

Evaluation and monitoring
of the **NAOS Strategy**:
minimum indicator set



The NAOS Strategy, an acronym that corresponds to the initials of Nutrition, Physical Activity, Obesity Prevention and Health, is the response from the Ministry of Health, Social Policy and Equality of the Government of Spain against the rising obesity rates are recorded in our country. Coordinated by the Spanish Food Safety Agency (AESAN) NAOS Strategy aims to raise awareness of the problem that obesity poses to health and to gather and promote those initiatives, both public and private, that contribute to the citizens, especially children and young people to adopt healthy habits throughout life.

For further information on the NAOS Strategy
and AESAN's activities visit our website:



www.naos.aesan.mspsi.gob.es



Edit:

© MINISTERIO DE SANIDAD, POLÍTICA SOCIAL E IGUALDAD
Agencia Española de Seguridad Alimentaria y Nutrición, 2011

Realization:

ASECOM-MC Spain

NIPO: 863-11-007-8

Evaluation and monitoring
of the **NAOS Strategy**:
minimum indicator set

Authors:

Juan Manuel Ballesteros Arribas (AESAN - Spanish Food Safety and Nutrition Agency)

Napoleón Farinós (AESAN)

Joan Quiles i Izquierdo (Valencian Community Health Department)

Purificación Echeverría Cubillas (La Rioja Health and Social Services Department)

Conxa Castell i Abat (Catalan Health Department)

Jesús Muñoz Bellerín (Andalusian Health Department)

Carmen Mosquera Tenreiro (Asturias Health Department)

Susana Belmonte Cortés (Madrid Health Department)

Francisco Rivas García (Nutritional Observatory Network, Guadix Borough Council)

Francisco Gómez Pérez de Mendiola (Nutritional Observatory Network, Vitoria Borough Council)

Antonio Calvo Sánchez (Nutritional Observatory Network, Salamanca Borough Council)

Rosario Martínez de Paz (Nutritional Observatory Network, León Borough Council)

Enrique Lizalde Gil (National Sports Council)

The following have collaborated in writing this document:

Pedro Mario Fernández (AESAN)

Javier Sánchez Perona (CSIC - Spanish National Research Council)



Contents

Foreword	4
Introduction	5
Rationale	6
Objective	8
Methodology	8
Indicators	12
1. General framework	12
2. Healthy diet in school canteens	24
3. Physical activity in the educational sector	28
4. Physical activity and healthy diet at work	29
5. Medical area	31
6. Urban design and physical-sports activity facilities	34
7. Food industry	38
8. Hotels and restaurants	45
References	47





Foreword

We are experiencing difficult times due to the problems caused by the global economic crisis that is being felt across Europe. Faced with the consequences brought about by economic instability, medical care and disease-prevention require maximum attention, even more so since the most vulnerable in society are the most affected by the crisis. This, in turn, gives rise to even greater social inequalities. In general, markets are much more concerned about economic matters than they are about health. For this reason, all the available health prevention resources must be optimised; healthy eating habits and regular physical activity are the two lifestyle choices that most affect health. This is because they have a decisive influence on preventing obesity and diseases related to this condition such as cardiovascular and cerebrovascular diseases which are responsible for many deaths and disabilities. At the United Nations Assembly Summit on non-communicable diseases held in September 2011 in New York, emphasis was placed yet again on the great concern that surrounds these diseases, the growing inequalities produced by them, their risk factors and the measures that must be taken.

Spain was one of the first countries to implement a global policy for promoting healthy eating, physical exercise and preventing obesity. This takes form in what is known as the NAOS Strategy, which has been in effect since 2005 in line with the WHO's *Global Strategy on Diet, Physical Activity and Health* (DPAS). Its greatest strength, like many other strategies, must be its evaluation. As will be explained later in this document, the WHO considers it essential to establish tools for monitoring the policies and actions implemented; for this reason it has drafted a Framework for monitoring and evaluating the application of the DPAS. It is based on creating and calculating indicators in different areas for the purpose of allowing all those activities to be monitored to a greater or smaller extent. In 2007 the WHO and AESAN organised a workshop about this in Madrid. Among other activities, the foundations were laid for implementing evaluation and monitoring actions in Spain.

This document of indicators for evaluating the NAOS Strategy is therefore a valuable tool for assessing national policies and actions and is necessary in allowing us to continue with the implementation of effective and, above all, efficient measures. The calculation of indicators in the different areas will provide managers, politicians and healthcare professionals with valuable assistance in their mission to implement, analyse and evaluate policies and actions along with their results.

João Breda

Director of the nutrition, physical activity and obesity
programme of the WHO Regional Office for Europe



Introduction

The need to evaluate those activities implemented within the public health sphere has constantly been pinpointed as an inalienable aspect in establishing policies given that resources are by no means unlimited and must be used as efficiently as possible.

Since it was first implemented, the NAOS Strategy embraced this very need. As a result, the recent Food Safety and Nutrition Act includes the reinforcement of evaluation activities, with this indicator set being one of those.

This document stems from two equally important sources; inspiration and a mandate. The inspiration is provided by organisations, institutions and evaluation experts, such as the World Health Organisation, with which the Spanish Food Safety and Nutrition Agency (AESAN) has been working and cooperating closely, as has been seen on many occasions. The mandate is that of the AESAN Institutional Committee, one of its governing bodies responsible for promoting this initiative. This committee has acted as a magnificent example of institutional cooperation as it has taken on such an arduous task – involving representatives from the different regions of Spain, the National Sports Council, the local authorities and the Spanish state authorities through the AESAN itself. All of them have done an excellent job. This is proof that cooperation between authorities, another hallmark of the NAOS Strategy, is not only possible but is essential in optimising the policies' results.

I have no doubt that the result of this work will be of enormous use in monitoring the NAOS Strategy and regional and local programmes and plans to promote healthy eating habits, physical exercise and the prevention of obesity.

Roberto Sabrido Bermúdez

President of the Spanish Food Safety and
Nutrition Agency



Rationale

For many years now, warnings have been given about the risks that obesity poses for the health of the population. For this reason the institutions with the authority to put health policies in place at national and international level have implemented diverse initiatives and strategies to deal with this situation.

As in all actions taken in the public health sphere, in addition to launching these initiatives and strategies, measures must be taken to monitor their implementation and the most immediate results and their consequences. Subsequently, evaluation is the basic pillar in implementing preventive policies, and to put it into effect, it is necessary to have information and monitoring systems that will provide objective, reliable data about the actions taken.

In 2004 the World Health Organisation (WHO) presented the *Global Strategy on Diet, Physical Activity and Health (DPAS)*¹, in an attempt to reduce the risk factors in non-communicable diseases related to unhealthy eating habits and a lack of physical exercise. It urged governments to set up and reinforce vigilance systems for evaluating the efficacy of the steps taken and to offer guidance on the investment and management of available resources for reducing risks related to unhealthy diets and a lack of physical exercise. As a result, in 2006 the *Framework for monitoring and evaluating the application of DPAS* was published, establishing an approach for the evaluation of the Global Strategy implementation and proposing a framework of action and a set of indicators for that purpose².

