OBESITY – A MAJOR HEALTH PROBLEM AT EUROPEAN LEVEL

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Abstract: Obesity among EU citizens, including children is rising at an alarming rate. This phenomenon is linked with potentially fatal health problems, including cardiovascular diseases and certain cancers. The EU has launched a series of initiatives designed to meet the problem head-on, helping customers to make informed nutritional choices, encouraging an active lifestyle and improving the health of young people.

Keywords: obesity, initiatives, European Union, health, young

Rezumat: Obezitatea în rândul populației Uniunii Europene, inclusiv în rândul copiilor, crește cu un ritm alarmant. Acest fenomen este legat de potențialele probleme de sănătate care pot fi fatale, cum ar fi: bolile de inimă și anumite tipuri de cancer. Uniunea Europeană a lansat o serie de inițiative în sprijinul acestei probleme, ajutând consumatorii să fie informați în alegerea alimentației, încurajând un stil de viață activ și îmbunătățind starea de sănătate a tinerilor.

Cuvinte cheie: obezitate, inițiative, Uniunea Europeană, stare de sănătate, tineri

The excessive intake of food with high energetic value and the low energy expenditure bring about a surplus of energy stored under the form of additional body fat. This is the mechanism that generates obesity, which has known a significant increase in the last decades, under the influence of a number of economic, social and psychological factors, becoming a priority in the field of public health.

The prevalence of the obese people has dramatically increased in the last 30 years. In 2000, the World Health Organization (WHO) declared obesity as “the biggest threat West is confronting with”.

This increasing tendency of obesity, with all its personal and social repercussions, require a multifactorial and multidisciplinary approach, as well as independent actions undertaken at country, community even at individual level. Governments play a central part regarding the collaboration with other stakeholders, with a view to create an environment meant to strengthen and encourage the individuals, their families and communities to take positive decisions regarding the improvement of the life quality, all of them under the appanage of a healthy lifestyle.

Who is “obese” and why?

One of the measures that establish obesity is determining the body mass index (BMI), expressed as the relation between the weight expressed in kilograms and the height expressed in metres square. Thus, a BMI over 30 suggests obesity, while the people with a BMI over 25 are considered overweight.

Obesity factors

• Poor nutrition: across the EU, individuals are consuming around 500 calories per day more than they did 40 years ago.(1)
• Lack of exercise: more than one in three EU citizens do not exercise in their leisure time and the average European spends over 5 hours a day sitting down.(2)
• Genetic factors: for example, an absence of the hormone leptin, secreted by fatty tissue to inform the brain of the amount of fat stored, can provoke severe obesity.(3)

Why is obesity a cause for concern?

The main arguments are:

• There are over 1 billion overweight adults around the globe, including 300 million obese adults.
• In the EU, it is estimated that over 200 million adults may be overweight or obese / that is over half of the adult population.
• One quarter of European schoolchildren are now overweight or obese – a figure that is increasing annually by 85 000. Research show that these young people are likely to develop chronic diseases before or during early adulthood.(4)
• The link between excess weight and health problems is clear, as over a third of the EU citizens who suffer from a long term disease are overweight.(2)
• Obesity can cause a range of very serious physical and mental health problems, ranging from diabetes to cancers, heart diseases, infertility to psychological disorders.
• Obesity can cause a range of very serious physical and mental health problems, ranging from diabetes to cancers, heart diseases, infertility to psychological disorders.
• It is estimated that obesity accounts for up to 7% of the healthcare costs in the EU, in addition to the wider costs to the economy caused by lower productivity, lost output and premature death.(4)

Why is EU-wide action needed?
• Rising levels of obesity are a common feature across EU countries. It is therefore vital that Member States work together in the drive towards better nutrition and healthy living, pooling their knowledge and sharing best practices.
• Thanks to its capacity for bringing together international specialists, the EU is able to draw on a wide range of expertise and coordinate national efforts in the most effective way possible.
• With the publication of the Green Paper “Promoting healthy diets and physical activity” in December 2005, a broad consultation was launched and received important contributions from all areas of the EU, from industry to NGOs, civil society to the general public.(5)
• Legislation on food labelling is being harmonized and will be enforced effectively across the whole of the EU. In this way, every citizen in each Member State will have equal protection and the same access to information.

Obesity in Europe
The following pictures present the available BMI data of all European countries where actions for countering obesity were undertaken.

Picture no. 1. Obesity prevalence in Europe during the past 25 years.

Several projects are implemented at European level aiming to counteract the obesity pandemic and to improve health equity.

These projects can be subdivided into two sections:
1) Programmes that target (school) children and their families, and
2) Projects that were set up for the general European population.

