

# EuroHealthNet Country Exchange Visit

## Promoting Healthy Diets amongst children

Host: Austrian Health Promotion  
Foundation (FGÖ)



Fonds Gesundes  
Österreich

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## Introduction

EuroHealthNet, in partnership with its member Austrian Health Promotion Foundation ([FGÖ](#)), organised a Country Exchange Visit (CEV) to exchange good practices and experience ensuring healthy diets amongst children. The visit took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion within the EU Programme for Employment and Social Innovation (EaSI).

The purpose of CEVs is for EuroHealthNet members to learn about specific and general developments in a host country, region or municipality, and to exchange knowledge and learning from the visitors' experiences with a view to build capacity and initiate follow up actions. Participating members have completed "Reflection document" to ensure that key messages are captured and shared within the network.

The meeting was introduced and moderated by Clive Needle, EuroHealthNet Senior Policy Advisor, who offered introductory welcomes together with the hosts, Klaus Ropin, Manager of Austrian Health Promotion Foundation and Eva-Maria Kernstock, Deputy Head of the Federal Institute for Quality in Health Care. Clive Needle further explained the rationale and aims underpinning the CEV on healthy nutrition amongst children from national and EU perspectives. The meeting was co-organised and is reported by Lina Papartyte, EuroHealthNet.

Representatives of EurohealthNet member organisations from Finland, Portugal, Malta, Greece, Latvia, Slovenia, Poland, Scotland and Flanders participated in the CEV. Additionally, representatives from Austrian Agency for Health and Food Safety, Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, Austrian Institute for Health Promotion and Prevention, Vienna Network of Health Promoting Schools, and Styria Vitalis in Austria, participated, in addition to Viktoria Kovacs as a guest expert from Hungary.



Throughout the visit participants had an opportunity to learn about good practices in health and social inclusion, ways of addressing child nutrition, as well as health promotion and disease prevention activities in their respective countries and regions. The visit also offered insights into how EU policy and tools can help contributing to the progress in members’ work. In addition to the final report, the [background document](#) has been developed and shared with participants to facilitate discussions and exchange within different sessions of the country visit.

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## Health promotion in Austria

The Austrian Health Promotion Foundation ([FGÖ](#)) is a division of Austrian Public Health Institute. The mission of the Foundation is to ensure that people living in Austria reach old age in good health through funding projects, advanced training and networking, capacity building and knowledge development. Klaus Ropin, manager of FGÖ, explained that since its establishment in 1998, FGÖ has a stable 7.25 million euros annual budget for its activities. That very different from other organisations in the structure, that have to bid each year for funding. The Foundation has five programme lines:

1. **Growing-up** healthy - psychosocial health of children and adolescents
2. **Workplace Health Promotion** - equal health opportunities in the workplace, digital transformation “workplace 4.0”
3. **Communities** - social support, participation and cohesion in healthy **neighbourhoods** – municipal health promotion
4. **Quality of life** and equal health opportunities **for older people**
5. **Healthy lifestyle** through intersectoral cooperation (physical activity, nutrition, etc.)

As well as three cross-cutting topics: 1) Psychosocial Health - living together in settings to promote health, 2) Health equity - developing knowledge, disseminating good practice to reduce health inequities, 3) Gender – promoting diversity.

The FGÖ also serves as a coordinating body of [Austrian Health Literacy Alliance](#) and [Austrian Competence and Service Centre for Self-Help](#).

Karin Schindler, for the Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (BMASGK), spoke about policy developments in relation to healthy nutrition and more sustainable food systems. The Ministry is connected with partners such as regions, health insurers and other national institutions and serves as a bridge in strengthening the field of nutrition in all sectors.

In 2011, the BMASGK published a National Action Plan for Nutrition (NAP.e). It is a catalogue of strategies and measures, that summarises all activities in the field of nutrition. Currently, the NAP.e is undergoing its second revision. In addition to a detailed description of current challenges and ongoing activities at national and international level, the NAP.e links to other strategies, such as the [Austrian Health Targets](#). The implementation of the NAP.e is supported by the National Nutrition Commission (NEK), which is an advisory body of the government responsible for nutrition issues and operates a working group on sustainability, which is important as it addresses not only the environmental concerns but also tracks who received recommendations and monitors whether they were implemented. The new Austrian nutrition strategy will include firmer emphasis on food systems and aims to achieve healthy diets which also benefit food systems.

The Ministry has established an intersectoral working group including food industries with the aim to provide access to healthy diets for all. However, there are differences between government aims to have an oversight of reformulating foods and industry preferences for self-monitoring mechanisms. This has been replicated in EU negotiations on legislation such as the Audiovisual Media Services Directive (AVMSD) regarding marketing to children on products which are high in fat, sugar and salt (HFSS).