To analyse in greater depth the work lines established in the *Global Strategy on Diet, Physical Activity and Health*, in 2007 the WHO Regional Office for Europe approved the *WHO European Action Plan for Food and Nutrition 2007-2012*³. This emphasised the need to include mechanisms for monitoring and evaluating each policy or programme implemented, to ensure that the foreseen objectives were reached and permit public health based on evidence.

In May 2007, based on the same lines adopted by European institutions, the *European Union White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues*⁴ was approved, with the aim of establishing an integrated approach for the EU to reducing health problems related to poor diets, weight and obesity. The White Paper emphasised the need to establish and implement monitoring systems. The European Union is currently promoting a series of surveys on lifestyles and, through the European Statistics Office (Eurostat), drafting food consumption indicators for the purpose of monitoring food models and trends. In 2008, the European Union approved the document "EU directives for physical activity: Recommended actions to support physical activity for health"⁵, in which the need for information on physical activity to be included in national health sector monitoring systems was again stressed.

¹ and following: see References, page 47

In line with the WHO directives, the NAOS strategy established as one of its principal objectives the “monitoring of the proposed measures and evaluation of the results obtained”, thereby emphasising monitoring and evaluation as essential components in policies and action plans to prevent obesity and promote healthy lifestyles. In 2007 the International Workshop entitled *WHO Global Strategy on Diet, Physical Activity and Health: a framework for implementing evaluation and monitoring*, organised by the WHO and AESAN, was held in Madrid. The aim was to review and exchange experiences on evaluation in different countries and to discuss the development of specific action plans for implementing the *Framework for the monitoring and evaluation of DPAS*, with a view to improving evaluation and monitoring systems.

Furthermore, having precise, updated information is one of the most important requirements in optimising available resources for the purpose of setting up measures and actions on healthy lifestyles, environments and public policies.

Information systems and indicators must provide data about the starting point before the actions were taken, the situation during the execution of those actions and the situation afterwards, in order to evaluate the real impact they have on the population. Resources are limited and allocating them to interventions that are not effective means that they are not being used for other, more necessary actions. Consequently, one of the main objectives of this initiative is to achieve maximum efficiency in the interventions.

The comparability of the information is of enormous use. Measuring is of little use if it is not possible to establish comparisons between different populations within their respective scopes. International organisations are currently promoting the creation of information systems with a similar structure and identical methodology that will allow the information obtained to be accumulated.

Therefore, at state and regional level, it is becoming more and more necessary to implement a minimum set of common indicators that will allow us to obtain information about the situation and observe inequalities between each of Spain’s Autonomous Regions, as well as on an international scale.

One of the recently-passed Food Safety and Nutrition Act articles establishes that the appropriate indicators and tools must be established for monitoring the actions executed as part of the NAOS Strategy, and evaluating the ability of the Strategy to achieve the defined objectives.

Similarly, it establishes the creation of the *Nutrition and Obesity Study Observatory* as an information system that permits regular analysis of the population's nutritional situation, the development of obesity in Spain and its determining factors. The functions that the Act assigns to the Observatory include collecting information on eating habits and physical activity among the population, for different age and socio-economic groups, and the prevalence of obesity and being overweight and their determining factors, as well as the monitoring and evaluating the measures and interventions included in the NAOS Strategy.

At the AESAN Institutional Committee meeting held on 29 January 2008, a resolution was passed to set up a work group for the purpose of tackling affairs related to the NAOS Strategy, in collaboration with the Spanish Ministry of Health and Consumer Affairs, Spanish regional authorities and other organisations.

In compliance with that resolution, the Work Group on nutrition, physical activity and obesity prevention was set up and different work lines were established. One of those was to set up a minimum indicator set for evaluating and monitoring the NAOS Strategy.



Objective

The main objective of this document is to establish a minimum indicator set related to healthy eating, physical exercise and prevention of becoming overweight within the diverse fields of activity of the NAOS Strategy. These can be obtained by public administrations and reflect the evolution of the Strategy and regional plans for promoting a healthy diet and practising physical activity. It will thus serve as a starting point for executing the Strategy evaluation and monitoring and improving its effectiveness and efficiency, as set out in the Food Safety and Nutrition Act.



Methodology

The work group formed by the Spanish Food Safety and Nutrition Agency (AESAN) and Spanish regional authorities set up a subgroup for evaluation and monitoring purposes. In this, municipal representatives took part through the Nutritional Observation Network (RON) and the National Sports Council (CSD).

A series of information areas were set up in which work would be carried out, in order to obtain indicators for each area. Existing sources were taken into consideration and attempting to establish a number for each area that was not excessively high, except for cases in which a greater number was considered necessary, as an exception.

The information areas established were the following:

- General framework: family and community environments. General indicators regarding the prevalence of overweight and obesity and healthy eating habits in diet and physical activity.
- School environment: healthy diet and physical activity.
- Healthy eating habits and physical activity at work.

- Medical environment.
- Urban planning and infrastructures for practising physical exercise.
- Food industry and distribution.
- Hotels and catering sector.

The indicators are indirect measurements of a specific reality; they indicate or reflect a specific situation and changes occurring. They make it easy to understand where we are, where we are headed and the distance we still have to travel before reaching the pursued objective.

Indicators are technically-constructed measuring instruments and are important in that what is measured can be compared with other realities or against itself over time, for the purpose of analysing the evolution of all manner of processes. When analysing the health of a community, there is no specific recommendation regarding the number and type of indicators that must be used to obtain a sound diagnosis. This depends on the characteristics of the community and the healthcare area being analysed.

The indicators must fulfil a series of requirements:

- **Usefulness:** It must be possible to apply the indicators directly to what is being measured, giving a result that leads to specific actions and practices which, in turn, allow the indicator to be modified.
- **Representativeness of the area being measured:** They must be valid.
- **Feasibility, i.e.,** they can be obtained in practice with the available data or through information systems.
- **Objectivity,** that is, it must be possible to obtain the same result even though the measurement has been made by different authorities and in all cases in similar circumstances.
- **Sensitivity,** with the ability to detect changes that occur.
- **Specificity, i.e.,** they must only reflect the changes taking place in the situation in question.
- **Simplicity** in respect of their elaboration, interpretation and comprehension.
- They must be universal and generally accepted.

With these characteristics in mind, the indicators were created for each of the information areas, including their purpose, definition and formulation, and the sources available or necessary for measuring them.

Every attempt was made to gather the most relevant indicators in each of the information areas, taking the above requirements into account. Furthermore, it should be considered that some interventions and significant efforts have already been made in certain areas regarding diverse aspects, such as the composition of the foods by industry and the distribution of those foods.

One of the aspects dealt with during the selection process was the advisability of using existing data sources as facilitators in obtaining information from the technical and economic standpoint. One important source is the Spanish National Health Survey (ENSE)⁶. This Survey is carried out

regularly by the National Statistics Institute (INS) and promoted by the Spanish Ministry of Health, Social Policy and Equality. The Survey was carried out on a representative sample of the non-institutionalised Spanish population living in family homes and separated by Spanish regions. It includes information about perceived morbidity, the use of healthcare services, behaviour and lifestyles and preventive activities. Based on the work executed by this group, changes were inserted into the 2011 Survey that will allow some of the selected indicators to be measured.

