

# Summary

## Task and methodology

The Swedish Government intends to put forward an action plan for healthy dietary habits and increased physical activity. The aim of such an action plan is to introduce measures to improve the prerequisites for healthy dietary habits and physical activity in order to contribute to the overall public health aim: ‘To create social conditions which ensure good health, on equal terms, for the entire population.’

The Swedish National Food Administration and the Swedish National Institute of Public Health were commissioned to draw up a basis for an action plan containing proposals for quantifiable targets (including an objective for societal measures regarding healthy dietary habits), strategies for achieving such targets, measures to be implemented by the relevant actors, funding and cost estimates of the proposed measures. Particular attention had to be paid to the living conditions of children and young people. Gender, socio-economic status and ethnicity were also to be considered. The background material should contribute to the Government’s efforts to achieve sustainable development.

During the course of the project, the ideas and experiences of representatives of municipalities, county councils, schools, the food industry, the media, central agencies, universities, NGOs and international experts were considered. This was achieved through hearings, round-table discussions and seminars. In addition, some evaluations and reviews on relevant topics were carried out. Current scientific evidence was obtained from literature, reports, investigations and action plans in other countries. Progress reports on the drafting of the background material have been presented by the project group at a number of conferences and seminars. Reports have also been regularly posted on the websites of both agencies. Concrete measures have been determined in consultation with a number of key stakeholders. The costs of proposed government measures actions have been calculated, but it has not been possible to give detailed estimates due to a lack of time.

## **Background and problem description**

### **Public health issues related to dietary habits and physical inactivity**

Dietary habits and physical inactivity contribute to mortality and several common non-communicable diseases. The World Health Organization (WHO) estimates that 80 per cent of cardiovascular disease, 90 per cent of type 2 diabetes and 30 per cent of all cancers could be prevented by a healthy diet, adequate amounts of physical activity and by people not smoking. Too high energy intake and physical inactivity are also the direct causes of the increasing prevalence of overweight and obesity.

In Sweden, the proportion of obese adults has doubled since 1980, while the prevalence of overweight men and women has increased by 20 and 30 per cent respectively during the same period. Today, over half of all Swedish men and a third of women are overweight or obese. Eleven per cent of men are obese, while the corresponding figure for women is 9 per cent. In Sweden, there is currently no national representative data on children's weight and height. Various studies show that 15–20 per cent of children are overweight, and 1–5 per cent of these are obese. The results of various studies indicate that the prevalence of overweight and obesity among children has increased between two- and five-fold since the mid-1980s, mirroring the international trend. Obesity in children and adults gives rise to great human suffering.

Obesity and related diseases are among the most unevenly distributed health conditions and the trend is towards an increase in social differences. There is also a social difference as regards cardiovascular diseases. Mortality is 1.5 times higher among the working class and poorly educated compared with the rest of the population.

### **Dietary habits and physical activity**

Swedes are unlikely to suffer from vitamin, mineral or protein deficiency, but 90 per cent of the adult population eats less than the recommended amount of fibre. The increased prevalence of overweight shows that total food consumption is higher than the requirement. Eighty per cent of the population eat too much fat, 96 percent eat too much saturated fat and half eat too much sugar. Studies on children show similar figures. Young, poorly educated men generally eat a less healthy diet than other groups. Children whose parents have only a short education have a worse diet, and are often more overweight, than those whose parents have a longer education.

Around half of all adults exercise less than the recommended amount and 14 per cent of the population are more or less sedentary in their spare time. Among 15-year-olds, 36 per cent of the girls and 22 per cent of the boys do not take the recommended amount of exercise. A sedentary lifestyle is more common for the lower educated, those with an immigrant background and among low-income groups.

### **Societal changes impacting dietary habits and physical activity**

Technological development and an increasing global food production in combination with economic growth have had a positive effect on health, but these factors have also contributed to reduced physical activity levels and altered dietary habits.

The growth of motoring, the invasion of TV and computers and an ever-more automatised workplace in recent decades have led to a decrease in human energy expenditure. Even though the effects of each single technological innovation may be small, together they contribute to a considerably lower energy requirement. Compared with earlier times, physical activity is now performed to a higher degree in leisure time than at work. The increasing interest in exercise during the past decade has not compensated for the decrease in physical activity at work and active transport (walking or cycling).

A sedentary lifestyle is a strong contributory factor in the development of overweight and obesity. In today's society, therefore, individuals must avail of every opportunity for physical activity, e.g. by using the stairs instead of the lift and walking or cycling instead of taking the bus or car. This requires an active and conscious action on the part of the individual. However, it also requires conscious action on the part of society to create an environment that promotes and facilitates everyday physical activity in all population groups.