### *Learning points:*

- The five-step [CLICK tool](#) to monitor the extent to which children are exposed to marketing of unhealthy products online (gaming, gambling, tobacco, HFSS, etc.). This WHO tool will be part of new Joint Action on Best Practices on Reformulation Marking and Procurement of food (Best-ReMaP) and will be tested in interested participating MS.
- The Central European Regulatory Forum ([CERF](#)) is a forum that address the challenges posed by digitalization with special regard to cross-border broadcasts. They also exchange good practices on marketing regulations across 13 countries.
- In **Scotland** initiatives to restrict HFSS the government meets with the public health sector and the food industry separately.
- In **Austria** there are discussions about soft drinks versus water in schools since several years. A few years ago, primary schools in Vienna started to be water schools, children get used to drink only water in school. Now all public primary schools in Vienna are water schools and in the meantime the program was transferred to primary schools in lower Austria and also in Viennese secondary schools. In secondary schools there are furthermore efforts, to reduce soft drinks and to promote more mineral water in cafeterias and vending machines.
- In 2013 **Latvia** banned selling certain HFSS products at school buffets. Nonetheless, child obesity levels are rising, showing that more comprehensive measures are needed.
- In **Slovenia**, the MoH passed the law banning vending machines in schools after the [WHO resolution on Marketing of food and non-alcoholic beverages to children](#) in 2010. However, despite legal action by industries the ministry was supported by public opinion and international experts, so the law remains in place, showing the value of international evidence and advocacy.

- In relation to the AVMSD, together with WHO, **Slovenia** is developing a nutrient profile for marketing. The process has been negotiated with stakeholders for four years.
- Sadly, **Slovenian** food and beverage industries have claimed that they lowered 9% sugar content through reformulation, but in fact they sold more water, so figures were distorted, showing the need for monitoring, analysis and vigilance of implementation.
- In 2016 **Portugal** introduced a new regulation that regulates what specifically can be sold in the vending machines in schools. The practical implementation, however, is still an issue.
- In March 2019, the **Portuguese** Parliament adopted a bill banning HFSS food advertising to children under the age of 16. The Directorate-General for Health (DGS) was mandated to adopt nutrition criteria used to determine what constitutes HFSS food and beverages.

Rita Kichler presented '[Children eat healthy](#)', an **Austrian** national movement launched by FGÖ in 2019. It aims to reach children, parents and educators as well as those who are responsible for communal catering and communities. It is creating new resources and communication channels as part of its mission. The project is about to publish a healthy eating charter strengthening nutritional competence of a target population, improving community catering with a focus on sustainable, regional and seasonal food.

Manuela Reiter from Styria Vitalis in Austria spoke about large scale community catering initiatives in the region, stressing that a healthy meal is not only a responsibility of the kitchen staff and that communication between different actors involved in delivering food is key. She pointed out four types of catering that each would require different kitchens: 1) cook & serve (production) 2) Cook & chill (reheat before serving) 3) cook & freeze 4) cook & hold (max. 3h food can stay hot).

Manuela informed that in Austria many schools and kindergartens do not have kitchens, because schools finish around noon and pupils tend to go home for lunch. Some establishments have buffets, however with no capacity to produce food themselves, which makes them use prepared food suppliers. In this supply chain the importance of people who reheat, finalise and deliver food from kitchen to kindergarten or school are too often disregarded. There is a problem if, for instance, the children are not happy with the food, the delivery personnel do not care about that because they are not responsible for it. She encouraged involving all participating people in the supply chains in healthy responsibilities. Furthermore, the environment where food is consumed is of the utmost importance, needing spacious stress-free rooms.

## EU policies and instruments to support work on health promotion, health equity and social inclusion, with a focus on healthy diet

Lina Papartyte gave an overview of EuroHealthNet activities in health promotion and social inclusion. Recently, as part of our work with WHO Regional Office for Europe, we published a Guide<sup>1</sup> on novel ways of financing health promoting services that investigates non-traditional models of financing activities as well as provides insights on how to pitch ideas to investors. Participation in the EU co-funded Joint Action CHRODIS Plus<sup>2</sup> to implement good practices for chronic diseases prevention provides opportunities to learn about preventive initiatives targeting children in schools and in the community. EuroHealthNet supports members in interpreting and engaging in the EU policy and legislative agendas, especially in the context of the EU social and economic governance annual cycle The European Semester. We have also published a [2019 European Semester analysis](#) from a health equity perspective.



EuroHealthNet has been involved in monitoring and assessment of the EU multi stakeholder Platform for action on diet, physical activity and health, and supported launch of the EU research project on Science and Technology in childhood obesity ([STOP](#)). The project aims to expand and consolidate the multi-disciplinary evidence base upon which effective and sustainable policies can be built to prevent and manage childhood obesity. The primary focus of STOP is on the cumulative impacts of multiple and synergistic exposures in vulnerable and socially disadvantaged children and their families.

