Opinion of the European Economic and Social Committee on Obesity in Europe — role and responsibilities of civil society partners

(2006/C 24/14)

On 18 February 2005, the European Economic and Social Committee, acting in accordance with Rule 29(2) of its Rules of Procedure, decided to draw up an opinion on: Obesity in Europe — role and responsibilities of civil society partners.

The Section for Employment, Social Affairs and Citizenship, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 5 September 2005. The rapporteur was Mrs Sharma.

At its 420th plenary session, held on 28 and 29 September 2005 (meeting of 28 September 2005), the European Economic and Social Committee adopted the following opinion by 83 votes to 4 with 10 abstentions:

1. Obesity — The Responsibility of Society

1.1 It is a very sad fact that the two major nutritional problems presently facing the world are that 600 million people face starvation whilst at the same time 310 million people face a problem of obesity.

1.2 The endless documents, surveys and reports from experts, round table meetings and prominent international organizations around the subjects of diet, physical activity and obesity have failed to produce solutions or ACTION to stop this societal and economically crippling disease.

1.3 Excessive food energy intake plus low energy expenditure equals energy surplus, stored in the form of body fat. This is the mechanism generating obesity, which has accelerated over recent decades under the impact of a series of economic, social and psychological factors, to the point where obesity is becoming a priority health issue.

1.4 The prevalence of obese people has increased dramatically in the last 30 years. In 2000 the WHO declared it ‘the greatest health threat facing the West’.

— 14 million overweight children including 3 million obese rising at more than 400,000 a year, affecting almost 1 in 4 across the EU25.

— 10-20 % of children in northern Europe are overweight, in southern Europe and Ireland and UK the number is 20-35 %.

— In many EU countries more than half the adult population is overweight, with 20–30 % of adults categorised as obese.

— Obesity in middle age increases the risk of future dementia.

— 6 out of 7 of the most important risk factors for premature death relate to how we eat, drink and move (the odd one out being tobacco).

— Obesity accounts for 2-7 % of a developed country’s total health care costs.

1.5 The upward trend in obesity, with all its negative personal and social repercussions, now demands a multi-disciplinary and multi-facted approach, in turn requiring interdependent action by nations, communities and individuals. Governments having a central role, in cooperation with other stakeholders, to create an environment that empowers and encourages individuals, families and communities to make positive, life-enhancing decisions on a healthy lifestyle.

2. Contributing factors

The rise of sedentary pursuits, an increase in the use of motorised transport, a decrease in physical activity, and an increase in the consumption of high-energy foods and drinks which do not have balanced ingredients are likely to be the major factors in the current epidemic of obesity.

2.1 General factors

Cultural and behavioural models intrinsic to the ‘comfort-oriented civilisation’ are the primary factor in the explosion of obesity, which can only be remedied by means of coordinated information and prevention initiatives (at national, local and even personal level) which alter the most harmful cultural attitudes and models of behaviour, without making the mistake of ‘over-medicalising’ obesity.

2.2 The main areas for action therefore include a closely-connected series of sectors or activities, which may be summarised as follows:

— society: nutritional education (tackling the issue of the overall nutritional value of foodstuffs, and not only the quantitative aspects) and education for healthier lifestyles, particularly regarding physical exercise;
— **education**: lessons on the value of food, the causes and effects of obesity, reinvigorated teaching of domestic science designed to disseminate healthier lifestyles, and greater appreciation of physical, including recreational, activity;

— **industry**: encouraging ethical practices within the food industry, especially in marketing and mass media advertising, and fostering personnel policies which support a sound diet and appropriate physical exercise;

— **transport**: countering over-use of modes of transport which replace physical activity, and identifying policies which do not increase the distribution costs of fresh food-stuffs in particular;

— **media**: ensuring that advertising practices do not generate excessive or unbalanced consumption, and alerting parents to the physical risks to their children arising from excessive and prolonged use of television, video games and internet;

— **health services**: supplying robust information services for all individuals, and arranging information and prevention campaigns rather than frequently unsuccessful treatment which comes too late;

— **policy**: responsible and appropriate investment for practical initiatives from national down to local level, targeting all sectors of the population and particularly those groups who are most vulnerable on account of education and income.

