



SCORING FOR Health



**BEST PRACTICE
HANDBOOK**





SCORING FOR *Health*



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Preface

This handbook was collectively developed as part of the Erasmus+ Collaborative Partnerships project, Scoring for Health including partners: Club Brugge Foundation, Ferencváros TC, Feyenoord Rotterdam, Montrose Community Trust, Morton in the Community, FC Emmen Naoberschap, Randers FC, Sport Verein Werder Bremen 1899 and European Football for Development Network. The handbook comprises an extensive research and mapping exercise that the working group conducted on organizations, projects, and methodologies throughout Europe that use sport in some way to promote a healthy lifestyle for children and adolescents. A total of 23 initiatives were identified and 8 of these were selected by the group

as best practices according to criteria based on relevance and impact. An in-depth analysis on these two criteria will be described in the handbook. The handbook presents the 8 best practices and then extracts all initiatives' key health mechanisms and activities to identify and better understand the specific inputs that contribute to effective employment and employability outcomes. This best practice mapping was undertaken to provide a strong foundation and learning for Scoring for Health partners to collaboratively work on a new sports-based methodology designed specifically to create awareness around health.



Scoring for Health

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein. This Handbook was conducted by a Consortium Group consisting of the following partners; Links Park Community Trust, Naoberschap United Foundation, SV Werder Bremen, Randers FC, Ferencvaros TC, Club Brugge Foundation, Feyenoord Rotterdam and Morton in the Community, and European Football for Development Network.

1

INTRODUCTION

Overweightness and obesity among adults, children, and young people is a rising trend spreading through the whole of Europe. For children aged between 5 and 17 years old, the average BMI measurement is alarming, according to the World Health Organisation (WHO; WHO Regional Office for Europe, 2022). This needs to be changed for the European population's health, well-being, and social life. The cause of these current health concerns is mainly down to the unhealthy European diets, and more specifically the intake of saturated fats, trans fats, sugar, and salt, as well as the decreased intake of vegetables, fruits, and whole-grain foods (Seidell, 1995). Especially early life overweight does have an enormous effect on eating habits and physical activity later in life. Starting from behind in early life makes catching up very difficult in later life. One of the main reasons for overweight in early life, including unhealthy eating habits, is a lack of education and knowledge about the consequences.

Over 340 million children and adolescents aged between 5 and 19 years old were overweight or obese in 2016. A study by HBSC (Health Behaviour in School-aged Children) has indicated that 15 to 39% of the schoolboys were considered to be overweight or obese. From the schoolgirls, it is indicated between 9 and 32%. There is also a big decrease in physical activity. From guidelines of the WHO, children and adolescents are expected to be at least 60 minutes active per day (WHO, 2020). Unfortunately, according to the WHO, 81% of adolescents between the age of 11 and 17 years old do not meet these requirements. Girls in this age category were even less active.

Obesity and overweight do have a negative influence on both individual and societal levels. Firstly, research shows us the decrease in self-esteem and the arise of anxieties and depression in early life (French, Story & Perry, 1995; Cornette, 2011). When individuals experience mental health problems early in the life cycle, the higher the chance for mental problems later in life (Kessler et al., 2007). Obviously, a higher prevalence of mental health issues creates negative tendencies on many societal levels. Secondly, children with obesity experience more physical problems and vascular diseases later in life (Park, Falconer, Viner & Kinra, 2012). Examples are higher risks for cancer, heart failure, chronic kidney disease and general mortality. Together with the increasing amount of overweight, the economic costs of this phenomenon are currently rising as well. Altogether, it is crucial to stop the current rise of overweight and obesity and to increase the overall health of the European population. However, on average, healthy food is more expensive than unhealthy products containing sugar and many fats. Therefore, citizens in a lower social economic state are unlikely to afford fresh vegetables and

whole-grain foods (Hanson & Chen, 2007). In deprived urban areas is less diversity in food products available too. Unfortunately, not enough education takes place in early life about the necessity of eating healthy products and daily physical activity, and the consequences of an unhealthy lifestyle.

After these facts, it is of utmost importance to change this unhealthy lifestyle among the European population. The goal is to change human behaviours and strive for a healthy society. Not only for physical reasons but also for general life satisfaction and economic reasons. Sports can play an important role in this case. The importance of a healthy lifestyle and enough physical activity needs to be made clear to children, adolescents, and adults. By connecting the sports community, this message can be spread around the European continent.

In the following, the consequences of a society with overweight will be discussed. What consequences can arise from it? For the first time in recent history, children today may be facing a shorter life span than their parents due, in large part, to the alarming rise in obesity. Throughout the history of the human race, people have been victimized for their beliefs, their practices, or their appearance. Children today are faced with a culture that deeply values physical appearance and views obesity as a symptom of laziness, weakness, and selfishness. This, it is easy to fathom the emotional sequela experienced by overweight and obese children and adolescents. Cornette (2011) found that obese adolescents had the following risks:

1. A 60% higher risk of being diagnosed with anxiety or depression
2. A 40% greater risk of having feelings of worthlessness
3. A 40% greater risk of parental concerns about their child's self-esteem
4. A 70% greater risk of being told by a healthcare provider that they have behavioural problems
5. A 30% greater risk of being withdrawn
6. A 40% greater risk of bullying others

INTRODUCTION

Childhood obesity

Obese children are the victims of teasing three times more often than their average weight peers. Evidence is revealing that the consequences of such teasing may impact all areas of the child's development, including the child's psychological, social, emotional, academic, professional, and spiritual development, not only during growth into adulthood but possibly well into middle age and beyond. The incidence of perpetrating bullying behavior by obese children appears to increase as these youth move into adolescence, possibly as a means of initiating domination of their peer group during the time when peer group recognition is most important (Cornette, 2011).