In the EU, average energy availability from food is around 3,500 kcal per day, while the requirement is on average just over 2,000 kcal per day. According to the Food and Agriculture Organization (FAO), energy availability from food is expected to continue to increase in the next 25 years. Historically, food prices relative to income have never been as low as they are today. This has been achieved through higher productivity in agriculture and has naturally provided the basis for people to improve their diet. However, increased access to food in combination with decreasing prices and increasing consumer income has also led to an overconsumption of food. The measurable increase in energy intake in Sweden has been around 100 kcal per day over a period of 8 years. This may seem little, but an extra daily intake of this size for one year corresponds to the energy contained in 4-5 kg of adipose tissue.

For the individual consumer, these changes mean that food is now more available throughout society. Portion or package sizes of e.g. fast food, soft drinks, sweets, ice cream, crisps, cakes and cookies have also grown. Marketing of food, especially of the products mentioned, has increased in scope and sophistication (e.g. by exploiting lifestyle, group affinity and emotions), in turn contributing to increased consumption.

Foods that have been particularly implicated as contributory factors to obesity include energy-dense and low-nutrient items, soft drinks and probably even alcohol.

Today's society requires a very active and knowledgeable consumer who can resist the constant temptation to eat and drink. Apart from better information and awareness by consumers, action is needed on the part of society to reduce the availability and demand for soft drinks, sweets, ice cream, crisps, cakes and cookies and to increase those for healthy foods.

There is no scientific evidence to show that measures to reduce obesity lead to an increased prevalence of eating disorders in the population. However, uncontrolled dieting by children and young people may lead to eating disorders. Prevention of obesity among children and young people and qualified treatment of obesity should therefore lead to a decreased incidence of eating disorders in the long term.

A review of health promotion activities at the municipal level in Sweden showed that 26 out of a total of 290 municipalities had an action plan for physical activity and only 13 had one for healthy dietary habits. This highlights the great need for the development of community-based measures to promote healthy dietary habits and increased physical activity.

## **Lessons from the current Swedish strategy for nutrition**

An action plan for nutrition was adopted by the Swedish Government in 1995. A strategy was then devised at the central agency level including concrete measures to achieve the targets established as part of the action plan. The document is entitled 'Swedish National Aims and Strategies for Nutrition, 1999-2004'.

– An evaluation of this document showed that despite being considered useful, it has not fulfilled its intended function. A number of concrete suggestions were given for how a proposed action plan could be successfully implemented:

- The action plan should originate from the government and/or parliament.
- Health promotion concerning healthy dietary habits and increased physical activity should be institutionalised at the local and regional level in order to ensure coordination and continuity.
- All those affected by the action plan should have a participatory role.
- An action plan should not be designed as a wish list. It must also be possible to put the plan into practice. It is insufficient to merely suggest

*what* is to be achieved, e.g. healthy school meal, there must also be a description of *how* this can be achieved.

- Adequate resources should be guaranteed for advocacy, development and implementation. The implementation of an action plan requires continuity, structure, farsightedness and resources.
- Methods should be created for monitoring and evaluation during the implementation phase. Quantifiable targets should be continually evaluated.

## **Health economics and obesity**

The direct costs of obesity and obesity-related diseases in Sweden are currently around 2 per cent of the total healthcare budget, i.e. approximately SEK 3 billion (EUR 332 million) per year. The indirect costs of sick leave and early retirement caused by obesity are not known, but they are likely to be several times that amount. If the prevalence of obesity continues to increase at the same rate as in the 1990s, it is estimated that 60 per cent of Swedes will be over-weight or obese by 2030, which would mean that the costs of obesity to the Swedish health care system would increase by 120 per cent between 2003 and 2030. Such development would be unsustainable in both health and economic terms.

To identify the most cost-effective measures for society, cost effectiveness analyses should be carried out. Such analyses investigate the relationship between the possible health effects of a certain measure and the costs of implementing that measure. However, the knowledge base for carrying out such analyses is currently inadequate, which means caution must be exercised in choosing among available options. Central government, county councils and municipalities can most likely save costs in both the short and long term by promoting healthy dietary habits and increased physical activity in the population and thus decreasing the incidence of overweight and obesity and other lifestyle-related diseases.

## **Objectives and targets**

### **Objectives regarding societal measures for healthy dietary habits and increased physical activity**

1. Society should be organised in such a way as to make it is easy for all groups in the population to have healthy dietary habits.
2. Society should be organised in such a way as to provide the conditions for increased physical activity for all groups in the population.

### **Quantifiable targets for healthy dietary habits**

1. Increase consumption of fruit and vegetables.
2. Increase consumption of keyhole-labelled food.
3. Decrease consumption of foods such as soft drinks, sweets, ice cream, crisps, cakes and cookies, and alcoholic drinks.