The aims of these projects are:
• to initiate and sustain national and international research on health behaviour, health and well being and their social contexts in school-aged children,
• to contribute to the knowledge base in the said research area,
• to monitor and to compare health and health behaviour and social contexts of school-aged children in member countries through the collection of relevant data,
• to disseminate findings to the relevant audiences including researchers, health and education policy makers, health promotion practitioners, teachers, parents and young people.
• to develop partnerships with relevant external agencies in relation to adolescent health to support the development of health promotion with school-aged children,
• to promote and support the establishment of national expertise on health behaviour and on the social context of health in school-aged children,
• to establish and strengthen a multi-disciplinary international network of experts in this field,
• to provide an international source of expertise and intelligence on adolescent health for public health and health education.

There are “Running programmes” (School Fruit Scheme, MEND Project (Mind, Exercise, Nutrition), EPODE (Together Let’s Prevent Childhood Obesity), which give an overview of ongoing projects at European level, “Policy development” (Schools for Health in Europe (SHE) Network, Shape Up, HEPS), which describes approaches that effectively evaluated or developed policy projects throughout Europe. And, there are the research studies, which are projects with scientific objectives. (Pro Children Project, Health Behaviour in School-aged Children (HBSC), ENERGY Project). The aim of these studies is to gain insight into, or increase our understanding of people’s health, health behaviours and their social context.

Projects at National Level (6)
The obesity prevention measures within countries are subdivided into three sections:
1. National Strategy. This section includes descriptions of national action plans, relevant implemented health policies, and other national legislative strategies (e.g. also the start of an obesity council).
2. National Support. This paragraph describes national support organisations such as funds or coordination groups that provide support, guidance and coordination to smaller initiatives.
3. National Programmes. Programmes and campaigns that run at national level and aim to counteract obesity specifically among disadvantaged groups, or define such communities as a special risk group, are described.

Source: International Association for the Study of Obesity.(6)
Projects at Local Level (6)

The projects at local level are subdivided in three sections, according to the issue dealing with:

1. Projects dealing with nutrition
2. Projects dealing with physical activity
3. Combined projects

Here are a few examples of projects that have been implemented at local level to counteract obesity among lower socio-economic communities:

| Projects dealing with nutrition | Belgium | - Cheap, Healthy, Easy to Prepare and Just Tasty
|                                |         | - Healthy Food for Children from the ‘Bijzondere Jeugdzorg’ (BJZ)
|                                | England | - Bag A Bargain
|                                |         | - Convenience Stores
|                                |         | - Cooking your way to Health
|                                |         | - Snack Right
|                                |         | - Cultivating Health
|                                | Germany | - Eat Healthy with Joy
|                                | Ireland | - Ballybane Organic Garden
|                                |         | - The Food and Health Project
|                                |         | - Growing in Confidence
|                                | Netherlands | - Healthy Nutrition Doesn’t Have to Cost Much
|                                |         | - SchoolGruiten
|                                | Scotland | - Bridgend Allotment Community Health Inclusion Project
|                                |         | - Edinburgh Community Food Initiative
|                                |         | - Janny’s House Healthy Living Centre

| Projects dealing with physical activity | Austria | - Walk Healthy – Pharmacy in Motion
|                                          |         | - Mobility Management for Schools and Youth
|                                          | Netherlands | - Scoring for Health
|                                          |         | - Big!Move
|                                          |         | - Healthy Playground
|                                          |         | - JUMP-In
|                                          |         | - Local Active

| Combined projects: | Austria | - In Shape Without Dieting
|                |         | - At Your Heart’s Content – Women in Favoriten are Living a Healthy Life
|                | England | - Healthy Weight for London’s Children
|                |         | - Get the Balance Right: Energy In/Energy Out Campaign
|                |         | - Highfield Healthy Lifestyle CIC
|                |         | - Community Pharmacy Structured Weight Management Programme
|                |         | - Fit4Life – Rushmoor Healthy Living
|                |         | - HEAL Project
|                |         | - Healthy Living
|                | Ireland | - Irish Healthy Living Project
|                | Netherlands | - The School dietician
|                |         | - Healthy Weight for Migrant Women
|                |         | - Equal Health, Equal Chances
|                | Norway | - InvaDiab Study

| Romania | - Proiectul de la Sibiu – Centrul de Sănătate publică, Sibiu
| Scotland | - Cambuslang and Rutherglen Community Health Initiative
|         | - Healthy Valleys
|         | - Inverclyde Integrated Community School
| Spain | - DELTA Project

Obesity prevention strategies are mainly set up to either encourage individuals to modify their lifestyle, to modify the obesogenic environment, or to develop legislative changes such as the implementation of policies.

Many practices described used such a cross-sectorial approach, and have proven to be successful. It is thus important to address the obesity problem from different sectors and angles.

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