Emotional Consequences

There are a multitude of conditions that can affect the human psyche, this discussion focuses on the consequences of obesity pertaining to self-esteem/ image, mood (e.g., depression), and anxiety disorders. Obese children are more likely to suffer from negative or decreased self-esteem or self-image, increased anxiety, sad affect, and symptoms of depression. There is a direct correlation between the baseline body mass index (BMI) and lower self-esteem in adolescents, but the inverse (i.e., lower self-esteem correlated with increased body weight) was not noted (Cornette 2011).

Depression

When weight-related teasing was examined regarding its influence on depression, a positive relationship was found but raised the question of whether the weight or the teasing contributed to the depressive condition. Interestingly, research has focused on the inverse relationship by investigating whether children who suffer depressive symptoms are more likely to become obese in adolescence or adulthood. Although the research in this area is not conclusive, evidence indicates that children who experience depressive symptoms are more likely to experience higher weights in their youth or adulthood, and the findings are more characteristic of female rather than male youths (Cornette, 2011).

Body Dissatisfaction

Body dissatisfaction is higher in overweight and obese children and adolescents, especially in obese girls. Similar to depressive symptoms, research has found that weight-related teasing has a negative relationship to body image in both male and female youths and the development of eating disorders in females. The greater the teasing as a child, the more likely the child will suffer body dissatisfaction as an adult and, subsequently, lower self-esteem. Additional research has determined that the weight-related teasing rather than the child's weight was the stronger predictor of body dissatisfaction, and when body image was modified without weight change, self-esteem improved (Cornette, 2011).



2

PEOPLE'S EXPERIENCE OF LIVING WITH OBESITY: BERGLIND

This story is based on an interview with a person living with obesity in the WHO European Region. These are their perceptions and not necessarily reflecting the position of WHO.

It wasn't until she was an adolescent that Berglind began to face living with obesity. Berglind remembers her body developing very early, which she found difficult. When she was 11 years old, she spent the summer with a friend of her mother. This was the first time that Berglind had been put on a diet and was the first of many experiences that led to her feeling ashamed of her body and guilty about eating. As a result, she began to eat in secret.

A number of traumatic events took place in the following years; the death of one of her grandfathers was followed by the deaths of her grandmother, her very close aunt and her other grandfather. She was also raped by a family member at the age of 17. Berglind developed severe depression in response to the trauma and as a consequence exhibited behaviours such as partying and heavy drinking. Berglind recalls a number of times where she woke up after drinking heavily, having tried to take her own life. It was around this time that she found out she was pregnant. She says that her son became her lifeline. Berglind stopped drinking and began to get her life back on track; however,

her weight continued to be an issue. Having always been self-guided in her approach to diet and exercise, Berglind eventually found an obesity clinic on a recommendation from a friend. However, her experience at the clinic was unsuccessful and she began to gain weight again. At age 35 years, Berglind entered a five-week programme at a weight specialist clinic. A year later she applied for bariatric surgery. Determined for the surgery to be a success, Berglind did everything she was advised to do and began to lose weight.

Having experienced years of trauma, Berglind advocates for the importance of mental health when it comes to treating and managing obesity. Berglind believes that the hardest part is for a person to acknowledge the situation and accept that they are living with obesity. One of the most difficult realizations for Berglind after she had surgery was the way people treated her once she had lost weight. She had never realized this until people began to acknowledge her in public, offer her service in stores and stop for her when she crossed the road. There is a lot of bullying and shaming among the general population that contributes to this problem.



3

RESEARCH – STATISTICS

To understand the importance and the urge on this topic, some general statistics are listed. Despite highly diverse actions delivered at the European level to reverse the rising trend of overweight and obesity, the proportion of the population which is overweight or obese remains worryingly high for adults, children, and young people. The critical BMI evolution is especially alarming for children aged between 5 and 17 years, as the World Health Organisation has revealed. The main reason for this alarming observation is intrinsically the current Europeans' unhealthy diet habits. Indeed, the analysis of these lifestyles has concluded that this actual trend results from an imbalance and excessive intake of saturated fats, trans fats, sugar, and salt (finding its source in the increased consumption of highly processed, energy-dense manufactured foods and sugar-sweetened beverages) reported to an inadequate and decreased consumption of vegetables, fruits, and whole grains.