The Nordic Nutrition Recommendations are published by the Nordic Council of Ministers after consultation with Nordic researchers and representatives of national authorities. The recommendations are based on evaluation of the scientific literature available at the time of each revision. Food-based recommendations are drawn up based on the nutrition recommendations. A comparison of a diet fulfilling all the nutrition recommendations for the average Swedish diet shows that the most significant changes in diet from a public health perspective would be to:

- Double the consumption of fruit and vegetables (recommended consumption is at least 500 grams per day for adults and approximately 400 grams per day for children 4–10 years).
- Double the consumption of bread, particularly wholegrain bread (recommended consumption is 150–200 grams of bread per day).
- Change to liquid cooking fats and oils.
- Choose keyhole-labelled dairy and processed meat products.
- Double the consumption of fish (recommended consumption is 2–3 times per week).
- Halve the intake of salt (recommended intake is 5–6 grams per day).
- Halve the consumption of soft drinks, sweets, ice cream, crisps, cakes, cookies and alcoholic drinks (max. 15 per cent of energy intake should come from such products, including alcohol, which should not exceed 5 per cent of energy intake).

## **Quantifiable targets for physical activity**

1. Increase the proportion of healthy adults who take at least 30 minutes of moderate physical activity every day, or in total at least 3.5 hours per week.
2. Increase the proportion of healthy children who are physically active for at least 60 minutes of moderate exercise every day, or in total at least 7 hours per week.
3. Decrease the proportion of children and adults with a sedentary lifestyle.

The current recommendation for at least 30 minutes of moderately intensive physical activity daily (for example brisk walks) is primarily based on its effect on cardiovascular health. This recommendation has a strong, scientific connection with functional effects such as a reduction in blood pressure and blood sugar levels and improved heart function. The recommended level of activity facilitates weight control, especially in people with a relatively sedentary lifestyle. However, if energy intake is increased, 45–60 minutes per day of at least moderate exercise are required to maintain a stable body weight. People who have been overweight or obese, but who have lost weight, require 60–90 minutes of at least moderate physical activity per day to maintain their current weight. The public health effects are particularly significant if the elderly and people with a sedentary lifestyle can be stimulated to become physically active.

Physical activity in children contributes to physical development, maintenance of energy balance, well-being, bone strength and mobility. At the same time, physical activity is important for play and recreation, in learning motor and social skills and in the development of creativity. It is recommended that children are physically active 60 minutes per day at a moderately intensive level, of which two sessions per week should contain activities that develop skeletal strength, endurance and mobility.

## **Quantifiable targets for body weight**

1. Prevent weight gain from normal to overweight in adults.
2. Promote normal weight gain in children.

Health promotion and disease prevention aims to ensure that fewer people become overweight, especially children. For children who are still growing, and gain weight for that reason, the main aim is to ensure that their weight does not deviate from established weight curves. Overweight children do not necessarily need to achieve weight loss. Their BMI can be normalised if they maintain a fixed weight while still growing in height.

## Strategy for achieving the targets

Changes in society have had a considerable effect on dietary habits and physical activity. To improve people's dietary habits and increase their physical activity, changes must first be directed at the societal level, where the prerequisites for healthy dietary habits and physical activity are formed, so that it becomes easy to have a healthy lifestyle. It is particularly important to influence the supply, availability and/or demand for food and physical activity in combination with consistent messages about healthy dietary habits and physical activity. Experience shows that people more often make healthy choices if the surrounding environment is supportive. On the basis of the Swedish public health policy, the WHO global strategy on diet, physical activity and health and current research in public health, the strategy for achieving the targets set for healthy dietary habits, physical activity and body weight is as follows:

- Measures must be directed at both the societal and individual level.
- Measures must be long-term.
- Resources must be made available for implementation.
- Measures must be coordinated at the national, regional and local level.
- Measures must build on partnerships between the public, private and voluntary sectors.
- Measures at the national level are incorporated into those government policy areas which have the greatest influence on people's dietary habits and physical activity.
- Interventions must take local conditions into consideration and be based on public participation.
- Evaluation and monitoring must be continuously integrated into the process.

## **Measures proposed to improve the prerequisites for healthy dietary habits and increased physical activity**

A systematic review carried out by the Swedish Council on Technology Assessment in Health Care (SBU) in 2004 revealed that it is possible to prevent obesity in children and young people through limited school-based programmes stimulating children to improve their dietary habits often in combination with more physical activity. However, the effects are rather weak and difficult to measure without simultaneous interventions being carried out in the home environment, leisure time and society as a whole. There is a lack of published studies on broad multisectoral interventions of the type recommended here. The evidence for prevention of obesity in healthy adults is somewhat weaker than for children, although intervention studies concerning patients with several risk factors for cardiovascular disease have successfully reported weight loss. The conclusion is that it is difficult to achieve lifestyle changes in healthy adults without considerable societal changes. Large sections of the population cannot be reached using health education alone.