3. Stop the ‘Blame Culture’

3.1 The current industrialised world provides an environment highly conducive to obesity. Some causes are obvious, many less understood and most not viewed by society as detrimental. Of concern is the lack of foresight for future generations and the desire of no one to take ownership or responsibility, but instead to blame others.

3.2 The underlying obesity determinants are elevated consumption of energy-dense, nutrient-poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at school, at work and for recreation and transport. Variations in risk levels and related health outcomes can be attributed, in part, to the variability in timing and intensity of economic, demographic and social changes at national and global levels.

3.3 Bringing about changes in dietary habits, patterns of physical activity and a healthy lifestyle will require the combined efforts of many stakeholders, public and private, over several decades. A change in mentality, awareness raising and education via a combination of sound and effective actions are needed at all levels, with psychological support, close monitoring and evaluation of their impact. Additionally, individuals will have to take ownership and responsibility for change.

3.4 The EESC believes that an *include all* approach is necessary in a strategy to combat the problem together, taking ‘top down’ policies, accompanied with bottom up strategies, creating action horizontally and vertically, with everyone making a commitment, financially, in time or in kind. Although far from simple, the purpose is to create an environment that supports healthy eating, with a balanced diet and physical activity throughout Europe, without blame.

4. Obesity Check

4.1 The EESC proposal will reduce obesity through the promotion, across Europe, of an obesity-proofing campaign — Obesity Check — raising awareness of the benefits of a healthy lifestyle and the responsibility of all parties in preventing obesity. The campaign will have one simple message that overcomes ten challenges and involves public and private sector, civil society and citizens via their commitments to support the campaign. The point is to promote the habits of a healthy lifestyle without interfering with a citizen’s personal choices.

4.2 The ten challenges are to:

— continue and improve the education process across the population;

— work together for efficient communication and ownership;

— ensure EVERY individual across Europe is reached;

— get everyone to take responsibility and retain the momentum;

— convince individuals and organisations that they can influence others;

— accept that all actions have to be integrated into a wide range of EU and national policies;

— accept this is a ‘Corporate Social Responsibility’;

— ensure a multilayered, horizontal and vertical approach at all levels;

— ensure transparency, selflessness and remove hidden agendas;

— raise awareness that the effects of obesity on health are reversible through healthy eating and physical exercise.

4.3 The Obesity Check campaign, to be clearly defined by policy makers and stakeholders, led by DG SANCO, would be a simple message clearly demonstrating to the European public a need to eat healthily and take more physical exercise, expressed through a commitment to ‘obesity-proof’ all parties’ policies and practices. Every relevant organisation, from the European Commission to the individual family member, can be asked to join the campaign to look at their own activities and see how these could be modified to prevent the risk of obesity.
4.4 Previous campaigns such as ‘clunk-click’ seat belts, tobacco control, breast feeding and no drugs in sport have been simple yet effective and supported by all layers in society. All have involved a successful combination of consumer education, legislation, policy changes and community-based programmes.

5. Obesity Check Campaign

A questionnaire has been produced asking individuals to commit a personally selected amount of time to spend within their organisations, or external bodies, supporting the work of DG SANCO in promoting the idea of obesity-proofing through the Obesity Check campaign. (The questionnaire is attached at the back of the opinion. It can be amended to be used by any organisation).

Objective — to produce targeted outcomes and monitor progress.

Short term — completed questionnaires prove a commitment and willingness of individuals and organisations to raise awareness, educate and inform others of the need for lifestyle changes. The target can be measured by the amount of time, or resources pledged to the campaign. Examples of best practice can also be collected.

Medium term — actual action. Time commitments and resources pledges followed through, including organisations ‘obesity — proofing’. This would also include the publishing and dissemination of examples of best practice collected in the short-term. Targets can be measured by positive feedback and follow-up on all original questionnaires, as well as monitoring progress of the EU Platform.

Long term — assess via an opinion from EESC actual progress in the form of a report to other EU institutions. This facilitates the processes of feedback and additionally continued momentum.

