary measures were being carried out by other organisations, such as the Schools Food Trust, albeit against the background of market regulation.

3.5.2.4 Management strategy

The three management strategies varied according to the scope and size of the interventions. In Austria the management costs were small and by implication mostly fell to the collaborating stakeholders. In Poland the organisers of the intervention engaged with a larger publicity campaign. In England the management strategy is generic to Responsibility Deals with limited attention to the focus on the drinking of non-alcoholic drinks. In part this may have occurred because another state influenced body, the Schools Foods Trust, undertook the question of drinking in schools.

3.5.2.5 Was sustainability of the initiative addressed?

As with management issues, the sustainability issue was focused on the scale and scope of the arrangements and the resilience of funding arrangements. In Austria funding was small, in Poland the funding agent was a very large company (in fact of the top 5 food companies in the world). In the UK the issue of sustainability was new because the Responsibility Deal approach was new. Since the Responsibility Deals emerged as a political defined intervention the precise format of this approach was linked to the continued existence of the government of the day.

3.5.2.6 Implementation process of initiatives

In the case of both Austria and Poland the managers of the scheme appear to have built in learning from each phases of application.

3.5.2.7 Observed outputs and outcomes

The impacts in both Austria and Poland are process-based rather than outcome-based. In Austria the small scale of the scheme limits its likely impact, however it is a basis for later development. The question arises as to whether the impact might have been increased if regulatory or voluntary codes (as in England) were in operation across Austria schools, rather than policy framework that are applied by PPP itself. In England it is too early to say whether the Responsibility Deal would have an impact and in any case no evaluation was being undertaken at time of writing. In all three examples impact measures are available in consumption trends of soft drinks or other drinks containing sugars. Assessment in these terms would require a very long-term perspective. Other proxy measures therefore might be applied with some statement of national goals. In none of the examples were such goals present.

In Poland the implied impact is very different from the other two. The very title of the programme implies the promotion of water in comparison with other drinks. The fact that the programme was funded by a bottled water company rather than a general drinks company and it was not simply a consumption information initiative sets it apart. Although the programme provided success process indicators the

question is whether water consumption will raise and consumption of sugared soft drinks will fall.

3.5.2.8 Have impacts been sustained over time?

No information is available

3.5.2.9 Local and national embedment of the initiatives

The operation of the Austrian and Polish schemes does appear to have become embedded, in the sense that they have maintained support from sponsors and stakeholders.

3.5.2.10 Have the initiatives been transferred to different contexts?

In the case of the Polish scheme, the sponsoring company is exploring applying the scheme elsewhere. Although the scheme was not finalised by the end of 2011 it was suggested that one possible location was Mexico. (In Mexico, Groupe Danone brands hold 40% of the market for all water products combined).

3.6 Campaigns

One response to the obesity problem has been the creation of campaigns to combat rising obesity rates. But what makes an effective campaign? This is the question, which will be discussed in this chapter by comparing the approaches, and results in campaigns in four different countries - Denmark, Hungary, the Netherlands, and the UK (England). The cases show major differences with respect to focus, size, etc. These differences are themselves part of a conclusion about obesity campaigns. However it has also been possible to point to what makes an effective campaign.

3.6.1 Summary of best practice cases

The basic information of the various campaigns show both similarities and differences. In England consideration of soft-drink consumption, considered above, was prompted by general government action around obesity, prominently England's Change4Life campaign. Change4Life was initially an advertising campaign, linked

with local interventions, which targeted children up to 12 years and families, later extending to other groups with the Early Years programme targeting parents of 1-4 year olds and the Start4Life programme targeting new parents. It specifically focused on obesity, better eating, and exercise. Through utilising print advertising, television, websites with information and networking, the campaign attempted to get its message (changing habits lead to improvements in health and weight) out. In contrast, other following actions, such as the Responsibility Deals (soft drink consumption was focused on above) applied a very different approach, negotiating between government and industry on a broad variety of distribution, supply and food and drink formulation criteria.

In Hungary the Nincs De (No Excuses) campaign targeted citizens in general and worked to encourage a healthy lifestyle. A healthy lifestyle was broken down into nutrition, physical activity, not smoking, and not consuming alcohol. The media used for the campaign was Television, radio, billboards, magazines, and newspapers.

In the Netherlands the Balansdag (Balance Day) campaign was for all age groups, focusing on those of normal weight and good eating and exercise habits, and emphasized the importance of restoring energy balance and combating obesity. Television, radio, brochures, and a digital newsletter were used to disseminate the message.

In Denmark the 6-a-day campaign was targeting different groups. The focus was not only on obesity but on the different possible health benefits from an increased consumption of fruit and vegetables. The two programmes discussed in this chapter are the School fruit programme targeting school children, and the Workplace fruit programme targeting employees at private and public workplaces[14.] An important element of the 6-a-day campaign was environmental change through intervention campaigns, which should improve the accessibility of fruit and/or vegetables in different settings. The School fruit programme introduced free daily fruit in a pilot period into interested schools. The idea was that afterwards the schools should introduce their own permanent School fruit scheme. The Workplace fruit

[14] The 6-a-day Workplace canteen project is discussed in the Workplace cross analysis.

programme encouraged employers to organise or subscribe to a Workplace fruit scheme. As part of the campaign different types of campaign materials were developed, including posters, campaign brand, brochures, project guidelines, evaluation reports and a website.

3.6.2 Cross analysis of good practice campaigns

3.6.2.1 Background for the initiatives

All four campaigns dealt with obesity but did so by focusing on slightly different aspects. Citizens in general were the target group in the case studies from the Netherlands and Hungary, while the UK's campaign was primarily aimed towards children with adults being secondary targets. The Danish 6-a-day had a variety of equally important target groups, including school children and employees. The use of media was similar in three of the campaigns (Hungary, the Netherlands and the UK) with rather expensive one-way communication. This is expensive but makes it possible to reach large audiences. However this may be at the cost of two-way communication with the audience.

3.6.2.2 Planning of the initiatives

Successful campaigns need a strong alliance among stakeholders. In the UK there was mounting evidence from various government bodies of the rising problem of obesity. One report in 2007 from the Government Office for Science entitled 'Foresight Study on Obesity' predicted that without action by 2050 over 60% of men, 50% of women and 25% of children would be obese. It was these various reports that would serve as a catalyst spurring the idea that there must be an overall society wide approach to combating the complex problem of obesity. The Change4Life campaign was the marketing component of a larger governmental campaign against obesity. Though not tied to the Change4Life program, the Food Standards Agency was asked to include nutrition in its objectives (this has since been suspected by the break-up of the FSA with a change of government). Another non-Change4Life action

was the government working with industry to decrease salt and saturated fats in foods.

Although the problem of obesity is recognised by public policies in Hungary the Nincs De campaign was not the result of any concerted government effort. Rather the Mediaunio foundation, a joint non-profit initiative of media and advertising companies and civil society organisation, funds and launches one social issue project per year. After a period of time where anyone could submit a topic or issue, the board of directors chose the topic of a healthy lifestyle, out of several submissions on this topic. While this way of selection does not offer too much background it would at least indicate that obesity and health is at least an issue recognized by civil society and the board of directors.

For the last 10 years the Netherlands has been promoting policies to encourage a healthy lifestyle. However, the number of obese and overweight citizens increased and there was a growing amount of research showing the detrimental impacts of being overweight. The government wanted to maintain a healthy population, lower health care costs and increase productivity. To do so the government decided to respond by actively encouraging a healthier lifestyle through campaigns such as the Olympic Plan 2028 and Balansdag. A pilot project should influence the final project.

The Danish 6-a-day campaign was inspired by a US 5-a-day campaign, which an employee from the Danish Cancer Society had experienced. He encouraged the creation of a public-private partnership with representatives from the national food agency, non-governmental health organisations and business organisations for the fruit and vegetable industry. The partnership has been running since 2001.

Three of the campaigns developed in response to growing information and awareness about obesity, while the Danish 6-a-day campaign was based on a more broad concern about the interrelationship between food and health, including obesity and cancer. In the UK and the Netherlands the government took an active role in promoting the responses. In Hungary the burden appears to have fallen mostly on civil society to raise awareness about obesity. A growing social consciousness regarding the threat of obesity seems to be the constant and therefore likely an essential component of any campaign. In Denmark the initiative

to form a public-private partnership came from a not-for-profit cancer health organisation.

3.6.2.3 Key elements of the initiatives

It is necessary to examine what were considered the most important elements of each initiative as this may have affected the outcomes. For the UK's Change4Life programme (in fact, largely restricted to England, with some elements in Wales), later supplemented and partially replaced by Responsibility Deals, key elements were the use of food industry brands and their commitment to reformulate their products, joint branding initiatives, voucher schemes, and free sessions. In Hungary personal responsibility was emphasised in the campaign. Through advertising it specifically sought to empower people and have them rely less on institutional solutions. In the Netherlands Balansdag focused on individuals and groups. For individuals it provided them information and encouraging them to eat healthy and make physical exercise. For groups it created a programme that could be used and implemented, especially in companies. It also encouraged personal responsibility and the creation of a balanced approach to eating and exercise. In Denmark a number of targeted intervention programmes, including the School fruit and the Workplace programmes, were combined with an information activity targeted at the consumers in general.

To make these campaigns reality demand efforts of various stakeholders. These stakeholders are essential to examine because their roles and influence contribute to the success or failure of a campaign. Similarities between stakeholders in the various campaigns may point to certain groups being necessary or at the very least important in the formation of a campaign. In the UK the campaign was spearheaded by the Department of Health. Using consultants from the food and marketing industries the Department of Health refined their concept for the campaign. The campaign sought to be inclusive working with the food industry, physical activity industry, consumers, and civil society organisations to be representative of a large segment of society. Working with many partners was important for the campaign

because it allowed the message to be disseminated to the largest possible audience. Businesses were encouraged to use the Change4Life branding, in certain specific ways, to support the impact of the campaign. It was not thoroughly revealed how active the stakeholders should be in creation of the message, rather there was an emphasis on spreading the 'message'.

Nincs De, headed by Mediaunio, was very centralized. Mediaunio sought out NGOs and experts for information and asked these various groups to take up specific roles. It was a rather weak partnership as the campaign provided media exposure but the burden of the work fell on the stakeholders. Mediaunio was the creator and the various stakeholders were more contributors than partners. That said a substantial list of partners can be found in Hungary's WP 5 document.

Balansdag was organised and planed by the Netherlands Nutrition Centre working in coordination with the Dutch Ministry of Agriculture, Nature and Food Quality (LNV). Other stakeholders included the Food Trade Central Bureau and the Dutch Federation of Food Industry.

In the 6-a-day campaign the secretariat in the Danish Cancer Society played a very active role in the day-to-day campaign work. Project coordinators were appointed for the different programmes like the School fruit and the Workplace fruit programmes. Besides this the board of the campaign with representatives from the Danish Cancer Society, the National Food Agency and a private agricultural research organisation played an important role. It was apparently new to the agriculture to think in the new sales channels for school fruit and workplace fruit outside the ordinary retail channels.

The key elements show both differences and similarities. In Hungary and the UK there was a similar utilisation of the private sector, specifically advertising, for the benefit of the campaigns. However, the level and way the private sector participated in each instance was quite different. In Hungary advertising was the medium while in the UK the work with private brands increased the campaign's reach. Additionally, Hungary and the Netherlands both chose individual responsibility as a key message, though the Netherlands also emphasised groups. The private sector participated in

different ways in the Danish 6-a-day campaign. In the School fruit programme private companies were suppliers of the fruit to the schools in the period with free fruit, paid by specific funding for this part of the campaign. In the Workplace fruit programme private companies were also suppliers of the fruit and at the same time a part of the workplaces, which subscribed to a workplace fruit scheme were privately owned workplaces.

3.6.2.4 Management strategy

All four campaigns had a strong central coordinator. For Hungary and the Netherlands the main campaigner was a non-governmental organisation. In Denmark the coordinator was the campaign secretariat hosted by one of the health non-governmental organisations. In all four campaigns there was a least some governmental participation. In England and Hungary the marketing industry played an active role.