The EuroHealthNet Policy Précis [Towards healthy, sustainable and inclusive European Food Systems](#) (2018) analyses how food systems affect health, the environment and wellbeing of all and indicates pathways where progress may be achieved.

Healthy nutrition is part of EuroHealthNet work on impacts of child and family poverty on children's wellbeing. Several of our members were involved in European Commission's workshops to shape the EU Child Guarantee. This scheme falls under the European Social Fund + and foresees around €6 billion for the next 7 years for most deprived children in the EU to provide free healthcare, nutrition, housing and education. In the framework of informal EU Alliance for Investing in Children and Early Childhood Education and Care stakeholder group, we are involved in advocating for healthy nutrition for children and protection from advertising of unhealthy foods and beverages.

EuroHealthNet President Mojca Gabrijelčič Blenkuš presented the EU Steering Group on Health Promotion, Disease Prevention and Management of Non-communicable diseases (SGPP). The purpose of the group is to modernize the way the EC is consulting Member States on non-communicable diseases as well as to

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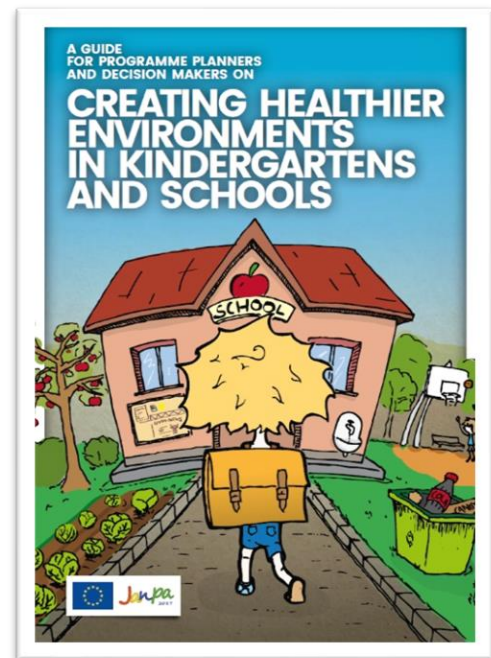
<sup>1</sup> Barnfield, A., Papartyte, L., & Costongs, C. (2019) Financing Health Promoting Services: An information guide. Brussels: EuroHealthNet  
<https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/Financing%20Health%20Promotion%20-%20an%20information%20guide.pdf>

<sup>2</sup> Joint Action CHRODIS Plus <http://chrodis.eu/>

support MS in meeting voluntary targets of the WHO by 2025 and the UN Sustainable Development Goals by 2030. Mojca also introduced the new Joint Action on Best Practices on Reformulation Marking and Procurement of food (Best-ReMaP) saying that it will build up on knowledge of the previous Joint Action on Nutrition and Physical Activity ([JANPA](#)).

Viktoria Kovacs from Hungarian Institute of Pharmacy and Nutrition presented useful tools of the previous EU Joint Action on Nutrition and Physical Activity ([JANPA](#)) (2015-2017). The main objective of JANPA was to stop the rise of overweight and obesity in children and adolescents by focusing on specific outcomes that strongly contribute to the nutritional and physical activity policies dedicated to childhood.

Through the sharing, identification and selection of data and good practices within the 25 Member States and Norway, JANPA aimed to improve the implementation of integrated interventions to promote healthy nutrition and physical activity for pregnant women and families with young children; to contribute to healthier school environments; to increase the use of nutritional information of foods by public health authorities, stakeholders and families. The identified good practices of JANPA can be accessed on the European Commission [Best Practice Portal](#) or directly - JANPA [toolbox](#). Among other deliverables, project published science- and practice-based guide on establishing a school environment supportive of healthy eating and physical activity.



Nikola Tilgale Platace introduced the **Latvian** experience of using European Social Funds to promote local public health and improve the health status of overweight and obese children and families. ESF funds helped the City of Riga to obtain a budget of 3.5 million euros for 50 activities across the city. It was the first time that city received such a big amount for health promotion action, although so far for many of the projects an evaluation component was missing. It was acknowledged that more efforts are needed to ensure sustainability of activities, needing analysis.

### *Learning points:*

- Each project should have a sustainability work package and effective evaluation. Some countries expressed the need for more training and resources to carry out evaluation of programmes, suggesting that EuroHealthNet could have a role in capacity building, possibly through a Thematic Working Group.
- The Alexander Technological Educational Institute of Thessaloniki - ATEITH (Greece) led the work of evaluation of JANPA and (EuroHealthNet member) The Finnish Institute for Health and Welfare will carry out the evaluation of the new Joint Action Best ReMaP, so could be approached for inputs.
- **Scotland** has well developed criteria for health management. The government has also launched the [requirement](#) for data collection in relation to population weight management.