The background material for the action plan contains a total of 79 different proposals for measures. A lead actor is allocated specific responsibility for each measure. Frequently it is specified that a measure be introduced in collaboration or consultation with other specified actors. The costs to central government actors are specified when the proposed measure requires state funding in excess of the ordinary budget of the agency in question. The costs to municipalities and county councils are not specified. However, implementation of a number of the proposed measures will require additional funding.

The measures are listed by policy area in accordance with the Swedish governmental administrative system. The policy areas described are felt to be highly important in influencing social conditions for healthy dietary habits and physical activity. Measures to be performed by actors other than national agencies have been listed under the most appropriate policy area. There are already objectives and interim targets formulated within each policy area. Several of these lend excellent support to the promotion of healthy dietary habits and physical activity.

Of the 79 proposed measures, 50 are to be carried out by the government or central agency, 14 by municipalities, 7 by county councils, 4 by non-governmental organisations, 2 by universities/university colleges and 2 by county administrative boards. Eleven different central agencies are given as lead actors.

The proposed measures are mainly based on evidence in the scientific literature and/or experience described in various types of reports. Many are in line with what is proposed in other countries' action plans for healthy dietary habits and increased physical activity. A particular characteristic of the Swedish background material is that measures are proposed within such a large number

of policy areas, marking a new and broader approach. This is in line with the Swedish public health policy and underlines the need for health impact assessments in policies outside public health. In addition, there are proposals for government enquiries into the possible taxation of unhealthy foods and subsidies to healthy foods. It is also proposed that diet and health issues be included in national food inspection and enforcement activities.

Measures that promote the creation of supportive environments for healthy dietary habits and increased physical activity for children and young people should be given priority in the first phase, along with research into these issues. To implement the action plan, measures regarding its coordination and monitoring must also be prioritised. The measures proposed affect many sectors in society and there are synergy effects to be gained from measures being implemented within the different policy areas.

How the local environment is designed is crucial to people's ability and desire to engage in physical activity. The supply of food available locally can affect food habits. Within this area, there are measures relating to active transport, housing environments, outdoor recreation, sports, activities for the elderly and food supplied in publicly-funded premises.

Schools and pre-schools reach all children. School health education concerns food, physical activity and health. The school environment is also very important for a healthy lifestyle. Proposed actions involve amendments to school legislation, reinforcement of health education concerning food and physical activity, food in schools, the physical and social school environment, leisure activities at school and school healthcare.

The health and medical service reaches a very large proportion of the population via its maternal healthcare, child healthcare and dental care activities, often in a life situation where the individual is strongly motivated to live a healthier life. This provides the potential for methods such as motivational interviewing and preventive programmes, which can be very significant for socio-economically disadvantaged groups. Within this sector, there are also measures regarding the supply of foods available within the health and medical service.

Professional training and communication: A prerequisite for schools and the health and medical service to be able to exploit their health-promoting potential as regards food and physical activity is that the staff is well trained and that training is given priority by decision-makers. It is therefore proposed that courses on food and physical activity be included in secondary school and university/college programmes leading to a profession in healthcare and teaching, in addition to comprehensive training of these professional groups. A strategy for health communication concerning healthy dietary habits and increased physical activity to the public should be developed.

The workplace reaches the greatest proportion of the adult population and has good potential to promote healthy dietary habits and physical activity during the working day. Proposed actions include certification of health promoting work-places and guidelines for food available in the workplace.

The food sector through its supply management, pricing, and marketing strategies represents both part of the problem and part of the solution for better dietary habits. The proposed measures concern agricultural policy, marketing, food labelling, food inspection and enforcement and public enquiries on taxes and meal subsidies.

All the proposed measures are summarised in the table on the following pages.