The level of participation of the involved stakeholders varied. Especially in the case of Hungary the stakeholders are part of a weak partnership. In Denmark the 6-a-day campaign has got a role as a rather strong partnership. In the UK the stakeholders had a limited ability to influence the campaign; they take an active role in promoting the campaign and expanding its reach. Partnerships seem to be important to campaigns and perhaps essential for information and dissemination, but a strong central authority is essential to the creation and continuation of a campaign.

3.6.2.5 Was sustainability addressed?

In the 6-a-day School fruit programme it was assumed that the schools would embed school fruit schemes based on a fee paid by the parents of another kind of model. No information is available about whether the other initiatives addressed sustainability during the planning of the initiative.

3.6.2.6 Implementation process of the initiatives

Change4Life has been a centrally managed campaign run by the civil service, using commercial advertising groups, but it employed the National Health Service and local government for local implementation. Companies that were part of the initiative could use the campaign and customize their part in the marketing as long as it did not violate agreements with the campaign. The Hungarian campaign was managed by the Mediaunio Foundation, which contacted the health experts, who prepared the background material for the communication consultants. The health experts had several meetings throughout the year, commenting on the various campaign elements. Balansdag was in part implemented in self-sustaining groups and once provided the materials they were essentially self-managed. It is difficult to see too many correlations here but the UK and Hungary both had campaigns that were managed from a central authority that had experience in management. In the Danish 6-a-day campaign the different programmes within the campaign had their own project coordinator and their own coordination group with representatives among the members of the overall partnership and other organisations.

3.6.2.7 Observed outputs and outcomes

Perhaps the most difficult aspect of understanding these campaigns is trying to measure the impact and how that impact was obtained. It is important to note that efforts were made by all four initiatives to collect information about results. What makes it difficult to assess the impact is that while it is possible to measure the awareness of a campaign it is much more resource demanding to measure actual behavioural or dietary change and link the impact to a specific initiative. The UK Change4Life is by far the largest campaign with a total budget of 90 Million Euro over three years. 7 per cent of the total marketing budget of Change4Life has been spent on research, monitoring and evaluation of campaign activity, and national partners were required to demonstrate how they will evaluate their own activity and to share any results with Change4Life. The first yearly review of Change4Life showed strong recognition impact in the social marketing campaign. The review of the

campaign in the light of funding being withdrawn in 2010 showed a dramatic fall in recognition and joining the programme. In terms of influence on behaviour the Change4Life evaluation report suggested, based upon self-reports, that

- 3 in 10 mothers who were aware of Change4Life claim to have made a change to their children's behaviours as a direct result of the campaign.
- The number of mothers claiming their children do all 8 recommended behaviours increased from 16 per cent at the baseline to 20 per cent by quarter 4
- The proportion of families having adopted at least four of the behaviours has increased, suggesting the campaign has persuaded people with much less healthy lifestyles to make an effort to improve their health

Additionally basket analysis found differences in the purchasing behaviour of 10,000 families who were most engaged with Change4Life relative to a control group. In particular, there were changes in the purchases of beverages among Change4Life families, who favoured low-fat milks and low-sugar drinks. The impact on rates of obesity is more difficult to assess. In 2009, according to Health Survey England, 61.3% of adults (aged 16 or over), and 28.3% of children (aged 2-10) in England were overweight or obese, of these, 23.0% of adults and 14.4% of children were obese. However, these rates were slowing, which might indicate growing recognition by families of the impact of the problem. The rate of slowing preceded Change4Life.

The information provided by the campaigns give some information that allows comparison. In the UK the Change4Life programme reached 99% of families by the end of 2009. Campaign awareness at its highest was 87%. In Hungary campaign awareness was its highest at 53%. Additionally, Hungarian polls indicated that people were more aware that they were personally responsible for their own health and many considered or professed to have made change to their lifestyle. In the Netherlands the researchers held focus groups and found that 83% of the members had heard about the campaign. However, only a small proportion had actively sought information about the campaign. A majority of the members also understood

the intended message of Balance Day. 46% of the members claimed to have used caloric compensation strategies and 19% used those provided by Balance Day while another 20% used Balance Day in concert with other methods.

The available information about the results of the Danish campaign concerns both output like recognition of the 6-a-day logo and number of schools participating in school fruit programs. Some of the school fruit initiatives have been evaluated as individual activities. However, also information about outcome of the campaign is available The School fruit and Workplace fruit programs show quite different results. It turned out to be rather difficult to get school fruit programs embed beyond the initial period with 2-3 month free fruit. In socially vulnerable areas the costs of a personal membership of a scheme is too big to a family. This made schools in some areas not trying to organise a permanent campaign based on individual family subscription. At some of these schools the teachers encouraged the parents to let the children bring a piece of fruit or vegetable every day or some days every week. The aim was to create the eating of fruit and vegetables a joint activity in the class in order to strengthen the social coherence. On the contrary the embedding of workplace fruit schemes seem to have been more successful and in most cases based on employer payment. However also for this kind of initiatives there seems to be social unbalance. The Danish national surveys of workplace health promotion show that initiatives, like workplace fruit schemes, mainly are offered at workplaces in the capital region and at white collar workplaces.

3.6.2.8 Have impacts been sustained over time?

Despite campaign planning unexpected occurrences may not be accounted for. As a result the campaigns sometimes were implemented differently than planned. In the UK the Change4Life initiative added marketing schemes such as 'the Great Swapathon'. This was a voucher programme that gave 50 pound sterling worth of discounts to encourage people to buy healthier food and participate in healthy activities. The decreased budget of Change4Life over time precipitated a shift in the

understanding of obesity towards one emphasising the individual and thereby stronger linked to behavioural science. In Hungary the campaign went over budget and as a result one of the final films, out of the intended four films, was cancelled. Balansdag notes the latitude given to group leaders in coordinating their mini campaigns. Campaigns are unable to plan for every externality so it is important for campaigns to be flexible and develop as circumstances require. The problems with the embedding of the Danish school fruit programs might also be seen as an expected problem, since this kind of social considerations were done made before the launching of the program.

3.6.2.9 Local and national embedment of the initiatives

The four campaigns show big differences regarding embedding of the initiative. In the UK government budget cuts have threatened funding for Change4Life, which were intended to be short-term funds anyway. Part of the Change4Life initiative, Healthy Towns, has lost funding and therefore most Healthy Towns will end this programme in 2011. This indicates a programme where the sustainability of the activities depends mostly on public funding but the government has requested that industry assist in the continued funding of the initiative. In Hungary the intention was to create initiative that could create sustainable impacts as the campaign was meant to be a one-year campaign. However, because it became a well-recognized brand the brand was given to a NGO that promotes walking. The outreach of this programme became significantly smaller. The information from the Netherlands did not provide adequate information to assess its sustainability. However, the creation of independent groups mean there is potential that the campaign has been sustained in some way. The Danish 6-a-day campaign has been running for around 10 years, financed by public funding, a membership fee and in some cases specific external funding for a program. From 2012 the secretariat for the 6-a-day campaign moves to the secretariat of the small agricultural business research organisation which has been member of the campaign coordination since its beginning. This move of the secretariat is seen as a 'true' embedding of the campaign. However the

business research organisation is uncertain whether they can manage the task of being responsible for the coordination of the 6-a-day campaign. The Danish Cancer Society, which has hosted the joint financed secretariat for the first 10 years, has decided to continue with this kind of partnerships but with focus on other areas (one on meals and one on wholegrain consumption).

3.6.2.10 Have the initiatives been transferred to different contexts?

The Danish 6-a-day School fruit programme has directly inspired an EU wide school fruit programme where local municipalities in different countries may apply for the nationally allocated co-funding grants for a school fruit program. No information is available about how the EU programme is organised with respect to the possibilities for adaptation to the different national contexts.

The following are some aspects, which are important to the activities and impacts of a campaign, and thereby to important if it is considered to transfer a campaign to another national context.

The cross analysis of results show the need for campaigns to be multifaceted and take into account the complex factors contributing to obesity. However the analysed campaigns show only to a limited extent this multifaceted focus. The Hungarian case study is focused on individualising the obesity problem. The Danish School fruit and Workplace fruit campaigns also show lack of awareness of the social adverse aspects in the planning, like the difficulties for some households to afford to pay to a school fruit scheme and the differences in employers' willingness to pay for a workplace based fruit scheme. However, the 6-a-day campaigns seem to be the only campaign, which has combined awareness rising with environmental change in order to obtain results. If awareness raising and arguments for behavioural change is the only measures the actual behavioural change might be limited.

It seems likely that a strong central coordinator is important but equally important is the support and/or cooperation of industry, government, and civil society organisations.

Nothing can be planned perfectly so campaigns should be flexible and able to adapt to new circumstances and develop in new unanticipated ways. The Danish 6-a-day campaign has changed its focus on target groups depending on what groups which seem to have problems increasing their consumption of fruit and vegetable.

The embedding of a campaign hinges on the intended duration of a campaign and the availability of finances, either from external funding or from the public and private organisations participating in a campaign. With respect to embedding of the initiative only the Danish and the UK campaigns have been long-term campaigns. The Danish campaign has succeeded attracting continuous public and membership funding. The Change4Life campaign in the UK continued to adapt and change its programme because it was part of a bigger government project against rising obesity rates. The Dutch and Hungarian case studies were short term nature did not allow for them to become embedded by themselves. The Hungarian initiative was transferred into a new context, the walking campaign, which however implied a smaller outreach. The Danish 6-a-day campaign will now after around 10 years move the secretariat to one of the involved business organisations while the secretariat continues with other partnerships. Whether the business organisation has the organisational and knowledge resources to continue the campaign at the same level is uncertain like in the Hungarian case study.

4. Discussion

4.1 The challenges of identifying and evaluating best practices

4.1.1 Aim of evaluation

The aim of the evaluation of best practices in WP5 has been to:

- Describe and evaluate best practices in Europe in a governance perspective
- Develop a framework for benchmarking of industrial and governance initiatives:
- Discuss the transferability to other countries within a region and to other regions

4.1.2 Criteria for best (good) practice cases

The applied criteria for identifying best practice cases among the partnership initiatives identified in WP4 have been that there was available information about good or promising results of the initiative. Actually we prefer to call the best practice cases 'good practices'.

The information about results could be about two different types of results:

- OUTPUT : number of children in an obesity programme
- OUTCOME : changes in children's health due to a program

The cases have also been chosen to achieve a broad geographical coverage with good practices in different countries. It is a 'strong' but also delicate demand to programmes and projects to request information about results, when data is often ambiguous, may not have been achieved in testable ways and may only in any case reflect activity, that is to say outputs rather than outcomes. Some initiatives are recent, so maybe there are not yet reported results. For older initiatives the challenge is whether there has been made assessments of the sustainability of the

results. Of course, it may be possible that outcomes are reasonable but such is the overall situation that positive results are nullified. It is seldom that the results are assessed as scientific assessment of food consumption, BMI, etc., since these may be too expensive to obtain or judged unethical or impractical. Finally the difficulties with achieving high quality information about the results of Initiatives may be due to the fact that the information is not just ambiguous but also complex: Initiatives develop in interaction within a context and are implemented through the participation of many stakeholders within a much wider framework or system of operational factors and determinants. It is these systemic aspects of society on determining patterns of weight gain or obesity which was a prominent feature of the Foresight report on Obesity, undertaken in the UK.

As this implies it might be difficult to say a certain initiative has a certain impact. Rather one can say that an initiative in interaction with a context at a specific time created or reinforced a certain dynamic. As an example we can look at the 6-a-day workplace fruit scheme programme in Denmark. When the planning of the scheme was initiated it was found that suppliers of workplace fruit schemes had already started. Within a rather short period many workplaces initiated this kind of schemes because trade unions saw it as a simple demand in negotiations with employers and several employers were looking for ways to become an attractive workplace – in a period with high employment rate the competition about employees was high. Ideally, information about results of initiatives should give insight into this kind of dynamic context.