Likewise, work was carried out on other relevant information sources in which the data collection could be adapted to the requirements established by the work group, such as the case of the Health Barometer⁷. The Health Barometer is a survey carried out every year by the Sociological Research Centre to obtain information about the way citizens perceive the operation of the Spanish health system, impact on measures linked to health policies, knowledge and/or attitudes of citizens in relation to current health problems or the extent of information campaigns, among others. New features were also introduced into the Health Barometer survey starting with the 2010 Survey, permitting the calculation of selected indicators. On the other hand, since 2008 the National Sports Council has been implementing an Integrated Plan for Physical Activity and Sport (A+D Plan) and contributed specific information sources about physical activity-sport in Spain, such as: the *Survey on sporting habits in Spain*⁸ (populated aged over 15 years), the *Survey on sporting habits among schoolchildren* and the *National Census of Sports Facilities*⁹, among others.



It is necessary to consider gender in preparing, collecting and analysing the indicators, in order to determine the inequalities between men and women and intervene in proportion to specific needs, and for this reason, in all cases the indicators will be calculated considering both genders.

Inequalities due to social, economic and educational factors in terms of healthy food, physical activity, weight and obesity must also be considered. Since the ENSE will be an important source of information and it includes this type of data, they could be used in more specific measurements grouped by those factors, to allow specific actions to be taken in certain less favoured groups.

Given that much of the proposed data are associated with the ENSE, it is considered appropriate to associate obtaining the indicators with their regularity. This will allow the changes to be monitored more uniformly and swiftly, in order to be able to change the proposed strategies. It is recommended that the regularity for calculating the indicators be five years. Moreover, the relevance of the indicators and convenience of eliminating some or adding new ones will also be considered, with the same regularity.

Once these indicators have been accepted and approved, a series of considerations will be studied with a view to using them to maximum effect. The creation of an information system with these indicators must be evaluated, possibly through a computer application, to allow the data obtained through the different sources to be exploited. Thus, the indicators could respond in the best possible way to the objectives mentioned above, set forth in the Food Safety and Nutrition Act, on the *Nutrition and Obesity Study Observatory*.

It will also be necessary to make regular evaluations of the indicators, the measuring method used and their relevance at the time, as well as incorporating of other indicators, depending on whether the data sources are accessible or whether they require these sources to be created.

Nonetheless, considering the need for regular, updated information, one conclusion drawn by this work group is the need, to create a national survey about nutrition and physical activity, similar to other national surveys quoted in this document, as is expressed in the recommendation. This will partly satisfy that need and also serve as a basis for the *Nutrition and Obesity Study Observatory*.

Indicators

1. General framework

1.1 Prevalence of overweight and obesity

Purpose: to ascertain the percentage of people who are overweight and obese, including adults and persons under age, by gender and divided into different age groups.

Indicator 1.1.1 (1) *Prevalence of overweight adults*

DEFINITIONS:

- Overweight: body mass index (BMI) ≥ 25 kg/m² and < 30 kg/m².
- Adults: people aged 18 years and over.
- Age groups:

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:
$$\frac{\text{Overweight people}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, questions 102 and 103).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group. The anthropometric data are referred and not measured.



Indicator 1.1.2 (2) *Prevalence of obesity in adults*

DEFINITIONS:

- Obesity: BMI ≥ 30 kg/m².
- Adults: people aged 18 years and over.
- Age groups:

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:
$$\frac{\text{Obese people}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, questions 102 and 103).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group. The anthropometric data are referred and not measured.

Indicator 1.1.3 (3) *Prevalence of overweight in persons under age*

DEFINITIONS:

- Overweight: BMI with values over those established by the WHO Z-score reference tables (> 1 and ≤ 2 standard deviations from Z score).
- Persons under age: persons aged less than 18 years.
- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

FORMULA:
$$\frac{\text{Overweight people}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, questions 57 and 58; adults survey, questions 102 and 103).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. The anthropometric data are referred and not measured. For persons aged under 16, the ENSE under age persons survey will be used and for persons aged 16 and over, the respective adult survey will be used.

Indicator 1.1.4 (4)

Prevalence of obesity in persons under age

DEFINITIONS:

- Obesity: BMI with values over those established by the WHO Z-score reference tables (> 2 standard deviation from Z score).
- Persons under age: persons aged less than 18 years.
- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

FORMULA:
$$\frac{\text{Obese people}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, questions 57 and 58; adults survey, questions 102 and 103).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. The anthropometric data are referred and not measured. For persons aged under 16, the ENSE survey for persons under age will be used, and for those aged 16 and over, the corresponding adult survey will be used.



1.2 Physical activity and sedentary lifestyle in free time

Purpose: to ascertain the percentage of people practising some kind of sport and who dedicate their free time to sedentary activities, both in adults and in persons under age, by gender and for the different age groups. To ascertain the average time persons under age dedicate to sedentary activities in the home.

Indicator 1.2.1 (5)

Prevalence of sedentary lifestyle in free time in adults

DEFINITIONS:

- Sedentary lifestyle: declaring they do not carry out any physical activity in their free time.
- Adults: people aged 18 years and over.
- Age groups:

	18-24 years
	25-34 years
	35-44 years
	45-54 years
	55-64 years
	65-74 years
	75 years and over

FORMULA:

$$\frac{\text{Persons not practising physical activity}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, question 129).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group.



Indicator 1.2.2 (6)

Prevalence of sedentary lifestyle in free time in persons under age

DEFINITIONS:

- Sedentary lifestyle: declaring they do not carry out any physical activity.
- Persons under age: persons aged less than 18 years.
- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

FORMULA:

$$\frac{\text{Persons not practising physical activity}}{\text{No. people interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, question 61; 2011 adults survey, question 129).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. For persons aged under 16, the ENSE survey for persons under age will be used, and for those aged 16 and over, the corresponding adult survey will be used.

Indicator 1.2.3 (7)

Average time per day dedicated by persons under 16 to sedentary activities in the home

DEFINITIONS:

- Sedentary activities: watching TV, playing video games, computer, Internet (including social networks, Messenger, chats, consoles etc.).
- Age groups:

2-5 years
6-10 years
11-15 years

FORMULA:

$$\frac{\sum \text{No. hours per day dedicated to sedentary activities}}{\text{No. people interviewed}}$$

SOURCE: ENSE (2011 persons under age survey, questions 62 and 63).

OBSERVATIONS: the calculation will be made for all children aged between 2-15 years, by gender and for each age group. This indicator cannot be calculated for people aged between 16-17, since the adults survey does not include that information.

Indicator 1.2.4 (8)***Percentage of people aged 15 and more years practising a physical activity-sport*****DEFINITIONS:**

- This includes any physical activity-sport, which may be traditional and federated or others focused on health, recreation and maintenance, practised once or twice a week.

- Age groups:

15-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:
$$\frac{\text{No. of persons declaring they practise sport or physical activity}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: Survey on Sporting Habits in Spain, CSD-CIS (questions 2 and 13).