# Proposed measures of the action plan for healthy dietary habits and increased physical activity

Measure no.	Description of measure	Lead actor	Cost to government	Policy area	Domain
1	Criteria should be developed for the certification of health-promoting workplaces including policies for food and physical activity.	National Institute for Working Life and Swedish Work Environment Authority		Working life	Workplace
2	Proposals should be developed for how knowledge and skills on food and physical activity can be included as a recurring feature in the reemployment policy programme.	Swedish National Labour Market Administration		Working life	Workplace
3	The multisectoral group of agencies working on 'Landscape Appreciation Values' should receive continued support. Aspects of security and safety should be particularly considered to improve the prerequisites for physical activity for all.	National Board of Housing, Building and Planning		Housing	Local environment
4	A multisectoral development project on the importance of the housing environment for physical activity among children and adults should be initiated.	National Board of Housing, Building and Planning		Housing	Local environment
5	The Government's Council for Architecture, Form and Design should develop ideas relating to how architecture can contribute to physical activity, e.g. developing methods to encourage people to regularly use the stairs.	Government		Housing	Local environment
6	Government should introduce a specific programme and devote resources to make an inventory of, refurbish and renovate school and pre-school playgrounds so that they inspire play, movement, sport and outdoor education.	Government	SEK 50 m/yr	Housing	Local environment
7	A national committee should be created to coordinate, implement and monitor the forthcoming action plan for good dietary habits and increased physical activity focusing on obesity issues. In addition to the relevant agencies, scientists and NGOs should be included. The group should report annually to the National Public Health Executive Committee.	National Institute of Public Health	SEK 0.5 m/yr	Public health	Implementation and evaluation
8	Each municipality will be encouraged to establish a public health board or equivalent. This board should include experts in the area of diet and physical activity who should integrate these issues into community-based health promotion.	Municipalities		Public health	Implementation and evaluation
9	Health impact assessment methods should be developed further with particular emphasis on dietary habits and physical activity. The health impacts of changes in marketing, price, availability and consumption of energy-dense and low-nutrient foods should be assessed.	National Institute of Public Health		Public health	Implementation and evaluation
10	An index should be developed for surveying food availability (supply and price of keyhole-labelled food, fruit, vegetables, and energy-dense foods). The index should be used for local planning.	National Institute of Public Health		Public health	Implementation and evaluation
11	A national database should be set up for reporting and monitoring children's height and weight. This work should be carried out in collaboration with child healthcare and the school healthcare service. Data on breastfeeding from child healthcare records should be included in such a database.	National Board of Health and Welfare	SEK 0.5 m/yr	Public health	Implementation and evaluation
12	Methods should be developed for monitoring children's dietary habits and physical activity, body weight and aspects of mental health in combination with socio-economic factors.	National Institute of Public Health	SEK 6.5 m	Public health	Implementation and evaluation

<b>Measure no.</b>	<b>Description of measure</b>	<b>Lead actor</b>	<b>Cost to government</b>	<b>Policy area</b>	<b>Domain</b>
<b>13</b>	A health communication strategy for healthy dietary habits, increased physical activity and prevention of overweight directed at the public should be developed. This strategy should describe implementation at the national, regional and local level. Health communication should be target group-specific and utilise the tools and potential provided by modern technology. The strategy should also include evaluation methodology.	National Institute of Public Health		Public health	Vocational training and communication
<b>14</b>	Every municipality should adopt a policy regarding the food provided in municipal establishments.	Municipalities		Public health	Local environment
<b>15</b>	A consortium should be set up with representatives from various research councils with the aim of initiating a number of long-term research projects, mainly intervention research concerning diet and physical activity.	Government	SEK 80 m over 7 yrs	Research	Implementation and evaluation
<b>16</b>	Contracts or commissions should contain requirements for health-related parameters and health effects to be included in reports from the various healthcare units. In addition, these healthcare units, including dental care services, should to a greater extent be called on to develop and implement health promotion and disease prevention programmes, particularly relating to healthy dietary habits and physical activity.	County councils		Health and medical care	Health and medical care
<b>17</b>	When procuring food for patients, staff and visitors to restaurants, cafes, vending machines, kiosks, etc. in health care premises, purchasers should require that healthy snacks and keyhole-labelled meals dominate the total supply.	County councils		Health and medical care	Health and medical care
<b>18</b>	Health communication should be improved within the maternity and child healthcare services as part of health promotion efforts with all pregnant women and parents aimed at promoting healthy lifestyles, especially dietary habits and physical activity. Specific health communication can e.g. form part of a parent support programme.	County councils		Health and medical care	Health and medical care
<b>19</b>	The school healthcare service should promote healthy lifestyles among children and parents. Health education should be further developed as part of health promotion activities to promote healthy dietary habits and increased physical activity. Pupil height and weight should be routinely recorded.	Municipalities		Health and medical care	Schools
<b>20</b>	Preventive programmes for lifestyle-related diseases should be further developed and implemented, e.g. for overweight individuals and others with risk factors for diseases associated with dietary habits and physical inactivity.	County councils		Health and medical care	Health and medical care
<b>21</b>	Training in motivational interviewing techniques for changing lifestyle in general, and diet and physical activity in particular, should be provided for healthcare professionals in the maternity, child, dental, primary, secondary and school healthcare services. A training package should be developed and disseminated in cooperation with universities/university colleges, relevant professional organisations, etc.	County councils		Health and medical care	Vocational training and communication
<b>22</b>	Relevant national agencies should actively participate in the development and dissemination of evidence-based methodology concerning health promotion and disease prevention programmes, including motivational interviewing techniques for healthier lifestyles, focusing in particular on diet and physical activity, for use in the primary, secondary, maternity, child, school and dental health services.	National Board of Health and Welfare and/or National Institute of Public Health		Health and medical care	Health and medical care
<b>23</b>	Systems should be developed for applying, monitoring and evaluating 'physical activity on prescription' initiatives as part of health promotion and disease prevention in the health and medical service.	National Consultation Group for Physical Activity on Prescription	SEK 1 m	Health and medical care	Health and medical care