4.1.3 Types of good practice partnerships

The categorization of good practice partnerships which have been analyzed is shown below. The categories have been chosen to be aligned with the different good practices. The type of category applied for each category is shown in brackets. e.g.: The good practices related to schoolchildren are a category of good practices described by their target group. In *italics* an analysed case of this type of initiative is shown:

- School children (target group): *EPODE in different countries*
- Pre-school children (target group): *Moving Kids*
- Drinking (activity): *Clever drinking*
- Campaigns (initiative): *Change4Life*
- Labelling (tool): *Key hole labelling*
- Workplaces (setting): *The FOOD programme*

However, most of the good practice partnerships could be allocated to several categories. e.g.: The Keyhole labelling tool for restaurants could also have been categorised according to:

- Target group: consumers etc.
- Setting: workplaces etc.
- Tool: product reformulation in industry and canteens
- Likewise the 6-a-day campaign could also be characterised according
- Target groups: families with children etc.
- Setting: workplaces, schools etc.
- Tool: product reformulation in industry and canteens

The good practice analyses have focused on describing what has happened within the single case and analysing how the case has been shaped and how the impacts can be understood. They might be wide and dynamic, as in the case example of the 6-a-day campaign:

- Background of initiative: Why 6-a-day: Transfer of idea from the US to Denmark
- Planning of initiative: NGOs cooperate and invite business and authorities
- Implementation of initiative: Elements in implementation: Secretariat, Board, Action plans, Specific campaigns
- Results (output; outcome): How many workplace fruit schemes? How does fruit consumption change?
- Sustainability of results: What is the pattern of consumption 5 years later?
- Embedding of results: NGO hosts secretariat, for example.

- Dissemination of initiative: New partnerships created, for example.
- Transfer of initiative: Inspired new EU fruit scheme, for example.

4.2 Summarising good practices in obesity governance

This section gives an overview of the results of each the cross-analyses of the best practice fields.

4.2.1 Pre-Schools

With the exception of the XXI Generation Project, all the analysed pre-school-based initiatives are aimed at changing their target population's behaviours in the hope of helping control increasing obesity rates. A number of the initiatives take a holistic approach by involving parents and siblings in improving healthy eating habits. By including the nearby environment in such a way the initiators hope to sustain long-term health changes.

The most common stakeholder framework for pre-school PPPs was a combination including: 'scientific' stakeholders to ensure high quality and the most recent knowledge; practitioner experts that have significant know how on implementation processes; private stakeholders that contributes both financially and with expert knowledge; and the public sector which is often a crucial partner in these type of interventions. According to programme evaluations to date, the processes involving these partnerships has run with no major complications in both the planning phase as well as the implementation stages.

There is only outcome based data about the results from one of the programmes.

4.2.2 Schools

A returning characteristic of PPP-initiatives in school settings is the primary targeting of children and teenagers, whilst also including their families as a secondary target group. By trying to establish healthy lifestyles at an early age and integrating efforts

in both schools and at home, the intervention is supposed to be a more sustainable approach to combating overweight and obesity. The underlying logic is that the behaviours and habit are more malleable at young age groups and that influencing young people may mean that messages from school are carried home, and since parents wish to support children, a felicitous chain of events is assembled. That, however, is the desired result, but in practice it is difficult to test. Self-reporting in cases of primed 'desirable behaviours' is notoriously unreliable. The different programmes all aimed at preventing obesity through the use of educational tools and in one case sophisticated psychological principles (Food Dudes). 'Moving Kids' targets already overweight children and encourage weight loss through physical activity.

The management structure among EPODE-like initiatives is similar in regard of type of involved partners. Overall each country has a National Coordination team managing the overall strategy, whilst the implementation and practical process is managed at local level with representatives from municipality and the like. The non-EPODE derived initiatives differentiated significantly more regarding management structure, even within a country (Food Dudes and Incredible Edibles, Ireland).
The analysed initiatives do not agree on the acceptance-level of private partners' logos in the campaign material. EPODE-derived programmes are less likely to have strict restrictions (or rather in some settings restrictions have been relaxed) whereas the non-EPODE derived initiatives are generally afraid of compromising the integrity of their scheme by allowing private industry to advertise through the campaign. Relevantly, all the analysed initiatives saw future fundraising as the most important aspect in sustaining their programme.

Due to high heterogeneity in evaluation and outcome measurement strategy as well as the long-term effect measures, it can be hard to assess the effect of these school-based initiatives. It is only the results from the Moving Kids (Spain) and the Food Dudes (Ireland) initiatives that provide high credibility in their published results. Food Dudes provides stronger control group analysis and has retested for

programme efficacy after two years. The results indicate a reasonable to high level of effectiveness. Such a degree of testing is unusual, however, although one might expect such rigor from a university-based scheme. Moving outside of a setting however, and confounding factors rise exponentially.

There are experiences with transfer of some of the school programmes (EPODE, Food Dudes) with EPODE being the most transferred, both regionally in Europe, as well as globally.

4.2.3 Workplaces

Three workplace-based PPPs were identified as good practice cases – the Danish 6-a-day Canteen programme, the European FOOD Project, and the Swedish Keyhole restaurant scheme. The projects build on the understanding that workplaces can be 'enabling settings' for health promotion and education interventions. All initiatives are targeting employees in general at workplaces and follow either a broad healthier eating and balanced diet approach or a more focused narrow fruit and vegetable approach. Some of the tools used includes: improved information; training of staff to offer healthy options; increased awareness of the importance of a balanced diet; and adjustment in availability. All three initiatives have targeted the food provision level, although it is mainly the 6-a-day Workplace canteen initiative and the Keyhole restaurant which have focused on environmental change through improved food supply in the workplace canteens.

The analysed initiatives have a broad range of stakeholders involved in the planning and implementation phase. It was speculated that by involving a broad range of stakeholders the likelihood of success was enlarged.

The workplace-based PPP-programmes have been heavily exposed in the media, both soft media, as well as scientific media. The sustainability of the programmes and their outcomes was addressed by evaluation and in the case of the 6-a-day canteen Workplace initiative, the outcomes has been sustained in 4/5 canteens at 5-

year follow-up. The FOOD Project, being an international project, is implemented in various contexts but there does not seem to be a formal recommendation of transferring the approach in place.

4.2.4 Labelling

All the analysed labelling-based PPPs are from the Nordic countries. Collaboration and consensus among stakeholders has been common in Nordic nutrition policy and this is also the background for labelling initiatives. With the Keyhole labelling scheme being established in 1989 in Sweden focussing on preventing heart diseases and cancer, and gradually including obesity as a goal, the focus on labelling as a disease-preventing tool started early. A main aim of the labelling initiatives is to inform consumers and make healthy food choices easier. All labels in the analysed labelling schemes are optional and mainly free of charge to use.

The Swedish Keyhole labelling scheme has key inspiration for later Nordic labelling schemes, including the Danish and Norwegian Keyhole labelling, the Finish Heart Symbol and the Norwegian Bread Scale. The necessity to include many stakeholders in the planning was clearly recognised and especially regarding the development of various criteria required different expertise and involvement during planning. Arguably, this created a greater sense of commitment and engagement.

Although all the analysed initiatives vary in management and ownership, they are all based on collaboration and dialogue between stakeholders and experts. This dialogue also shines through when the process from planning to implementation is evaluated, where there have been smaller amendments in the criteria for permission to use the label, based on mutual consensus among involved partners.

The effectiveness of labelling schemes to lower obesity rates have not been evaluated and can be hard to do. However, consumer surveys conducted in relations to the analysed initiatives have identified high label recognition. The still increasing proportion of products using these health labels also suggests a demand from consumers and a willingness among industry to adjust their products to fit the criteria, hence increasing the availability of healthier options.

All five labelling initiatives are from the Nordic countries. It has been suggested that the somewhat strict standards for e.g. the Keyhole label probably work best in the Nordic countries with the food standards present and the political atmosphere. However, internally in the Nordic countries, the Keyhole label and Keyhole restaurants has been very successful in transferring between national contexts. To transfer these labelling schemes to other contexts than a Scandinavian, an adjustment of criteria might be needed to fit the political climate and the food culture in the country of implementation.

4.2.5 Drinking

Despite PPP-initiatives on limiting soft-drink consumption the soft drink consumption is still high and in some cases rising, and in Central and Eastern Europe there has not been the gradual shift towards low-calorie drinks as has occurred across much of Western Europe. The UK, the Austrian and the Polish drinking initiative were all planned by a wide range of stakeholders, but commonly for the three schemes were the food and drinks industry strong participation. The management of the three programmes various according to the intervention's size.

The reported impacts of the Austrian programme are output-based (number of participating schools and pupils), while the reported impacts from the Polish programme are both output-based (knowledge about the area of the initiative) and outcome-based (self-reported daily fluid intake). In Austria the small scale of the scheme limits its likely impact. The question arises as to whether the impact might have been increased if regulatory or voluntary codes (as in England) were in operation across Austria schools, rather than policy framework that are applied by PPP itself. Other proxy measures therefore might be applied with some statement of national goals. In none of the examples were such goals present.

The UK initiative has been embedded in the Responsibility Deal, thus potentially improving sustainability of the initiative although this raises questions of reporting and transparency. It is not clear for example that industry-supplied information on

soft drink consumption is fully transparent. In fact, the supply of transparent information is likely to be something that companies might resist. In this respect not just the future of the programme or approach is dependent on the policies of the government of the day but also what demands are made on stakeholders to supply information that is credible and genuinely informative. The Austrian and the Polish initiative also seem to have been embedded, in the sense that they have maintained support from sponsors and stakeholders.

The transferability of the analysed drinking schemes is dependant of the national soft drink consumption culture, which of course is amenable to change by marketing and the extension of supply chains into multiple and diverse settings. PPPs with food and drink companies aiming at limiting children's access to soft drinks may be extremely complicated and controversial to other parts of industry. The Polish scheme on increasing bottled-water consumption is looking into transferring the scheme to Mexico, where a major private stakeholder can contribute with the experiences from Poland combined with high market-shares on bottled water consumption. Such disruptive approach is unlikely to be welcomed by other actors in the soft drinks industry.

4.2.6 Campaigns

Four good-practice cases on effective campaigns utilising the PPP-approach were analysed. As for many national campaigns, the target group for these four cases was the general population with the exception of England's Change4Life programme that aimed specifically towards children but had adults as a secondary target group (although this programme has since been extended). It was observed that the campaigns varied significantly in involved stakeholders and management structure. A strong central coordinator seems to be essential to the creation and continuation of a successful campaign. Although all four campaigns had a strong central coordinator, the campaigns varied in the type of coordinator and the level of contribution. In some campaigns some of the partners more had a contributing role rather than a partner role.

A key element in two of the campaigns was 'individual responsibility'. The Hungarian campaign 'Nincs De' ('No Excuses') for example emphasised the need to empower people, via changing cultural frameworks or aspirations, instead of relying on a shift in institutional frameworks. The campaign reached up 53% of awareness/recognition at its highest. Additionally, Hungarian polls indicated that people were more aware that they were personally responsible for their own health and many considered or declared to have made lifestyle changes. Efforts were made by all four initiatives to collect information about results. Whilst it is possible to assess the impact on public awareness of a campaign, it is both methodologically and also resource demanding to capture the degree of actual behavioural or dietary change. It should be stressed that even though the Change4Life campaign reached 99% of the target population in recognition, the actual health benefit was difficult to assess. Whether it is called health education, social marketing or social advertising, or for that matter commercial advertising, it is difficult to measure health effects, which might compound a complexity of factors, as opposed to single items of change, such as product sales in conventional advertising and marketing. In the Danish 6-a-day campaign the Workplace fruit schemes showed better results than the School fruit programmes. The workplace programmes are paid by the employers while the school fruit programmes after a period with free fruit have to be paid by the parents. Both types of programmes show adverse social impacts since embedding of school fruit programmes are more difficult in social vulnerable communities and workplace fruit programmes typically are launched at white collar worksites.