5.1 EESC

5.1.1 The EESC has a mandate to work with the Commission, Parliament and Council bringing civil society closer to the decision making process. With such a mandate, EESC along with all stakeholders can commit time to initiating effective change through the voluntary action of its members to promote healthier lifestyles. EESC members have been requested to complete the Obesity Check and lead by example in the following suggested ways:

— Employers could consider healthier lifestyles within the workplace, including encouraging choices of healthy foods by adopting consistent nutrition policies, and the introduction of sports facilities or gyms. For smaller companies this could be supporting employees to consider healthier lifestyles. Working outside of their companies, particularly in education would also be valuable. The United Nations Millennium Declaration (September 2000) recognises that economic growth is limited unless people are healthy.

— Employee organisations could disseminate a similar message to their members, for example: to empower employees to integrate physical activity, walking or cycling, into their daily routine. They could also be encouraged to take the advice back to their families and communities as a process of continued education.

— NGOs and particularly consumer organisations could commit time with their members and possibly help spread the message further a field to other institutions and communities. Youth and family organisations are valuable in promoting balanced diets and healthy options, together with the know-how.

5.1.2 The EESC works across all 25 Member States at all levels of civil society. This makes a significant impact in the transmission of the ‘campaign’ message and sets the standard for others to follow.

5.2 EU Commission and Parliament

Members of the Commission DGs and the Parliament would be asked to complete the Obesity Check to ‘lead from the front’.

5.2.1 DG SANCO is to be congratulated on the launch of the newly established ‘European Platform for Action’ in the field of obesity. It is hoped that Platform members could devise a simple slogan/campaign message that would be used across Europe to promote a healthy lifestyle. Consistent, coherent and clear messages should be prepared and conveyed by government, NGOs, grass-roots organisations, and industry. They should be communicated through many channels and in forms appropriate to local culture, age and gender.Behaviour can be influenced especially in schools, workplaces, educational and faith communities, by local leaders, and mass media.

5.2.2 The platform chairman, Robert Madelin, underlined that ‘to be successful in its fight against obesity all actions had to be integrated into a wide range of EU policies’. Importantly, from all global reports, this is a long-term issue and must have short, medium and long-term sustainable effective strategies with actions, and a multisectoral, multidisciplinary and multifactor involvement, that means it must include consultation with those most affected — families, parents and children.
5.2.3 DG SANCO is arranging for the platform to engage in dialogue with officials from other policy areas in the Commission: DG Agriculture, Enterprise, Education, Research and Transport. It is vital that all interested parties are involved at the inception stage of any strategy and once produced, a consultative Impact Assessment should be conducted to ensure that the strategy blames and penalises no specific institutions but communicates clearly its proposals to involve all.

5.2.4 Based on the principles of subsidiarity and complementarity, Community-level promotional measures can reinforce the effect of initiatives taken by the national authorities, private sector and NGOs. Various sources of funding, in addition to national budgets, should be identified to assist in the implementation of a strategy and the Obesity Check campaign.

5.2.5 DG Education and Culture, especially Sport will have requirements for funding to develop key strategies with national governments. However, their messages should recognise that financial resources are not always required to increase levels of physical activity, i.e. schools do not always need new gym equipment, and many trained athletes are seeking employment and could be encouraged to work in education. Bodies responsible for sports promotion could persuade sporting heroes to project positive messages.

5.2.6 Extensive research has been conducted by DG EAC in the area of youth physical activity. However, research should also be conducted into adult recreational activity. Consideration needs to be made in term of ‘family cross referencing’, e.g. parents involved in sport at the weekend would take and encourage the children to participate, making it a family experience, and changing cultural trends.

5.2.7 DG Agriculture have a promotion budget which could be used as an investment towards the promotion of fresh fruit and vegetables, and this could be positively used in helping fulfil its part in the Obesity Check campaign, similarly to previous assistance to national bodies for local promotional campaigns for nutritional agricultural products.

5.2.8 Consideration should also be made of the role of international partners in achieving the objectives. Coordinated work is needed among the organisations of the United Nations system, intergovernmental bodies, NGOs, professional associations, research institutions and private sector entities.

5.3 Member States

Every government department across Europe would be asked to complete the Obesity Check, and to ‘lead from the top’. Departments could also be asked if they could commit specific finances towards promoting the ‘campaign’. It is essential that Governments have a ‘joined up’ approach considering economic, social and environmental factors.

