

# French obesity plan

2010  
2013



MINISTÈRE  
DES AFFAIRES SOCIALES  
ET DE LA SANTÉ



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# Introduction

## Why an “Obesity Plan”?

In France, nearly 15% of the adult population is obese. The prevalence was in the order of 8.5% twelve years ago. One in six children is overweight. The increase in the prevalence of obesity over the last few years has particularly affected disadvantaged population groups and taken severe forms. The consequences on health are dominated by diabetes and hypertension, cardiovascular and respiratory diseases, joint problems leading to disabilities, and certain kinds of cancer. Obesity also has an impact on quality of life and can give rise to stigmatisation and discrimination. It is a source of health inequalities between social classes.

Numerous experts consider obesity to be a disease resulting from economic and nutritional transition. It is a consequence of changing lifestyles (diet, activity), environmental and economic factors, an underlying biological predisposition, and numerous factors aggravate it (medications, hormones, etc.). The interaction of determining factors is the rule and clinical situations are heterogeneous. Research seeks to gain a better understanding of this complexity, with help from the human, social and biological sciences.

Obesity is a chronic illness that tends to worsen over time. It is therefore essential to develop prevention and intervene on the pathophysiological processes early on. Obesity treatment and care must be adapted to the phenotypic and evolutive diversity of the individual situations. Progress is required in the way health care is organised (accessibility, clarity, coherence of the care pathway), in the training of health professionals, and in adapting facilities in order to improve care quality and safety.

## A nationwide commitment

Given this context, the French President would like France to make a firm commitment to preventing obesity and improving its management, whilst increasing research efforts. To this end, he assigned Anne de Danne the responsibility of leading a commission on obesity prevention and management, tasked with presenting proposals for an action plan that would greatly mobilise institutional, academic and business stakeholders, as well as associations. Based on the conclusions of this commission, the French Head of State launched an “Obesity Plan” in order to curb the spread of the disease and deal with its medical and social consequences.

## A three-year action plan

The commission made suggestions regarding research, prevention, and the organisation of health care delivery.

**Research :** France boasts teams that are international leaders in the subject of the biological determinants of obesity and associated knowledge, as well as in approaching complex diseases using high-speed technologies and bioinformatics. Its epidemiology teams provide data regarding how the prevalence is evolving, but also about the regional and populational variations in the prevalence rates of overweight. The link with the human and social sciences must be reinforced. Research efforts must be coordinated by a scientific research foundation.

**Prevention :** the contribution of the French National Nutrition and Health Programme (PNNS) to raising collective awareness of the challenges of nutritional prevention and to implementing communication campaigns and actions in the field is well recognised. The goal is to step up these preventive efforts in the area of obesity, by making it easier to put the existing recommendations into practice. Particular attention must be given to food in schools, institutional and corporate catering facilities and solidarity catering, as well as to physical activity for health.

**Organisation of health care delivery :** the health care system must adapt itself to the epidemiology of obesity and especially to the increased prevalence of its most severe forms, which affect close to 4% of the adult population. Attention must be given to young patients suffering from disabilities or genetic diseases associated with obesity. As underlined by patient associations and learned societies, the entire primary care pathway – from the primary care doctor to specialised treatment and re-education, follow-up care and rehabilitation – must be organised in order to improve the accessibility and clarity of available options and the quality and safety of the care provided. The role of the primary care doctor must be reinforced. The organisation of health care delivery is a precondition for any screening campaign among children. Health professionals must be trained on and informed about the recommendations regarding best clinical practices in this area.

## A large mobilisation

The government plans to mobilise all prevention partners : stakeholders in the health system, institutional partners, associations, media, and economic actors.

The French President assigned Professor Arnaud Basdevant the task of managing the implementation of these various measures, in close collaboration with the ministries of health, sports, food and agriculture, higher education and research, education, consumer affairs, youth and the elderly, and social cohesion, as well as with their partners in the public (local authorities) and business spheres and in associations (consumers, patients).

## Coherence

The Obesity Plan gathers into a coordinated whole a series of measures and actions, some of which are included in other plans or initiatives. The coordination of the Obesity Plan with the French National Nutrition and Health Programme (PNNS 2011-2015) and the National Food Strategy (PNA), as well as the National Environment and Health Plan (PNSE), the National Food and Integration Plan (PAI), and the Health in Schools Plan (PSE), is a crucial element of this mobilisation. An interministerial committee will be responsible for this. With a view to reducing health inequalities between social classes and regions, the urban policy is taken into account to both ensure application of the PNNS and the PO locally and to coordinate the specific measures contained within this policy with those of the local health contracts of the regional health agencies (ARS).

# Four priority focus areas

The Obesity Plan comprises 4 priority focus areas :

## **1. Improve the health care delivery and promote screening among children and adults**

The goal is to set up, under the aegis of the regional health agencies (ARS), a health care delivery organisation that is clear and accessible to all, in order to increase the quality and safety of the care provided. The coherence of the gradation of care will be improved (from general practitioners to the specialists, to hospitalisation in a health establishment and follow-up care and rehabilitation), including the preventive and social aspects. This is an essential condition for improving screening, which will lose all relevance and benefits without the appropriate follow-up care and treatment.

## **2. Mobilise the prevention partners, take action on the environment and promote physical activity**

Particular attention is given to improving food in schools, institutional and corporate catering facilities and solidarity catering, as well as to physical activity for health. The "prevention" focus area will be managed in close association with the French National Nutrition and Health Programme (PNNS 2011-2015) and the National Food Strategy (PNA), and particularly the latter's "Make good quality food accessible to all" and "Improve the food supply" focus areas, whose objectives are in line with the recommendations put forward by the De Danne Commission. The link with the proposals of the PNNS 2011-2015 will be guaranteed by close involvement of those responsible for the Obesity Plan during its conception and implementation.

## **3. Take situations of vulnerability into account and fight discrimination**

There is a significant social gradient of obesity and its complications. The regional differences in rates of prevalence could be explained in part by these socioeconomic factors. Economic factors have an impact on access to health care and the ability to follow certain medical instructions. In the area of prevention, the social gradient also has an influence on the impact of messages, due in part to the obstacles faced in implementing them.

The discrimination to which obese individuals are subjected is documented in scientific studies. It results in difficulties with finding employment and differences in income for equally-qualified individuals. It can alter self-image and sometimes lead to social exclusion.