The school fruit programme, part of the 6-a-day campaign, has been embedded as an EU-wide school fruit programme where local municipalities in the different countries are able to apply for the nationally allocated co-funding of a school fruit programme.

4.3 Actors and structures in best practices

In this section we discuss across the different best practice fields with respect to the aspects, which were analysed in the best practice cases:

- Background for the initiatives: What role has the societal context played?
- Planning of the initiative: What stakeholder groups participated in the planning?
- Key mechanisms in initiatives: What are the intervention models in the initiatives?
- Management strategy: How are initiatives managed?
- Addressing sustainability of impacts: Has the sustainability of the impacts been addressed and how?
- Implementation of the initiatives: How was the implementation of initiatives compared to the planning?
- What types of impacts have been obtained? What is known about the mechanisms behind the results and to what extent is this type of knowledge available?
- Obtaining sustainability of impacts: Have impacts been sustained?
- Embedding the initiatives: Have the initiatives been embedded?
- Transferability of initiatives: Have the initiative been transferred to other contexts? How are initiatives transferred? What national characteristics are important to be aware about when transfer of an initiative is considered?

The aspects of transferability of best practices are addressed in a later section in the chapter.

4.3.1 Background for the initiatives: What role does the societal context play?

The best practice cases have show how societal context plays a role in the shaping of obesity governance initiatives:

- The framing of an obesity governance initiative: how are the mechanisms behind obesity seen, like the roles of individual responsibility, governmental

responsibility, business responsibility etc.? *E.g. the strong focus on individual responsibility in the Hungarian campaign No Excuse indicate that the initiative have been framed by a society characterised by focus on individual initiative and responsibility.*

- The mechanisms applied in an initiative for governing obesity: what are the roles of information to the target group, changes in food supply etc.? *The adaptation of the criteria for receiving a Keyhole label to Norwegian production and consumption characteristics by including fish as food group which can be labelled.*
- The roles of different actor groups: governmental institutions, businesses, civil society organisations etc. The lack of NGO participation in the Greek EPODE-like scheme – as the only EPODE-like scheme - indicates that this type of organisations does not play a significant role in Greece, at least not within the health area.

4.3.2 Planning of the initiative: What stakeholder groups participated in the planning?

Several best practice cases are organised as national or regional initiatives where local actors at for example schools are supposed to play an active role in the implementation of an initiative. Problems may occur if the central or overall planning of the initiative does not involve (representatives from) the actor groups, which are supposed to play a certain role.

School teachers were not involved in the planning of the local Danish 6-a-day School fruit programme initiatives, despite the teachers were supposed to play a role in bringing the fruit from a central place at the school to the class room and organise the distribution of the fruit to the pupils. In other cases, such as Incredible Edibles in Ireland, teachers were considered to be entirely fundamental to the programme, and hence it was built around their participation. Of course, what might be called 'spare time' to engaged with such programme is often precious time and therefore enthusiasm for a scheme is critical. As the evaluation of the Incredible Edibles programme showed, negative expressions towards the scheme's governance (i.e.

'this scheme represents commercialisation of schools') might prove a disastrous perception.

4.3.3 Key mechanisms in initiatives: What are the intervention models in the initiatives?

The study of best practices has encountered numerous intervention methodologies. In this section we present key mechanisms of the best practice obesity governance cases describing the scientific base and basic principles of the cases. The use of methodologies is unrelated to the fact that the best practice cases are PPPs but relates to dimensions relating to how they were set up, with what focus, by whom, and the skill mix of those involved.

The identified scientific base and basic principles behind the obesity governance practices:

Settings-based interventions: These include changes in specific, sometime 'total' environments (i.e. where the environment is inclusive to all members for the time they are there) such as the school or workplace.

Bio-medical interventions: These include the use of professionally-trained staff in medicine (paediatrics), nursing, nutrition, psychology and others, using professionally-defined methods, or a mix of them, to measure and influence 'bodies and minds', usually of individuals.

Environmental interventions: These are non-individualised approaches which may include the full population or the target population within a setting and which may include physical, social or cultural environments. Measures may include the removal of vending machines or other product sales or the provision of water in place of soft drinks.

Labelling interventions: These range of simple statutory measures, found on all package foods across Europe, stating levels of fats, sugars etc, to voluntary labelling schemes, sometimes NGO or officially approved, highlighting the nutritional benefits of some types of food, such as fruit and Vegetable or specially marked or marketed foods presented as having a higher nutritional value.

Choice editing interventions: This applies when food managers in a delimited food environment construct or limit preferred 'choices' or decisions of consumers. This may occur when some foods or drinks are more prominently displayed.

Social behavioural interventions – health education: Health education implies providing information in more neutral terms of improve health or food nutrition literacy.

Social behavioural interventions – social marketing: This implies the use of commercial marketing techniques (price, position, etc) to create an identity between message, audience and behaviour change.

Social behavioural interventions – identity formation methodologies: This implies the use of taste, repetition, knowledge, etc. to establish patterns of acceptance and belief about the desirability of certain foods in preference to other foods.

Some obesity governance initiatives include **product reformulation**. This includes product reformulation based on market based instruments like labelling schemes and product reformulation as part of environmental change, for example use of reformulated recipes in a workplace canteen:

Labelling-based food reformulation interventions: This intervention method is based upon formulating incentives like labelling schemes to induce reformulation of ingredients, recipes or portion sizes to improve the nutritional qualities of a product, for example by reducing sugars, fats or salts. An indirect impact might be companies which enhance the nutritional elements of their products without using labelling on the reformulated product.

Local food reformulation: This intervention method is based on local reformulation of dishes in canteens, cafés etc. attempt to secure compliance with or contribution to nutritional goals, like the 6-a-day workplace canteen initiative in Denmark, which aims at contributing to the overall goal of a daily intake of fruit and vegetables of 600 grams.

4.3.4 Management strategy: how are initiatives managed?

This paragraph discusses the organisational dimensions of the initiatives, the size of the initiatives and the role of business funding and business influence.

Organisational or geographical dimensions of the interventions include:

International interventions: These are initiatives where local interventions are organised in different countries in an international project

National-level interventions: These are entire population or segmented population campaigns, often using advertising or other communication measures.

Localised interventions: These entire population or segmented population or settings-based campaigns, which are either run independently or in concert with national campaigns.

Economic funding is important to obesity governance initiatives in order to cover costs for printed materials, staff, food etc. The economic frames of the best practice initiatives are very different ranging from short campaigns with a limited budget, like the Hungarian No Excuse to big and long-term (around 10 years) campaigns or platforms like Change4Life in the UK, PEB in Germany and 6-a-day in Denmark.

The participation of commercial organisations, many of whom have a commercial interest in the success of an intervention or who might benefit from its governmental or civil society endorsement, is a particular feature of many PPPs. The roles of businesses are important in all the analysed best practice fields. However, the roles depend on the type of initiatives:

- Pre-school: Business funding of EPODE and EPODE-like schemes
- School: Food business funding of EPODE and EPODE-like schemes and marketing company as responsible for the information activities of the schemes.
- Workplaces: Workplaces who involve themselves in development of their workplace canteen towards increased use of fruit and vegetables in the recipes

- Labelling: Businesses who re-design their products according to labelling criteria for food products and restaurants
- Drinking: Beverage companies sponsoring campaigns with focus on reduced consumption of sugar-rich beverages or increased consumption of water
- Campaigns: Businesses as suppliers of fruit to schools and workplaces

According to Crane and Matten (2003) legitimacy of the business influence and the accountability to the public are important aspects of business influence on public issues. Business participation is crucial to the success of initiatives directed towards workplaces and to labelling schemes where businesses are supposed to re-design their products. However, business participation in activities directed towards children has shown to be more controversial in some cases.

The concerns range from concern about commercial involvement in EPODE to caution in the civil society support for Responsibilities Deals in England. The concerns are conflicts of interest, the possible subversion of more forceful policy measures, or the public relations aspects of commercial endorsement. It is in these areas in which the claims of PPPs to represent the general interest rather than particular interests are most challenged.

In most school-based initiatives, considerable attention is given to the risk of the scheme being seen as publicity for the commercial stakeholders and their brands since this would compromise the integrity of the scheme among schools and teachers. Therefore no logos of private companies are allowed to be used in several of the school programmes (only logos of the organising body) while other programmes (EPODE-type, Nutrikids) utilize a less strict policy regarding that issue. The EPODE-type programmes allow the sponsoring companies and other sponsors to have their logos on the printed materials. Combined with the non-stigmatization approach to food groups in EPODE, EPODE-type programmes hold the risk of becoming cheap marketing of the sponsoring food companies.

It is notable that a new 'Conflict of Interest Coalition', developed at UN/WHO level, had already attracted (March 2012) 140 international networks and civil society organisations in less than one year's establishment. The implication is that a focus on potential conflicts of interest between governmental, civil society and commercial partnerships is likely to grow.

4.3.5 Addressing sustainability of impacts: Has the sustainability of the impacts been addressed and how?

The sustainability of the impacts is often NOT addressed systematically in the best practice initiatives. In some cases the imagined mechanisms of sustainability are working and in other cases not, even within the same programme. In the 6-a-day campaigns the sustainability of interventions in workplace canteens was successful. During the planning of the initiative it was assumed that the development of local intervention plans in cooperation between the project coordinator and the local canteen manager would be the best way of ensuring that the initiatives and the results were embedded afterwards. This turned out to be the case, although organisational changes like downsizing of the workplace and outsourcing of the canteen service at the workplace can be a challenge to the sustainability. Outsourcing has also shown to be a possible strategy for developing a canteen service more based on fruit and vegetables.

On the other hand, the embedding of the 6-a-day School fruit programmes has turned out to be very difficult, when the introductory period with free fruit ends. It is especially difficult to get a high subscription rate to user paid school fruit schemes in social vulnerable areas.

4.3.6 Implementation of the initiatives: How was the implementation of an initiative compared to the planning?

It was often difficult to get information about the exact implementation of an initiative compared to the planning of the initiative. The Danish school fruit

programmes have had more problems developing permanent local schemes than expected. On the other hand was the diffusion of the idea about workplace fruit schemes most faster than expected, because several stakeholder groups could see an interest in the initiative (fruit suppliers, trade unions, private and public employers and employees, health organisations etc.) Some initiatives are organised as a combination of central coordination and local implementation, like the EPODE initiatives and some of the Danish 6-a-day intervention projects. It has been difficult to obtain information about the actual interaction between central coordination and local implementation, including whether the necessary adaptation to local conditions was possible and actually took place.

4.3.7 What types of impacts have been obtained?

For several best practice initiatives not much information has been available about results or impacts. Some initiatives are still rather new and results have not yet been assessed and only in few cases are systematic assessment of the impacts carried out. In some cases the available information of results are output based information, like the number of schools or pupils participating in an initiative. Outcome based results are much more seldom. For some initiatives directed towards children changes in BMI have been assessed, in some cases combined with assessments of changes in the daily diet. Changes in consumption of e.g. fruit and vegetables have in most initiatives been assessed as changes in the average consumption at a workplace. The impact on the total consumption of fruit (including the consumption outside the workplace) has been carried out. For labelling schemes the available results are number of labelled products or certified restaurants, while information about market shares of labelled products or the phasing out of non-labelled products are not available.

As earlier mentioned, the chain of evidence behind the results of an initiative is difficult to identify. It is important more to see the results of an initiative as a question about interaction between an initiative and the societal context in a specific period.

Only in a few cases have adverse effects of initiatives been in focus, and never as an integrated part of the assessment of the programme but more as the result of other analyses. The embedding of user paid school fruit programmes may in communities with a high rate of social vulnerable households increase the social differences among the pupils. Some schools have refrained from embedding a user paid programme in such communities and have in some cases tried to promote other ways of organising a school fruit scheme. A national assessment of health promotion at Danish worksites, including workplace fruit schemes, have shown that this kind of initiatives are more set up at white collar worksites and in bigger cities, while e.g. the construction sector has very few of such initiatives.