## Good practices from participating countries and regions

Sabine Haas presented the **Austrian** early childhood intervention programme “*Frühe Hilfen*”. It aims to strengthen resources and reduce burdens of families with children (0-3 years) with a focus on empowerment. The programme is voluntary and free of charge and intends to provide continuous and comprehensive support to families in need. By receiving pregnant women and families with toddlers, health professionals act as gatekeepers who could recognise people experiencing social burden, ill mental health, bonding issues with a child, etc. Families can get referred to the network or they could get in touch themselves. After a contact has been established, a family supporter contacts the family to assess their needs within 3 working days. If family requires assistance, family support services offer help or direct them to other specific services. Home visits are an essential part of the family support. The number of families supported is rising, from 705 in 2015 to 2,222 in 2018, the growth is due to the growth of the network and that it became better known.

Birgit Dieminger-Schnuerch and Melanie Bruckmueller from the Austrian Agency for Health and Food Safety presented **REVAN** health promotion programme. Its objective is to improve the dietary habits as well as the food environment of pregnant and breastfeeding women and children up to the age of 10 years. The programme is tasked to produce and disseminate scientific and quality-assured information and guidelines. It also conducts market surveys, monitors catering in kindergartens and produces evaluations. Training courses and workshops contributes to empowerment of different target groups regarding healthy eating decisions. The program also specifically targets socioeconomically disadvantaged population groups and people from ethnic minorities. Many information materials and training are available in multiple languages.

Presenting about approaches for a healthy start in life in **Finland**, EuroHealthNet Vice President Vertti Kiukas from SOSTE introduced the National Breastfeeding Action Plan 2018-2022 which was published by the Finnish Institute for Health and Welfare in 2017. The plan aims to standardize evidence-based breastfeeding guidance between maternity clinics, maternity hospitals and paediatric clinics. It also addresses ways to strengthen the know-how of professionals working in breastfeeding promotion. Finland wants to create national and local structures for promoting breastfeeding in cooperation with a range of professionals and actors. A Family and Baby Friendly Maternity and Postnatal Care Initiative is also part of the plan. Among other things, it includes 7 steps to promote and unify breastfeeding counselling in Finland.

### *Learning points:*

- **Finland** has offered free school meals throughout education for 70 years. However, 1/3 of adolescents do not eat what is provided because of choice.
- The difference between the Finnish approach and other states such as Austria is noteworthy. Not every school provides lunch in **Austria** as more than half of schools close during lunch and/or do not have space for a buffet and cafeteria. School meals are not free but families in difficulty can apply for reduction. There are cultural differences regarding family responsibilities.
- In **Slovenia**, introducing free lunches in 2008 was a market measure which allowed more women to work. After two years, the co-payment system was introduced. When the law was passed, many schools were not equipped to start serving meals, had no eating areas nor catering facilities but the government saw it as an opportunity for a positive change.

- In **Latvia**, school meals are free of charge for 1-9th grade pupil.
- Lunches are not provided in **Maltese** schools as parents prepare meals.
- There are many climate – diet discussions in **Finland**. For older generations the accession to the EU was a game changer. For new generations it is now climate change which will impact most decisions, including nutrition. Vegetarianism is rising especially among teenage girls. There are also discussions whether Helsinki should stop using dairy products and cow milk for catering in schools which might lead to substitution with alternatives such as oat milk.
- In **Slovenia** they are organising a working group to discuss diets in line with climate change and vegetarianism.
- The WHO position is not clear at the moment as holistic nutrient needs are being considered.
- Engaging disadvantaged groups of the population is very important, but there were concerns raised about how best to do it and that public health bodies are too academic in approaches and we must seek new ways and new partnerships to understand realities and change factors.
- In **Slovenia**, for example, they have Maternity schools. For our target audiences ‘school’ can be a difficult setting where public health concepts and language are not relevant to the most disadvantaged populations.
- Improvements of children psychosocial situation can be a necessary precondition for balanced healthy diet.

Laura Vandeweghe, Flemish Institute for Healthy Living in **Belgium** spoke about approaches taken in Flanders to improve dietary habits of school aged children. To achieve healthy eating as part of everyday school life, they are taking a whole school approach. This means that healthy food education is incorporated across different subjects and different years and includes themes of sustainability, preparation and storage of food, reading food labels and impacts of advertising. The project to support schools in changing to offer more healthy snacks and drinks started in 2016. The government, food industry and school network contributed to achieving that 75% of primary and secondary schools do not offer a selection of snacks high in fat and sugar, while 75% of primary schools and 60% of secondary schools never offer sugary beverages.



Katarzyna Lewtak from the Institute for Public Health in **Poland** presented a *Keep fit!* program for children (12-16-year olds) that is running for 14 years in Poland. The action aims at increasing health literacy among children and their families by promoting active lifestyle and balanced diet based on individual responsibility and free choices. Activities are incorporated into regular school curricula. It was stressed that participation

of parents is very important because they act as role models for children. However, one of the difficulties mentioned was their involvement in activities with teenagers.

