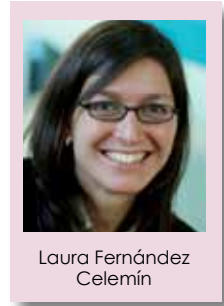


# Mapping public health nutrition awareness campaigns across Europe



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**ABSTRACT:** Public health awareness campaigns providing information on nutrition labelling or elements covered on those labels may encourage consumers to use labelling schemes during food shopping. Within the framework of the EU-funded project FLABEL (Food Labelling to Advance Better Education for Life), public health awareness campaigns were mapped, addressing nutrition labelling in the EU27 plus Turkey. A total of 42 public health awareness campaigns from 16 different countries fulfilled the inclusion criteria. Campaign density was highest in a Northern belt group of countries comprising Scandinavia, the British Isles and the Netherlands, and overall it paralleled the penetration of nutrition information. The most common nutrient addressed was salt. Eligible campaigns mostly targeted the general population and did so via two or more types of media. Only one third of the campaigns included an evaluation of success. Government senders were more likely to evaluate the campaigns than other sender categories. Stakeholder involvement was high in the development and implementation of the public health awareness campaigns.

## INTRODUCTION

Reviews looking at existing research on consumer reactions to nutrition information on food labels (1,2) identified a gap in scientific evidence concerning whether, to what extent and under what circumstances, nutrition information on food labels affects consumers' food choices.

The EU-funded FP7 project FLABEL (Food Labelling to Advance Better Education for Life) is seeking to address this gap. One of the first tasks of the project was to evaluate the presence and extent of public health awareness campaigns in the 27 Member States of the European Union (EU27) and Turkey that potentially encourage consumers to look for and use nutrition information on food labels.

In the academic literature, a public health awareness campaign is often defined as an organised communication activity that is directed towards (a part of) the population with the aim to reach a particular goal (3-5). Such campaigns try to create awareness and change behaviours. For public health awareness campaigns to have an impact on dietary behaviour, they require careful planning and execution (5-9). Pollard et al. (9) also stress the importance of sustainable message communication for ensuring campaign effectiveness.

## ASSESSMENT PERIOD AND CRITERIA

During the period of November 2008 to May 2009 the European Food Information Council (EUFIC), with the help of other consortium partners (COFACE, Euro Coop, Tesco, UEAPME (\*)), searched for information about nation-wide public health awareness campaigns focussing on nutrition information on food labels in the EU27 and Turkey.

One hundred and twenty five campaigns were collected from the 28 countries. Forty-two of them from 16 different countries fulfilled the inclusion criteria listed below. The aim of the study was to identify public health awareness campaigns with the ability to encourage consumers to look for and use

nutrition information on food labels. Campaigns were thus only considered further if they:

- had a focus on nutrition information appearing on food labels (e.g. nutrient and/or energy information);
- provided guidance to consumers on how to use the food labels;
- focused on specific labelling systems (e.g. Traffic Lights, health logos, Guideline Daily Amounts);
- were ongoing, had taken place within the last three years or were foreseen within the next six months;
- occurred on a national scale.

The specific campaign information gathered included, amongst other elements:

- Campaign focus, objective(s) and main message(s);
- Actors involved in the campaign development or implementation (government, industry, retailers, etc.);
- Media channels used to spread the campaign;
- Target population.

## GEOGRAPHICAL PATTERNS

Geographical distribution was considered in order to establish whether regional public health awareness campaign patterns existed in Europe.

The 28 countries were grouped as follows:

- Group A (Nordic countries and British Isles) Denmark, Finland, Sweden, Ireland and United Kingdom;
- Group B (Central-Western Europe) Austria, Belgium, Germany, Luxemburg, the Netherlands;
- Group C (Central-Eastern Europe) Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia;
- Group D (Southern Europe) Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey.

The majority of the 16 countries with eligible public health awareness campaigns had one or two campaigns. Approximately one quarter of the countries had either three or five campaigns. Only five of the countries had more than

five campaigns. The countries with the highest number of campaigns were Malta (7 campaigns), Finland (6 campaigns), and the Netherlands and the United Kingdom (5 campaigns each). They were followed by Ireland and Denmark (3 campaigns), and Austria, Belgium and Lithuania (2 campaigns). In the Czech Republic, Greece, Poland, Slovenia, Spain, Turkey and Italy, one campaign per country was identified. There were no public health awareness campaigns fulfilling the inclusion criteria in Bulgaria,



Cyprus, Estonia, France, Germany, Hungary, Latvia, Luxembourg, Portugal, Romania, Slovakia or Sweden.

Using the regions A to D defined above, the majority of the campaigns (17) originated from Group A (Nordic countries and British Isles) and the lowest (5 campaigns) from Group C (Central-Eastern Europe). Those regions also had the highest (3.4 campaigns/country) and lowest (0.5 campaigns/country) campaign density, respectively. Groups D (Southern Europe) and B (Central-Western Europe) ranked in-between, with campaign densities of 1.4 and 1.8 campaigns/country (11 and 9 campaigns, respectively).