## **4. Invest in research**

The aim is to boost and intensify research efforts by creating a foundation for scientific cooperation. The French National Alliance for Life Sciences and Health (AVIESAN) will be in charge of developing this project with the public and private partners. The programmes will have to support links between the biological sciences, imagery and the human and social sciences, and attract new research teams, especially in the fields of economics, sociology and social psychology. One of the priorities will be to analyse both consumer behaviour and the impact of public health communication campaigns and messages. Translational research and innovation must be increased in the preventive and therapeutic fields. Epidemiological research into the evolution of obesity among young people will be pursued.





## FOCUS AREA 1 → Improve the health care delivery and promote screening among children and adults

### Measure 1-1 • Facilitate appropriate care by the general practitioners

#### Why?

- Initial treatment, care and follow-up of obese patients are part of primary care. General practitioners (GPs) and paediatricians play an essential role in screening, assessment, first therapeutic measures, and follow-up.
- The recommendations put forward in 1998 regarding the medical management of obesity are no longer adapted to first-line care (paediatric and adult). Health professionals are waiting for the French National Health Authority (HAS) to issue recommendations on best practices.
- Patients associations mention difficulties in accessing care.

#### How?

- Raise awareness among general practitioners (GPs) and paediatricians.
- Reassert the role they play in the prevention, screening, initial treatment, care and follow-up of obese patients, as well as in the coordination of care.
- Facilitate first-line care by giving to GPs and paediatricians tools to facilitate the medical management of overweight and obesity.
- Update the HAS recommendations by drawing on the experience of the networks, the associations, and the opinions of European learned societies.
- Widely disseminate these recommendations.
- Develop guidelines on how to conduct the consultation, and facilitate access to non-medical resources (e.g. adapted physical activity for health).
- Analyse the conditions under which GPs are involved into the programme.

**Action 1 • Best clinical practice recommendations from the HAS for the first-line medical treatment and care of overweight and obesity - both for children and adolescents, and the other for adults**

**Pilot :** HAS\*

**Partners :** DGOS, ARS, INPES, CNAMTS, DSS

**Timeline :** 2011

**Evaluation indicators :** Publication and dissemination of the recommendations

\*For full names and English translations, please refer to the glossary at the end of this document

**Action 2 • Creation and spreading of practical guidelines to general practitioners and paediatricians**

Access to relevant and reliable information (see measure 1.10)

**Pilot :** DGS

**Partners :** DSS, CNAMTS, AFERO, learned societies of general medicine, DGOS, ARS, INPES

**Timeline :** 2013

**Evaluation indicators :** Dissemination among professionals and the public

**Action 3 • Study the contractual measures that are likely to improve the suitability of first-line care**

**Pilot :** CNAMTS

**Partners :** DSS - DGOS

**Timeline :** 2012 - 2013

**Evaluation indicators :** Elements stemming from the negotiation of the contractual agreement between health professionals and the health insurance agency

## Measure 1-2 • Structure specialised health care delivery at the regional and infra-regional levels

### Why?

- The clearness, accessibility and quality of health care delivery must be improved.
- The role of specialised doctors treating patients in ambulatory care facilities must be defined more clearly within the care pathway.
- Gradation of care must be improved as part of a regional organisation process under the authority of the regional health agencies (ARS).

### How?

- Define the responsibilities of specialised health care providers, paying particular attention to the coordination between ambulatory specialists and specialized care centers.
- Elaborate a set of national specifications to identify specialized care centers and integrated care centers for the comprehensive treatment and care of patients suffering from severe obesity and multiple complications, through a call for projects from the regional health agencies.
- The regional organisation will facilitate interactions between professionals, and in particular primary care doctors, specialists and specialised care centers.
- Facilitate exchanges between specialised care centers and integrated care centers within the region.
- Define the criteria governing the evaluation and operation of these centers.

#### **Action 4 • Identify specialised care centres and integrated care centers for the management of severe obesity and for the organisation of health care services in the regions**

The regional health agencies will be provided with a set of national specifications for the identification of specialised care centres and integrated care centers.

**Pilot :** DGOS

**Partners :** Regional health agencies, health establishments, doctors in private practice, associations, networks

**Timeline :**

- 2011: drafting of the specifications, identification of the centers and definition of the follow-up and evaluation indicators
- 2012: 1<sup>st</sup> national meeting of specialized care centers and integrated care centers
- 2013: 1<sup>st</sup> evaluation of the process

**Evaluation indicators :** Specialized care centers and integrated care centers identified in 2011

## Measure 1-3 • Promote early screening among children and ensure follow-up treatment and care

### Why?

- The report issued by the De Danne Commission recommends systematic screening for obesity among children. A study conducted by the CNAMTS indicates that health professionals seldom use the BMI curves. The aim is to promote this type of screening in the daily consultations of health professionals.

### How?

- Depending on the recommendations of the HAS :

#### Screening actions

- Evaluate the effectiveness of early screening in children by GPs and paediatricians (agreement with primary care doctors and prevention contract implemented since 2010).
- Make measurement and interpretation of the BMI in first-line care providers become the rule.
- Make available practical guidelines to post-detection treatment and care.

#### Care and follow-up actions

- Identify professionals to whom children with obesity can be referred for the best management of their condition (role of the general practitioner and paediatrician).
- Provide the public, professionals and associations with a list of resources that are available to support treatment and care at the health area level (see measure 1.6).

### **Action 5 • Systematise screening among children and organise post-detection treatment and care**

**Pilot :** CNAMTS

**Partners :** DGS, DSS, DGOS, ARS, SFP, AFPA, HAS, general medicine societies, department of education, school health services, PMI

**Timeline :** 2011 - 2012

**Evaluation indicators :** Monitoring and results of the action conducted among GPs/paediatricians and the prevention contract launched in 2010 by the CNAMTS

## Measure 1-4 • Recognise obesity therapeutic education teams using a reference guidelines of skills that includes psychological, dietary and physical activity aspects

### Why?

- Both prevention and treatment of obesity and its complications can take part of patient therapeutic education (PTE) programmes according to article 84 of the French bill regarding Hospital, Patients, Health, Territories (loi HPST) and health education.
- Developing therapeutic education to adopt a holistic approach to chronic diseases such as obesity, which are linked to behaviour and the environment. Within this framework, it is essential to include the psychological, dietary and physical activity aspects.

### How?

Develop and evaluate therapeutic education in the fields of overweight and obesity.

- Develop the reference guide of skills in PTE in the field of obesity, taking into account the psychological, dietary and physical activity aspects.
- Recognise and fund teams delivering therapeutic education programs in hospitals and local ambulatory care facilities (for instance, as part of the experiments relating to new remuneration methods in multidisciplinary health clinics).
- Evaluate these programs.