Since 2012, Konstantina Zota explained that the Institute of Preventive Medicine Environmental and Occupational Health (PROLEPSIS) implements the food aid program that promotes healthy nutrition in [Greece](#). This is a large-scale program which targets food insecurity and obesity among school-aged children of underprivileged areas across Greece. The program provides healthy nutritional meals daily, while promoting healthy nutrition through educational activities for students, parents and teachers. The implementation is monitored, and penalties are enforced. Since its inception, over 110.000 students have benefited from this initiative, financially supported by multiple contributors. The initiative was also part of EU co-funded projects including [VulnerABLE](#), that explored how best to improve the health of people who are living in vulnerable and isolated situations across Europe; and the EuroHealthNet [Drivers](#) project aiming to find links and best ways to tackle health equity through policy and practice in early childhood development, employment and working conditions.

Mojca Gabrijelčič Blenkuš on behalf of the National Public Health Institute in [Slovenia](#) presented the situation, explaining that Slovenian children's and adolescents' dietary patterns do not differ. Very often adolescents choose unhealthy foods, have irregular meals, skip breakfast, consume less fruit and vegetables than recommended and consume sugar-sweetened beverages. To improve the situation, all Slovene schools were mandatorily involved in a well-supported national School Meals Program, regulated by the School Meals Act. One third of school meals (e.g. could be breakfast, mid-morning snack, lunch or afternoon snack) are fully subsidized. Generally, there is also a subsidy for the staff. 92% of primary schools in Slovenia participate in a fruit and vegetable scheme that costs 1 million euros, 6 euros per child per year.

Mojca also highlighted the importance of responsible public procurement of food in schools. The process is health sensitive and has both short- and long-term benefits including improved student health and performance at school. It is estimated that European social food service market is worth €82 billion. Targeted public procurement of food for health can reward food business operators who provide nutritionally balanced meals and food products, prompting innovation, food reformulation and social responsibility to achieve better diets and positively impact public health. The new EU Joint Action on Best Practices on Reformulation, Marking and Procurement of food (Best-ReMaP) will also address this issue.

Speaking of school meals in [Portugal](#), Mariana Coelho from INSA said that quality of meals is set by the General Directorate-General of Education to comply with general rules of hygiene and food safety and in accordance with EU regulations. After consulting the National Association of Portuguese Municipalities, the Government member responsible for education defines the price of the meals. Children supported by social welfare are entitled to daily distribution of milk, provision of free or partly subsidized meals. It is important to note that the provision of meals in school canteens has a profit purpose. Like in some other countries, nutrition education in Portugal is included into teaching programmes so that pupils acquire knowledge and skills on healthy diet and gain recommended nutritional habits.

To improve the nutrition and prevent obesity in the Portuguese population, the government launched a new Integrated Strategy for the Promotion of Healthy Eating (EIPAS) in December 2017. It aims to reinforce the traditional healthy Mediterranean diet, high in fruits and vegetables and reduce the excessive intake of foods high in saturated and trans fatty acids, added sugars and salt. They are working to extend the existing guidelines for the provision of food in schools from the Ministry of Education, to all levels of education, including higher education; to encourage fruit and vegetable intake at schools, increasing the number of beneficiaries of the school distribution scheme. In April 2019, the Portuguese parliament approved a law,

which introduces restrictions on advertising to children under 16 years of food and drinks containing high energy value, salt content, sugar, saturated fat and trans fatty acids (HFSS). The current strategy encourages the adoption of measures by economic operators in order to limit commercial communication and advertising of such products.

Presenting the **Scottish** experience, Suzanne Connolly said that Scotland has school food regulation but there is a gap in support for 0-5-year olds so they will be creating a programme for this age group. In Scotland, they take a very targeted approach. If someone has been identified in need to reduce weight, they are directed to appropriate services. The standards on how equitable services must be for people who seek help were developed. The current task is to make sure that the standards are applied, data collected and shared to be able to provide more evidence-based interventions.

They are writing legislation to restrict the promotion of HFSS foods, one of the examples would be a ban on selling two for the price of one discretionary food that has no nutritional value. Government is also fighting obesity via funding of non-governmental organisation [Obesity Action Scotland](#) to raise profile of obesity. Furthermore, the government is also funding an initiative [Football Fans in Training](#), because football fans make part of the hard to reach population and as available results show, they have benefited from participating in the program.

At a regional level, Public Health Scotland is trying to push for the [whole system approach](#) to address obesity, which includes planning, transportation and licensing of providers. As an example, PHS is trialling HENRY - [Healthy Start for a brighter future](#). It is an example of a successful early years' intervention and its role in a whole systems approach in the city of Leeds, which recently received a media attention as the only city in the UK to have reversed the trend of childhood obesity. The program trains everyone in the city, caterers, health professionals in the city and supports parents to create an overall wellbeing.