OBSERVATIONS: the calculation will be made on all persons aged 15 and more years, stratified by age groups and for both genders.

Indicator 1.2.5 (9)***Percentage of people aged 15 and more years who walk to keep in shape*****DEFINITIONS:**

- Walking to keep in shape: walk in order to improve their fitness or keep in shape at least twice or more times a week.

- Age groups:

15-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:
$$\frac{\text{No. of persons declaring they walk to keep in shape}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: Survey on Sporting Habits in Spain, CSD-CIS (questions 22 and 22a).

OBSERVATIONS: the calculation will be made on all persons aged 15 and more years, by gender and for each age group.

1.3 Breakfast habits

Purpose: to ascertain the percentage of adults and persons under age who eat breakfast every day.

Indicator 1.3.1 (10) *Percentage of adults eating breakfast every day*

DEFINITIONS:

- Adults: people aged 18 years and over.
- Age groups:

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:
$$\frac{\text{Persons eating breakfast everyday}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, question 131).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group.

10

Indicator 1.3.2 (11) *Percentage of persons under age eating breakfast every day*

DEFINITIONS:

- Persons under age: persons aged less than 18 years.
- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

FORMULA:
$$\frac{\text{Persons eating breakfast everyday}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, question 70; 2011 adults survey, question 131).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. For persons aged under 16, the ENSE survey for persons under age will be used, and for those aged 16 and over, the corresponding adult survey will be used.

11

1.4 Intake of fruit and vegetables

Purpose: to ascertain the frequency and quantity of fruit and vegetables consumed by adults and persons under age.

Indicator 1.4.1 (12)

Percentage of adults consuming fruit or vegetables every day

DEFINITIONS:

- Adults: people aged 18 years and over.
- Age groups:

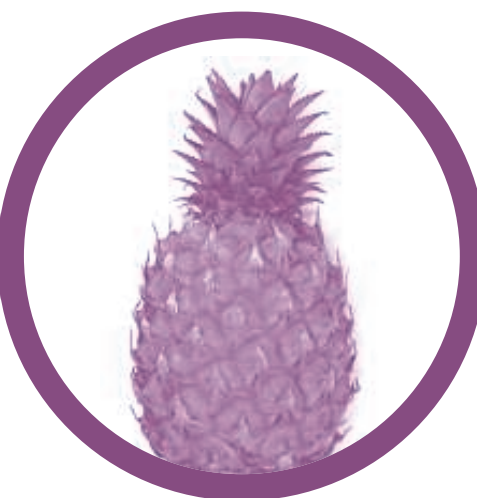
	18-24 years
	25-34 years
	35-44 years
	45-54 years
	55-64 years
	65-74 years
	75 years and over

FORMULA:

$$\frac{\text{Persons consuming fruit or vegetables every day}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, question 133).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group.



Indicator 1.4.2 (13)

Percentage of adults complying with the recommendations on daily consumption of fruit and vegetables

DEFINITIONS:

- Adults: people aged 18 years and over.

- Age groups:

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

RECOMMENDATIONS ON CONSUMING FRUIT AND VEGETABLES: daily intake of 5 pieces of fruit or servings of vegetables.

FORMULA:

$$\frac{\text{Persons consuming at least 5 pieces of fruit or servings of vegetables per day}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 adult survey, question 133).

OBSERVATIONS: the calculation will be made for all adults, by gender and for each age group.

13



Indicator 1.4.3 (14)***Percentage of persons under age consuming fruit or vegetables every day*****DEFINITIONS:**

- Persons under age: persons aged less than 18 years.

- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

FORMULA:

$$\frac{\text{Persons consuming fruit or vegetables every day}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, question 72; 2011 adults survey, question 133).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. For persons aged under 16, the ENSE survey for persons under age will be used, and for those aged 16 and over, the corresponding adult survey will be used.

Indicator 1.4.4 (15)***Percentage of persons under age complying with the recommendations on daily consumption of fruit and vegetables*****DEFINITIONS:**

- Persons under age: persons aged less than 18 years.

- Age groups:

2-5 years
6-10 years
11-15 years
16-17 years

RECOMMENDATIONS ON CONSUMING FRUIT AND VEGETABLES: daily intake of 5 pieces of fruit or servings of vegetables.

FORMULA:

$$\frac{\text{Persons consuming at least 5 pieces of fruit or servings of vegetables per day}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, question 72; 2011 adults survey, question 133).

OBSERVATIONS: the calculation will be made for all persons under age, by gender and for each age group. For persons aged under 16, the ENSE survey for persons under age will be used, and for those aged 16 and over, the corresponding adult survey will be used.

1.5 Breastfeeding

Purpose: to obtain information about the percentage of infants breastfed for a period of three months with respect to the average term for nursing.

Indicator 1.5.1 (16)

Percentage of infants breastfed for at least three months

FORMULA:

$$\frac{\text{Infants breastfed for at least three months}}{\text{No. of persons under age interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, questions 64 and 65).

OBSERVATIONS: the calculation will be made for all children aged between 2-5 years, by gender. This indicator cannot be calculated for children over 5 years, as that information is not included.

Indicator 1.5.2 (17)

Percentage of infants breastfed for at least six months

FORMULA:

$$\frac{\text{Infants breastfed for at least six months}}{\text{No. of persons under age interviewed}} \times 100$$

SOURCE: ENSE (2011 persons under age survey, questions 64 and 65).

OBSERVATIONS: the calculation will be made for all children aged between 2-5 years, by gender. This indicator cannot be calculated for children over 5 years, as that information is not included.

Indicator 1.5.3 (18)*Average number of days during which they were breastfed***FORMULA:**

$$\frac{\Sigma \text{ days during which breastfed}}{\text{No. of persons under age breastfed}}$$

SOURCE: ENSE (2011 persons under age survey, question 65).

OBSERVATIONS: the calculation will be made for all children aged between 2-5 years, by gender. This indicator cannot be calculated for children over 5 years, as that information is not included.



2. Healthy diet in school canteens

2.1 Nutritional characteristics of menus in school canteens

Purpose: to ascertain the presence of diverse foods in the menus served by school canteens.

OBSERVATIONS:

- The recommended offering with respect to the different foods is based on the Consensus document on food served in school kitchens, approved by the National Health System Inter-territorial Council¹⁰.
- The evaluation will be made on a selection of schools from each Spanish region or city.

Indicator 2.1.1 (19)

Percentage of school canteens including a minimum number of servings of fresh fruit per week in their menus

DEFINITIONS: recommended minimum serving of fruit: 4 pieces.

FORMULA:
$$\frac{\text{School canteens serving } \geq 4 \text{ pieces of fruit per week}}{\text{No. of schools evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

Indicator 2.1.2 (20)

Percentage of school canteens including a minimum number of servings of vegetables per week in their menus

DEFINITIONS: recommended minimum serving of vegetables: 4 servings.