5.3.1 All partners, especially governments, need to address simultaneously a number of issues. In relation to diet, these include all aspects of nutrition, food security (accessibility, availability and affordability of healthy food); and food safety. Physical activity must be promoted in working, home and school life, with consideration for city planning, transportation, safety and access to physical activity during leisure time. National circumstances will determine priorities in the development of obesity-proofing governmental activities as part of the Obesity Check campaign. There are great variations in and between different countries and regional bodies should collaborate in formulating regional strategies.

5.3.2 Support should be provided by appropriate infrastructure, implementation programmes, adequate funding, monitoring and evaluation, and continuing research. Strategies need to be based on the best available scientific research and evidence, incorporating policies, action and time scales.

5.3.3 Priority should be given to activities that have a positive impact on the poorest population communities. Such activities will generally require community-based action with strong government support and oversight.

5.3.4 Similar to the ‘European Platform’ national governments should establish communication channels and ‘Round-Tables’ involving ministries, institutions responsible for policies on food, agriculture, youth, recreation, sports, education, commerce and industry, finance, transportation, media and communication, social affairs and environmental and urban planning to consider combating obesity. They could include ‘parent’ and youth round tables, to include contributions from the individuals most affected. They must have cooperation and ‘buy-in’ from all stakeholders with no hidden agendas. The International Obesity Task Force is a research-based think-tank with an advisory and catalytic role offering relevant data for such discussions. These communication channels should be extended to cover public private sector partnerships. They must NOT waste resources by extending administrative costs or duplicating already established bodies.

5.3.5 Governments need to consider actions that will result in the provision of simple balanced information for consumers to enable them easily to make informed choices, and to ensure the availability of appropriate health promotion and education programmes. Information for consumers should be sensitive to literacy levels, communication barriers and local culture, and understood by all segments of the population.
5.3.6 Governments, in the full application of the principle of subsidiarity, have a central role, in cooperation with other stakeholders, to create an environment that empowers and encourages behaviour changes by individuals, families and communities, to make positive, life-enhancing decisions on healthy lifestyle.

5.4 Education

Across every educational establishment individuals would be asked to complete the Obesity Checklist. Educational departments could be asked if they could commit specific resources towards promoting the campaign among their constituent bodies across the full education spectrum.

5.4.1 A life-course perspective is essential for the prevention and control of obesity. A simple Obesity Checklist that can be understood by minors and the elderly alike. This approach starts with maternal health and prenatal nutrition, pregnancy outcomes, breastfeeding and child and adolescent health; reaches children at schools, adults at worksites and other settings, and the elderly, encouraging a healthier lifestyle from youth into old age.

5.4.2 Health literacy should be incorporated into adult education programmes. Such programmes provide an opportunity for health professionals and service providers to enhance knowledge about diet and physical activity and to reach marginalized populations. Media literacy can also be offered, to help equip consumers to understand labels and advertisements when making choices, as well as providing practical experience in preparing meals.

5.4.3 Schools influence the lives of most children. They should protect their health by providing health information, improving health literacy, developing education in food tastes, and promoting a healthy lifestyle. Schools must provide students with minimum daily physical education (min. 2 hours a week), as well as a balanced diet education, and should be equipped with appropriate facilities and equipment. They should recognise that even with budgetary constraints, action can still occur with current facilities.

Expenditure on sports facilities must be carefully monitored to ensure that the activities benefit both girls and boys, especially as obesity rates amongst girls are rising faster than for boys.

5.4.4 Governments are encouraged to adopt policies that support balanced diets at school and limit the availability of products high in salt, sugar and fats. Schools, together with parents and responsible authorities, should consider issuing contracts for school lunches to local food growers in order to ensure a local market for healthy foods. A consistent food and nutrition policy should be adopted following consultations with staff, pupils, parents and relevant authorities.

5.4.5 Where entrepreneurial activity is encouraged between pupils in schools this should not be in the form of ‘tuck’ shops where traditionally crisps and confectionery are sold. Healthy foods could be considered as alternates.