### *Learning points:*

- In June 2018, the European Council adopted [Conclusions on healthier nutrition for children](#), including food system-related determinants of unhealthy eating patterns. The 2018 Austrian EU Presidency organised the Vienna Conference "[People's Food, People's Health](#)" in which EurohealthNet participated, which resulted in a Policy Brief and a forthcoming Roadmap to be taken forward by States and stakeholders.
- Participants discussed how to provide healthy settings for children amid concern that data in Austria shows that children are eating healthier, but they are still overweight. In most cases, the action is taken when disease is associated, but health systems do not act holistically.
- Within the framework of the **Austrian** networks of health-promoting schools, it is possible for schools and teachers to receive support in health-promoting activities and projects. In several Austrian states, for example, there are efforts to train teachers in health promotion training, but there are also pedagogical universities that prepare future teachers to raise awareness of healthy eating
- **Scotland** is moving away from small initiatives to systematic approaches.
- In **Malta**, they are researching the social determinants of health plus working on the importance of lifestyles, in which nutrition plays an important role.

- In **Slovenia**, the healthy schools' network is broadening. They are applying systems thinking, bringing other sectors on board. But to carry out this work, they have only 1,5 persons funded. The remaining funding comes from different projects, otherwise, schools are not supported.
- There are a lot of support projects for young parents in **Slovenia**. When lower social strata people have children, this presents an opportunity for change
- In **Finland** some healthy products are marked with a heart symbol, for instance bread that contains less salt.
- In the **UK** community centres and food banks provide food for deprived children on weekends and during holidays following reductions in social protection. However, there is no regulation around this provision regarding nutritional quality.
- The **Austrian** healthy school concept includes policies and activities in six different thematic areas, i.e. school environment and safety, nutrition, teaching and learning, physical activity, prevention of substance abuse and psycho-social health. School development is emphasized as the basis of successful health promotion.
- How well the parents and children in **Austria** were involved and had ownership around food at school - much more empowering that having a govt body made the decisions.
- Participants found it surprising that it is so rare that schools across Europe offer (good) meals to pupils.

## Site visits

Participants visited a human milk collection site at a Krankenhaus Nord hospital that raises awareness of importance of breastfeeding. It is the largest human milk bank open to the public in Austria that is responsible for the collection, processing, storage and distribution of human milk and ensures quality by specific controls and quality assurance measures. From an organisational perspective, the Human Milk Bank is assigned to Dietology, while the department of Paediatrics and Adolescent Medicine is responsible for its professional and technical support and supervision. The Human Milk Bank is headed by a medical physician, is commissioned by dietician as well as hygiene manager and employs further 2 laboratory assistants, 4 general assistants and 1 dietician.



The Human Milk Bank in KH Nord provides access and supports mothers and children who are marginalized and underserved (e.g. mothers with HIV, mothers with multiple births, babies with disabilities, etc.). Each year, 2000 litres of human milk are donated. Due to growing needs, the Bank aims to double its capacity. The price per litre for both private individuals (€7,30) and hospitals (€41,15) was fixed decades ago in a local council

resolution and has not been changed ever since. A donor receives a symbolic €2 pay per litre of donation. Real costs of running the human milk bank are not clear, because prior to moving to KH Nord hospital in June 2019, it was based at Semmelweis Woman's hospital since the end of the WWII. Many of the records made and kept throughout the decades were not complete, some were also lost. New staff who overtook the Human Milk Bank in 2018 to prepare for moving, had to start the work from scratch, starting from regulatory questions and operational procedures.

The second site visit was to a healthy school 'Campus Donaufeld' which forms part of the Vienna Network of Health Promoting Schools. The campus school is a special place because it connects a kindergarten and a primary school, to reduce stress that children experience while adapting to changes. The healthy school programme implemented in Campus Donaufeld supports pupils, teachers and headmasters. The latter are responsible of supporting or/and implementing whole school approach to health but are often forgotten in terms of acknowledgment and support they might need. To reduce the administrative burden of numerous projects at school, they were incorporated in the daily routine, hence do not require a lot of extra effort from staff. The headmaster of school explained that healthy school is beyond addressing only nutrition and physical activity of children, it is also about availability of quiet rooms for better mental health and space with equipment to play and exercise.



The campus school has a buffet where children can choose what they would like to eat. This way children are happier with their meals; this method also reduces food waste. Every family must pay for school meals (morning break, lunch, and afternoon snack) and extra-curricular activities after school hours. The fee is adjusted according to parents' income. Apart from healthy snacks, the school participates in fruit programme which includes educational aspect. The Country Exchange Visit participants were able to observe the morning break activity where children had to guess hidden fruits and vegetables, then answer questions

relating to seasonality and how they grow, their storage, taste and preparation. Regarding food supply, it is Parents Associations that decide on food standards and only two suppliers in Vienna qualify to deliver food to schools.