FORMULA:
$$\frac{\text{School canteens offering } \geq 4 \text{ servings of vegetables per week}}{\text{No. of schools evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

Indicator 2.1.3 (21)*Percentage of school canteens including a minimum number of servings of legumes per week in their menus***DEFINITIONS:** recommended minimum of legumes per week: 1 serving**FORMULA:**
$$\frac{\text{School canteens offering } \geq 1 \text{ serving of legumes per week}}{\text{No. of schools evaluated}} \times 100$$
SOURCE: Regional Education and Health Departments.**Indicator 2.1.4 (22)***Percentage of school canteens including a minimum number of servings of fish per week in their menus***DEFINITIONS:** recommended minimum serving of fish per week: 1 serving.**FORMULA:**
$$\frac{\text{School canteens offering } \geq 1 \text{ serving of fish per week}}{\text{No. of schools evaluated}} \times 100$$
SOURCE: Regional Education and Health Departments.**Indicator 2.1.5 (23)***Percentage of school canteens including a minimum number of servings of pre-cooked dishes per week in their menus***DEFINITIONS:** recommended maximum number of pre-cooked dishes per week: 1 dish.**FORMULA:**
$$\frac{\text{School canteens offering } \leq 1 \text{ pre-cooked dish per week}}{\text{No. of schools evaluated}} \times 100$$
SOURCE: Regional Education and Health Departments.

2.2 Nutritional information in school canteens

Purpose: to ascertain the amount of additional nutritional information offered to the families of schoolchildren about the meals served in school canteens.

Indicator 2.2.1 (24)

Percentage of dishes with the appropriate additional nutritional information

DEFINITIONS:

- Additional information: information about the foods used to prepare the meals and the culinary technique used.

FORMULA:
$$\frac{\text{No. of dishes with additional nutritional information}}{\text{No. of dishes evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

2.3 Vending machines selling snacks and beverages in schools

Purpose: to ascertain the presence of vending machines selling snacks and beverages in schools, and whether their products are compliant with the nutritional recommendations.

OBSERVATIONS:

- The nutritional recommendations for vending machines selling snacks and beverages are based on the Consensus document on food served in school kitchens, approved by the National Health System Inter-territorial Council¹⁰.

Indicator 2.3.1 (25)

Percentage of schools with vending machines selling snacks and beverages

FORMULA:
$$\frac{\text{No. of schools with vending machines selling snacks and beverages}}{\text{No. of schools evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

Indicator 2.3.2 (26)

Percentage of secondary schools with vending machines selling snacks and beverages

FORMULA:

$$\frac{\text{No. of secondary schools with vending machines selling snacks and beverages}}{\text{No. of schools evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

26

Indicator 2.3.3 (27)

Percentage of schools with vending machines selling snacks and beverages that comply with the nutritional recommendations established

FORMULA:

$$\frac{\text{No. of schools whose vending machines comply with the recommendations}}{\text{No. of schools with vending machines evaluated}} \times 100$$

SOURCE: Regional Education and Health Departments.

27



3. Physical activity in the educational sector

3.1 Physical activity outside school hours

Purpose: to ascertain how much physical activity and sports is practised outside school hours.

Indicator 3.1.1 (28)

Percentage of schoolchildren practising an organised form of physical activity or sport outside school hours

DEFINITIONS:

Organised physical-sports activity: activities practised regularly with an established timetable, facilities and technician monitors. These include generic physical activities (with the above organisational elements) and training and sports competitions.

FORMULA:

$$\frac{\text{No. of schoolchildren practising some form of organised physical-sports activity}}{\text{No. of schoolchildren interviewed}} \times 100$$

SOURCE: Survey on sporting habits among schoolchildren, CSD (questions 1 and 3).

OBSERVATIONS: the calculation is made by gender, age group and educational stage (primary and secondary education).

Indicator 3.1.2 (29)

Percentage of schoolchildren practising some form of NON-organised physical activity or sport outside school hours

DEFINITIONS:

NON-organised physical-sports activity: any activity carried out by schoolchildren on their own account, without being supervised by a teacher/monitor or technician.

FORMULA:

$$\frac{\text{No. of schoolchildren practising NON-organised form of physical-sports activity}}{\text{No. of schoolchildren interviewed}} \times 100$$

SOURCE: Survey on sporting habits among schoolchildren, CSD(questions 2 and 3).

OBSERVATIONS: the calculation is made by gender, age group and educational stage (primary and secondary education).

4. Physical activity and healthy diet at work

4.1 Access to physical activity and healthy diet programmes

Purpose: to ascertain the percentage of employed persons with access to programmes promoting healthy diet or physical activity at their work centres.

Indicator 4.1.1 (30)

Percentage of people with access to initiatives promoting healthy diet in the workplace

DEFINITIONS:

- **Employed persons:** people currently employed and responding to the Health Barometer survey.
- **Healthy diet initiatives:** vending machines selling healthy foods, recommendations about healthy meals or aperitifs, talks or informative material (in situ, website, leaflets, etc.) in workplaces.
- **Age groups:**

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:

$$\frac{\text{Persons with access to initiatives promoting healthy diet}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: Health Barometer, CIS (questions 47 and 47a).

OBSERVATIONS: the calculation will be made by gender and age group.

Indicator 4.1.2 (31)

Percentage of people with access to initiatives promoting physical activity in the workplace

DEFINITIONS:

- Employed persons: people currently employed and responding to the Health Barometer survey.
- Activities promoting physical activity: facilities for practising physical activity in the workplace, time for practising physical activity during working hours, full or partial payment for using the facilities or discounts, organising of sports events or competitions.
- Age groups:

18-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75 years and over

FORMULA:

$$\frac{\text{Persons with access to activities promoting physical activity}}{\text{No. of persons interviewed}} \times 100$$

SOURCE: Health Barometer, CIS (questions 48 and 48a).

OBSERVATIONS: the calculation will be made by gender and age group.

31



5. Medical area

5.1 Medical advice on healthy eating and physical activity

Purpose: to ascertain the percentage of the population who are given minimum advice about healthy eating and physical activity in the Primary Care area.

Indicator 5.1.1 (32)

Percentage of people receiving minimum advice in the Primary Care area about healthy eating habits

DEFINITIONS:

- Minimum advice: Information about healthy eating, nutrients, diet, etc., given in any PC surgery.
- Age groups:

	18-24 years
	25-34 years
	35-44 years
	45-54 years
	55-64 years
	65-74 years
	75 years and over

FORMULA:

$$\frac{\text{Persons given minimum advice about healthy eating habits}}{\text{No. of persons seen during the past year}} \times 100$$

SOURCE: Regional clinical records information systems.

OBSERVATIONS: the calculation will be made by gender and age group.



Indicator 5.1.2 (33)

Percentage of people receiving minimum advice in the Primary Care area about physical activity

DEFINITIONS:

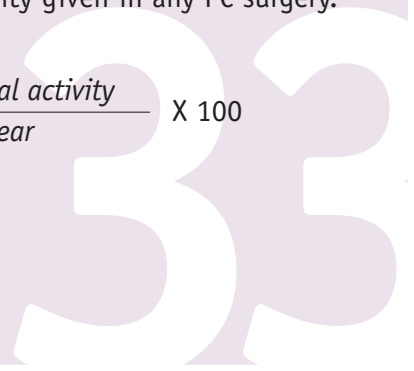
- Minimum advice: information about regular physical activity given in any PC surgery.

