care system and professional practices need to be taken into account.

Selection and critical issues of measurements

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When selecting the measurements to include in a European HES, public health and evidence-base criteria need to be applied. This presentation will detail the criteria adopted to prioritize those measurements that could be used to provide comparable information on health in Europe: health relevance, availability of an internationally standardized protocol, clear interpretation of the results, practicality/ease of administration, acceptability (both ethical and to the respondent) and cost implications.

Based on the criteria stated above, a basic set of questions and examinations ('core' topics) that are considered the first step for a European HES has been proposed. In addition, topics that could be of local interest for the member states or relevant to specific population subgroups could be included with increasing levels of complexity on the basis of users' needs and available resources.

The 'core' measurements proposed fulfil most of the selection criteria listed above, and will be discussed in the workshop. They are height, weight, waist circumference, blood pressure and blood samples—fasting and non-fasting. Each of them has a series of critical issues that need to be considered at the planning stage, such as inclusion and exclusion criteria, choice of measuring device and its calibration, standardization of methods, characteristics and training of the observer and of the participant, internal and external quality control. The critical issues for each measurement need to be addressed in order to obtain comparable information from the forthcoming national HESs.

Sampling and recruitment in European health examination surveys

Liv Grotvedt

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The ideal target population for national health examination surveys (HESs) in Europe is the resident adult population (at least age-group 25–64 years) of entire country. A two-stage design for sampling is proposed for most countries with clinic areas as primary sampling units (PSU) with sampling of persons within each sampled PSU. PSUs should be stratified by geography and other relevant characteristics (e.g. urban/rural) and sampled with probability proportional to size (PPS). The core target population should be stratified by gender and 10-year age-groups. Regarding sampling frames, updated population registers or census lists with good coverage of the target population are preferred when ever accessible. A minimum sample size of 4000 is suggested for the age-group 25–64 years, which is based on test-power requirements for comparisons and assumes design effect of 1.5. This should allow for some non-response.

Studies have shown that non-participants differ from participants by socioeconomic factors, by present health and by risk factors for future diseases. The vulnerability for bias due to such selective participation differs for health indicators assessed by HES. Previous HESs show huge variations in participation rates from 25% to 85%. Participation rate of 70% and preferably higher are recommended for reliable indicator estimates. According to an e-mail survey answered by national experts in 26 of 32 countries collaborating in Feasibility of a European Health Examination Survey, the need for extensive efforts is well recognized. A recruitment strategy should include repeated contacts to the invited, a plan for high-level service for the invited persons, explanations on why participation is so important and an appeal to take part for both public and personal gain.

B.4. Workshop: Who chooses your meal?

Chair: Christopher Birt (UK), Enni Mertanen (Finland)*
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This workshop is continuing the discussion on responsibility of different actors in food chain and their contribution to health of individuals.

We like to believe that we choose the food we eat on the basis of informed choice—but do we really?—can we really? In reality, most of the choice of what we eat is made by others, leaving us with relatively little discretion. Obvious points where choice is made for us include: the food culture of the countries we inhabit, which foods farmers are encouraged to grow, international food trading arrangements, what the food industry wishes to market to us, regulators of catering services, priorities of the managers of restaurants and canteens and what is eventually marketed to us by food retailers. This workshop will seek to explore aspects of these complicated factors, which so influence the real nature of the foods we eat—the foods we believe that we choose!

The workshop contains five presentations and discussion. This workshop is combined workshop of two sections, Food and Nutrition and Ethics.

Heart symbol for meals—a tool for promoting a healthier lunch

Marjaana Lahti-Koski

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For years Finnish Heart Association (FHA) has worked for better nutrition, including meals eaten outside home. In 2004, FHA carried out a study, in which nutritional quality of food served at institutional kitchens was investigated. The study, in which 786 institutional kitchens (participation rate 68%) participated, showed needs for improving the nutritional quality of the meals.

To increase the know how of food service employees about improving the nutritional quality of the food they prepare and to increase the demand for healthier meals, FHA has developed tools for monitoring and improving the food quality. For that purpose, Heart Symbol system was expanded to cover also meals served outside home.

Since 2000, Heart Symbol has helped Finnish consumers to make better choices at grocery stores. Heart Symbol is an easy-to-notice addition to the nutritional information on food packages and helps the consumer to pick out a better choice regarding the quality and quantity of fat and sodium. Heart Symbol is well known by Finnish consumers. According to the latest research (December 2007) 84% of the adult population recognizes the symbol. Therefore, it was reasonable to use the same symbol on meals.