The very big UK Change4Life campaign was one of the initiatives where assessments of the impacts were an integrated part of the initiative. In order to establish evidence of success of Change4Life 7 per cent of the total marketing budget has been spent on research, monitoring and evaluation of campaign activity, and national partners were required to demonstrate how they will evaluate their own activity and to share any results with Change4Life.

4.3.8 Obtaining sustainability of impacts: Have impacts been sustained?

Very little information has been available about this aspect: Partly because some initiatives are rather 'young' initiatives and partly because long term evaluation seldom is carried out. The long term sustainability of the impacts of the Danish 6-a-day Workplace canteen interventions were secured through a separate project funding, which was not part of the initial funding of the intervention (Thorsen et al, 2009, 2010).

4.3.9 Embedding the initiatives: Have the initiatives been embedded?

Some of the best practice initiatives have been embedded and some not. Some initiatives have turned into long term initiatives like the Change4Life in the UK and

the 6-a-day campaign in Denmark. The PPP approach has been embedded in the Danish Cancer Society, who has hosted the 6-a-day campaign, and they have initiated some new PPPs. However, the attempt to move secretariat of the 10 year old 6-a-day campaign from the Danish Cancer Society and embed it within one of the participating business organisation for fruit and vegetable production may become a challenge to the campaign. The Keyhole restaurant scheme in Sweden has been embedded as independent non-profit association while the short and 'small' 'No Excuse' campaign in Hungary was embedded by transferring to a small NGO.

There is a vast literature on how change happens, but at its heart it emphasises two simple questions: why, most of the time, do things stay the same? And why, for some of the time, do things change? Although the WHO Global Programme of Diet, Physical Activity and Health (2004) set the direction of obesity policy, containing recommendations for governments, commerce and civil society, there remain numerous and conflicting diagnoses of the obesity problem and divergence on suggestions for action, a situation which has been termed 'policy cacophany' (Lang & Rayner 2007).

A second barrier to change is efficiency. Organisations often resist even the most appealing reforms because in the short-run at least, they threaten to worsen their performance. Many organisations have high stakes in stability. A third barrier is perspective. Current actions are solidified within organisational business plans and organisational cultures in the form of assumptions, values and norms. The more the system appears to work satisfactorily from one point of view (economic performance) the more difficult it may be to involve an organisation in an initiative. However, in some cases businesses and business organisations see the need to involve them because of societal changes. Both beverage and dairy companies see an interest in the increased focus on bottled water as an alternative to soft drinks results in entrenched perspectives.

A 'successful' PPP may only be an interim or exploratory measure. The 'success' of a scheme might be that it shows that broader policies or interventions are needed, like regulation of the soft drinks market. Soft drink companies are aware the risk of governmental regulation and therefore they may see action in schools, such as drinks education, as part of a range of measures to mitigate risks of governmental regulation. There are differences to the outreach of the analysed best practices. In general, initiatives which are focusing on environmental change are more resource demanding and are mainly carried out as projects in a limited number of schools etc. The challenge is how to upscale successful interventions based on environmental change and make them reach a whole national sector or setting. An exciting combination of local PPPs and governmental regulation is seen in Spain. The Spanish government has, besides support for intervention projects targeting schools, also launched governmental regulation which emphasizes prevention and precaution and improved coordination between various societal groups. A law for quality standards for school meals has been proposed. Food and drink vending machines have been from schools and other places used by 6 to 12 years old and the kind of foods sold in the remaining machines are controlled. This will be combined with a new law named "The Food and Nutrition Safety Law" which will prohibit the sale of food and drinks with a high saturated fat, salt or sugar content in schools. Acceptable levels of these ingredients in cakes, sweets, crisps and soft drinks sold in primary schools will now be regulated by the government.

4.4 Transfer and transferability of best practices

4.4.1 The approach to analyses of transfer and transferability

With transferability we refer to transfer within and between geographical regions, like the transfer of EPODE, Keyhole labelling and school fruit schemes, but also transfer between the same and different types of regulatory regimes. It is important to be cautious about the planning and implementation of transfer of initiatives, because initiatives develop within a social context. If an initiative is transferred to other national contexts it is important to be aware about similarities and not least

differences in relation to democratic tradition, national legislation, status and strengths of civil society organisations, and broader cultural traditions and regimes, not least in food.

Transferability has been analysed within each best practice case from a broad and dynamic interpretive perspective: When initiatives have been transferred across geographical or political settings (national/regional, etc.) and contexts, it is asked to what extent the initiative was, or was not, shaped or adapted for the 'new' or receiving context. Furthermore, what implications did this have on the success of the transferred initiative? Based on these analyses a number of aspects or components which seem to influence whether and how an initiative is transferred have been identified. These aspects are also relevant for consideration of future transfers of initiatives. They also provoke questions about how likely it is that certain initiatives and experiences could be applied in other settings and what other considerations, such as similarities and differences in welfare regimes or other shaping influences need to be considered. In matters of transferability, we suggest, the mediating factors range from the very simple (chance contact with the ideas or schemes) to the highly complex (diffusion of policies or opportunities for transfer via multi-level governance).

Certainly, the transfer of public health and social policy innovations and interventions within and between the countries of Europe is not new. From the mid 19th century on public health ideas and measures were through various or fissiparous means: through social movements, via medical publications and journalism, via professional societies and international conventions (Porter 1994). The impact of such measures was immense but difficult to assess comprehensively. Public health measures, principally sanitary and immunisation, developed against the background of uncertain science, questionable evidence and unknown policy impact.

History shows that the relationship between changing circumstances, policy and interventions is complex; for example improving economic and environmental conditions amplified the effectiveness of public health measures (Baldwin 2007). Policy or technical measures of health improvement themselves were only one explanation for the public health improvement that occurred, the background environment of changing physical and nutritional circumstances were at least as important a factor (Fogel 2004). This remains true today and is the background context for this study. Changing food environments matter and in this regard state policy is only one aspect of their explanation, as today what governments themselves do is only one aspect of the resolution of population-wide nutritional problems, hence the general case, supported by WHO and EU, for the support of PPPs.

Private Public Partnerships are thought to be recent. Certainly they have been promoted as such by the UN, WHO, and the European Commission (Buse & Harmer 2007, Buse & Walt 2000a, Buse & Walt 2000b, Kaan & Liese 2009, Kaul 2006, Lohse et al 2011). However, PPPs are not new, they have existed *de facto* through the participation of numerous stakeholders in the critical arena of sanitary reform. In numerous countries states, municipalities, scientists, reform agents and commercial bodies, in particular the soap, disinfectant and public hygiene industries, promoted new industrial, medical and household beliefs and practice to reshape the culture of hygiene. This mélange of actors, each with their different interests and roles, produced an enormously successful composite effect. The culture of hygiene, from washing hands and bodies to the level of cleanliness in the kitchen or clinic, was transformed (Mokyr 2002). Other social policy innovations, such as social security, had quite different origins and means for spread. What had often begun by mutual societies was converted into programmes of state insurance. As countries industrialised, social security became more affordable to government and such ideas were spread through political modernisation and contact of politicians and civil servants. It has been suggested that there were two mechanisms of policy transfer in operation: a ‘prerequisites hypothesis’, based on the level of economic and

administrative development within nations, and a diffusion hypothesis, where the principle of social security itself spread as an 'idea' (Rimlinger 1971).

Scientific studies of population weight gain and obesity have supported the view that since obesity is a systemically 'complex' issue it requires a broad spectrum of changes throughout society (Foresight 2007). Public Private Partnerships, which take many forms and have many different instigators, are part of this picture of social innovation. Nevertheless, as this report has suggested, it remains unclear, and therefore researchers should be open-minded about, what best practice is, how it might be assessed and how it is spread. This research may have contributed to the study of best practice but the final arbiters of best practice might only be left to later historical analysis.

In terms of the very prominent of question of transferability even if 'best practice' can be rigorously discerned for one setting a question remains how far such practice can be applied to the relevant field or to different settings of time or space (Collier & Messick 1975).

4.4.2 Case: EPODE and EPODE like schemes

The EPODE methodology is the most transferred obesity governance initiative among the studied best practice cases. It has been transferred to numerous settings outside of its original location (North-eastern France) to other parts of France and to other countries in Europe. Indeed, EPODE has achieved the support of local and central government, the European Commission and non-European governments and interest from public health actors worldwide. This is a considerable achievement a model of policy transfer.

The reason for this success, it might be suggested, is because 1) There has been active entrepreneurship of the EPODE brand holders (Protéines) 2) the concept received early support from scientific, NGO and municipal partners 3) the scientific basis of EPODE provided a sufficient (if not overwhelming) evidence for

transferability between settings 4) as a methodology and concept its was sufficiently adaptable to different governmental and cultural settings, 5) it has a simple and understandable methodology. In effect, therefore, EPODE has a strong public 'narrative' alongside a public, private and scientific basis of support.

Nevertheless, the success of EPODE as a specifically *evidence-based* intervention relies more or less on two studies, both undertaken in (north-east) France. Considerable effort, however, has been afforded to refining the model over time and evaluation studies are underway elsewhere. As the scientific assumptions undergirding the evaluation process have themselves been analysed a more pragmatic, process and indicator-based framework for evaluation has substituted for the original control group model of the original study on which the development of EPODE was based. As noted earlier the measurability of the impact of interventions, especially community-based interventions, and particularly over relatively short periods (and even 10 years may be a short period to establish population effects), remains an uncertain and complex undertaking. In this respect EPODE is hardly distinctive: uncertainly of cause and effect is intrinsic to the initiative.

Additionally, although apparently not fully either in the EPODE methodology or in its evaluation, is that the determinants of many factors influencing food consumption and other behavioural patterns remain far removed from 'local ecology' and therefore outside of the framework of influence of community-based interventions and actors. The question of the linkage between central government policy and the macro-level influences upon the food industry (marketing, differential food pricing, etc.) for example, are beyond the scope of EPODE and its variants.

EPODE and EPODE-like arrangements are reliant on both effective partnerships, in particular those involving transfers of some resources from large corporations. In the early years of EPODE private funding, by increasing the level of capitalisation of the project and spreading costs over a wider number of partners compensated for the negative perceptions associated with food company involvement. However, it is not

essential that EPODE operate as a PPP, at least in the financial aspect. A non-PPP model has been adopted by EPODE-like Opal in South Australia.

OPAL, like other emulations of the EPODE model, applies social marketing as the primary intervention methodology. As noted above there are numerous and conflicting understandings of social marketing, some of which see behavioural problems to be intrinsically formed (particularly at the family or peer group level) and others which suggest the influence of extrinsic factors (such as food marketing or environmental conditions). Although EPODE specifically addresses the existence of environmental factors determining levels of obesity, environmental (or ecological) measures do not feature as a central the assumption of a much broader economic, social and physical ecology, does not feature as formative pillar of the methodology and the role of environmental measures, although present, do not constituent a clear methodology of intervention. On the contrary, the 'no food stigma' rule, that is to say the non-proscription of otherwise unhealthy food ranges, a feature attractive to large food companies, may act as a limitation on government and local government (as well as schools and other child nutrition settings) attempts to regulate the social and physical environment. The social marketing aspects of the programme could achieve greater impact by supplementation by stronger environmental focus. This indeed has occurred in some local settings, as was observed during the analyses of the EPODE scheme and the EPODE-like schemes. Of course, if actions to change the food environment had an impact on corporate sponsors this may prove a disincentive to their continued support.