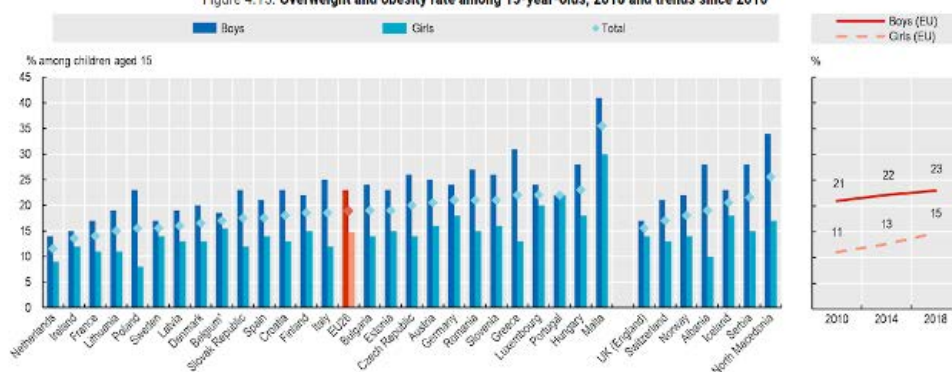
To be able to evaluate and monitor the actual development of these concerning health issues the Child Obesity Surveillance Initiative (COSI) has been introduced as a uniform surveillance methodology in several European countries. Estimation for this working group evaluated in 2010 that around 1 in 3 children in the EU aged 6-9 years old were overweight or obese. A worrying increase compared to 2008 when the rate was 1 in 4. More actual, COSI analysis (2014) demonstrated that the proportion stabilized regarding the same age

group but clarified that there is a significant prevalence in southern European countries and also among groups of low socioeconomic status. In addition, the 2013–2014 study of Health Behavior in School-Aged Children (HBSC) displayed the same perspective that 15–39% of 11-year-old schoolboys and 9–32% of schoolgirls are characterized to be overweight or obese.

In 2018, almost one in five (19%) 15-year-olds was either overweight or obese on average across EU countries, up from one in six (16%) in 2010. There is a three-fold variation in overweight and obesity rates among adolescents across EU countries, ranging from 12% in the Netherlands to 36% in Malta (OECD/European Union, 2020).

In all EU countries except Portugal, overweight and obesity are more prevalent for boys than girls. On average across EU countries, the prevalence in 2018 was 23% in 15-year-old boys compared to 15% in girls. This gender difference is driven by a combination of biological, social, and environmental factors. In Poland, Italy, and Greece, overweight and obesity among boys are more than twice as prevalent as among girls (OECD/European Union, 2020).

Figure 4.15. Overweight and obesity rate among 15-year-olds, 2018 and trends since 2010



Note: The EU average is unweighted. 1. The value for Belgium is the unweighted average of the Flemish and French Communities.
Source: HBSC data from Inchley et al. (2020).

RESEARCH – STATISTICS

Poor Eating Habits

The study from the OECD (2009-2010) determined that in the EU Member States, only 1 in 3 girls and 1 in 4 boys aged 15 years reported eating at least one piece of fruit daily. As part of a healthy diet low in fat, sugars and sodium, WHO suggests consuming more than 400 grams of fruits and vegetables per day to improve overall health and reduce the risk of certain NCDs, including cardiovascular diseases and certain types of cancer. This translates roughly to 5 portions per day. This tendency has been emphasized over the years, as the COSI (2018) detailed in its results. Healthier but there is still a huge gap remaining between countries. Regarding rates of snacks and soft drinks, both present a constant trend that on average more than half of the questioned parents announced that their children would intake such substances “Never or less than once a week”. The WHO suggests consuming around five portions of fruits and vegetables per day to improve your health and to reduce the risk for developing physical diseases (WHO, 2020).

Moreover, during the last decades in industrialized countries, as a result of social, cultural, and environmental changes, a predominant tendency to eat out of home and consume ready-prepared food has increased, and older children or adolescents have not been spared.

Consequently, young people in Europe have integrated out-of-home consumed food (Lachat et al., 2011). This modern lifestyle has perhaps been adopted due to educational or professional issues, for example, the younger generation’s schools, working places (apprentice- or traineeship), and/or hobbies are further away from their home. The danger is, as several types of research documented that out-of-home eating is correlated with higher dietary intake or poor nutritional intake in Europe (Lachat et al., 2011). More fast-food and substantial amounts of sugar-sweetened beverages are consumed and proposed by the food industry in the state of healthier plate choices. This impacts negatively health, as it has been assessed in worldwide studies, which notify a relation between the increased out-of-home food consumption and the rising overweight and obesity prevalence rates.

Parents own eating habits and behaviours signify what children consume in their early life (Anzman, Rollins & Birch, 2010). Throughout childhood, children are dependent on behaviours and attitudes toward food and physical activity from their parents. Not only in the first couple of years in life, but also the prenatal and postnatal period. For example, in prenatal circumstances, maternal undernutrition and overnutrition are linked to later obesity risk for the child (Whitaker, William & Dietz, 1998).

Also, no or very little breastfeeding in the postnatal period comes with a higher chance of obesity (Yan et al., 2014). Parents with fewer psychological and financial resources, fewer possibilities and limited access to healthy food supplies and opportunities for some physical activity and who are sensible for unhealthy food marketing, are not able to create healthy food environments for their children.