5.4.6 Special consideration must also be made for the elderly as those over 60 are affected by obesity. Additionally, the elderly have a wealth of information and experience on traditional diets and cooking methods and can contribute to the education of their families.

5.5 Health Services

Across every public health body individuals would be asked to complete the Obesity Check. Departments could be asked if they could commit specific resources towards promoting the campaign to their constituent bodies (e.g. clinics, hospitals, staff canteens, patient groups).

5.5.1 The role of government is crucial in achieving lasting change in public health. Governments have a primary role in initiating and developing a strategy to reduce obesity as part of a broader, comprehensive and coordinated public health effort. Simple, direct messages need to be communicated on the quantity and quality of physical activity sufficient to provide substantial health benefits. Local and regional authorities must also be involved and participate actively in this information process.

5.5.2 Routine contacts with health-service staff should include practical advice to patients on the benefits of healthy diet and increased levels of physical activity, combined with support to help patients initiate and maintain healthy behaviours, via an Obesity Checklist. Authorities should consider incentives to encourage preventive services and identify opportunities within existing clinical services, including an improved financing structure to support and enable health professionals, especially for primary health care, but also other services (such as social services and pharmacy), to dedicate more time to prevention. This could be a simple positive proactive message suggesting ‘walk more-eat less’.

5.5.3 Support and information measures should begin with parents, advising on the right and best choice on nutrition for the youngest age group (infants and young children). There is now good scientific evidence that breastfed infants are later in life less obese than formula fed infants, thus prevention should start with promotion of appropriate infant feeding.
5.5.4 Support and information measures should also target the elderly, particularly those living alone or those who are poor or marginalised, so as to avoid the widespread unhealthy food practices which often go hand-in-hand with these kinds of hardship.

5.6 Local Government

Obesity Check would be completed across every regional and local government, suggesting actions to obesity-proof their activities and support the Obesity Check campaign. Offices and departments could be asked if they had specific resources towards promoting the campaign.

5.6.1 Local authorities should encourage multisectoral and multidisciplinary expert advisory boards to be established, including technical experts and representatives of government agencies. They must have an independent chair to ensure scientific evidence is interpreted without any conflict of interest.

5.6.2 National, regional and local governments should provide incentives to ensure that walking, cycling and other forms of physical activity are accessible and safe; transport policies must include non-motorised modes of transportation; labour and workplace policies should encourage physical activity; and sport and recreation facilities should embody the concept of sports for all.

5.7 Industry

'Industry' includes both employers and employees, working together for the benefit of each other.

Across industry employers and employees would be asked to complete the Obesity Check to support the Obesity Check campaign. Additionally companies and trade unions could be asked if they could commit specific resources or capital towards promoting the Obesity Check campaign as part of their corporate social responsibility.

5.7.1 The private sector can be a significant player, especially as many companies operate globally and can transfer policies at all levels and across nations within one company. Corporate social responsibility could integrate a variety of partners in working with local schools to support the educational strategy to raise awareness of healthy eating or increase physical exercise. As a safeguard, consultation must initially take place to discuss potential conflicts of interests.

5.7.2 The food industry, retailers, catering companies, sporting-goods manufacturers, advertising and recreation businesses, insurance and banking groups, pharmaceutical companies and the media all have important parts to play as responsible employers and as advocates for healthy lifestyles. All could become partners with governments and NGOs in implementing measures aimed at sending positive and consistent messages to facilitate and enable integrated efforts to encourage a healthy lifestyle.

5.8 Food industry

5.8.1 Food manufacturers have proactively worked to create many initiatives to reduce the fat, sugar and salt content of processed foods, to reduce portion sizes and to increase the introduction of innovative, healthy, and nutritious choices.

5.8.2 The industry is aware food advertising affects choices and influences dietary habits and it must ensure advertisements do not exploit children’s inexperience or credulity. Governments should work with consumer groups and the private sector to develop appropriate multisectoral approaches to deal with the marketing of food to children, with such issues as sponsorship, promotion and advertising. Together, an agreement on socially responsible practices should be developed that does not eliminate freedom of choice but accepts that children cannot identify nutritional content.