## Participants' main conclusions and takeaways

Throughout the Country Exchange Visit, the participants were asked to note down in a "Reflection document" what they found particularly interesting or potentially useful for their own organisation. They were also asked to suggest how EuroHealthNet and the EU could support lessons learnt from the visit. These comments are listed here to help stimulate further discussion and take up.

### *What can be suggested to organisations?*

#### *Policy and practice:*

- *Thinking about food as a 'system' – which requires integrated approaches in decision making.*
- *How Health in All Policies approaches can be applied across the government departments.*
- *Improved evaluation and assessment of activities to ensure sustainability. More attention needs to be paid to the effectiveness of the plans. Consider what are the outcomes and how these can be further improved.*
- *Emphasising importance of capacity building and knowledge development amongst public service workforces.*
- *Consider how knowledge exchanges are implemented.*

#### *Early life interventions:*

- Importance of human milk banks and recommendations to promote their activities.
- Shift towards the "life course approach" to better address determinants revolving around childhood obesity.
- Taking a "whole family approach" addressing childhood obesity.
- In relation to home visits during pregnancy and after giving birth, we need to look more holistically at the family's resources which will determine the level and kind of intervention necessary – this may include meeting more basic needs and referral to other services.
- Opportunities the maternity ward presents in terms of reach.

#### *School environments:*

- Build on existing networks of health promoting schools. For example, the "four levels of engagement" that is adopted in the Vienna Network of Health Promoting schools. Step-by-step approaches can be undertaken instead of 'all-or-nothing' methods, which exclude many schools from initiation of a gradual whole school approach to health.
- Improvement of the psycho-social situation of pupils as a prerequisite for a healthy diet.
- Healthier canteens as seen at the Viennese healthy school: using buffet style settings where children choose what and how much they eat, the walls were child-friendly decorated, etc.
- Integrating healthy eating within the schools' curricula, liaising between health and education ministries and relevant authorities.

- Facilitate fresh food made from local products to be available in all schools with support from public subsidies, whilst capping the amounts of fat, salt and sugar within provided food/drinks.
- Audit school environments, food and drink available, physical activity throughout the school day, as well as curriculum related issues relating to nutrition and physical activity in schools.
- Implementing quiet rooms in schools for better mental health of pupils.
- Success factors for health and other outcomes can include better involvement of parents in programmes for adolescents plus including pupils in design of activities.

### *What could be done at the EU level?*

- Better dissemination of evidence and successful interventions, with standardised evaluations.
- Promote better understanding among professionals about how cross border collaborations happen and how they help to achieve national/local goals.
- Develop European Guidelines including audit/assessment tools.
- Strengthen health promotion in EU policy agendas.
- Use legislation to implement restrictive advertising policies for unhealthy products.
- Generating thematic online courses about good country experiences.
- Finance relevant projects.



EuroHealthNet study visits are supported by the European Commission, through the Programme for Employment and Social Innovation (EaSI 2014-2020)

# Annex I. Agenda

## Programme day 1

8:30 Registration

9:00 Welcome and Introductions

- *Eva-Maria Kernstock*, Austrian Federal Institute for Quality in Health Care (BIQG)
- *Klaus Ropin*, Austrian Health Promotion Foundation (FGÖ)
- *(Personal introduction from participants)*

Moderation: *Clive Needle*, Senior Policy Advisor, EuroHealthNet

9:30 Austrian Health Promotion Foundation and its role promoting health in the country: overview of a health profile of Austria, (*Klaus Ropin*, FGÖ)

10:15 Promoting healthy diets amongst children: challenges and opportunities for a positive impact – Austrian case.

- Policy update, *Karin Schindler*, Federal Ministry of Labour, Social Affairs, Health and Consumer Protection
- Programmes on the national level, *Rita Kichler*, FGÖ & *Manuela Reiter* (Styria vitalis)

11:00 Coffee break

11:15 EU policies and instruments to support work on health promotion, health equity and social inclusion, with a focus on healthy diet (EuroHealthNet)

- Overview of EuroHealthNet activities, with a special focus on healthy diet for children, *Lina Papartyte*, EuroHealthNet
- Activities of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, *Mojca Gabrijelčič Blenkuš*, National Institute of Public Health, Slovenia
- Program for overweight and obese children and their families, *Nikola Tilgale Platace*, Riga City Council Department of Welfare, Latvia
- European project: Science and Technology in childhood obesity (STOP), *Mojca Gabrijelčič Blenkuš*

12:30 Lunch

13:30 Knowledge Exchange: Early intervention programmes to ensure a healthy start in life (participants are invited to shortly present experiences in their country, which will be followed by a roundtable discussion)