By educating young children about the importance of a healthy lifestyle, future generations are more aware of the negative consequences of unhealthy food decisions. As a result, the prevalence of obesity will decrease. During early childhood, children are also learning how much to eat, and parents can determine the portions and energy density of the foods served to children. Experimental evidence shows that children eat more when they are served larger portions, and portion size effects on energy intake have been observed among children as young as 2 years. More recently, it has been shown that the effects of larger portions extend beyond single meals, promoting increased energy intake over a 2-day period. Recent work from our laboratory revealed that portion size early effects on obesity effects are moderated by child weight status: overweight children showed greater increases in intake with increasing portion size (Anzmann, Rollin & Birch, 2010). Parents’ own food preferences, intake patterns and eating behaviors influence the foods available to young children, and parents also serve as models for children’s behavior, affecting early learning of food preferences and eating behaviors. Parents shape the flavors that become familiar to children before birth and the foods available postnatally, and repeated exposure to flavors during the prenatal and postnatal periods affects children’s subsequent acceptance of foods and flavors. Humans do not have to learn to like sweet and salty tastes; thus, children will like and readily consume foods and beverages high in sugar and salt, which are often high in energy density. However, children’s diets should be high in nutrient density but of moderate energy density, including a variety of foods that are not high in sugar or energy, such as vegetables.

Fig. 21 The early life origins of childhood obesity and their transgenerational impact



RESEARCH – STATISTICS

Decrease in the physical activities of children

Physical activity is a variable that is closely linked to the energy imbalances resulting in childhood overweight and obese transformation. As commonly shared, physical activity benefits children's physical and mental health. Firstly, exercise creates many neurotransmitters called serotonin, dopamine and endorphins (Mikkelsen et al., 2017). As a result, exercise improves the general mood, self-esteem and establishes lower anxiety and stress levels. Secondly, physical activity reduces the blood pressure and inflammation in the body (Mikkelsen et al., 2017). Therefore, exercise acts as a buffer for developing diseases in (later) life. Lastly, children usually play together and exercise together at school or at sports clubs. When playing and exercising together, children benefit from developing social, emotional, cognitive and motoric skills too. It is clear that exercise improves mental well-being and is a viable preventative or adjunct treatment option for improved mental health outcomes (Mikkelsen et al., 2017).

As the WHO recommends, children should carry out at least 60 minutes of moderate-to-vigorous physical activity a day. What is observed in numerous studies is that only a small proportion of children currently meet this recommendation.

Accordingly, studies recorded a 50% decrease in the average level of physical activity for boys between the ages of 11- and 15 years. The scores are even more dramatic for the girls. In most EU countries, the level of physical activity related to the 15-year-old girl's age category count as less than half of physical activity measured for the 11 years age group. Furthermore, girls in Austria, Ireland, Romania, and Spain exhibit a decrease of over 60%.

These proportions could be easily increased by for example promoting and encouraging families to take the time to go to school through active transportation mediums such as walking, cycling, etc instate of taking public transportation. Moreover, children should be encouraged to play actively by taking part in activities like running, jumping outside or moving and fitness games inside instate of having passive pastimes which require no physical activation.



Physical education on schools contributes to the physical activity levels of young people. Unfortunately, not every school in Europa does have the financial resources to provide regularly active physical education teachers. For that reason, educating children about the virtue of physical activity is very relevant.

However, it is also important not only to name the positive influences of exercise, but also to know the background to the disadvantages. Recent evidence has demonstrated that in some circumstances exercise can result in negative psychological outcomes. Intense physical training, or overtraining, can create mood disturbance in individuals free from psychopathology at the outset, and result in clinical depression in the case of the stale athlete. Furthermore, overtraining-induced mood disturbances follow a dose-response pattern in response to the training stimulus, and hormonal changes linked with depression have also been found to follow this pattern. Because of the close linkage between psychological responses and exercise dosage, the relationship between intense physical training and mood disturbance appears to be causal in nature. On the other hand, the relationship between exercise and positive changes in mental health is less established and its present status is one of association (Raglin, 1990).

Societal effects of obesity

The rise of overweight and obesity in Europe results in more health care costs. These economic burdens can be prevented with a healthy lifestyle. Besides the economic costs, research shows us that adults with obesity experience stigmatization and discrimination too (Puhl & Brownell, 2013). Experimental studies suggests that overweight people are disadvantaged during job application procedures and are victim of inequity in wages and getting promoted in the workplace (Puhl & Brownell, 2013). Next to that, obesity leads to prejudices of health care professionals and obese children are bullied more often. This is one more reason to prevent obesity in later life by educating children about an unhealthy lifestyle.

4

SPORT AS A TOOL TO CREATE A HEALTHIER LIFESTYLE

There is an overwhelming amount of scientific evidence on the positive effects of sport and physical activity as part of a healthy lifestyle. The positive, direct effects of engaging in regular physical activity are particularly apparent in the prevention of several chronic diseases, including cardiovascular disease, diabetes, cancer, hypertension, obesity, depression, and osteoporosis (Chekroud, 2018; Taylor, Sallis & Needle, 1985; Raglin, 1990; Mikkelsen et al, 2017). Regular physical activity increases the overall life satisfaction too.

The role that sport can play in improving the lives of individuals and communities, young and old, is widely recognized. Indeed, the European Commission's White Paper on Sport (2007 & 2011) highlighted the societal role of sport in a range of areas, including:

- the impact of physical activity on public health.
- the reinforcement of Europe's human capital via the use of sport in both formal and non-formal education.
- the contribution that sport can make to economic and social cohesion and more integrated societies.
- the ability to use sport to share Europe's values with other parts of the world.