<b>Measure no.</b>	<b>Description of measure</b>	<b>Lead actor</b>	<b>Cost to government</b>	<b>Policy area</b>	<b>Domain</b>
<b>24</b>	Cultural competence should be improved in health promotion and disease prevention concerning healthy lifestyles, particularly with regard to diet and physical activity.	County councils		Health and medical care	Health and medical care
<b>25</b>	Health discussions on dietary habits of children and the family should routinely be carried out as a part of dental health checks/visits to the dentist's.	County councils		Health and medical care	Health and medical care
<b>26</b>	A health economics evaluation should be carried out on the 'Handslaget med idrotten' (Handshake with Sport) initiative.	Government		Sport	Local environment
<b>27</b>	The Swedish Sports Confederation should develop its policy document ' <i>Sports will, aims and guidelines for the sports movement in the twentieth century</i> ' to include more public health issues in general and relationships between food and health in particular, and draw up recommendations for sponsorship in sport. Participation by women and girls in sport should be reinforced at all levels.	Swedish Sports Confederation		Sport	Local environment
<b>28</b>	Municipalities should carry out an inventory of their current facilities for exercise and spontaneous sport from the point of view of gender equality and equal opportunities and expand them where necessary. Municipalities should ensure that all those living in urban areas have access to local sports facilities within 2.5 km of home and more basic facilities within 1 km of home. It should also be possible and safe to get there by active or public transport.	Municipalities		Sport	Local environment
<b>29</b>	Sports and leisure clubs in collaboration with county councils should train leaders in 'physical activity on prescription' according to methods developed by SISU Sports Education and organise local activities.	Swedish Sports Confederation		Sport	Local environment
<b>30</b>	The sports movement should develop its activities so as to attract people with a sedentary lifestyle, people with an immigrant background and those with disabilities who wish to participate in amateur sports. The Sports for All Council should be given more resources to open doors for more people.	Swedish Sports Confederation		Sport	Local environment
<b>31</b>	Education programmes for sports leaders/coaches should contain courses about the importance of dietary habits for health and about eating disorders and sports anorexia.	Swedish Sports Confederation		Sport	Local environment
<b>32</b>	Sweden should work at the EU level to ensure that TV food advertising targeted at children is banned throughout the EU.	Government		Consumer	Food sector
<b>33</b>	The prerequisites for restricting food marketing activities targeted at children should be examined, e.g. in respect of existing legislation. Trends in marketing should be continually monitored. A collaborative group for responsible marketing should be created.	Swedish Consumer Agency		Consumer	Food sector
<b>34</b>	Consumer organisations should be able to apply for funding from the Swedish Consumer Agency for monitoring and publicising developments in the marketing of soft drinks, sweets, crisps, cakes and cookies and ice cream directed at children, and to initiate a debate on such marketing.	Swedish Consumer Agency	SEK 5 m/yr	Consumer	Food sector
<b>35</b>	Material directed at young people about food marketing in relation to health should be produced.	Swedish Consumer Agency	SEK 0.5 m	Consumer	Schools
<b>36</b>	Municipalities and schools should adopt a food sponsorship policy. The guide developed by the Swedish Consumer Agency, the Swedish National Agency for Education and the Swedish Association of Local Authorities should be used as a starting point.	Municipalities		Consumer	Schools
<b>37</b>	The Government should develop a form of dialogue with the food sector's various trade organisations in the areas of food production, distribution, retail and catering, in order to discuss how the food sector can contribute to healthy dietary habits. The result may be a voluntary agreement, such as an ethical code.	Government		Consumer	Food sector