The criteria developed for Heart Symbol meals in a main course include the content of energy and fat and salt together with fat quality. In addition, green salad or fresh vegetables with oil-based dressing, low-salt and high-fibre bread with margarine and non-fat milk or sour milk should always be

available for consumers. To help consumers to make better choices, all parts of the Heart Symbol meals should be marked with the symbol on buffet. Furthermore, a model meal should be on view for the consumers to guide them towards a balanced meal with reasonable portion sizes.

Is healthiness coming to restaurant food?

Enni Mertanen

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Eating out is very common in Finland. According to ACNiesen every Finn ate 151 meals outside of home in year 2007. The nutritional quality of restaurant meals does not follow the nutritional guidelines and portion size is growing. The public food services are more compliant to recommendations. Mcdonaldization is not only one phenomenon, but also restauralization in ongoing, for example school canteens are transferring to school restaurants. Restaurants are opinion leaders and other food services follow. What are the consequences to the nutritional quality of food?

Food managers were interviewed. Chefs from restaurants and food managers from public food services ($n = 12$) were selected to the study to represent different sectors of food services. The topics of interviews were professional qualifications and competences, food preparing techniques and product development, menu engineering, food safety and healthiness, responsibility of customer's food and leadership. In this abstract, we discuss on healthiness and responsibility.

There is a big difference between different sectors of food service on healthiness. In restaurant branch most chefs do not see any responsibility to offer healthy food in restaurant. They think that customers do not want eat healthy food. Only one chef said that it is obvious that restaurant food follows the recommendations. In public food services the managers did see the importance of healthiness, and they aimed to serve healthy food, but they also thought that the eaters have most of responsibility by their choices.

Different catering sectors do vary in the manner and extent to which they support the possibility of 'healthy eating'. These results show how to develop education of food managers. Chefs need more basic nutrition education. All food managers need education on public health to see the importance of healthy eating. Also health policy actions are needed: restaurants need meal based guidelines.

Eating between free choice and social responsibility—some aspects from the ethics perspective

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Issue/problem

Obesity is a topic that came to the forefront of scientific and public discussions in the last years. Obesity is often understood as a result of excessive and self-indulgent eating behaviour. As a consequence, a prevalent opinion in public, policy and even scientific discourses is that obesity and eating are matters of individual lifestyle and thus of self-responsibility. This attribution raises ethical questions that should not go unnoticed in the public health community.

Discussions

Questions that need to be discussed are if people can be held self-responsible if social determinants significantly influence their eating behaviour? What implications have research findings on social determinants for those political statements according to which people should be made (partly) liable when their obesity provokes 'unnecessary costs'? There is certainly a moral obligation to promote health literacy in this context—but is it enough to inform people without guaranteeing that people are capable of making informed decisions?

Results (effects/changes)

To attribute too much to self-responsibility is overburdening the very concept of self-responsibility. Ethics can remind us that in this context the principle of social justice applies that sees ethical obligations of policymakers to really empower all persons (including vulnerable groups) to make sound decisions and to have the chances of living healthy. Yet, in the context of regulations it has to be intensively discussed what strategies are ethically acceptable while being soft-paternalistic or ethically unacceptable because of being unjustifiably paternalistic or coercive.

Lessons

To integrate ethical reasoning in public health in the research field of food can make a contribution to justificatory robust policy judgements in this field when discussing responsibilities of individuals and other stakeholders.

Parents versus the industry—the role of marketing in children's diets

Tim Lobstein

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Childhood Obesity Programme IASO – IOTF

This article reviews the role of the industry in influencing children's food choices, the recent policy developments in Europe and the need for action at national and international levels.

The evidence linking food marketing to dietary choices, and linking choices to subsequent health consequences, is sparse but the little available indicates a significant influence which does affect health. Increasingly, governments are seeing the relevance of restricting food marketing directed at children, and some steps have been taken in implementing such controls. Further steps are needed especially to deal with cross-border marketing. Some of the opportunities and barriers to progress will be discussed.

Food as an issue of social responsibility

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Obesity and overweight are claimed to be major health issues that need to be addressed by health authorities, governments, health care providers and professionals. It is clear that both on national and international levels overweight and obesity have been identified as major health threats. Scientists, healthcare workers, policymakers and individual citizens, sometimes willy-nilly, are becoming engaged in dealing with obesity and overweight. In the Netherlands, for example, different campaigns have been launched. One of them is the encouragement to be active for 30 min/day. Another involves encouraging people to buy healthy products by indication of cloverleaf signs on the approved products.

Traditionally, doctors in public health practice have been concerned with the health interests of large groups, communities or whole populations. Public health was concerned with institutions, with macro projects and with population aggregates. When we look at health promotion campaigns and policies-concerning obesity, there seems to be a shift in attention: the individual fades in from the background of the public. We enter an arena in which the relation between public and individual seems to be crystallized: public organizations provide opportunities, individuals either respond to this or not. The individual is the one who ultimately bears the responsibility for being overweight or not.