When drawing on these findings in "Developing the European Dimension in Sport",

the Commission identifies Health-enhancing physical activities (HEPA), 'sport for all' and 'social inclusion in and through sport' as key priorities which can contribute toward the overarching goals of the Europe 2020 Strategy. Improving mental and physical health and social well-being via projects that promote physical activity, is one of the most important health determinants in modern society and improves the social integration of vulnerable and disadvantaged groups through sport and the related exchange of good practice.

Several factors influence how sports and physical activity impact health in different populations. Sport and physical activity in themselves may not directly lead to benefits but, in combination with other factors, can promote healthy lifestyles. There is evidence to suggest that changes in the environment can have a significant impact on opportunities for participation and in addition, the conditions under which the activity is taking place can heavily impact health outcomes. Elements that may be determinants of health include nutrition, intensity and type of physical activity, appropriate footwear and clothing, climate, injury, stress levels, and sleep patterns.

By showcasing the best practices, Scoring for Health can contribute to understand how sport can be used as a tool to create a healthier lifestyle all over Europe.



5

MAPPING BEST PRACTICES

The Scoring for Health consortium partners undertook extensive research and analysis to identify organisations, projects, and methodologies throughout Europe that use sport to promote the importance of a healthy lifestyle and enough physical activity for children.

The project manager of Scoring for Health undertook the following activities:

- Online desk internet research
- Consultation via phone and email with organisations connected to Scoring for Health partners (e.g. football clubs, foundations, NGOs, community organisations).

6

CRITERIA FOR IDENTIFYING BEST PRACTICES

The Scoring for Health project manager focused its research on organisations, projects, and methodologies throughout Europe that use sport in some way to promote the importance of a healthy lifestyle and enough physical activity for children. This mapping was undertaken to provide a strong foundation and learning for Scoring for Health partners to collaboratively work on a new sports-based methodology designed specifically to create more awareness about a healthier lifestyle and proper wellbeing for children.

A total of 23 initiatives were identified

Therefore, the most important criteria used to identify initiatives were:

The second step was to identify best practices from these initiatives. As such, an additional set of criteria was applied during the analysis phase to identify those that were best practices, including:

1. Initiatives that use sport to promote a healthy lifestyle and good well-being
2. Initiatives that use sport to engage schoolchildren in getting a healthy lifestyle
3. Initiatives that use sport create awareness about health risks at a young age

1. Availability of information
2. Relevance of the initiative to the desired target group.
3. Effectiveness of the approach used applied to schoolchildren between 5 and 15 years old

A total of 8 initiatives were agreed on by Scoring for Health partners as being best practices in their respective fields/locations and a summary of each was written up for inclusion in this handbook.

7

BEST PRACTICES MAPPING ANALYSIS

The 8 best practices identified in the research and mapping exercise include a range of organisations, projects, methodologies, and work within one of more of the many criteria listed below about creating awareness around health among children and Using Sport, respectively. As such, the Scoring for Health project manager recognised that there was not one singular “best” way to promote a healthy lifestyle among children and their families.

The Scoring for Health project manager identified that the extensive and diverse activities and actions could be grouped into 3 main categories of different types of employment mechanisms:

1. Nutrition involved in the project
2. Sport involved in the project
3. Creating awareness around the importance of a healthy



7

BEST PRACTICES

AN INITIATIVE BY BAMA, NFF, AND EAT - EAT MOVE SLEEP

Norway

Eat Move Sleep is a project that has been launched in 2015 as a collaboration between EAT, the Norwegian Football Association (NFF), and Bama, the largest private distributor for fruit and vegetables in Norway. The project aims to inspire children and youth to make healthier and more sustainable lifestyle choices.

The main objectives of this program are:

Eat: Food and drinks are the fuel of your body and will affect your mental and physical health. Therefore, making healthy decisions in daily life is beneficial, especially from a young age.

Move: Physical activity helps to keep our bodies healthy. The aim is to make the younger generation more physically active.

Sleep: This is important for our mental and physical health. During your sleep, your body and cognition is repairing itself. Enough hours of sleep during the night is important. Individually those objectives are all important and together they are the key to a positive change.

The **main target group** of this program is children and adolescent youth aged between 7 and 14 years.

Engaging and fun educational experiences are meant to provide them with the knowledge, tools, and enthusiasm to eat healthily and sustainably, and inspire their family and friends to follow suit. Famous sports personalities and influencers help make healthy eating, moving, and sleeping patterns cool and attractive by being present as role models at sports events and on social media.

The Eat Move Sleep model also includes a solution where sales of healthy and sustainable foods contribute to football/sports clubs' finances and operations through a refund model, supported by the involved food providers. This approach makes Eat Move Sleep affordable and even generates revenue for individual clubs.

More information: <https://eatforum.org/initiatives/eat-move-sleep/>



BEST PRACTICES

AN INITIATIVE OF FC BARCELONA, BARÇA FOUNDATION,
AND BEKO - EAT LIKE A PRO

Sponsored by Unicef

Spain

Eat like a pro is a global initiative to fight childhood obesity. It is launched in 2017 to combat the dramatic rise in the rates of childhood obesity across the globe. This initiative is a collaboration between Beko, FC Barcelona, and Barça Foundation.