Measure no.	Description of measure	Lead actor	Cost to government	Policy area	Domain
38	Public health impacts should be assessed and considered in relevant international negotiations and in particular regarding reforms to the EU Common Agricultural Policy. The effects of product support should be given particular consideration.	Government		Food	Food sector
39	In the EU Commission's impending review of the directive on nutrient labelling, Sweden should work to ensure that nutrient labelling be made compulsory for all pre-packaged foods and that all such labelling also contain details about fat quality, sugar and salt (for relevant products).	Government		Food	Food sector
40	An enquiry should be carried out on how diet and health issues can be included in the national food safety work and on how food inspection and enforcement activities can be expanded to include nutritional aspects. Such measures could be linked to companies' self-inspection programmes.	Government		Food	Food sector
41	The prerequisites should be investigated for requiring the relevant employers in the food sector to ensure their employees have the necessary training in basic diet and health issues.	National Food Administration		Food	Food sector
42	Data on food supply, food prices and marketing of certain food groups (fruit, vegetables, keyhole-labelled foods, sweets, crisps, soft drinks, cakes, cookies and ice cream) should be compiled annually and published in the Statistical Yearbook of Sweden.	Swedish Board of Agriculture		Food	Food sector
43	The work of applying keyhole-labelling should be intensified, particularly regarding labelling of meals and inspection/enforcement of this within the restaurant and large-scale catering sector.	National Food Administration		Food	Food sector
44	Nationally representative dietary surveys should be carried out so that different age groups are monitored every 10 years. These surveys should also contain validated questions on physical activity and body weight. The surveys should be supplemented with targeted studies on different population groups (in terms of ethnicity, socio-economics, gender), and specific studies on certain food groups.	National Food Administration	SEK 3 m/yr	Food	Implementation and evaluation
45	Information on healthy dietary habits and physical activity should be developed, expanded and made more accessible to different vocational groups (information disseminators).	National Food Administration and National Institute of Public Health	SEK 20 m over 3 yrs, then SEK 1.5 m/yr	Food	Vocational training and communication
46	A national programme should be developed for training of relevant staff within different professional areas such as healthcare, education, elderly care and the food sector. This programme should include both a common knowledge base as regards diet – physical activity – health and a number of target group-specific applications directed at particular vocational groups.	National Food Administration	SEK 2 m/yr for 3 yrs, then SEK 5 m/yr for 5 yrs	Food	Vocational training and communication
47	Guidelines for food in the workplace should be developed, disseminated and evaluated.	National Food Administration	SEK 0.5/yr for 3 yrs	Food	Workplace
48	Guidelines for all meals provided in pre-school, pre-school class, compulsory school and upper secondary school should be developed, disseminated and evaluated.	National Food Administration	SEK 0.5 m/yr for 2 yrs	Food	Education
49	The National Council for Outdoor Recreation should be given further scope to assist the Environmental Protection Agency in developing access to outdoor recreation, to advise agencies and others on such issues and to strengthen its own research expertise.	Government		Environment	Local environment
50	Non-governmental outdoor recreation organisations should, similarly to the sports movements, be given increased economic funding to encourage more people to become physically active. Particular efforts should be made to encourage children and young people, people with immigrant backgrounds, the elderly, the unemployed and the chronically ill to be more physically active outdoors. The National Council for Outdoor Recreation should be responsible for distributing and evaluating such funding.	Government		Environment	Local environment

<b>Measure no.</b>	<b>Description of measure</b>	<b>Lead actor</b>	<b>Cost to government</b>	<b>Policy area</b>	<b>Domain</b>
<b>51</b>	Outdoor recreation should be actively encouraged to attract new groups and hence reduce inactivity. County administrative boards should be actively involved and be given extra resources for this.	County administrative boards	SEK 20 m/yr	Environment	Local environment
<b>52</b>	A health impact assessment should be included as a criterion when allocating funding to the government's local nature conservation programmes. The projects should be evaluated from a public health perspective.	Government		Environment	Local environment
<b>53</b>	As a foundation for their overall plans, municipalities should develop nature conservation programmes, e.g. with the aim of preserving and developing outdoor recreation and the scope for physical activity. Health impact assessments should be carried out in parallel with, or as part of, the environmental impact assessments of planned projects.	Municipalities		Environment	Local environment
<b>54</b>	An enquiry should investigate the potential for reducing consumption of chocolate, confectionery and soft drinks using taxation or other economic instruments, and the scope for reducing fat and sugar intake in general through taxation.	Government		Tax	Food sector
<b>55</b>	A European conference should be convened on the scope for tax policy measures within the area of diet and health.	Government	SEK 1 m	Tax	Food sector
<b>56</b>	The scope for tax-subsidised keyhole-labelled meals should be investigated. Such an investigation should also determine the prerequisites for a satisfactory level of supervision of the keyhole-label, perhaps via an autonomous certification system.	Government		Tax	Food sector
<b>57</b>	The National Cycle Strategy should be expanded and implemented. Cycling should be included in the National Road Database to allow resource inputs to be evaluated. Planning of public roads should include a good infrastructure for safe cycleways and footpaths. The background material for decisions should include social impact assessments. A manual/handbook should be produced to reinforce assessment of the economic benefits for society of investments in the local cycling infrastructure.	Swedish Road Administration	SEK 2 m	Transport	Local environment
<b>58</b>	Measures for pedestrians and cycle traffic should be included in county transport plans and contain social impact assessments.	County administrative boards		Transport	Local environment
<b>59</b>	A state programme for co-funding local footpaths and cycleways should be established.	Government	SEK 100 m/yr	Transport	Local environment
<b>60</b>	To increase the scope for active transport, speed restriction measures should be adopted in residential areas. Different categories of road-users should be separated as far as possible. Local infrastructure should be adapted to the needs of pedestrians, cyclists and persons with disabilities.	Municipalities		Transport	Local environment
<b>61</b>	The work of the Swedish Road Administration with children and young people in traffic should be given a high priority.	Swedish Road Administration		Transport	Local environment
<b>62</b>	The new Education Act should include the concept of 'health' in its opening paragraph. Under the Act, meals served in pre-school, compulsory school and upper secondary school should be in line with national nutrition recommendations.	Government		Education	Schools
<b>63</b>	Domestic and Consumer Science should be introduced as a core subject in upper secondary schools.	Government		Education	Schools
<b>64</b>	Funding should be distributed by the Swedish National Agency for School Improvement to schools wishing to develop pilot projects on healthy dietary habits and physical activity.	Government	SEK 20 m/yr	Education	Schools
<b>65</b>	Issues of diet and physical activity should be integrated with, and occupy a central role in sustainable development education in schools and higher education.	Government		Education	Schools