This article is an exploration and analysis of the ethical narratives inscribed in health promotion policy-concerning overweight and obesity. It is a Foucauldian odyssey,

challenging the obvious and detecting the undercurrents in what is presented as normal. Foucault's work made us ask the question: 'What meaning does an ethical narrative present for the subject in terms of its self-understanding?' I will expand this question to: 'What meaning does an ethical narrative present for a society in terms of its self-understanding?' In other words: 'What meaning do the ethical narratives inscribed in obesity and overweight policies present for our societies in terms of our self-understanding?'

C.4. Workshop: Tackling risk behaviour in youth: methods for risk communication and development of risk competence

*Chairs: Johan Lund[1], Ursula Loewe[2]**
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Organizer: EUPHA section injury prevention and safety promotion, President Dr Johan Lund
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Risk communication in injury prevention and health promotion for youth is a key issue, and in particular we chose to focus on:

- How to reach youth without 'do's' and 'don'ts' provoking a negative reaction?
- How to ensure a durable impact on changing risky behaviour?
- How to develop risk competence?

This workshop aims to:

- Present methods for risk competence training to obtain resilience and cope with risky situations.
- Present methods for influencing attitude and behaviour in a sustainable way.

Show ways of communicating on risk that is attractive for youth.

- Demonstrate the use of (new) media (www.youtube.com, MTV, webgames);
- Show methods and results on evaluation of behaviour change.

The papers to be presented in the workshop (abstracts enclosed) U Loewe, Kuratorium für Verkehrssicherheit, Austria: Focus risk competence: recommendations from the AdRisk Project on youth and injury prevention.
C Meijer, Consumer Safety Institute, the Netherlands: Campaigning on risk behaviour of adolescents -use of media.
M Zentner, Institut für Jugendkulturforschung, Austria: Evaluation of peer programmes.

Focus risk competence: recommendations from the Adrisk project on youth and injury prevention

Ursula Loewe

U Loewe, E Braun (on behalf of the Adrisk Project Team)
Kuratorium für Verkehrssicherheit, Vienna, Austria

Issue
Young people have a much higher exposure to injury risk than other age groups. For the group 15–24 years, almost two-thirds of all fatalities are due to injuries. Adolescents are often inclined to accept higher risk than other age groups and the high injury-related mortality can be partly attributed to their risk taking behaviour.

Description
The AdRisk project 'Community action on adolescents and injury risk' within the framework of the EU Public Health Programme has delivered recommendations with a focus on risk competence, a tool box and a good practice guide for injury prevention of adolescents. Individual risk competence can be developed by promoting special competencies and life skills concerning resilience to group/media/social influences. The aim is not to minimize the risk taking behaviour of young people but to enhance competence in order to balance the risk.

Results
Efficient risk competence training leads to adequate estimation of situations, perception of own mental and physical state, appropriate decision making in risky situations, development of alternative behaviours, reflection of experiences and integration in former experiences (break). Methods and tools have been tested in different countries (e.g. the Netherlands, Austria and Hungary).
Factors for success are:

- Active participation of youth in the development of the measure.
- Understanding the general benefit and the developmental need of risk taking in youth.
- Focus peer group approaches.
- Ensure qualification of trainers focusing experience-based learning methods.

Lessons
Recommendations: risk competence training should be developed in different settings—school, extra curricular education, workplace, sport and road traffic. Transfer of the methods has proven feasible. Adaptation is requested for the selection of relevant risk areas and the type of media (MTv, youtube, others) according to the national and cultural environment.

Campaigning on risk behaviour of adolescents—use of media

Cees Meijer

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Issue
In order to reduce injuries in youth in the Netherlands, the Dutch government assigned the CSI to develop a creative concept for a campaign to adolescents raising their awareness in the risk involved in daily situations and to lay a good foundation for behavioural change.

Description
Before developing the campaign solid arguments have been set up: analyses of injury data; good practices of risk behaviour interventions; focus groups with youngsters to make an inventory of knowledge and beliefs; pilots at five schools.
We developed a campaign addressed to youngsters (15–18 years) based on peer to peer communication and in cooperation with MTV Networks. Basic assumption: in order to reach young people the message has to be based more on visuals than on words, integrating new media. The results of this campaign are used for education programmes at schools and for parents. Pilots were tested also in Hungary.

Results
The research has shown that youngsters perceive the following as real risks: alcohol, drugs, night life and extreme sports. Banal incidents with large consequences (cause of most accidents) are no risks in their perception. Young people tend to assess risks based on their own experiences. They do not think on causes that have only a small probability to occur. Testing their boundaries and seeking the thrill is part of their