FORMULA:

$$\frac{\text{Persons receiving minimum advice on physical activity}}{\text{No. of persons seen during the past year}} \times 100$$

SOURCE: Regional clinical records information systems.

OBSERVATIONS: the calculation will be made by gender.



5.2 Trainig of medical staff about healthy eating and physical exercise

Purpose: to ascertain the proportion of medical professionals receiving training about aspects related to healthy eating and physical activity.

Indicator 5.2.1 (34)

Percentage of medical professionals participating in accredited courses on healthy eating

DEFINITIONS:

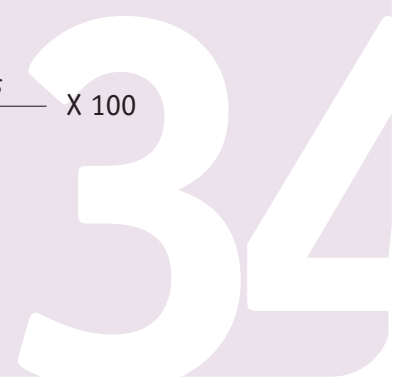
- Medical professionals: medicine and nursing professionals working in PC centres.
- Accredited courses: courses, conferences, etc., accredited by the pertinent organisations, with contents on healthy eating.

FORMULA:

$$\frac{\text{No. of accredited course participants}}{\text{No. of medical professionals}} \times 100$$

SOURCE: Regional information systems.

OBSERVATIONS: the calculation will be made by gender.



Indicator 5.2.2 (35)

Percentage of medical professionals participating in accredited courses on physical activity

DEFINITIONS:

- Medical professionals: medicine and nursing professionals working in PC centres.
- Accredited courses: courses, conferences, etc., accredited by the pertinent organisations, with contents on physical activity.

FORMULA:

$$\frac{\text{No. of accredited course participants}}{\text{No. of medical professionals}} \times 100$$

SOURCE: Regional information systems.

OBSERVATIONS: the calculation will be made by gender.

35



6. Urban design and physical-sports activity facilities

Purpose: to ascertain the number and availability of spaces and infrastructures facilitating the practising of physical activity and sport.

DEFINITIONS:

- **Sports facility:** a space for collective use in which adaptations have been made to allow physical-sports activities to be practised permanently, or which are generally recognised as sites for carrying out these practices. The sports facilities are comprised of sports and additional areas located in common premises which have a dependent and homogeneous function.
- **Sports complex:** a set of sports facilities, normally grouped together, which operate independently under a common name.
- **Sports area:** a space inside a facility, equivalent to any of the sports area types defined in the manual for interpreting the National Sports Facilities Census (CNID); they are classified as conventional spaces, singular spaces and areas of activity.
- **Conventional sports areas:** areas built for practising sports, which including the most traditional types: courts, walled courts, fields, longitudinal areas, swimming pools and rooms. They have regulated references with pre-established dimensions, but not all of them comply with these dimensions. They may be outdoor or indoor (with or without an enclosure), with the latter permitting the practising of physical exercise-sports in the case of bad weather.
- **Water curtain:** a water surface in sports areas used for practising water sports or activities; they may be outdoor (not heated) or in enclosed areas (confined spaces, indoor spaces and heated).
- **Singular sports areas:** spaces built for practising sports, which although they may be regulated, have specific dimensions and characteristics adapted to each type. They are more specific areas and generally have certain spatial requirements, meaning that they are laid out irregularly on the terrain. Singular areas include the following type of facilities for practising sport: golf courses, ski resorts, racing circuits, bicycle lanes, etc.
- **Activity areas:** spaces not strictly intended for sports, for instance, natural infrastructures or spaces where physical-sports activities are practised because they have been adapted for such activities or are normally used for practising them. The lack of definition regarding the specific limits and characteristics of these areas makes it difficult to determine their size and obtain information about them. Areas of activity include natural areas and areas in which adaptations have been included or built to allow the practising of physical activity-sports on a permanent basis (beacons, signs or adaptations), and exclude hypothetical spaces for practising physical activity which fail to meet these requirements. They are classified as land, air and water areas.

- **Sports facility location:** the location of the sports facility within the municipal boundary.
 - a) Urban. Inside a town/city centre.
 - b) Peripheral. At the edge or on the outskirts of a town/city centre (1-3 km).
 - c) Non-urban. Inside the municipal boundary but far from a town/city centre (>3 km).
- **Schools:** public, semi-private and private.

Indicator 6.1.1 (36)

Sports area surface per inhabitant

FORMULA:

$$\frac{\text{Sq. m. of sports area surface}}{\text{No. of inhabitants}}$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: the calculation is made as a total, by areas (regions, provinces and municipality sizes, depending on the population), by types of sports areas, characteristics of those areas and their location within the municipality.

Indicator 6.1.2 (37)

Number of sports areas per 10,000 inhabitants

FORMULA:

$$\frac{\text{No. of sports areas}}{\text{No. of inhabitants}} \times 10,000$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: calculated based on the population, from a certain size. The calculation is made as a total, by areas (regions, provinces and municipality sizes, depending on the population), by types of sports areas, characteristics of those areas and their location within the municipality.

Indicator 6.1.3 (38)

Indoor sports areas per 10,000 inhabitants

FORMULA:

$$\frac{\text{No. of indoor sports areas}}{\text{No. of inhabitants}} \times 10,000$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: calculated based on the population, from a certain size. The calculation is made as a total, by areas (regions, provinces and municipality sizes, depending on the population), by types of sports areas, characteristics of those areas and their location within the municipality.

Indicator 6.1.4 (39)

Water curtain surface area per 10,000 inhabitants

FORMULA:

$$\frac{\text{Sq. m. of water curtain surface area}}{\text{No. of inhabitants}} \times 10,000$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: calculated based on the population, from a certain size. The calculation is made as a total, by areas (regions, provinces and municipality sizes, depending on the population), by types of sports areas, characteristics of those areas (outdoor, indoor) and their location within the municipality.

Indicator 6.1.5 (40)

km of bicycle lanes per 10,000 inhabitants

FORMULA:

$$\frac{\text{km of bicycle lanes}}{\text{No. of inhabitants}} \times 10,000$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: calculated based on the population, from a certain size. The calculation is made as a total, by areas (regions, provinces and municipality sizes, depending on the population), by types of sports areas, characteristics of those areas (outdoor, indoor) and their location within the municipality.

Indicator 6.1.6 (41)

*km of spaces for practising physical activity in activity areas
(trails, green routes, nature walks, mountain bike routes)*

FORMULA:

$$\frac{\text{km of spaces in areas of activity}}{\text{No. of inhabitants}} \times 10,000$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: the calculation is made based on the total, by type of sports area, by areas (regions, provinces and municipality sizes, depending on the population).

Indicator 6.1.7 (42)

Indoor sports area surface in schools

FORMULA:

$$\frac{\text{Sq. m. of indoor sports area surface in schools}}{\text{No. of schoolchildren}}$$

SOURCE: National Sports Facilities Census, CSD.