### Action 6 • Develop therapeutic education

**Pilot :** DGS

**Partners :** DGOS, DSS, DS, ARS, private health insurance companies, INPES, multidisciplinary health clinics, HAS, learned societies, CNOSEF, sport federations, professionals in the field of physical activity

**Timeline :** 2012 - 2013

**Evaluation indicators :**

- Number of therapeutic education teams recognised by the regional health agencies
- Existence of the reference guide of skills (INPES)
- Evaluation by the regional health agencies

## Measure 1-5 • Develop regional coordination for the management of obesity

### Why?

- The clarity and accessibility of health care services and non-medical resources helping the management and treatment of obesity, need to be improved.
- It is difficult for networks, health professionals, public, and associations to gain access to medical and non-medical information such as psychological support, social resources, family counselling and facilities offering physical activity for health.
- The link between paediatric care and adult care, which allows for a cohesive approach and optimal benefits, could be perfected.

### How?

- Draw on the expertise of the health services, and the existing networks in particular (after evaluating their results), in terms of health care delivery coordination, prevention and treatment and care that are adapted to each situation and region.
- Propose a set of national specifications for the promotion of obesity management networks, which meets the following objectives:
  - ⇒ Structure health care delivery in such a way as to offer a care pathway that is adapted to each situation and each region.
  - ⇒ Promote interdisciplinarity.
  - ⇒ Encourage a breaking down of barriers between professionals in the health sector and strengthen ties with social workers and medico-social professionals.
  - ⇒ Provide primary care providers with access to a network of professionals to cover the physical activity, dietary and psychological aspects.
- Gather the information and resources identified by the associations, networks, establishments in the regional directory of resources (see measure 1.10).
- Encourage links between the paediatric networks and the adult facilities, to achieve continuity.

### **Action 7 • Based on the objectives of the specifications, assess regional needs in order to structure the regional coordination of obesity management**

**Pilot :** DGOS

**Partners :** ARS, DGS, CNAMTS, INPES, networks

**Timeline :** 2012

**Evaluation indicators :** Number of regions having performed an assessment

**Action 8 • Structure the deployment of the networks and the coordination of health care delivery for the management of obesity, using the expertise and know-how of existing networks**

**Pilot :** DGOS

**Partners :** ARS, DGS, CNAMTS, INPES, RéPPOP networks (Networks for the Prevention and Management of Paediatric Obesity), multidisciplinary health clinics, health clusters, health centers

**Timeline :** 2013

**Evaluation indicators :** Number of regions having deployed an obesity management network

## Measure 1-6 • Improve access to follow-up care and rehabilitation facilities (SSR)

### Why?

- Follow-up care and rehabilitation establishments that are multi-purpose and specialised (particularly in the management of diseases of the digestive and endocrine systems and metabolic diseases) must be able to cater for patients with severe and/or complicated forms of obesity. Currently, this is not the case. Most follow-up care and rehabilitation facilities cannot cater for patients weighing more than 135 kg, especially if there are complications affecting mobility or autonomy.

### How?

- Draw up a professional checklist with the indications that justify that care be provided in a follow-up care and rehabilitation facility for a case of severe and/or complicated obesity, and the conditions that would allow the delivery of appropriate care.
- Adapt the equipment in follow-up care and rehabilitation structures, to enable such facilities to cater to the needs of these patients. Support the efforts of facilities that effectively welcome for obese patients whose BMI is >35 or who weigh more than 135 kg (severe and/or complicated forms of obesity).
- Analyse costs and promote the different forms of care delivered in follow-up care and rehabilitation facilities, distinguishing between adults and children (staff, equipment, comorbidities, etc.).

### **Action 9 • Ensure that patients with severe and/or complicated forms of obesity can have access to suitable care in follow-up care and rehabilitation facilities**

Elaboration of a professional checklist by the learned societies, put forward to the HAS.

**Pilot :** DGOS

**Partners :** CNAMTS, ATIH, FHF, FHP, FEHAP, UGECAM, Red Cross, learned societies (AFERO)

**Timeline :** 2012 - 2013

**Evaluation indicators :**

- Definition and validation of the checklist (AFERO)
- Number of patients catered for in follow-up care and rehabilitation facilities, whose BMI is >35 or whose weight exceeds 135 kg and whose form of obesity is severe and/or complicated
- Number of contractual agreements between these follow-up care and rehabilitation facilities and the specialised care centres/integrated care centres



## Measure 1-7 • Ensure bariatric transport services are available for patients

### Why?

- Currently, highly obese individuals do not have access to safe, quality transport. This generates risks, especially in emergency situations. This situation also represents an obstacle to accessing treatment and care.
- It is due to the absence of well transport equipment that is suitable for transporting massively obese patients (whether medically equipped or not : all types of transport), and to cost issues (transport sometimes requires several ambulance teams and takes more time).

### How?

- Identify bariatric transport requirements in France.
- In conjunction with professionals, consider solutions that are relevant on technical, medical and financial point of view.
- Disseminate the model to the regional health agencies and support its implementation.

**Action 10 • Define a technical, organisational and medico-economic model for the medical transport of bariatric patients, with the aim of ensuring that the necessary equipment is available nationwide to fulfil requirements in this area**

**Pilot :** DGOS

**Partners :** ARS, SAMU, fire brigade, CNAMTS, federations, learned societies, medical transport professionals

**Timeline :** 2011 - 2013

- 2011 : assessment of the current situation
- 2012 : national objectives
- 2013 : implementation

**Evaluation indicators :** Number of people having treatment and care and transported by bariatric transport, per region and per year

## Measure 1-8 • Take into account the specific situations of the French overseas departments

### Why?

- The problems relating to nutrition and associated health conditions (obesity in particular, and in certain cases undernutrition and obesity co-exist in the same region) are different from those encountered in mainland France. In addition to the health inequalities observed, there are regional differences in the French overseas departments. Furthermore, the situation is not comparable from one region to another. It is therefore important to take this into account in addition to the socio-economic, cultural, linguistic and other conditions. Consequently, the prevention policy that will be developed will be adapted.
- Obesity is more frequent in France's overseas departments than in mainland France, particularly among women.
- The organisation of health care delivery must be improved by making it clearer, more accessible, and better coordinated.
- Preventive measures must be increased.