5.8.3 Current plans to discuss rapid simplistic measures such as ‘traffic light’ indicators on food should be discouraged. Recommendations must be consulted with the food industry and consumers before implementation. This can be supported with media literacy inputs, including information on understanding food labels and advertising messages provided at the point of sale and through schools and adult education organisations.

5.8.4 Consumers require accurate, standardized and comprehensible information on the content of food items in order to make healthy choices. Governments may require information to be provided on key nutritional aspects, as proposed in the Codex Guidelines on Nutrition Labelling.

5.8.5 As consumers’ interest in health grows, and increasing attention is paid to the nutritional aspects of food, producers increasingly use health-related messages. Such messages must not mislead the public about benefits or risks.

5.8.6 Recommendations to the food industry, which could be supported by civil society organisations, include:

- promote healthy lifestyles in accordance with European guidelines and the overall aims of the global strategy;
- limit the levels of saturated fats, trans-fatty acids, free sugars and salt in products;
- continue to develop and provide affordable, healthy and nutritious choices to consumers;
- provide consumers with adequate and understandable product and nutrition information;
— practise responsible marketing that supports Obesity Check, particularly with regard to the promotion and marketing of foods high in saturated fats, sugars, or salt, especially to children;

— issue simple, consistent food labels and evidence-based health claims that help consumers to make informed and healthy choices;

— provide information on food composition to national authorities;

— assist in developing and implementing healthy eating and physical activity programmes.

5.9 Agriculture

5.9.1 National food and agricultural policies should be consistent with the protection and promotion of public health. Policies should be considered that facilitate the adoption of a healthy diet covering food safety and sustainable food security.

5.9.2 Prices influence consumption choices. Public policies can influence prices through taxation, subsidies or direct pricing in ways that encourage the consumption of health-enhancing foods.

5.10 Media

5.10.1 The media industry has one of the most influential roles to play as it filters into everyday life, often subliminally. A commitment from all media channels to work together on a single European ‘campaign’ and promote it to their audiences simply and consistently over a sustained period would ensure that campaign message would eventually reach every individual in Europe.

5.10.2 In a society where celebrities are hailed as role models, including Olympic champions, more can be done to involve them in conveying the ‘campaign’ message.

5.10.3 New media, including computer games and the internet, have crucial roles with young audiences especially as their use is correlated to obesity increase.

5.10.4 Product placement and product promotion in relation to movies should be carefully considered in relation to the likely audience. This is particularly essential in children’s viewing.

5.11 Society

5.11.1 NGOs and civil society organisations would be asked to complete the Obesity Check. Organisations could be asked if they could commit specific resources, including in kind, towards promoting the campaign to their members and constituent organisations. The valuable work of such organisations at community level is recognised and essential for any initiative to succeed.

5.11.2 Many people believe that dealing with obesity is a personal responsibility. In part they are right, but it is additionally a society responsibility, especially at the grass-roots community level. Civil society and NGOs have an important role to play to motivate a proactive attitude and influence action through joined up thinking and local initiatives. These could simply include schools using sport association facilities, local media promoting local campaigns, local manufactures working with local authorities to provide education support, local farmers providing fresh produce for schools. Their aim can be to ensure that healthy foods are Available, Affordable, Appropriate and Sustainable.

5.11.3 NGOs can support the strategy effectively if they collaborate with national and international partners, particularly in:

— leading grass-roots mobilisation and advocating that healthy lifestyles should be placed on the public agenda;

— supporting the wide dissemination of information on prevention of obesity through balanced, healthy diets and physical activity;

— forming networks and action groups to promoting the availability of healthy foods and possibilities for physical activity, and advocate health-promoting programmes and education campaigns;

— organising campaigns and events that stimulate action;

— emphasising the role of governments in promoting healthy lifestyle, monitoring progress in achieving objectives and working with other stakeholders such as private sector entities;

— playing an active role in fostering implementation of the EU Obesity Check campaign;

— contributing to putting knowledge and evidence into practice;

— promoting role models and best practice particularly in relation to the role of families and parents. It is essential that role models focus on positive health and not body image.