OBSERVATIONS: the calculation is made based on the total, by type of sports area, by areas (regions, provinces and municipality sizes, depending on the population).



7. Food industry

7.1 Average content of certain nutrients in foods

Purpose: to ascertain the repercussions of programmes for reducing the salt, saturated fats and added sugars content in foods.

Indicator 7.1.1 (43)

Average salt content of food groups that contribute the most to the intake of this nutrient

FORMULA:
$$\frac{\Sigma \text{ g of salt in products evaluated}}{\Sigma 100 \text{ g of product}}$$

SOURCE: specific study analysing the products most often consumed in the food groups that contribute the most to the salt intake of the population.

OBSERVATIONS: according to the ENRICA study¹¹, the foods that contribute the most salt to diet are bread and bakery products, sausages, cheese and pre-cooked dishes. This indicator will be calculated for each group of foods considered.

Indicator 7.1.2 (44)

Average saturated fat content of food groups that contribute the most to the intake of this nutrient

FORMULA:
$$\frac{\Sigma \text{ g of saturated fat in products evaluated}}{\Sigma 100 \text{ g of product}}$$

SOURCE: specific study analysing the products most often consumed in the food groups that contribute most to the saturated fat intake of the population.

OBSERVATIONS: according to the ENRICA study¹¹, the food groups that contribute the most saturated fats to diet are cheese, sausages and processed meats, milk and dairy products and pastries, buns and biscuits. This indicator will be calculated for each group of foods considered.

Indicator 7.1.3 (45)

Average added sugars content of food groups that contribute the most to the intake of this nutrient

FORMULA:

$$\frac{\Sigma \text{ g of added sugars in products evaluated}}{\Sigma 100 \text{ g of product}}$$

SOURCE: specific study analysing the products most often consumed in the food groups that contribute most to the added sugars intake of the population.

OBSERVATIONS: according to the ENRICA study¹¹, the food groups that contribute the most added sugars to diet are soft drinks, yoghourts, fermented milks and dairy-based desserts, pastries, buns and biscuits, fruit juices and concentrated fruit juices and chocolate and chocolate-based foods. This indicator will be calculated for each group of foods considered.

7.2 Nutritional labelling

Purpose: to ascertain the use made by consumers of nutritional labelling.

Indicator 7.2.1 (46)

Percentage of consumers who say that they use the nutritional information about food to select the products they will buy from among those belonging to the same category

FORMULA:

$$\frac{\text{No. of consumers who say they use nutritional labelling to select products}}{\text{No. of consumers interviewed}} \times 100$$

SOURCE: specific study on selected consumers.

OBSERVATIONS: the calculation will be made for men and women.

Indicator 7.2.2 (47)

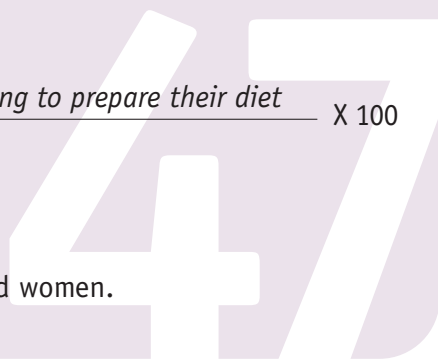
Percentage of consumers who say they use nutritional information on food to prepare their daily diet

FORMULA:

$$\frac{\text{No. of consumers who say they use nutritional labelling to prepare their diet}}{\text{No. of consumers interviewed}} \times 100$$

SOURCE: specific study on selected consumers.

OBSERVATIONS: the calculation will be made for men and women.



7.3 Exposure of persons under age to advertising on food and beverages

Purpose: to ascertain the volume of advertising on food and beverages, expressed in terms of advertising investment and number of ads, seen by children on TV channels, the Internet and social networks.

OBSERVATIONS:

- Pursuant to the General Audiovisual Communication Act, the hours for protection of persons under age are between 6 and 22 h., with extra protection between 8 and 9 h. and between 17 and 20 h. on weekdays and between 9 and 12 h. on Saturdays, Sundays and national bank holidays.

Indicator 7.3.1 (48)

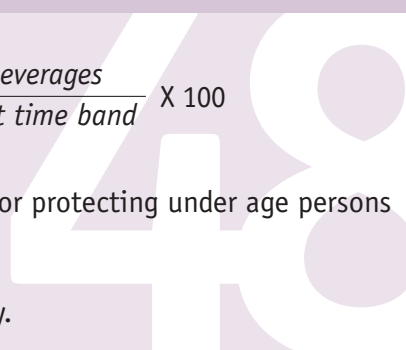
Percentage of advertising investment dedicated to promoting food and beverages on TV, during hours for protecting persons under age and extra protection hours

FORMULA:

$$\frac{\text{Advertising investment in food and beverages}}{\text{Total advertising investment during that time band}} \times 100$$

OBSERVATIONS: the indicator must be calculated in hours for protecting under age persons and hours of extra protection.

SOURCE: specific study conducted by a specialised company.



Indicator 7.3.2 (49)

Percentage of ads dedicated to promoting food and beverages broadcasted on TV during one day, in hours for protecting persons under age and hours of extra protection

FORMULA:

$$\frac{\text{No. of ads and promotions on food and beverages}}{\text{No. of hours during that time band}} \times 100$$

OBSERVATIONS:

The indicator must be calculated on a weekday and also on Saturdays, Sundays or national bank holidays.

The indicator must be calculated during hours of protection for persons under age and during extra protection hours.

SOURCE: specific study conducted by a specialised company.

Indicator 7.3.3 (50)

Percentage of ads dedicated to promoting food and beverages with a high content in saturated fats, sugars or salt broadcasted on TV during one day, at hours for protecting persons under age and extra protection hours, compared to the total number of ads on food and beverages

FORMULA:

$$\frac{\text{No. of ads on food and beverages with a high content in saturated fats, sugars or salt}}{\text{No. of ads on food and beverages during that time band}} \times 100$$

OBSERVATIONS:

The definition of food with a high content in saturated fats, sugars or salt is that established by the British Food Standards Agency for labelling foods¹².

The indicator must be calculated on a weekday and also on Saturdays, Sundays or national bank holidays.

The indicator must be calculated during hours of protection for persons under age and during extra protection hours.

SOURCE: specific study conducted by a specialised company.

Indicator 7.3.4 (51)

Percentage of advertising investment dedicated to promoting food and beverages in websites popular among persons under the age of 16

FORMULA:

$$\frac{\text{Advertising investment in food and beverages}}{\text{Total advertising investment in websites popular among children}} \times 100$$

SOURCE: specific study conducted by a specialised company.

Indicator 7.3.5 (52)

Percentage of advertising investment dedicated to promoting food and beverages in social networks popular among persons under the age of 16

FORMULA:

$$\frac{\text{Advertising investment in food and beverages}}{\text{Total advertising investment in social networks popular among children}} \times 100$$

SOURCE: specific study conducted by a specialised company.



7.4 Commercial pressure on persons under age

Purpose: to ascertain the commercial pressure received by persons under age through different marketing techniques that are particularly attractive to children.