The control of the EPODE trademark by a private marketing group remains problematic, as a research cited here pointed out. However, it is also mitigated by national branding of the various EPODE-like programmes. It is also apparent that the EPODE brand holders have made major efforts to develop and promote the scheme, albeit with the considerable, although less prominent, support of NGOs and local government. Placing public investment within a proprietary ownership situation, as is constituted at present, might be seen by some actors as a disincentive to further

involvement and broader programme proliferation. The resolution of this issue in France resulted in the demotion of the role of the brand holder and the renaming of the programme, although probably activities in France, at least for the international audience, still remain associated with the EPODE brand. It is notable that the investigation and resolution of such governance questions was resolved primarily through the relationship between the brand holder and the involved NGO, and not at the 'lower level' of local governance.

4.4.3 Case: Keyhole labelling schemes

Among the initiatives we selected as good practices there is one example of transfer within the same geographical region; the Keyhole labelling has in the Nordic region been transferred from Sweden to Norway and Denmark. The Keyhole labelling, which was originally introduced in Sweden in 1989 on packaged food products with a low content of fat, sugar, salt or high content of dietary fibre, became a common Nordic label for healthier food products in Sweden, Norway and Denmark in 2009. Norway and Denmark have since its introduction conducted campaigns to anchor the Keyhole label among consumers.

The background for the Nordic Keyhole is parallel Nordic and national activities in Denmark and Norway. In 2006, the Nordic Council of Ministers adopted a 'Nordic Plan of Action on better health and quality of life through diet and physical activity'. One of the objectives in the action plan was to explore the possibilities of harmonising criteria behind front-of-pack labelling schemes. In 2007, the Danish Veterinary and Food Administration, after a failed attempt to introduce a voluntary traffic light type of labelling, took an initiative to explore if a common Nordic label would be possible. This started the Nordic collaboration and discussions and meetings about common Nordic labelling. The authorities in Norway had also started looking into front-of-pack labelling in 2007 and the aim of the Ministry of Health and Care Services was to have a voluntary public in place before the end of 2008. The result was that the Norwegian Directorate of Health and the Norwegian Food Safety

Authority recommended that Norway collaborate with Sweden and Denmark to establish a common Nordic label.

In the case of Keyhole labelling, what was directly transferred was the Keyhole logo and the overall idea of labelling healthier products within different food groups in order to help consumers make informed choices and to serve as criteria in product formulation and re-formulation among food manufacturers. However, it was especially the criteria and types of food groups that required discussions and negotiations within and between the countries. For example, in Norway the Ministry of Health and Care Services asked the Norwegian reference group and some of the large food producers for written comments on the development of criteria and food groups included in the Swedish Keyhole.

The participating authorities decided that all three Nordic countries should operate with the same rule to have a common Nordic labelling system. Aspects that are mentioned to support a common system include that it is based on the common Nordic nutrition recommendations, and industry, retailers and the market are in part common for the region.

The following are some examples of issues that were negotiated and adapted:
Fatty fish products (salmon, mackerel in tomato sauce) have been added because these have important roles in Norwegian diet and food production.
It was important for Norway for health reasons to label wholegrain bread. The authorities in all three countries agreed that standards for wholegrain should be included in the Keyhole label. Because the industry responded that the suggested amendments to the rules were too big, the criteria for wholegrain were set to 25% for soft bread and 50% for other products (crisp bread, pasta, breakfast cereals).
Bread criteria for sugar, salt and dietary fibre were made stricter. For example, soft bread sugar criteria changed from 10 g/100g to 5 g/100g, salt criteria from 0.6 g/100g to 0.5 g/100g, and dietary fibre criteria from 4.5 g/100g to 5 g/100g.

The limits for fat content in milk were adjusted from 0.5 g/100g to 0.7 g/100g fat to fit the existing milk types sold in the participating countries. Norway has a milk type with 0.7 g/100g fat, but the limit was 0.5 g/100g in the original Swedish criteria.
The limits for sugar and salt were made stricter for some readymade foods (for example, bread, porridge, meat products, fish products, pizza).

The necessity to include many stakeholders in the planning process has clearly been recognised. The development of criteria for inclusion is a multi-faceted task that requires different expertise and it is also recognised that involvement in planning creates commitment and engagement.

It has been suggested that the somewhat strict standards for the Keyhole probably work best in the Nordic countries. In other European countries there is a quite different political system and dynamic between authorities and the industry, as well as different food cultures. If a similar system is going to work in countries outside the Nordic countries, the standards need to be adapted to national food cultures. It is noted that one local authority public health officer (from London) who attended the conference event associated with this research programme, has since begun to promote the Keyhole concept in their own country. Just as the five-a-day scheme was transferred from the apparently very unlike setting of California to Europe, it would be wise to be open-minded about the likely or positive factors facilitating the transfer of ideas between parts of Europe.

The Keyhole Restaurants initiative, which is based on the Keyhole, will in 2012 be implemented in Denmark. The agreement was made in 2010 and the adaptation to Danish context was done in 2011. Norway also has plans to adopt the Keyhole Restaurants concept and have started evaluating alternatives for the implementation.

4.4.4 A Case of Limited Transferability: Food Dudes

Negative cases can be as informative, or possibly more informative, as positive cases. Food Dudes, examined earlier, is a UK-originated programme developed at Bangor University, Wales, by academic experimental psychologists. Food Dudes was developed in recognition of the fact that the UK has one of the lowest fruit and vegetable intakes in Europe, one of the worst heart disease records in the world and adult and that child obesity rates among the highest in Europe. In contrast to the Nordic schemes and EPODE-like programmes is it an example a strongly evidenced-based programme (i.e. tested on the basis of control groups, periodic evaluation of results, etc.) which has had difficulty in being transferred. Although it operated across all of the Republic of Ireland, it has limited presence in its host country, the UK and a very limited spread elsewhere in Europe.

Food Dudes, designed for application to schools for children aged from 4-11 years, involves an outwardly simple set of steps revolving around a reward system, cartoon adventures (starring characters known as the Food Dudes) and repeated tasting. Underlying this approach, say the developers, are some twenty five psychological principles and a long heritage of psychological theory. These theoretical elements include contemporary accounts of conditioning and learning alongside older and theoretically-formed language and identity-formation theories, such as that of L.S. Vygotsky and George Herbert Mead. In the composite theoretical view of the programme's developers a child's food preferences are be established directly by operant conditioning effects or by observation of others' (e.g. family, friends, etc.) food-related behaviours. The basis of the theoretical model is that the course of acquiring language, the impact of environmental stimuli, including foods, is transformed as the child learns to respond not directly to particulars but to named classes of objects and events (e.g. 'tomatoes', 'vegetables', 'cheese') and to frame complex rules to govern his or her behaviour. For example, negative ascriptions to certain foods made by others ('I don't eat vegetables') may form part of that child's world and profoundly alter future eating behaviour, both in the case of foods already encountered as well as in the case of new foods. The Food Dudes model is based

upon an understanding of such early verbal classifications and rules applied to food and seeks to framework a cultural world in which a broader array of food categories and tastes is established. Food Dudes has been developed under experimental conditions and subject to on-going, control group testing and modification over almost two decades. Since the first publications of the developers of this approach the Food Dudes research group has accumulated the strongest peer-reviewed evidence base of any PPP examined in this study. Strong evidence, however, does not convert into an equally strong basis for programme transferability.

Having said briefly what it is, it is also important to say what it is not. Food Dudes has been presented by the British National Social Marketing Centre as a 'case study' of social marketing methodology. The developers of Food Dudes in fact, distance the approach from social marketing. They argue that social marketing methodology operates on the basis of relatively thin theoretical premises imported from commercial product marketing. None of the 8 principles of social marketing in the NSMC model, what they call 'benchmark criteria', including customer orientation, insight, behavioural goals, segmentation, exchange, competition, methods mix, and theory apply, at least not in the terms established in the theoretical framework underlying Food Dudes (Reynolds & French 2009). In the contrast, the focus of Food Dudes is change at the level of the culture of school and the developing child. The claimed strength of the Food Dudes model, in contrast to social marketing, is that the programme is theoretically-information, adapted to the world of both child and school, tested in control conditions, and has enduring results. In contrast to EPODE, for example which claims to apply the NSMC approach but applies a neutral perspective to less healthy food ranges, Food Dudes contains a critical stance towards unhealthy foods. Food Dudes, therefore may be an unattractive programme to companies whose business is centrally processed foods or confectionaries. As is shown in England, the explanation for poor transferability attractiveness goes wider than this.

4.4.4.1 Food Dudes in England

Food Dudes attracted the early support of the Minister of Public Health in England in the early 2000s. The programme won an award from the European Commissioner for Health and Consumer Protection in 2006 and achieved the coveted Gold award for health promotion, awarded by the Chief Medical Officer for England in 2010. Despite the minister's personal endorsement, strong evidence and awards, Food Dudes has consistently failed to generate the practical support of English Department of Health. In fact the Department of Health promulgated its own in-house alternative. This has been based upon the direct provision of fruit and vegetables to schools. The National School Fruit and Vegetable Scheme, as this became known, was initially funded by the National Lottery (and indeed referred as the Big Lottery Fund National School Fruit and Vegetable Scheme) even though devised by civil servants.

The SFVS was launched in 2000 and by the end of 2004 covered all of England. The cost of this scheme was initially £23.6 in 2004-05 and rose to £42.6 million in 2008-9 (House of Commons Parliamentary 22Oct2009). Currently around two million 4-6 year olds in local authority maintained infant, primary and special schools receive a free piece of fruit or vegetable each school day. 440 million pieces of fruit and vegetables go into the Scheme each year. Around 20 fresh produce businesses are involved in the scheme across England. The SFVS does not specify organic products be produced for the scheme and a study in 2007 showed that only 1.8% of organic produce was supplied to the scheme. Furthermore only 30% of produce distributed was grown domestically (DEFRA 2007).

The School Fruit and Vegetable Scheme has been evaluated on three separate occasions. The first evaluation showed that it has raised fruit and vegetable consumption marginally from very low levels, somewhat less among boys, but that it

had not reduced snacking. [15] The latest, and third, evaluation, published in 2010, notes: 'On average, children were not quite consuming the recommended five portions of fruit and/or vegetables a day (an average of 4.29 portions); 41 per cent achieved the 5 A DAY goal.' It showed that consumption of fruit and vegetables decreased with age and the SFVS did not appear to reduce the gap in fruit and vegetable consumption between older and younger children. More positively there had been a steady, consistent and significant decline in the number of snack and dessert portions consumed by pupils measured in 2006 and 2008; but over time snacks and deserts had not apparently being replaced by other 'healthier' items such as fruit. Children in the SFVS ate more fruit and vegetables than those who did not but 'given the differences in consumption patterns at school and home… effects of school-based interventions do not carry over into the home environment'(National Foundation for Educational Research and Leeds University 2010). Questions are currently being raised about the viability of the scheme, in part because the government wishes to devolve it to local operation, which will mean its ending as a national scheme.

There is a considerable contrast in theory and methodology between the 'delivery' model of fruit and vegetables to raise levels of consumption in schools, now the basis of a Europe-wide scheme, and the Food Dudes approach. The Food Dudes programme carries the claim it 'changes children's eating habits for life. To change children's diets for life is not just about giving them good food, you have to find a way of motivating them to eat and enjoy it.' (www.fooddudes.co.uk Jan2012). The evidence base accumulated by Food Dudes appears to substantially support that claim, in contrast with the official, supply-only based approach which, while raising consumption has not overcome either desirability or sustainability issues, either at the level of the home or at the programme level.

[15] NFER/University of Leeds, Evaluation of The Big Lottery Fund's National School Fruit and Vegetable Scheme, December 2004

Despite the noted lack of central support, Food Dudes is now being undertaken in a variety of cities and counties in England, including the county of Bedfordshire, in 4 schools with 4,284 pupils, in the city of Coventry, with 30 schools and 9, 000 pupils in the city of Dudley, with 14 schools; 4200 pupils and in the borough of Walsall, with 12 schools and 3000 pupils; the city of Wolverhampton, with 84 mainstream schools and plus 7 Special Education Needs schools, with 20,000 pupils; in the county of Yorkshire, with 2 schools and 300 pupils. In explaining its spread through largely contiguous areas the developers of Food Dudes say that the programme spread through proximity and therefore contact between neighbouring towns and boroughs; in a sense by 'word of mouth'.