### How?

- Mobilise the prevention partners through actions supported by the PNA, PNNS, PNSE, Plan Chlordecone (the action plan against chlordecone pollution in Guadeloupe and Martinique), and adapt communication.
- Gain access to detailed and specific epidemiological information.
- Perform an assessment of the current state of health care delivery.
- Create variants of the Obesity Plan, adapted to the particularities of the French overseas departments.

**Action 11 • Identify the medical and non-medical resources for prevention and management ; organise the care pathway ; inform the public ; define specific epidemiological indicators in addition to the information that already exists**

**Pilot :** DGS

**Partners :** ARS, DéGéOM, DGOS, health professionals, InVS, ANSES

**Timeline :** 2012

**Evaluation indicators :**

- Existence of communication that is adapted to the French overseas departments
- Description of a care pathway by the various partners

## Measure 1-9 • Analyse the relevance of practices

### Why?

- Some emerging practices must be analysed in terms of relevance and compliance with the recommendations regarding best practices.
- These include in particular the indications for bariatric surgery and the conditions for performing such surgery, especially on young subjects under 20 years of age and as part of metabolic surgery on adults (diabetes).
- Another area is the prescription of substances (medications, plants, magistral preparations) and weight-loss diets that can be potentially risky if the indications and contraindications are not respected.

### How?

- Analyse current practices in bariatric surgery using data from the CNAMTS and taking into account the population groups that underwent surgery (age, sex, techniques, number of cases per centre or surgeon, geographical distribution, etc.) and compare them with epidemiological data.
- Systematically monitor practices in bariatric surgery among patients under the age of 20 and, if possible, among those over 65.
- Analyse the medical effects and the economic impact of metabolic surgery.
- Using the reports produced by the French Health Products Safety Agency (AFSSAPS) and the National Agency responsible for Food, Environmental and Occupational Health Safety (ANSES) which provide an overview of the current state of substance prescriptions for weight loss and the following of weight-loss diets, develop information aimed at the general public and health professionals about the possible risks. This action is backed by the PNNS as part of measure 11.6.

### Action 12 • Analyse the relevance of practices

**Pilot :** CNAMTS

**Partners :** SFP, AFERO, SOFFCO, HAS

**Timeline :** 2011 - 2012

**Evaluation :**

- Setup by the CNAMTS of a study on the practice of bariatric surgery : 2012
- Setup of a cohort follow-up of children who have undergone surgery, and nationwide identification of centres that have all of the human and technical resources necessary for this type of surgery
- Medico-economic analysis of bariatric surgery among diabetic subjects

**Action 13 • Fight against off-label prescriptions – encourage best practices – communicate with the general public and health professionals about the reports issued by the AFSSAPS and ANSES regarding the desire to lose weight**

**Pilot :** DGS

**Partners :** AFSSAPS, ANSES, patient associations, learned societies

**Timeline :** 2011

**Evaluation indicators :** Information brochure aimed at the general public and health professionals, based on the conclusions of the AFSSAPS and ANSES reports

## Measure 1-10 • Inform professionals and the general public

### Why?

- Health professionals, patients and associations would like to have a clearer understanding of existing treatment and care options.
- All must be able to access easily to clear and quality information.

### How?

- On the Ministry of Health website and on the regional health agencies' portal, provide clear and precise information that is adapted to each target audience and contains all necessary details regarding available treatment and care options. A restricted area should also be planned for health professionals (directory of resources).

#### **Action 14 • Gather information regarding resources nationwide and make it accessible through an "obesity" portal on the regional health agencies' website**

**Pilot :** DGS

**Partners :** DGOS - INPES - ARS, patients and doctors' associations, REPOP networks, Association for the Prevention and Management of Obesity, APOP SFP, regional specialised care centres, referral centres for rare diseases, specialists

**Timeline :** 2011 - 2012

**Evaluation indicators :**

- Testing conducted in two pilot regional health agencies, then extension to other regions
- Setup of an information site for each regional health agency



## **FOCUS AREA 2 → Mobilise the prevention partners, take action on the environment and promote physical activity**

The following objectives dominate the “prevention” section of the Obesity Plan :

- facilitate individual and collective implementation of the preventive recommendations ;
- take action on the environmental determinants of obesity ;
- reduce the stigmatisation of obese people ;
- contribute to reducing health inequalities between social classes ;
- promote physical activity and fight against sedentary lifestyles.

To reinforce preventive measures in the area of obesity, the Obesity Plan draws on the French National Nutrition and Health Programme (PNNS 2011 - 2015), the National Food Strategy (PNA) and the Health Education Programme (PES). These programmes must work together if they are to be relevant and have the necessary impact. The convergence of the analyses and propositions makes such a concerted approach possible. Those responsible for the Obesity Plan will participate in the PNA, PNNS and PES meetings and, in doing so, contribute to this coherence. Here, we will only list the measures that relate directly to the objectives of the Obesity Plan. For a detailed description of the measures, the reader may refer to the original PNA, PNNS, and PES documents.

Improving nutritional quality and access to a balanced diet for people in difficult economic, social and somatic circumstances is at the heart of the preventive measures for tackling obesity. Another important step is to develop adapted physical activity and physical activity in schools and communities in particular, by increasing the amount of time devoted to such activity. Lastly, due to the correlations that exist between urbanisation and the spread of obesity, the plan is to approve programmes for improving the urban environment by drawing on the National Environment and Health Plan (PNSE 2) and the report coordinated by Professor J-F Toussaint, entitled “Retrouver sa liberté de mouvement” (Regaining freedom of movement).

## Measure 2-1 • Preventive actions carried out as part of the National Food Strategy (PNA)

The "prevention" section of the Obesity Plan is based on the following focus areas of the National Food Strategy (PNA).

The PNA **actions** that have been integrated into the Obesity Plan start with the number **15** (15.1, 15.2, etc.).