The campaign aimed to tackle the issue by helping parents to promote healthy eating and encouraging children to follow the example of their FC Barcelona heroes to 'Eat like a pro'.

A study by Beko in association with FC Barcelona, the Barça Foundation, and UNICEF, concludes that 80% of children eat more healthily if they know that their football hero has a healthy diet. Only one out of every five children knows that they should eat a recommended five items of fruit or vegetables a day. 72% of respondents know how many players there are on a football team, but just 21% gave the correct answer when asked what kind of daily intake of fruit and vegetable is considered a balanced diet.

This project is in cooperation with the first team players of FC Barcelona. The players' favourite recipes can be found on the website together with a little quote from the player to motivate the child to eat like him. In total 20 recipes from the FC Barcelona players could be found on the website.

FC Barcelona Tools offer the opportunity to have a Cheer message from the players of Barcelona to the child directly, congratulating the kid for eating a healthy meal. During El Clásico against Real Madrid, the first team was wearing the 'Eat Like a Pro' logo on their shirt sleeve and on their training kit before the encounter. Because of this initiative, the campaign achieved high visibility on a global level and raised 1 million euros funds for UNICEF.

More information: <https://www.bekopl.com/commitment/corporate-social-responsibility/eat-like-a-pro/>



BEST PRACTICES

AN INITIATIVE OF DFL FOUNDATION AND CLEVEN-STIFTUNG
- STEP KICKT!

Germany

Step kickt! Is an initiative to motivate children to have an active lifestyle and healthy nutrition. This initiative is a collaboration between the DFL Foundation and the Cleven-Stiftung.

It is an interactive step competition to get the children motivated, they use the trend of digital media to involve the children in it. The competition is motivating the children with a fitness wristband and an exciting website about exercising.

The target group of this competition is the elementary school kids in the 3rd and 4th grades in Germany. The classes are competing against each other in 10 weeks and need to collect the most steps. To ensure that it is a fair competition, the steps are converted into points.

This project is working together with professional football clubs and players from the Bundesliga, Bundesliga 2, and the 3rd Liga. They have challenges, motivational videos, and special movement cards for the participants

To keep the participants of step kickt! interested after the end of the program, a nutrition brochure was developed which continues to sensitize the entire family through child-friendly information, interactive tasks, and recipes as well as recommendations. In addition, and after the end of the project, all participants can participate individually in the step championship and complete monthly challenges.

More information: <https://www.step-kickt.de/>



BEST PRACTICES

*AN INITIATIVE OF UNION OF EUROPEAN FOOTBALL ASSOCIATIONS (UEFA),
WORLD HEART FEDERATION, HEALTHY STADIA, AND THE EUROPEAN
COMMISSION. – EAT FOR GOALS!*

Eat for Goals! Is an initiative to encourage young people to eat healthily and have an active lifestyle. This initiative has started in 2014 as a collaboration between UEFA, the World Heart Federation, Healthy Stadia, and the European Commission.

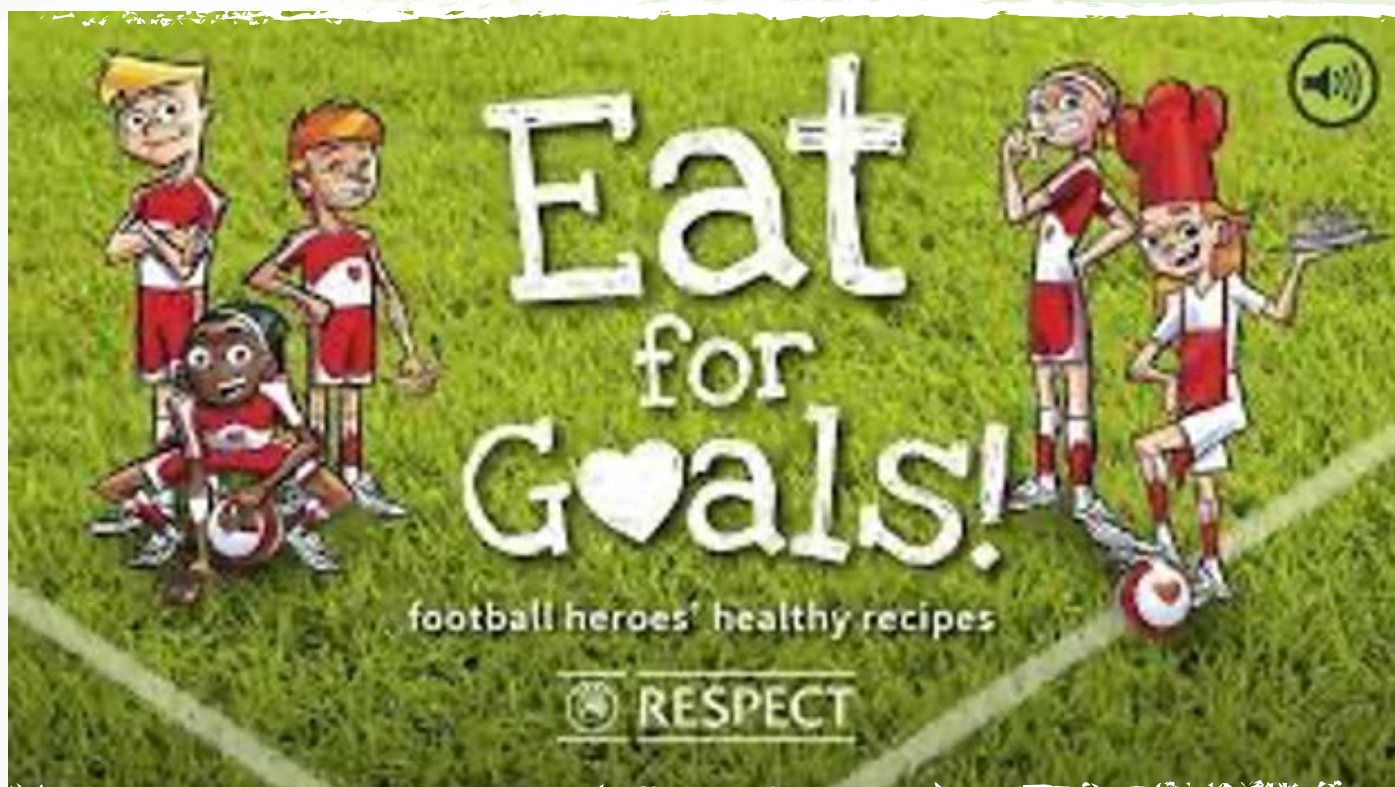
Eat for Goals! is an app that gives young people the chance to cook the same healthy recipes as some top football players. It is based on the successful book which is also called Eat for Goals.