<b>Measure no.</b>	<b>Description of measure</b>	<b>Lead actor</b>	<b>Cost to government</b>	<b>Policy area</b>	<b>Domain</b>
<b>66</b>	Continued funding and an extended mandate should be given to the National Centre for the Promotion of Physical Activity in schools so that it can work towards the integration of healthy dietary habits and physical activity and also include pre-schools.	Government	SEK 6 m/yr	Educational	Schools
<b>67</b>	The school subject Sport and Health (physical education) should be further developed and quality-assured. The needs of low-activity children should be given particular consideration, as should the gender perspective in education.	Swedish National Agency for Education		Educational	Schools
<b>68</b>	Quality indicators for education as regards healthy dietary habits, physical activity and health and for health-promoting environments with respect to diet and physical activity in pre-schools and schools should be developed and included in inspection, assessment and evaluation activities.	Swedish National Agency for Education		Educational	School
<b>69</b>	The quality audits of the work of pre-schools and schools performed by municipalities should include a report on how the environment promotes diet and physical activity. Teaching on healthy dietary habits and health should also form one of the indicator domains.	Municipalities		Educational	Schools
<b>70</b>	The subject Domestic and Consumer Science should be reinforced. Particular emphasis should be placed on the importance of diet and health and knowledge of food marketing. The gender perspective in teaching should be considered.	Municipalities		Educational	Schools
<b>71</b>	After-school care that includes physical activity should be developed and quality-assured within the education system.	Municipalities		Educational	School
<b>72</b>	Work on healthy dietary habits and increased physical activity in schools should be integrated with the efforts to strengthen social relationships and mental health.	Municipalities		Educational	Schools
<b>73</b>	Vocational upper secondary school programmes leading to jobs in healthcare, preschool, the food sector and social services, such as nursing assistants, catering staff and child carers, should contain the core subjects of diet, physical activity and health.	Government		Educational	Schools
<b>74</b>	University/university college programmes on healthy dietary habits, physical activity and health education should be developed. These could be included as optional or compulsory components of vocational programmes aimed at jobs within education, social services, healthcare and food inspection.	University/university college		Educational	Schools
<b>75</b>	The number of places on teacher-training programmes in Domestic and Consumer Science should be increased, as should the scope for students on teacher training programmes at other universities/university colleges to supplement their studies with such courses.	University/university college		Educational	School
<b>76</b>	An enquiry should be set up to analyse how meals/mealtimes are organised within the elderly care service.	National Board of Health and Welfare	SEK 0.5 m	Elderly care	Local environment
<b>77</b>	Guidelines and quality indicators for food and physical activity should be developed within elderly care.	Municipalities		Elderly care	Local environment
<b>78</b>	Elderly people should have the option of daily physical activity that is appropriate with respect to their age and health status and daily outdoor activity to improve strength, mobility, fitness, coordination and balance. Exercise programmes adapted to the needs of the elderly should be developed. Elderly people living at home should receive preventive home visits including advice on appropriate diet and physical activity.	Municipalities		Elderly care	Local environment
<b>79</b>	Municipalities should create meeting places in the local environment that promote physical activity and healthy dietary habits among the elderly and that reduce isolation and inactivity.	Municipalities		Elderly care	Local environment