Indicator 7.4.1 (53)

Percentage of ads on food and beverages broadcasted on TV during a day which includes the offer of promotional gifts that are attractive to children (toys, collector's items, etc.) or links to websites offering gifts in the form of music or which contain on-line games or have promotions that are attractive to children (draws, competitions, etc.) during hours for protecting persons under age and extra protection hours

FORMULA:

$$\frac{\text{No. of ads on food and beverages offering gifts or with links to websites offering gifts}}{\text{Total no. of ads on food and beverages during that time band}} \times 100$$

OBSERVATIONS:

The indicator must be calculated on a weekday and also on Saturdays, Sundays or national bank holidays.

The indicator must be calculated during hours of protection for persons under age and during extra protection hours.

SOURCE: specific study conducted by a specialised company.

Indicator 7.4.2 (54)

Percentage of food products containing on their label an offering of promotional gifts that are attractive for children (toys, collector's items, etc.) or links to websites offering gifts in the form of music or which contain on-line games or have promotions that are attractive to children (draws, competitions, etc.)

FORMULA:

$$\frac{\text{No. of products offering gifts or with links to websites offering gifts on their labels}}{\text{Total no. of products analysed}} \times 100$$

SOURCE: specific study on a representative group of foods.

Indicator 7.4.3 (55)

Percentage of food products containing on their label cartoon characters or characters which are popular among children, including those owned by the brand or whose rights have been acquired by it (licensed)

FORMULA:

$$\frac{\text{No. of products with cartoon or popular characters on their labels}}{\text{Total no. of products analysed}} \times 100$$

SOURCE: specific study on a representative group of foods.



8. Hotels and restaurants

OBSERVATIONS: special emphasis will be placed on restaurant chains and franchise restaurants in the study samples, due to their higher sales volume and their impact on the population's health. Restaurant chains and franchise restaurants will be counted as a single restaurant due to their extremely similar characteristics.

8.1 Information on nutritional properties

Purpose: to ascertain the presence of information about the nutritional properties of dishes in the restaurants, to allow consumers to select a balanced menu.

Indicator 8.1.1 (56)

Percentage of restaurants which include information about the nutritional characteristics of their dishes and the products on offer (energy intake, fats and salt content, etc.), which is written on the menu or visible on the counters where the food is purchased

FORMULA:

$$\frac{\text{No. of restaurants offering visible nutritional information for choosing dishes}}{\text{No. of restaurants evaluated}} \times 100$$

SOURCE: specific study on a selected group of restaurants.

8.2 Healthy food offering

Purpose: to ascertain the availability of fruit, salads and dishes with vegetables or legumes offered by the restaurants and the absence of giant servings or portions.

Indicator 8.2.1 (57)

Percentage of restaurants in which at least one out of every three dessert options is made with fresh fruit (whole or manipulated) or natural fruit juices

FORMULA:

$$\frac{\text{No. of restaurants where at least 1/3 of the desserts on offer are made with fresh fruit or natural fruit juices}}{\text{No. of restaurants evaluated}} \times 100$$

SOURCE: specific study on a selected group of restaurants.

Indicator 8.2.2 (58)

Percentage of restaurants in which at least one out of every three first courses includes a salad or dish with vegetables or legumes

FORMULA:

$$\frac{\text{No. of restaurants with more than 1/3 of the first courses offered based on vegetables or legumes}}{\text{No. of restaurants evaluated}} \times 100$$

SOURCE: specific study on a selected group of restaurants.

Indicator 8.2.3 (59)

Percentage of restaurants offering what are considered to be giant servings or portions

OBSERVATIONS: giant servings or portions are considered to be those providing more than one-third of the recommended daily calories for an adult woman leading a sedentary life (2,000 Kcal).

FORMULA:

$$\frac{\text{No. of restaurants offering what are considered giant servings or portions}}{\text{No. of restaurants evaluated}} \times 100$$

SOURCE: specific study on a selected group of restaurants.

Indicator 8.2.4 (60)

Percentage of restaurants using oil that is considered unhealthy due to its high content of saturated fatty acids to fry foods (e.g., palm or coconut oil, etc.) or due to the presence of trans fatty acids

OBSERVATIONS: saturated fatty acids (SFA) and trans fatty acids (TFA) detected on analysing French fries in a restaurant may originate exclusively from the oil used to fry them. Therefore, an analysis of their content in a sample of French fries is an indirect way to determine the composition of the oil used for frying. Oils containing more than 30% of SFA or 2% of TFA in their composition are not considered appropriate for frying, due to their negative cardiovascular repercussions.

FORMULA:

$$\frac{\text{No. of restaurants with more than 30% SFA or 2% TFA in a sample of French fries}}{\text{No. of restaurants evaluated}} \times 100$$

SOURCE: specific study on a selected group of restaurants.



References

- 1 **Global Strategy on Diet, Physical Activity and Health**
2004. Geneva, World Health Organisation
- 2 **Global Strategy on Diet, Physical Activity and Health: Framework for monitoring and evaluating the application**
2006. Geneva, World Health Organisation
- 3 **WHO European Action Plan for Food and Nutrition 2007-2012**
2008. Copenhagen, World Health Organisation
- 4 **White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues**
http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_es.pdf
2007. European Commission
- 5 **EU Physical Activity Directives. Recommendation actions to support physical activity for health**
<http://www.csd.gob.es/csd/estaticos/dep-salud/Directrices-Actividad-Fisica-UE-web.pdf>
2008. European Union
- 6 **Spanish National Health Survey**
<http://www.msc.es/estadEstudios/estadisticas/encuestaNacional/home.htm>
2010. Ministry of Health, Social Policy and Equality
- 7 **Medical Barometer**
<http://www.msc.es/estadEstudios/estadisticas/sisInfSanSNS/informeAnual.htm>
2010. Ministry of Health, Social Policy and Equality
- 8 **Survey on sporting habits in Spain**
<http://www.csd.gob.es/csd/sociedad/encuesta-de-habitos-deportivos/view>
2010. National Sports Council
- 9 **National Sports Facilities Census**
<http://www.csd.gob.es/csd/instalaciones/politicas-publicas-de-ordenacion/1CenInstDep/>
2005. National Sports Council
- 10 **Consensus document on food served in school kitchens**
http://www.naos.aesan.msps.es/naos/escolar/documentacion_alimentacion_centros_educativos/
2010. Ministry of Health, Social Policy and Equality
- 11 **Rationale and Methods of the Study on Nutrition and Cardiovascular Risk in Spain (ENRICA)**
Rodríguez-Artalejo F, Graciani A, Guallar-Castillón P, León-Muñoz LM, Zuluaga MC, López-García E, Gutiérrez-Fisac JL, Taboada JM, Aguilera MT, Regidor E, Villar-Álvarez F, Banegas JR
Revista Española de Cardiología 2011; 64(10):876–882
- 12 **Front-of-pack traffic light signpost labelling. Technical guidance**
<http://www.food.gov.uk/multimedia/pdfs/frontofpackguidance2.pdf>
2007. Food Standards Agency

www.naos.aesan.mpsi.gob.es