The target group of this initiative is young people above the age of 7 years old. There is a little game implanted in the app, users have to score a goal before they get a recipe.

The recipes are from 11 football legends, e.g. Cristiano Ronaldo, Frank Lampard, Kaká, Yaya Touré, and Paul Pogba.

Each player shares what he or she loves to eat and gives the recipe for his or her favourite dish. As well as seeing what football stars like to eat, the app also provides interesting food facts and step-by-step instructions, making it easy for even the less experienced to make delicious, healthy meals in no time at all!

More information: <https://eatforgoals.com/en/?view=game>



BEST PRACTICES

AN INITIATIVE OF THE SCOTTISH FOOTBALL PARTNERSHIP TRUST
- GOFITBA

Scotland

GoFitba is a 12 week, free to access football-based health and wellbeing project for Primary schoolchildren developed by The Scottish Football Partnership Trust and delivered by community football clubs.

The project offers young children a platform for regular and fun physical activity and an understanding of the importance of leading a balanced and healthy lifestyle through diet and nutrition.

In addition, the project aims to increase the young people's self-motivation, improve their self-confidence, further develop their social and interpersonal skills and improve their general self-esteem.

The project timetable provides one structured afternoon per week for a period of 12 weeks and takes a holistic approach to teach the children the benefits of regular physical activity within a football environment. The youngsters participate in an hour of fun football activity, and during the second hour of each session, they take part in an interactive educational journey to explore the benefits of leading a healthy lifestyle through diet and nutrition.

Each session ends with the children being served a hot, healthy meal and an opportunity to enjoy some social time with their peers.

Each participant will receive a healthy cooked meal as well as positive messages and advice on ways to improve their diet and daily nutritional intake of food. A good diet is essential for good health and with childhood obesity an ever-increasing problem, the GoFitba project will try and put an early tackle to positively influence the young people's current and future health prospects, reducing the risk of developing obesity-related issues such as diabetes, some types of cancers, coronary heart disease and strokes in their later lives.

GoFitba also wants to make parents more aware of the importance of healthy food and an active lifestyle. At the end of the 12 weeks, the parents are invited to attend the session with the aim that they continue with a healthy lifestyle at home.

More information: <https://www.gofitba.com/>



BEST PRACTICES

AN INITIATIVE OF FC TWENTE SCOREN IN DE WIJK
- GEZONDE VOETBALCURSUS

The Netherlands

The **Gezonde Voetbalcursus** is a 10-week project all about sports and a healthy lifestyle. This project is set up by the foundation of FC Twente, scoren in de wijk together with different partners such as Menzis, the municipalities of Enschede, and Hengelo.

The project aims to promote social-emotional development and at the same time awareness of a healthy lifestyle, by carrying out 8 themed sports clinics for the classes. The project takes place at the training centre of FC Twente and is a 10-week-long project per class.

The target group of this project is primary school students from groups 7 and 8), secondary schools, and special education. It is in cooperation with different schools from the region of Twente.

Every week the classes will get sports clinics, all with their themes, such as social discipline, cooperation, and a healthy lifestyle. Actual themes at the schools will be implemented throughout the project. These clinics will create more awareness around the importance of a healthy lifestyle and enough physical activity on a day.

More information: <https://www.fctwente.nl/club/maatschappelijk/scoren-in-de-wijk/projecten/gezonde-voetbalcursus/>



BEST PRACTICES

AN INITIATIVE OF WEST HAM UNITED FOUNDATION
- TACKLING HOLIDAY HUNGER

United Kingdom

Tackling Holiday Hunger is a programme that is delivered during the school holidays in cooperation with the Premier League Primary Stars Programme, West Ham United Foundation, and Morrison's Foundation.