Thus, it appeared there was a Northern belt of countries (Group A and the Netherlands) with high numbers of campaigns. No further regional patterns were observed. Malta, with 7 campaigns, appeared to be an outlier in an otherwise virtually campaign-free South.

## RELATION WITH PENETRATION OF NUTRITION LABELLING

Within the FLABEL project an audit on the penetration of nutrition information on food labels from five product categories was also carried out in the EU27 plus Turkey (10). The audit was done during the same period as gathering the public health awareness campaign information.

More than 37,000 products were audited for front-of-pack (FOP) and back-of-pack (BOP) nutrition information in a total of 84 retail stores. Comparing country groups A, B, C and D, a similar ranking was observed between the presence of public health awareness campaigns and the penetration of nutrition information in general:

- Group A had the highest campaign density at 3.4 (17 campaigns in 5 countries) and also appeared at the top of the nutrition information penetration list with 92 percent BOP and 68 percent FOP nutrition information;
- Group B had a campaign density of 1.8 (9 campaigns in 5 countries) with nutrition information on BOP of 87 percent and on FOP of 47 percent;
- Group D had a campaign density of 1.4 (11 campaigns in 8 countries), with nutrition information on BOP of 82 percent and on FOP of 45 percent;
- Group C had a slightly higher penetration than group D of nutrition information on BOP (83 percent), but on FOP it was clearly lower at 40 percent. The campaign density of this group was the lowest at 0.5 (5 campaigns in 10 countries).

## CAMPAIGN FOCUS

The most common messages communicated in campaigns around nutrient and/or energy information, were those on

salt/sodium (11 campaigns) and fat/saturated fat (8 campaigns).

Multiple nutrient campaigns contained multiple key messages and tended to be closer to a whole diet approach, i.e. encouraging people to reduce their intake of a combination of energy, salt, fat, saturated fat, etc. Other messages focussed on fruits and vegetables, physical activity, energy and calories, water intake, healthy eating, watching

out for products relatively high in calories and low in nutrients, eating regularly or eating portions according to body size.

One third of all campaigns (13 out of 42) focussed on nutrition labelling in general. This type of campaign seeks to provide the public with guidance on how to use nutrition information on food labels to achieve healthier food choices.

Campaigns on specific labelling systems accounted for 12 out of 42 campaigns. Systems addressed were Guideline Daily Amounts (GDA), the Dutch 'Energy logo', Traffic Lights and different health logos. Half of the specific labelling system-campaigns (6 out of 12) focussed on health logos, and one quarter on GDA.

## TARGET AUDIENCE

Public health awareness campaigns considered in this study were mostly targeted towards the general population (26 out of 42 campaigns). Ten campaigns targeted only a specific population group like children/adolescents/youngsters (2 campaigns each), or students (3 campaigns).

Campaigns on nutrition labelling in general targeted specific population groups to a greater extent than did campaigns on nutrient/energy information and specific labelling systems. Of note, campaigns on specific labelling systems always targeted the general population in the studied sample.

## MEDIA CHANNELS EMPLOYED

On the basis of the public health awareness campaigns collected, it appeared to be more common to use multiple media channels (28 campaigns), instead of just one (14 campaigns) for communication, with countries in group A (Nordic countries and British Isles) using the highest number of media channels. The more widely used communication media were Internet and print.

## CAMPAIGN SENDERS

Most commonly, public health awareness campaigns had a government sender. Half of all eligible campaigns (21 out of 42) originated from government authorities (e.g.

Ministry of Health), veterinary and food administrations, food safety authorities, or independent government departments.

The second most important sender of public health awareness campaigns were non-governmental organisations (NGO), such as public health and patient organisations, health professionals and consumer associations, sending 11 of the campaigns.

## STAKEHOLDER INVOLVEMENT

Keller and Lang et al. (11) highlight the importance of involving stakeholders in promoting and implementing messages around food-based dietary guidelines, in order to enhance their effectiveness with regard to affecting the eating behaviour of the population.

The involvement of a broad set of stakeholders in the development phase of food-based dietary guidelines is also recommended as a means to promote messages that everyone embraces and supports, resulting in a more consistent communicative effort (12). Looking at the public health awareness campaigns that fulfilled the inclusion criteria, most involved at least one additional organisation in the campaign development or in the implementation. Only one Austrian, two Maltese, three Dutch and one Spanish campaign did not involve additional organisations.

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\*COFACE - Confederation of Family Organisations in the European Union; Euro Coop - European Community of Consumer Cooperatives; Tesco - Tesco Stores Ltd; UEAPME - European Association of Craft, Small and Medium-sized Enterprises.



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