### Make good quality food accessible to all (Focus Area I)

- Improve the eating habits of people experiencing financial hardship (I.1)
  - ◇ increase quantities and encourage a more balanced diet (I.1.1)
  - ◇ encourage initiatives that mix measures to stop food waste and measures to help the destitute (I.1.2)
- Adopt good eating habits in schools and extracurricular facilities (I.2)
  - ◇ make the distribution of fruit widespread in schools, in addition to the fruit served at the canteen (I.2.1)
  - ◇ make school canteen meals balanced and enjoyable for young people (I.2.2)

### Improve the food supply (Focus Area II)

- Encourage the widespread implementation of voluntary initiatives and public/private partnerships that enable innovations to improve the quality of ingredients (II.1)
- Develop fruit and vegetable varieties with high environmental, nutritional and organoleptic value (II.2)

### Improve knowledge and information about food (Focus Area III)

- Educate the young as future consumers (III.1)
  - ◇ during school time, develop knowledge and raise young people's awareness of the food and culinary heritage (III.1.1)
  - ◇ outside of school time, develop a sound knowledge base and raise young people's awareness of the food and culinary heritage (III.1.2)
- Educate consumers (III.2)
  - ◇ create a new information space dedicated to food (III.2.1)
  - ◇ certify maisons de l'alimentation [centres for debate, discussion and information about food and culinary practices] (III.2.2)
  - ◇ create a resource centre for educational games (III.2.3)
  - ◇ create educational programmes (III.2.4)
- Inform consumers (III.3)
  - ◇ improve labelling and information on products (III.3.1)
  - ◇ improve consumer information regarding the nutritional composition of pre-packaged foods (III.3.3)



## Measure 2-2 • Preventive actions carried out as part of the French National Nutrition and Health Programme (PNNS)

The “prevention” section of the Obesity Plan is based on the following focus areas of the French National Nutrition and Health Programme (PNNS).

The PNNS **actions** that have been integrated into the Obesity Plan start with the number **16** (16.1, 16.2, etc.).

### **Develop the practice of physical and sporting activities and limit sedentary behaviour (Focus Area 2)**

- Promote, develop and increase the daily amount of physical activity practiced by everyone (Measure 1)
- Promote sports and adapted physical activity (APA) among the disabled, disadvantaged, and elderly, as well as people suffering from chronic illnesses (Measure 2)

### **Promote the PNNS as the reference for nutrition-related actions and stakeholder involvement (Focus Area 4)**

- Set up a communication strategy for the PNNS (Measure 1, Action 29)
- Develop charters of commitment for local authorities that actively support the PNNS (Measure 2, Actions 30, 31 and 32)
- Develop the “Active PNNS Businesses” charter (Measure 3, Action 33)
- Promote and raise awareness of PNNS approved actions and documents (Measure 4, Actions 34, 35 and 36)

### **Reduce nutrition-related health inequalities between social classes through specific actions within general preventive measures (Focus Area 1)**

- Take specific actions to reduce nutrition-related health inequalities between social classes (Measure 1, Actions 1 to 5)
- Develop and promote voluntary charters of commitment to nutritional progress for a food supply that adheres to the PNNS objectives (Measure 2, Action 8)
- Develop actions aimed at educating and informing about nutrition (Measure 4)
  - ◇ develop updated communication tools regarding the nutritional guidelines in the PNNS, as well as tools that are adapted to specific audiences; inform people about the relationships between nutrition and disease (Action 11)
  - ◇ increase public health messages and lessen the effects of advertising pressure (Action 12)
- Promote breastfeeding (Measure 5, Action 13)

### **Organise detection and care for patients in nutrition- (FOCUS AREA 3)**

- Prevent and manage the nutritional disorders of disabled people (Measure 4, Action 28)

### **Transversal component: Training, Monitoring, Evaluation and Research**

- Reviewing the content and details of the initial training aimed at doctors, pharmacists, dentists, midwives, dietitians, and paramedical professionals in the field of nutrition, in association with the College of teachers of nutrition, called Collège des Enseignants de Nutrition in French or CEN (Measure 1, Action 39.1)
- Suggesting changes to the degree courses for professionals in the field of physical activity and the training of social workers, to include nutritional health (Measure 1, Action 39.3)
- Maintain the national nutrition monitoring tools and create the necessary new tools (Measure 2, Actions 40 and 41)
- Evaluate the PNNS and the Obesity Plan (Measure 6, Action 45)

The question of charters will be covered in a coordinated manner between the PNNS, the PNA and the Obesity Plan. Specific charters have been signed with companies in the agri-food industry, with the aim of improving the nutritional quality of foods. They have also been signed with towns/cities (and "communities of communes") and with departments. Preparation is underway for other charters aimed at regions, but also companies so they may take action that benefits their employees.

## Measure 2-3 • Preventive actions carried out as part of the Health Education Programme (PES 2011-2015)

The PES **actions** that have been integrated into the Obesity Plan start with the number **17** (17.1, 17.2, etc.).

### Action 17 : Ensure children in teaching facilities get the necessary support

#### Why?

- In school settings, obese children can be discriminated against and stigmatised by students and teachers. Many of them stop participating in physical activity.
- Exclusion from physical activity is a source of discrimination and does not contribute to good health and quality of life.
- Measures must be taken and schemes put in place to facilitate physical activity that is adapted to obese children in schools and thereby contribute to quality of life and good health.

#### How?

- Inform Department of Education personnel (physical education).
- Develop practical tools and methods to facilitate the physical education of obese children and adolescents under the guidance of professionals.

#### Action 17 • Provide support to children in schools

**Pilot :** DGESCO

**Partners :** DGS - INPES, French Society of Paediatrics, teaching personnel from the Department of Education

**Timeline :** September 2011

**Evaluation indicators :**

- Number of establishments actively committed to the "nutrition & physical activity" project
- Distribution of documents in establishments (ICAPS document - September 2011; the "Bouge pour ta santé" [move for your health] programme released by Mutualité Française) and among school-based health professionals ("Evaluer et suivre la corpulence des enfants" [evaluate and monitor the corpulence of children] produced by the INPES and Eduscol)

Furthermore, the "prevention" section of the Obesity Plan is also based on the following focus areas of the French Health Education Programme (PES).

- Specify how, when and what foods should be eaten in primary school.
- Encourage the consumption of potable water in schools and local public teaching establishments, by making water sources more accessible to students.
- Facilitate the recording of children's weight and height in Year 1.
- Support the implementation of a health education programme in primary school and a programme focused on nutrition in secondary school.

## Measure 2-4 • Specific preventive actions:

These actions aim to increase health information, promotion and education in the various environments and develop special recommendations.

### **Action 18 : Increase information about sedentary behaviour and “screen time” in particular**

#### **Why?**

- In all countries, there is a direct correlation between the number of hours spent in front of a television screen and the prevalence of obesity. This determinant seems to contribute to health inequalities between social classes.

#### **How?**

- Conduct an information campaign. This is covered in action 11.2 of the PNNS – “Increasing information about sedentary behaviour”.