5.11.4 Patterns of physical activity and diets differ according to sex, culture and age. Decisions about food and nutrition are often made by women and are based on culture and traditional diets. National strategies and action plans should thus be sensitive to such differences.
6. **A Future without Action**

6.1 **The Human Cost**

6.1.1 Childhood obesity is one of the most serious public health problems facing the developed and, increasingly, the developing world. The obesity prevalence is increasing in children of all ages.

6.1.2 Obese children suffer from a host of comorbidities, some are immediately apparent and others serve as warning signs of future disease. Although primary prevention is ultimately the most effective strategy in curbing the epidemic, treatment of those children who are currently obese is needed to improve both their immediate and long-term health outcomes.

6.1.3 Obesity in youth is associated with a range of psychosocial and medical complications. The most common consequences are those related to psychosocial dysfunction and social isolation. Cross-sectional studies show an inverse relationship between weight and both self-esteem and body image, particularly in adolescents. In adolescent girls, fear of excess weight is related to body dissatisfaction, drive for thinness, and bulimia.

6.1.4 The most important disease is type 2 diabetes — causing circulatory disorders, kidney failure and blindness. Some cancers (particularly breast cancer), cardiovascular disorders including hypertension, respiratory disorders including sleep apnoea, liver disease, depression, joint and skin problems are all resultants of increased body fatness.

6.1.5 Some effects of obesity on health outcome appear to be reversible if the person loses weight.

6.2 **The Financial Cost**

6.2.1 Obesity imposes a significant economic burden on already strained health systems, and inflicts great costs on society. Health is a key determinant of development and a precursor of economic growth. The UK National Audit Office quantifies the economic consequences to be circa £500m annually in direct health costs and a further £2 billion in wider costs to the economy.

6.2.2 Obesity is widespread across the social classes, but is especially common among socially disadvantaged groups, who may have the least access to safe streets and parks, and who may eat the lowest cost food products, which are often foods with the most fats and sugars.

6.2.3 In developed societies, women who were overweight in late adolescence and early adulthood are more likely to have lower family incomes and lower rates of marriage. Furthermore, obese individuals may experience social rejection and discrimination in the workplace.

6.2.4 Proactive actions and education now can ensure the financial costs are reduced in later years to be invested for the sustainable development of Europe.

6.3 **Moving towards social responsibility**

Anti-obesity measures are part of a move towards accepting different levels of society share responsibility with due respect for individual freedom. For example:

6.3.1 At a political level

— An EU Commission and Member State governments with bilateral communication strategies, responsible investment or action-focused initiatives to discourage obesity.

— Education systems promoting healthy lifestyles.

— Health Services with resources to promote good health.

— Planning authorities promoting cycle route, green parks and sports facilities.

6.3.2 In industry

— A food industry driven by consumers' need for affordable nutritious foods.

— Retail trends which ensure good food is available to all, even in deprived communities.

— Agriculture which provides abundant, affordable fresh and wholesome produce.

— A transport industry which discourages excessive car use and encourages safe walking and cycling.

— A media culture which discourages passive consumption and promotes physical activity.

6.3.3 In society

— A family-oriented culture where meals can be cooked and shared at home, along with healthier meals in schools, hospitals, social service establishments and workplace canteens.

— A change to sustainable consumption patterns, conserving natural resources and promoting physical activity.
6.3.4 Governments are elected by the people; people are major influencers in societies, as individuals, groups or organisations, and can make a difference. The costs do not always have to be financial. Together change can be made once the blame stops and responsibility is accepted.

7. Conclusion

Obesity is a ‘Gordian knot’ mixing psychological, sociological, economical, cultural, historical aspects and individual behaviours.

In 1997 the WHO declared morbid obesity a disease and in 2005 classed obesity as a disease. Morbid obesity and obesity are associated with increased mortality due to comorbidities like type II diabetes, hypertension and heart disease.

7.1 A unique opportunity exists to formulate and implement an effective strategy for substantially reducing deaths and disease by improving diet and promoting physical activity. Evidence for the links between these health behaviours and later disease and ill-health is strong. Effective interventions to enable people to live longer and healthier lives, reduce inequalities, and enhance development can be designed and implemented through a simple and clear campaign that involves, and includes, everyone, and which will be subject to a posteriori assessment.