4.4.4.2 Food Dudes in Ireland

The failure to establish a national Food Dudes programme in its own domestic setting led to a comment by the British Guardian newspaper that 'Strangely, it is only in Ireland that children have benefited from an extensive roll out of the Food Dudes programme (The Guardian, 9 Aug 2010). The ROI is an easily adaptable setting for a UK-devised programme. It shares many cultural features with Britain, including of course language, mass communications and similarly high perception of the problems of child nutrition and obesity. Nevertheless the principles of the programme could apply to any setting in Europe with translation and adaptation.

Food Dudes is a PPP because it is draws upon collaborations between the developers of the model (now a social enterprise within Bangor University), public bodies (schools) and a mix of collaborators and funders, such as the European Commission or state or private funding bodies. In its initial trials in the UK was supported by the Fresh Produce Consortium and Horticultural Development Company. The experimental programme was based upon consumption of fresh fruit and vegetables by groups of children in Bangor (Wales) and Oxfordshire (England). In Ireland pilot funding was of €484,000 per year was provided by the European Commission (41%), the fresh produce industry (25%), Department of Agriculture, Fisheries & Food (17%), Bord Bia (Irish Food Board (17%).

The Food Dudes approach has been adopted by the Republic of Ireland where it has become the mainstay of that country's obesity strategy, supported by European Commission Funding. The programme has been undertaken in 1590 Schools with a total 234,677 pupils. There has been no comparative testing of the alternative programmes from Irish and English settings. Such a review might provide a useful test of the rival methodologies and differing cost structures.

The programme is also being developed in the USA and in Sicily. In both cases, the interest has been developed through academic contact. Similarly, there is interest in developing the programme in Granada, Spain and in Portugal. Given the financial difficulties facing local administrations in these settings the barriers to developing the programme from the beyond the ideas level needs to be acknowledged.

4.4.4.3 Conclusion: Transfer of Food Dudes

Food Dudes is characterised as a PPP because it has been developed on the basis of multiple partnerships including food industry support. Despite its strong evidence base and demonstration of reproducible results across numerous settings, Food Dudes has not acquired the strong promotional narrative achieved by more evidently social marketing based models of children-focused behaviour change. As noted, the theoretical underpinnings of Food Dudes are complex even if methodology appears uncomplicated and the setting of the programme (the school) is confined.

While the transferability of Food Dudes from the UK to Ireland did occur this was in the context of the limited, through growing, development of the programme in the UK, the host setting for the development of the programme. Given that the UK is seen internationally and in Europe as a test-bed of obesity initiatives this may have limited the profile of Food Dudes elsewhere in Europe. To repeat an earlier observation, this fact should not be taken as a negative feature of the programme but rather as an indication of the fact than the drivers of success for programme

transferability are different from those related to effectiveness and scientific credibility.

For the future, and given the high cost of direct provision models of fruit and vegetable distribution and limited success in determining the long-term dietary preferences of children, it may be that Food Dudes has the potential to be reintegrated into national schemes. This would require the European Commission to undertake a comparative evaluation of both direct distribution and cultural change models.

4.4.5 Summarising: Mechanisms of transfer and transferability

The analyses of best practice cases and the mechanisms influencing the transfer of some cases suggest that intervention transfer is highly complex and not necessarily based on evidence from a successful intervention. At the same time differences in national social characteristics should imply that transfer of interventions among countries are considered and planned carefully. The processes of transfer involve a) the roles of evidence of results, b) formal and informal frameworks of transfer of initiatives, including the multi-level system of obesity governance, and c) national similarities and differences among countries and regions.

4.4.5.1 The roles of evidence of results in transfer

One factor which may help in explaining policy diffusion is the recent prominence given to science and policy evaluation methodologies (Brownson et al 2011). Evidence-based policy-making strives to use only the best available evidence to inform policy and thus policy proliferation. There are differing interpretations of the strength and quality of findings produced by different types of research methods. Since 2001, the European Commission has been committed to undertaking an evidence-based impact assessment of all major legislative proposals, covering the potential economic, social and environmental benefits and costs of the proposed policy both inside and outside the European Union. Most EU member governments

claim to apply an evidence-based to policy development. This new context means that there is an incentive for organisations to design interventions with clear outputs and outcomes and a process for evaluation of results. However, it is difficult and expensive to apply evidence-based methodologies (such as randomised control trials, the formal 'gold standard' of evaluation) to social innovations and it is difficult to demonstrate clear-cut results and reproducible success between different settings that may require programme modification to different contexts.

Although all policy today needs to be supported by evidence, it might not be the case that evidence is the sole or even main criteria for policy selection and transfer. It has been suggested that the promotion of interventions in health occurs just as much through strong narratives as much as through evidence. Even if evidence is strong the 'story' of an intervention may be the more essential part of how the policy makers receive, understand and support an initiative (Meisel & Karlawish 2011). The implication is that interventions spread not because their evidence for success is clear - it may or may not be - but because they have influential champions or because they capture the attention of policy makers or funders. The inspiration from the Danish 6-a-day school fruit programmes in the design of the EU school fruit programme seems more based on a strong narrative than on evidence of success with school fruit programmes in Denmark. The transfer of the EPODE-methodology among countries seems more based on active entrepreneurship of the EPODE brand holders, support from NGO and public partners and a simple and understandable methodology than on strong scientific evidence of the results from EPODE-programmes.

4.4.5.2 Formal and informal frameworks of transfer of initiatives

Formal processes of policy diffusion include the promotion of PPPs by governmental or commercial structures and stakeholders. Obesity governance PPPs have been promoted or are oriented through at least five public regulatory levels: 1) WHO/UN, 2) the EU and EFTA regional level, 3) nation states 4) sub-states in federal systems, departments or governmental regions, and 5) lower municipal levels and below. In

Europe, following the lead of WHO, the EU Platform for Action on Diet, Physical Activity and Health, established in 2005, encouraged voluntary action by food companies and closer scrutiny of their efforts.

The EU Platform for Action on Diet, Physical Activity and Health has provided an incentive for voluntary effort by the food industry, some of which operated through PPPs. Commercial food and drink industry associations, reporting to the EU Platform, have offered communication platforms for the support of voluntary effort. Another mechanism at the EU level is the EU Fruit Scheme. This provides school children with fruit and vegetables, aiming to encourage good eating habits in young people. Besides providing fruit and vegetables the scheme requires participating Member States to set up strategies including educational and awareness-raising initiatives. The Food Dudes approach to children's education in fruit and vegetables in the Republic of Ireland became financially viable due to the support of this scheme. Germany PEB provided a platform for the spread of PPPs at the Federal and State (Lander) level. In the UK (England) government legislation provided the explicit platform for the development of stakeholder and PPP arrangements.

Informal processes include many and diverse mechanisms, ranging from policy entrepreneurship to chance personal contact. The EPODE model was formulated in northern France but its originators promoted the EPODE approach in numerous professional settings world-wide. In terms of 6-a-day in Denmark, this idea had originated from a meeting on a plane with a representative of the 'five a day' scheme in California – which provided world-wide model. This policy initiative originated in that US state in 1988 (Foerster et al 1995). In fact this idea was itself based on the ideas of British epidemiologists stressing the importance of fruit and vegetable consumption on health. The principle here is that mechanisms for the transfer of ideas, methodologies, even problem recognition, have multifarious well-springs of origination and avenues of diffusion and transfer.

4.4.5.3 National similarities and differences in transfer

In any social system, different elements have optimised around each other over time. Ideas appear to more readily spread within societies or through 'like societies' rather than beyond them.

The case studies show that intrastate voluntary and stakeholder arrangements underpinning policy innovations are more likely to transfer more readily throughout contexts which are culturally or in policy terms similar. EPODE is an established methodology designed to involve all relevant local stakeholders in an integrated and concrete prevention programme aimed at facilitating the adoption of healthier lifestyles among children and families. France was the original site of EPODE, which spread through municipalities with mayors, and a common perception of food culture. It spread to Belgium and Spain, its neighbouring countries first, both countries sharing some similarities to France. Further spread required more modifications to the programme including differences in nomenclature, management and branding. Keyhole in the Nordic countries spread through similar cultural and social policy reference points, although here too, the format of the intervention was altered to adjust to local preferences and context.

The theory of welfare regimes attempts to clarify the cluster of similar national arrangements in relation to economy, polity and culture (Esping-Andersen 1990). Although the data underpinning the original classification, drawn from the situation applying in the 1980s, is now out-dated, welfare regime theory remains useful as a starting place for considering differences between clusters of countries across Europe and thereby differences and similarities which should be taken into account when considering to transfer an obesity governance initiative from one country to another. Esping-Andersen (1990) is perhaps clearest in its defining of two regime types, Market-Liberal (or Anglo-American) and Social-Democratic. The former has a more market-oriented policy configuration and the later a more corporatist style. With respect to the Social-Democratic model it has recently been argued that the Nordic countries do not form a distinctive group (Offer et al 2010). Nevertheless at the cultural level there are distinctive ways in which Nordic countries form a group.

The transfer of the Keyhole labelling scheme show that transfer of the scheme from Sweden to Norway and Denmark has been possible with the same basic elements, but with adjustments to national food production and consumption figures.

Esping-Andersen's welfare regime model combined with Hofstede's model for national cultural values (Hofstede and Hofstede, 2005) might help identifying differences between two countries, which it is important to take into account when planning to transfer an obesity governance initiative between the two countries. Hofstede's dimensions include *power distance* (the level to which less powerful members of organizations within a country accept power is distributed unequally), degrees of *individualism* (the looseness of ties between individuals in a country) and *collectivism* (the presence of cohesive groups that expect loyalty), and *uncertainty avoidance* (tolerance of ambiguity) (Hofstede and Hofstede, 2005).

5. References

Akrich, M. 1992. The De-scription of Technical Objects. In: Bijker, W.E. and Law, J, (eds). Shaping Technology/Building Society: Studies in Sociotechnical Change. Cambridge, MA: MIT Press, p. 205-224

Baldwin, P. 1999. Contagion and the State in Europe 1830-1930. Cambridge Cambridge University Press.

Bleich, S.N., Wang, Y.C., Wang. Y., Gortmaker, S.L. 2009. Increasing consumption of sugar-sweetened beverages among US adults: 1988-1994 to 1999-2004. American Journal of Clinical Nutrition. Vol. 89, p. 372-81

Borch, A. 2010. Obesity Governance. D4 Literature review. The Obesity Governance Project

British Soft Drinks Association. 2011. UK Soft Drinks Responsibility Report March 2011

Britvic Soft Drinks Report 2011

Brownson, R.C., Baker, E.A., Leet, T.L., Gillespie, K.N., True, W.R. 2010. Evidence-based public health. Oxford, Oxford University Press

Buse, K., Harmer, A.M. 2007. Seven habits of highly effective global public-private health partnerships: practice and potential. Soc Sci Med, Vol. 64, Vol. 2, p. 259-71.

Buse, K., Walt, G. 2000. Global public-private partnerships: Part I--A new development in health? Bull World Health Organ, Vol. 78, No. 4, p. 549-61.