### **Action 18 • Increase information about sedentary behaviour and “screen time” in particular**

**Pilot :** INPES

**Partners :** DGS, CSA, the media, broadcasters, advertisers

**Timeline :** 2012

**Evaluation indicators :** Implementation of the campaign and measurement of impact

**Action 19 : Perform an interim assessment of the development of the “charter aiming to promote eating habits and physical activity that are beneficial to health in the programmes and advertising broadcast on television” (2009) and explore potential ways to improve it**

## Why?

- Media and advertising professionals are conscious of the role they can play in contributing to the prevention of unhealthy nutritional behaviours. By signing the “charter aiming to promote eating habits and physical activity that are beneficial to health in the programmes and advertising broadcast on television” (2009), they have demonstrated that they are actively committed to promoting eating habits and physical activity that are beneficial to health, especially among young audiences.
- Given the multiplicity and complexity of the factors that encourage the spread of obesity, the charter is one strategy for preventing obesity.

## How?

- Perform an interim assessment and explore potential improvements (advertising content and educational programme).

**Action 19 • Perform an interim assessment of the development of the charter and explore potential ways to improve it**

**Pilot :** Ministry of Culture and Communication

**Partners :** DGS, CSA, the media, broadcasters, advertisers, productions

**Timeline :** late 2011

**Evaluation indicators :** List of propositions for improving the charter, advertising content and programs

## **Actions 20 to 22 : Incorporate the prevention objectives from the Obesity Plan into the urban policy**

### **Why?**

- The health-related actions of the urban policy focus specifically on those living in priority neighbourhoods, who present unfavourable socio-economic characteristics and suffer to a greater extent from overweight and obesity problems (see ONZUS report).

### **How?**

- Coordinate the city health workshops (ASV) and local urban renovation projects focused on the "Health and Nutrition" theme with the local health contracts of the regional health agencies.

#### **Action 20 • Assess the current status of the actions undertaken by the urban health workshops (ASV), focused on the "Health and Nutrition" theme**

**Pilot :** DGS

**Partners :** SGCIV, SGMS, ACSé, DGCS, CNV

**Timeline :** 2012 - 2013

**Evaluation indicators :** Number of actions recorded within certain pilot regions (French overseas departments included)

**Action 21 • Encourage the inclusion of the health and nutrition theme (food and physical activity) within the training programmes for city health workshop (ASV) coordinators and the facilitators of Urban Contracts for Social Cohesion (CUCS), and coordinate these programmes with the local health contracts**

**Pilot :** DGS

**Partners :** SGCIV, SGMS, ACSé, INPES, CNV, CRPV

**Timeline :** 2012 - 2013

**Evaluation indicators :** Number of interns trained on the topic of health and nutrition

**Action 22 • Promote non-motorised conductive environment and active travel options, in keeping with the National Environment and Health Plan (PNSE 2)**

**Pilot :** DGS

**Partners :** SGCIV, SGMS, ACSé, DGCS, CNV, ANRU, FNAU

**Timeline :** 2012 - 2013

**Evaluation indicators :** Number of urban actions or programmes that take the health and nutrition aspect into account

This measure of the plan is in line with the National Environment and Health Plan (PNSE 2) and Professor JF Toussaint's report entitled "Retrouver sa liberté de mouvement" (Regaining freedom of movement); both of which focus on:

- Encouraging active travel and non-motorised transport ;
- Improving health by targeting modes of transport ;
- Taking into account the impact of the different modes of transport on health ;
- Regulating planning measures and the subsidies of public works and facilities that take into account non-motorised and active travel options.

## Actions 23 and 24 : Sleep and obesity

### Why?

- Reduced sleep is associated with an increased risk of obesity among adults and children.
- Sleep apnoea and hypoventilation are frequent and little-known.

### How?

- Include awareness-raising information about the correlations between sleep and weight gain in the published PNNS documents aimed at professionals and the general public.
- Evaluate the sleep and respiratory status of obese individuals: recommendations from the learned societies.

#### **Action 23 • Include awareness-raising information about the correlations between sleep and weight gain in the PNNS prevention tools developed by the INPES**

**Pilot :** INPES

**Partners :** SFP, SFRMS (French Society of Sleep Research and Medicine), FFP (French Federation of Pulmonology)

**Timeline :** 2012

**Evaluation indicators :** Number of tools that include information about sleep – Dissemination and impact measurement

#### **Action 24 • Evaluate sleep and respiratory status: recommendations from professionals**

**Pilot :** DGS

**Partners :** FFP (French Federation of Pulmonology), SFRMS (French Society of Sleep Research and Medicine), AFERO, SFN

**Timeline :** 2012

**Evaluation indicators :** Drafting of professional recommendations by the learned societies



## FOCUS AREA 3 → Take situations of vulnerability into account and fight discrimination

### Measure 3-1 • Set up actions that benefit groups in situations of social and economic vulnerability

This action is conducted as part of the PNNS and PNA and will be supported by the Obesity Plan (see above).

### Measure 3-2 • Organise the delivery of health care for people suffering from obesity associated with rare diseases and for the mentally disabled, and help the families

#### Why?

- Obesity affects fragile individuals (rare diseases with syndromic obesity and major behavioural disorders; disabled people; patients hospitalised in psychiatric institutions).
- People suffering from syndromic obesity (such as Prader-Willi syndrome) have a rare disease. The patient care system includes a reference centre that works with a number of services and skills centres. **Nevertheless, the current system does not include treatment and care for children and adolescents in follow-up care and rehabilitation facilities (SSR).** The serious behavioural disorders and eating disorders which these young patients suffer from require special treatment and care.
- Respite stays are essential for the patients and their families.

#### How?

- Reinforce the link between rare diseases and syndromic obesity : common documentation, website, links with patient associations; disabled people, people in institutions.
- Ensure young people suffering from syndromic obesity and rare diseases (Prader-Willi) have access to treatment and care in follow-up care and rehabilitation facilities (SSR).
- Formulate recommendations regarding nutrition and physical activity for people in institutions.
- Increase the probability of social care being offered to patients suffering from rare diseases associated with obesity and their families.

**Action 25 • Identify follow-up care and rehabilitation facilities (SSR) to care for young people suffering from syndromic obesity and from the Prader-Willi syndrome, in conjunction with the reference centre for management of the Prader-Willi syndrome**

**Pilot :** DGOS

**Partners :** ARS, Prader-Willi Association, CRMR, Rare Diseases Plan, ATIH

**Timeline :** 2012 - 2013

**Evaluation indicators :** Number of facilities catering to these young people and meeting their needs

**Action 26 • Recommendations regarding nutrition and physical activity for people in institutions (psychiatry, disability)**

**Pilot :** DGS

**Partners :** French Nutrition Society, patient associations, CRMR, associations, SFMS

**Timeline :** 2013

**Evaluation indicators :** Recommendations finalised and disseminated in institutions

## Measure 3-3 • Fight discrimination within the health care system

### Why?

- Patient associations highlight the problems obese individuals encounter in the health care system.