7.2 Bringing about changes in dietary habits, patterns of physical activity and a healthy lifestyle will require the combined efforts of many stakeholders, public and private, over several decades. A change in mentality, awareness raising and education via a combination of sound and effective actions are needed at all levels, with psychological support, close monitoring and evaluation of their impact. Additionally, individuals will have to take ownership and responsibility for change.

7.3 By mobilising the full potential of civil society together with the major stakeholders, this vision can become a reality. ‘You must be the change you want to see’ Gandhi.

8. Questionnaire — Supporting EESC Own Initiative Opinion

**Obesity — A Society Responsibility**

This questionnaire is currently for research purposes only but completion and its return is appreciated.

The industrialised world in the twenty-first century provides an environment highly conducive to obesity. Some causes are obvious, many are less understood, most are not viewed by society as detrimental. Of greatest concern is the lack of foresight for future generations and the desire of no one to take ownership or responsibility, but instead to blame others.

— 14 million overweight children including 3 million obese in EU25

— In many EU countries more than half the adult population is overweight, 20-30 % of adults are categorised as obese

— The number of EU children affected by overweight and obesity is rising at more than 400,000 a year and affects almost 1 in 4 across the entire EU25

— 10-20 % of children in northern Europe are overweight, in southern Europe and the UK the prevalence is 20-35 %

In the short term — completed questionnaires prove a commitment and willingness of individuals and organisations to raise awareness, educate and inform others of the need for lifestyle changes. Targets can be measured by the amount of time, or resources pledged to the campaign. Examples of best practice can be forwarded to the rapporteur.

The EESC opinion takes an approach to ‘include all’ in a strategy to combat the problem together. To take ‘top down’ policies, accompanied with bottom up strategies, creating action horizontally and vertically, with everyone making a commitment, financially, in time or in kind.

I would like to gauge your commitment, and that of your organisation’s and would welcome you forwarding this to others who may wish to comment/commit.

Please return the questionnaire to madi.sharma@esc.eu.int or fax to 0115 9799333, or mail Madi Sharma, EESC, c/o 40 Ridge Hill, Lowdham, Notts. NG14 7EL, UK.

The following questionnaire has been produced to ask individuals and organisations to commit a personally selected amount of time, or resource, to spend within their organisations, or external bodies, supporting the work of DG SANCO in promoting a campaign to raise the awareness of a healthy lifestyle. It is important that this can be quantified to monitor progress.
For example:
— Employers and employer organisations could consider healthier lifestyles within the workplace, including encouraging choice of healthy foods, especially for vending machine produce, and the introduction of sports facilities or gyms. For smaller companies this could be supporting and encouraging employees to consider healthier lifestyles. Working outside of their companies, particularly in education would also be valuable. A time commitment of x hours per month.
— Trade unions and employee organisations could disseminate a similar message to their members, to empower employees to integrate physical activity, walking or cycling, into their daily routine. Additionally, they could take advice back to their families and communities.
— NGOs and particularly consumer organisations could commit time with their members and help spread the message further a field into other institutions and communities.
— Individuals can commit to lifestyle changes as role models via increased physical exercise, or healthier eating options. This can be promoted by word of mouth and encouraging others to also try changes. This would be particularly beneficial within the family environment. Dedicate 15 minutes a month to sharing your changes with others.

I am committing 30 minutes a month to work with schools to raise the awareness of a healthy lifestyle and with women’s organisations to help spread the message to parents. I am also promoting my lifestyle changes having lost 10kg through walking and nutritional monitoring.

What can you offer:

Please note all this information is confidential and will not be forwarded without your permission; at this stage it is only a pledge.

Name

Organisation

Contact Details Phone

email

Commitment to offer:

Time: No of hours ...................................................... Per week/month
To perform the tasks of .................................................................
.................................................................
Capital resources:
To be used towards .................................................................
.................................................................
Resources of .................................................................
To support .................................................................
.................................................................
Additional Comments/best practice models .................................................................

If a logo/slogan promoting lifestyle changes is designed would your organisation promote it i.e. on marketing materials? ........................................ Yes/No


The President
of the European Economic and Social Committee
Anne-Marie SIGMUND