Buse, K., Walt, G. 2000. Global public-private partnerships: Part II--What are the health issues for global governance? Bull World Health Organ, Vol. 78, No. 5, p. 699-709

Coca-Cola Enterprises, Committed to 2020. 2011. Shaping a Sustainable Future in Europe, Responsibility and Sustainability Report 2010-2011

Collier, D., Messick, R.E. 1975. Prerequisites Versus Diffusion: Testing Alternative Explanations of Social Security Adoption. American Political Science Review, Vol. 69 No. 4, p. 1299-1315

Crane, A., Matten, D. 2004. Business Ethics. A European Perspective. Managing Corporate Citizenship and Sustainability in the Age of Globalization, Oxford University Press

DEFRA. 2007. Sustainability of the school fruit and vegetable scheme, Progress report, Summer 2007

Department of Health. n.a. Public Health Responsibility Deal Information park – Appendix A, Collective Pledges, www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125082.pdf

Duffey, K.J., Popkin, B.M. 2007. Shifts in patterns and consumption of beverages between 1965 and 2002. Obesity, Vol. 15, p. 2739-2747

EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA). 2010. Scientific Opinion on Dietary reference values for water. EFSA Journal, Vol. 8(3), p. 1459; Source: www.efsa.europa.eu/en/efsajournal/doc/1459.pdf

Esping-Andersen, G. 1990. The Three Worlds of Welfare Capitalism. Cambridge: Polity Press.

Euromonitor. 2008. Global soft drinks: fınding value in carbonates, London Euromonitor

Finravinto. 1998. Finravinto 1997-tutkimus (in Finnish) The 1997 dietary survey of Finnish adults. Publications of the National Public Health Institute B 8/1998. Helsinki, National Public Health Institute

Foerster, S.B., Kizer, K.W, DiSogra, L.K., Dileep, G.B., Krieg, B.F, Bunch, K.L. 1995. California's 'five a day – for better health!' campaign: an innovative population-based effort to effect large-scale dietary change, American Journal of Preventive Medicine, Vol.11 No.2, p. 124-31

Fogel, R.W. 2004. The Escape for Hunger and Premature Death, 1700-2100: Europe, America and the Third World. Cambridge: Cambridge University Press

Foresight. 2007. Tackling Obesities: Future Choices. Government Office of Science: London

Gilmore, A.B., Savell, E., Collin, J.J. 2011. Public Health Public health, corporations and the new responsibility deal: promoting partnerships with vectors of disease? Public Health. , Vol. 33, No. 1, p. 2-4

Global Market Information Database. 2002. Euromonitor

The Guardian, 9 August 2010. Neville Rigby, Food Dudes should be in every school,

Hawkes, C. 2008. Working Paper on Public-Private Partnership for Health

Hawkes, C. 2010. The Worldwide Battle Against Soft Drinks in Schools, Am J Prev Med, Vol. 38, No. 4, p. 457– 461

Hofstede, G. and Hofstede, G.J. 2005, Cultures and Organizations: Software of the Mind. Revised and expanded 2nd Edition. New York: McGraw-Hill USA, 2005

House of Commons Parliamentary Questions 22 Oct 2009: Column 1655W

Kaan, C., Liese, A. 2009. Public private partnerships in global food governance: business engagement and legitimacy in the global fight against hunger and malnutrition. Agriculture and Human Values

Kaul, I. 2006. Exploring the Policy Space between Markets and States: Global Public-Private Partnerships, in: I. Kaul, P. Conceição (eds). The New Public Finance: Responding to Global Challenges, Oxford University Press: Oxford. p. 219-268

Kurzer, P., Cooper, A. 2011. Hold the croissant! The European Union declares war on obesity. Journal of European Social Policy, Vol. 21, No. 2, p. 107-119

Lang, T., Rayner, G. 2007. Overcoming policy cacophony on obesity: an ecological public health framework for policymakers. Obesity Reviews, Vol. 8 (Suppl.), p. 165-181

Lindner, S. H. 1999. Coming to Terms with the Public-Private Partnership. American Behavioural Scientist, Vol. 43, No. 1, p. 35-51.

Lohse, N., Ersboll, C., L. Kingo, L. 2011. Taking on the challenge of noncommunicable diseases: We all hold a piece of the puzzle. Int J Gynaecol Obstet, Vol. 115, Suppl 1, p. S52-4

Meisel, Z.F., Karlawish, J. 2011. Narrative vs Evidence-Based Medicine - And, Not Or. JAMA: The Journal of the American Medical Association, Vol. 306, No. 18, p. 2022-2023

Moon, J. 2002. The social responsibility of businesses and new governance. Government and opposition. Vol. 37, No. 3, p 385-408.

Mokyr, J. 2002. The Gifts of Athena: Historical Origins of the Knowledge Economy. Princeton, New Jersey: Princeton University Press

Muckelbauer, R., Libuda, L., Clausen, K., et al. 2009. Promotion and provision of drinking water in schools for overweight prevention: randomized, controlled cluster trial, Pediatrics. Vol. 123, No. 4, p. e661-7.

National Foundation for Educational Research and Leeds University. 2010. The Third Evaluation of the School Fruit and Vegetable Scheme, NFER and Leeds University

Nordic Council of Ministers. 2006. Nordic Plan of Action on better health and quality of life through diet and physical activity. http://www.norden.org/en/nordic-council-of-ministers/councils-of-ministers/council-of-ministers-for-fisheries-and-aquaculture-agriculture-food-and-forestry-mr-fjls/nordic-plan-of-action-on-better-health-and-quality-of-life-through-diet-and-physical-activity/

Offer, A., Pechey, R., Ulijaszek, S. 2010. Obesity under Affluence Varies by Welfare Regimes: The Effect of Fast Food Insecurity and Inequality. Economics and Human Biology, Vol. 8, No. 8, p. 297–308

Popkin, B.M., Nielsen S.J. 2003. The sweetening of the world's diet. Obes Res, Vol. 11, p. 1325–32

Porter, D. (ed). 1994. The History of Public Health and the Modern State. Editions Rodopi: Amsterdam and Atlanta, GA

Reynolds, L., French, J., 2009. Cases in Public Health Communication and Marketing, Vol 3, Show Case Social Marketing: Building a World Class Evidence Base

Rimlinger, G.V. 1971. Welfare policy and industrialization in Europe, America and Russia. New York: John Wiley

Roos, G. 2011. Obesity Governance. D5 Overview of National Initiatives and Programmes. The Obesity Governance Project

Smismans, S. 2008. New Modes of Governance and the Participatory Myth. West European Politics, Vol. 31, No. 5, p. 874-895

Stø, E. 2010. Obesity Governance. D2 Theoretical clarification. The Obesity Governance Project

Swedish National Food Administration. 1989. Swedish National Food Administration's Regulation on the use of a particular symbol. SLVFS 1989:2. Uppsala: Swedish National Food Administration

Swedish National Food Administration. 2005. Swedish National Food Administration's Regulation on the use of a particular symbol. LIVSFS 2005:9. Uppsala: Swedish National Food Administration

Thorsen, A.V., Lassen, A.D., Andersen, J.S., Mikkelsen, B.E. 2009. Workforce gender, company size and corporate financial support are predictors of availability of healthy meals in Danish worksite canteens, Public Health Nutrition, Vol. 12. No. 11, p. 2068–2073

Thorsen, A.V., Lassen, A.D., Tetens, I., Hels, O., Mikkelsen, B.E. 2010. Long-term sustainability of a worksite canteen intervention of serving more fruit and vegetables, Public Health Nutrition, Vol. 13. No. 10, p. 1647–1652

Vartanian, L., Schwartz, M., Brownell, K. 2007. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis, Am J Public Health, Vol. 97, p. 667–675

Yin, R.K. (2003). Case Study Research: Design and Methods (Third Edition). Sage Publications

Wang, Y.C., Bleich, S.N., Gortmaker, S.L. 2008. Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. Pediatrics. Vol. 121, p. e1604-14

World Health Organisation. 2004. Global Strategy on Diet, Physical Activity and Health, http://www.who.int/dietphysicalactivity/goals/en/

WHO/FAO. 2003. Diet, Nutrition and the Prevention of Cronic Diseases. Report of the Joint WHO/FAO Expert Consultation, WHO Technical SReport Series, No. 916 (TRS 916). Geneva: World Health Organisation & Food and Agriculture Organisation

Web references:

www.britishsoftdrinks.com/default.aspx?page=331 ‘Schools should ensure that children have enough to drink’

www.fooddudes.co.uk

www.liquidsmeanlife.org.uk/index.htm

www.nokkelhullsmerket.no.

www.schoolfoodtrust.org.uk/partners/for-partners/local-authorities-and-local-strategic-partnerships/school-food-delivering-effective-services/the-standards/the-food-based-standards/voluntary-code-of-practice-for-drinks-provided-in-schools - Schools Foods Trust, Voluntary Code of Practice for Drinks Provided in Schools: Frequently asked questions.

www.sydanmerkki.fi

www.unseda.org

6. Annex

Obesity governance template for assessment of best practice initiative

Name of the initiative	

Target groups	

Summary of assessment of the initiative:

Aims	
Activities	
Results	
Embedding and diffusion of the initiative	

Source of information for the assessment of the initiative:

(www, newspapers, articles, books, TV/Radio, interviews, others)	

What activities took place before the planning of the initiative?

How did considerations about the initiative start?	
What understanding of obesity and its governance were the considerations based on (concerning the roles of food supply and prices, social conditions, governmental regulation etc.)?	
Was it necessary to negotiate to obtain support behind the idea?	
Why was a partnership chosen as the structure of the initiative?	
Did the negotiations imply that the understanding of obesity and its governance had to be changed? How?	

How was the initiative planned and why did the initiative get its actual design?

Planning and management of the initiative:	
What stakeholders were involved in the planning of the initiative?	
Who were defined as the target group(s) of the initiative? Why this /these groups?	
Were the target groups involved in the planning?	
What were the roles of the involved stakeholders during the planning?	
Elements and mechanisms of the initiative:	
What was planned as the elements of the initiative (different stakeholders, organisational structures, tools, food supply etc.)?	
What tangible and intangible resources were supposed to be supplied to the initiative: knowledge, legitimacy, economic, equipment, food, etc.? How?	

How were the different elements (stakeholders, tools, food products etc.) supposed to interact?	
Were the intended roles of the different elements changed during the planning? Why and how?	
Was the initiative supposed to be adapted to local conditions during implementation? Why? How?	
Management of the initiative:	
What management structures were developed around the initiative? What roles were different stakeholders supposed to have? Why?	
What were the considerations among the involved stakeholders about their own influence and other stakeholder's influence on the initiative?	
What were the considerations among the involved stakeholders about their own and others' benefits and risks from participation in the initiative?	
What were the considerations among the involved	

stakeholders about aspects which could increase or reduce the credibility and legitimacy of the initiative?	
Sustainability of intervention:	
Was sustainability of the results addressed? How was this supposed to happen?	
Was sustainability of the initiative addressed? How was the initiative supposed to be sustained?	

How was the initiative implemented? (Apply to the different levels and sectors involved)

What stakeholders were involved in the implementation and what were their roles?	
What resources were allocated for the initiative (human resources, funds, materials)?	
Did the initiative get implemented as expected? Why? Why not?	
Were the expected roles of the different elements of the initiative changed during the	

implementation? Why?	

What results have been obtained?

How has knowledge about the results been obtained (internal evaluation, independent evaluation, applied methods)?	
<u>Indicators:</u> What quantitative and/or qualitative indicators have been used to describe the process of implementation and the results?	
<u>Results:</u> What types of results have been obtained?	
What information about results was not obtained?	
Output (participation in initiative)? Outcome (changes in food practices, health etc.)	
How can the results be explained?	
Have there been adverse effects of the intervention (vulnerable groups not addressed etc.)?	

Have the results within the target groups been sustained beyond the intervention?

If results were (not) sustained, what was the explanation?	

Has the initiative been sustained in the involved organisations?

How was the initiative embedded (new routines, changes in organisational structures, new competences, change of food supply etc.)?	
Was the sustained initiative changed based on the obtained experiences?	

Has the initiative been taken up by other organisations etc.?

How was the diffusion of the initiative obtained?	
Were changes made to the original design when taken up by other organisations? Why?	

What would be important to consider if the initiative is transferred to other national contexts?

What local and national characteristics were important to the originally obtained results? Consider following: - governmental regulation - civil society organisations' roles - professional organisations' roles - companies' and business associations' roles - trust among involved stakeholders - allocated resources	
Have the initiative been transferred to other national contexts? How?	
What were the experiences from the transfer?	