- *Sabine Haas*, National Centre of Early Childhood Intervention, Austria
- Healthy eating from the start (REVAN), *Birgit Dieminger-Schnuerch & Melanie Bruckmueller*, Nutrition & Prevention Centre of the Austrian Agency for Health and Food Safety
- *Vertti Kiukas*, Finnish Federation for Social Affairs and Health (SOSTE), Vice President of EuroHealthNet

14:30 Coffee break

**14:45 Knowledge Exchange: Good practices to promote healthy eating in schools and among school-aged children**

(participants are invited to shortly present their country experiences, which will be followed by a roundtable discussion)

- Promoting Healthy Eating in schools, *Laura Vandeweghe*, Flemish Institute for Healthy Living (Gezond Leven), Belgium
- Keep fit! programme, *Katarzyna Lewtak*, Institute for Public Health, Poland
- The Program on Food Aid and Promotion of Healthy Nutrition, *Konstantina Zota*, Institute of Preventive Medicine Environmental and Occupational Health (PROLEPSIS), Greece
- *Mojca Gabrijelčič Blenkuš*, National Institute of Public Health, Slovenia

15:45 Family picture

**16:00 Site Visit 1**

Topic: Breastfeeding – Human milk collection site (milk bank) at hospital

**18:00 End of visit**

19:30 Social dinner

## Programme day 2

**9.00 Site Visit 2**

Topic: Healthy school environment

**11:00 Roundtable Discussion:**

- Impressions of the site visits
- What did you hear that was new and inspiring?
- Are similar approaches taken in participating countries?
- What are the challenges?

12.30 Lunch

**13.30 What can health promotion professionals do to improve children's diets and address the underlying environmental, socio-economic and commercial determinants of health?**

- What can health promotion professionals do to improve children's diets? Successful claims and mechanisms to elicit healthy eating behaviour, *Brigitte Naderer*, University of Vienna
- Recommendations for programmes and activities for the next 5-20 years from the host and participants

**14.45 Conclusions and Closing Remarks**

**15.00 End of visit**

## Annex II. List of participants

<b>Last Name, First Name</b>	<b>Organisation</b>	<b>Country</b>
Bruckmüller, Melanie	Austrian Agency for Health and Food Safety (AGES)	Austria
Coelho Santos, Mariana	National Institute of Health Dr. Ricardo Jorge (INSA)	Portugal
Connolly, Suzanne	NHS Health Scotland	United Kingdom
Dieminger-Schnürch, Birgit	Austrian Agency for Health and Food Safety (AGES)	Austria
Fally-Kausek, Renate	Federal Ministry Labour, Social Affairs, Health and Consumer Protection (BMASGK)	Austria
Felder-Puig, Rosemarie	Institute for Health Promotion and Prevention (IfGP) GmbH	Austria
Gabrijelcic, Mojca	National Institute of Public Health (NIJZ)	Slovenia
Gugglberger, Lisa	Austrian National Public Health Institute (GÖG)/Austrian National Institute for Health Services Research (ÖBIG)	Austria
Haas, Sabine	Austrian National Public Health Institute (GÖG)/Austrian National Institute for Health Services Research (ÖBIG)	Austria
Kernstock, Eva	Austrian National Public Health Institute (GÖG)	Austria
Kichler, Rita	Austrian National Public Health Institute (GÖG)/Austrian Health Promotion Fund (FGÖ)	Austria
Kiukas, Vertti	Finnish Federation for Social Affairs and Health (SOSTE)	Finland
Kovacs, Victoria	National Institute of Pharmacy and Nutrition	Hungary
Lewtak, Katarzyna	National Institute of Public Health - National Institute of Hygiene	Poland
Mayer, Veronika	Vienna Health Promotion (WiG)	Austria
Naderer, Brigitta	University of Vienna, Department of Communication	Austria

Last Name, First Name	Organisation	Country
Needle, Clive	EuroHealthNet	Europe
Pace, Sarah	Department for Health Regulation, Ministry of Health	Malta
Papartyte, Lina	EuroHealthNet	Europe
Reiter, Manuela	Styria vitalis	Austria
Ropin, Klaus	Austrian National Public Health Institute (GÖG)/Austrian Health Promotion Fund (FGÖ)	Austria
Schindler, Karin	Federal Ministry Labour, Social Affairs, Health and Consumer Protection (BMASGK)	Austria
Solovjova, Inga	Riga City Council Department of Welfare	Latvia
Tilgale - Platace, Nikola	Riga City Council Department of Welfare	Latvia
Vandeweghe, Laura	Flemish Institute for Healthy Living	Belgium
Winkler, Petra	Austrian National Public Health Institute (GÖG)/Austrian National Institute for Health Services Research (ÖBIG)	Austria
Zota, Konstantina	Institute of Preventive Medicine Environmental and Occupational Health (PROLEPSIS)	Greece