### How?

- Take into account discrimination against obese people when certifying health establishments as part of promoting "the proper treatment of patients".
- Facilitate the creation and application of the quality improvement worksheet (called "fiche d'amélioration de la qualité" or "FAQ" in French) for obesity in the health establishment certification process.

#### **Action 27 • Include the "proper treatment of patients" criterion in health establishment certification**

**Pilot :** DGOS

**Partners :** HAS

**Timeline :** 2013

**Evaluation indicators :**

- Definition of the criterion
- Presence of the criterion in the next certification process

## Measure 3-4 • Fight the stigmatization of obese people in society

### Why?

- Numerous studies reveal that obese people are subjected to significant discrimination and stigmatization. Media discourse is influenced by it. Associations play an important role in raising the alarm and exerting pressure.

### How?

- Include this issue in training initiatives aimed at health professionals.
- Engage the HALDE, the CSA and the media on the issue.
- Refer to the "body image" charter signed by the Ministry of Health and the various stakeholders and associations as part of the PNNS in 2008.

### **Action 28 • Communicate about obesity-related stigmatisation and discrimination**

**Pilot :** DGS

**Partners :** HALDE, associations, CSA, training centre for health care personnel, INPES

**Timeline :** 2012 - 2013

**Evaluation indicators :** Results of the charter application evaluation; formalisation of the concrete proposals

## Measure 3-5 • Protect consumers against misleading communication campaigns

### Why?

- Many food supplements, devices, methods and various products (other than medications) sold through the media, whether TV, teleshopping, press or internet, claim to have a slimming effect. In the majority of cases, there is no evidence to support these claims. The aim is to ensure that the operators in question are committed to complying with the current regulations for these products, especially those applying to nutritional and health claims as well as food supplements sold or promoted via these various media, through self-regulatory measures for instance.

### How?

- The media, operator categories and identified products will be listed. A summary of applicable legal provisions and existing self-regulatory measures will be drawn up where applicable. The opinion of the Conseil National de la Consommation (National Consumer Council) will be sought on this subject. At the very least, the proposal aims to include media operators in a virtuous circle of promotion and commercialisation of products claiming to have an effect on weight loss (self-regulatory guide of best practices), but also to increase information regarding existing regulations to enable consumers to more easily exercise their own critical judgement.

#### **Action 29 • Further inform consumers and the media regarding current regulations**

**Pilot :** DGCCRF

**Partners :** CSA, DGMIC, DGS, Digital Economy Department, operators in various sectors, consumer associations and associations of obese patients, CNC

**Timeline :** Launch of interdepartmental consultations as soon as the Obesity Plan is launched, for clarification of the regulations that apply to the various products in question. Launch of consultations with the operators concerned in the second quarter of 2011. Elaboration of self-regulatory measures - 2012. Finalisation - 2013

**Evaluation indicators :** Self-regulatory measures implemented by the operators concerned



## FOCUS AREA 4 → Invest in research

### Measure 4-1

- **Action 30 : Create a foundation for scientific cooperation**
- **Action 31 : Develop research in the human and social sciences**
- **Action 32 : Develop research on the molecular and cellular bases of obesity and of its consequences**
- **Action 33 : Include nutritional parameters in large cohort studies**

### Why?

- Biology/behaviour interactions are the focus of research on obesity, which involves a wide range of disciplines, from the human and social sciences (economics, sociology) to biology, whether in the fields of genetics, gene-environment interaction, inflammation, integrated physiology, cellular differentiation, biomarkers or therapeutic innovation. The aim is therefore to stimulate interdisciplinary research, translational research and public/private partnerships.

### How?

- Instigate research into the origins and consequences of obesity by mobilising researchers within a Foundation for scientific cooperation.
- Preparatory phase : seminar bringing together the researchers, the representatives of institutions, and associations : identify the focus areas and synergies of research in biology and social sciences (environmental, behavioural, economic and social aspects) to decide on the orientations of a future request for proposals.
- And subsequently, set up a steering committee, a scientific committee and issue a request for proposals for setting up a foundation for scientific cooperation.

**Pilot :** Ministry of Research

**Partners :** AVIESAN, ANR

**Timeline :** Seminar in the first quarter of 2011

**Evaluation indicators :** Research seminar; creation of the Foundation for Scientific Cooperation (FCS) as part of the current structuring of the umbrella foundation AVIESAN

## Measure 4-2 • Identify the epidemiological studies to be pursued and promoted

### Why?

- Different epidemiological studies provide reference data regarding the situation in France.
- Data is needed regarding children and adults, especially in the French overseas departments.
- To highlight the socio-demographic, economic and environmental determinants.

### How?

- Establish a list of the studies currently underway or planned and a timeline for scheduled studies.
- Include nutritional parameters such as corpulence in the cohort studies.

#### **Action 34 • Identify the epidemiological studies to be pursued and promoted**

**Pilot :** AVIESAN

**Partners :** InVS, ANSES

**Timeline :** December 2012

**Evaluation indicators :** Existence of data in the programmes that provides information about the evolution of the prevalence of obesity among children, adolescents and adults in population groups experiencing financial hardship



## Measure 4-3 • Increase the potential for clinical and translational research

### Why?

- Clinical and translational research is essential for therapeutic and preventive innovation.
- The human nutrition research centres (CRNH) are the appropriate facilities.

### How?

- Identify the CRNH resources for clinical and translational research into obesity and make them clear.

### **Action 35 • Increase the potential for clinical and translational research**

**Pilot :** AVIESAN

**Partners :** ITMO, hospitals, universities, regions, partner associations and economic partners

**Timeline :** 2012

**Evaluation indicators :** Setup of clinical research platforms that are suitable for investigation and translational research into obesity

## Measure 4-4 • Encourage international exchanges regarding health policies targeting obesity

### Why?

- Exchanging experiences at the European and international levels is not only a source of information. It is also an opportunity to develop joint actions and to identify Community and international projects.

### How?

- Meetings under the aegis of European and international learned societies.