This project aims to tackle the national issue of holiday hunger, inactivity, and isolation for children and young people across East London and Essex. During the school holidays, a lot of children are at risk of hunger.

The West Ham Foundation is offering a free 3-day multi-sport and health-based programme for children between 5-and 11 years old whose families struggle to feed their children during the holiday time. On one of the days, the parents will get involved to help to

raise awareness about changes they can make without spending much money on it. During these days the children get engaged with multiple sports, such as football, handball, and cricket. Outside of the sports activities, they will get at least one healthy meal and snack a day. These sessions are 4 hours per day.

Holiday Hunger has delivered over 3,000 meals across more than 50 sessions in school holidays in East London and Essex,

More information: <https://www.whufc.com/news/articles/2020/october/29-october-hammers-tackling-holiday-hunger>
<https://quidsinmagazine.com/blog-post/lets-kick-holiday-hunger/>
<https://www.whufc.com/news/articles/2018/november/07-november/noble-we-can-help-tackle-holiday-hunger>



BEST PRACTICES

AN INITIATIVE OF THE KNVB – FC VERS

FC VERS is a programme that is delivered to 3 grassroots clubs in The Netherlands, these are: Kolping Boys in Alkmaar, Lugdunum in Leiden and FC Zoetermeer. It is a project of the KNVB, The Dutch Football Association in cooperation with partners such as Coca-Cola, Sligro, Heineken 0.0, Albert Heijn, Twelve and Teamfit.

The KNVB, clubs, and partners are working together towards a healthy sports environment and canteen with healthy choices. They believe that a healthy sports environment returns to a good atmosphere at the club. During this programme, they are also paying attention to smoking and alcohol.

In addition to the healthy choices in the canteens, attention is paid to young people and their eating and drinking habits before, during, and after exercise. The clubs will get help from professionals because it has been shown that it is difficult for the clubs on their own to deal with these subjects.

The 3 clubs and KNVB are together creating a learning environment in which research and experimentation take place setting up a healthy environment. Later on, all the grassroots clubs in The Netherlands will be able to work with it. So, in the future, there is a healthy sports environment throughout the country. All the partners provide a canteen coach, a fresh and healthy food variety, tips and tricks, the right cooling devices and help with the layout of the canteen. Altogether, this initiative promotes a healthy lifestyle and encourages sports clubs to sell only healthy products for children. This approach seems to be effective, by offering help to those who would like to change their policy but do need some help to implement.

More information:

<https://www.knvb.nl/info/56749/fc-vers>

<https://www.cocacolanederland.nl/duurzaamheid/maatschappij/de-selectie-van-fcvers-bekend>



8

CONCLUSION

The 8 best practices and the learnings from the various health activities, approaches, and outcomes identified provide the Scoring for Health project partners with a strong foundation to collaboratively work on a new sports-based methodology designed specifically to create awareness around the importance of a healthy lifestyle and physical activity for children. Project partners will endeavour to incorporate key learnings into the design of the new methodology to enhance the likelihood of achieving healthiness among children.

The new methodology will be developed and piloted in The Netherlands, Belgium, Germany, Scotland, and Hungary in 2020, with Scoring for Health project partners: Club Brugge Foundation, Ferencváros TC, Feyenoord Rotterdam, Montrose Community Trust, Morton in the Community, FC Emmen Naoberschap, Randers FC, Sport Verein Werder Bremen 1899 and European Football for Development Network.



9

GLOSSARY OF TERMINOLOGY

Best practice: A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

WHO: World Health Organization, is the United Nations agency that connects nations, partners, and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.

HBSC: Health Behaviour in School-Aged Children, The HBSC research network is an international alliance of researchers that collaborate on the cross-national survey of school students

COSI: Childhood Obesity Surveillance Initiative is a part of the WHO. It is a unique system that for over 10 years had measured trends in overweight and obesity among primary school-aged children.

OECD: Organization for Economic Cooperation and Development is an international organisation in which governments work together to find solutions to common challenges, develop global standards, share experiences and identify best practices to promote better policies for better lives.

Tendency: An inclination towards a particular characteristic or type of behaviour.

Adolescents: Individuals aged between 10-19 years old
Endorsement: This is a form of public support or approval of something

Obese: Having excessive body fat that presents a health risk. A person who weighs above what is required.

Moderate physical activity: are activities that get you moving fast enough or strenuously enough to burn off three to six times as much energy per minute as you do when you are sitting quietly.

Vigorous physical activity: activities that require the highest amount of oxygen consumption to complete the activity. Examples of vigorous physical activities include: running, swimming, and soccer.

BMI: Body Mass Index is a person's weight in kilograms divided by the square of height in meters. A high BMI can indicate high body fatness. BMI screens for weight categories that may lead to health problems, but it does not diagnose the body fatness or health of an individual.

Interpersonal skills: Interpersonal skills are the skills we use every day when we communicate and interact with other people, both individually and in groups. They include a wide range of skills, but particularly communication skills such as listening and effective speaking. They also include the ability to control and manage your emotions.

Holistic approach: To provide the support that looks at the whole person, not just their mental health needs. The support should also consider their physical, emotional, social, and spiritual wellbeing.
Holiday hunger: When children and families are unable to afford sufficient nutritious food during the school holidays.

Grassroots clubs: Local amateur football clubs.



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