### **Action 36 • Encourage international exchanges regarding health policies targeting obesity**

**Pilot :** DGS

**Partners :** Learned societies, members of Parliament, associations, Ministry of Research, SFSP AFERO, EASO

**Timeline :** 2012

**Evaluation indicators :** Setup of European or international workgroups tasked with harmonising practices; European recommendations made available to professionals

# List of abbreviations

<b>ACSé</b> Agence nationale pour la cohésion sociale et l'égalité des chances National Agency for Social Cohesion and Equal Opportunities	<b>CNV</b> Conseil national des villes National Council of Cities
<b>AFERO</b> Association Française d'Études et de Recherches sur l'Obésité French Association for Obesity studies and researches	<b>CRMR</b> Centres de Référence Maladies Rares Reference Centres for Rare Diseases
<b>AFPA</b> Association Française de Pédiatrie Ambulatoire French Association of Ambulatory Paediatrics	<b>CRNH</b> Centres de recherche en nutrition humaine Human Nutrition Research Centres
<b>AFSSAPS</b> Agence française de sécurité sanitaire des produits de santé French Health Products Safety Agency Named ANSM since 2012 Agence nationale de sécurité du médicament et des produits de santé French Health Products Safety Agency	<b>CRPV</b> Centre de ressources de la politique de la ville Urban Policy Resource Centre
<b>ANR</b> Agence nationale de recherche French National Research Agency	<b>CSA</b> Conseil supérieur de l'audiovisuel French Audiovisual Council
<b>ANRU</b> Agence Nationale pour la Rénovation Urbaine National Urban Renewal Agency	<b>CUCS</b> Contrats urbains de cohésion sociale Urban Contracts for Social Cohesion
<b>ANSES</b> Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail National Agency responsible for Food, Environmental and Occupational Health Safety	<b>DéGéOM</b> Délégation générale à l'Outre-mer French Overseas Regions General Delegation
<b>APOP</b> Association pour la Prévention et la prise en charge de l'Obésité en Pédiatrie French Association for Prevention and Management of Obesity in Paediatrics	<b>DGCCRF</b> Direction générale de la concurrence, de la consommation et de la répression des fraudes Competition, Consumption and Fraud Repression General Direction
<b>ARS</b> Agence régionale de santé Regional Health Agency	<b>DGCS</b> Direction générale de la cohésion sociale Social Cohesion General Direction
<b>ASV</b> atelier santé ville Urban health workshop	<b>DGESCO</b> Direction générale de l'enseignement scolaire School Education General Direction
<b>ATIH</b> Agence technique de l'information sur l'Hospitalisation Technical Agency for Information regarding Hospitalisation	<b>DGOS</b> Direction générale de l'offre de soins Health Care Provision General Direction
<b>AVISAN</b> Alliance pour les sciences de la vie et de la santé Alliance for Health and Life Sciences	<b>DGS</b> Direction générale de la santé Health Department
<b>CNAMTS</b> Caisse nationale de l'assurance maladie des travailleurs salariés French National Health Insurance Agency for Wage Earners	<b>DGMIC</b> Direction Générale des Médias et des Industries culturelles Directorate-General of the Media and Cultural Industries
<b>CNOS</b> Comité national olympique et sportif français French National Olympic and Sports Committee	<b>DSS</b> Direction de la sécurité sociale Social Security Department
	<b>EASO</b> European Association for the Study of Obesity
	<b>FAQ</b> Fiche d'amélioration de la qualité Quality improvement worksheet

FEHAP  
Fédération des Etablissements Hospitaliers et d'Aide à la  
Personne  
Private Hospital and Assistance Establishments Federation

FFP  
Fédération Française de pneumologie  
Pulmonology French Federation

FHF  
Fédération Hospitalière de France  
French Hospital Federation

FHP  
Fédération de l'hospitalisation privée  
Private Hospitals Federation

FNAU  
Fédération Nationale des Agences d'Urbanisme  
Public Urban Planning Agencies National Federation

HALDE  
Haute Autorité de Lutte contre les Discriminations et pour  
l'Égalité  
High Authority for the Struggle Against Discrimination and for  
Equality

HAS  
Haute Autorité de Santé  
French National Health Authority

ICAPS  
Intervention auprès des collégiens centrée sur l'activité  
physique et la sédentarité  
Intervention centred on adolescents' physical activity and  
sedentary behaviour

INPES  
Institut national de prévention et d'éducation pour la  
santé  
National Institute for Prevention and Health Education

InVS  
Institut de veille sanitaire  
Public Health Surveillance French Institute

ITMO  
Institut thématique multiorganisme  
Thematic Multi-Organization Institute

ONZUS  
Observatoire national des zones urbaines sensibles  
National Observatory of Sensitive Urban Areas

PES  
Programme éducation santé  
Health Education Program

PMI  
Protection maternelle et infantile  
Mother and Infant Protection Services

PNA  
Programme national d'alimentation  
National Food Strategy

PNNS  
Programme national nutrition santé French  
National Nutrition and Health Programme

PNSE  
Plan national santé environnement  
National Environment and Health Plan

REPOP  
Réseaux pour la prise en charge et la prévention de l'obésité  
en pédiatrie  
Networks for the Management and Prevention of Obesity in  
Paediatrics

RÉPPOP  
Réseaux pour la prévention et la prise en charge de l'obésité  
pédiatrique  
Networks for the Prevention and Management of Paediatric  
Obesity

SAMU  
Service d'aide médicale urgente  
Urgent Medical Assistance Service

SFMS  
Société Française de Médecine du sport  
French Society of Sports Medicine

SFN  
Société Française de nutrition  
French Nutrition Society

SFP  
Société Française de Pédiatrie  
French Society of Paediatrics

SFRMS  
Société Française de Recherche et de Médecine du  
Sommeil  
French Society of Sleep Research and Medicine

SFSP  
Société française de santé publique  
French Society of Public Health

SGCIV  
Secrétariat Général du Comité Interministériel des Villes  
General Secretariat of the Inter-ministerial Committee for  
Urban Affairs

SGMS  
Secrétariat Général des Ministères chargés des Affaires  
Sociales  
General Secretariat of the Ministries in charge of Social Affairs

SOFFCO  
Société Française et Francophone de Chirurgie de  
l'Obésité  
French and French-speaking Society of Obesity Surgery

UGECAM  
Union pour la Gestion des Etablissements des Caisses  
d'Assurance Maladie  
Union for the Management of Establishments belonging to  
the National Health System



More information :

[www.sante.gouv.fr](http://www.sante.gouv.fr)