



Breaking WEIGHT BIAS

Promoting Health without
harming through digital
training tools

Project number:

2020-1-UK01-KA204-0791

06

Desk Research Report

Katsana-Leounaki GP (whole)

June 2021, Greece



1. Desk Review Template - Purpose of this tool

Babeş-Bolyai University has developed this tool as a guide and generic template for creating a desk research report. We have tried to make it user-friendly by providing explanations and examples under each heading.

A desk research report is a compilation of existing secondary data in a readable and usable format. It usually includes data from before and after the crisis/emergency.

The research team from Babeş-Bolyai University is available to support any efforts to compile this desk research report and is responsible for overseeing the compilation of the final desk research report. The contact info for the coordination team for this task is provided here:

alina.forray@publichealth.ro and **madalina.coman@publichealth.ro**.

Some tips for compiling the Country Desk Research Report:

- Contact active organizations and institutions and conduct the review in coordination with them
- Identify gaps in knowledge and communicate these to the BBU coordination group to follow up on additional information
- Ensure sign-off by key actors when appropriate



2. Summary

This desk review helped us a lot to recognise the needs of our country and realize how important it is to implement **Breaking Weight Bias** in Greece.

More specifically, we came up to the following conclusions:

- There are not enough healthcare settings to treat obesity efficiently.
- Healthcare professionals are not trained properly, in order to diagnose and treat obesity.
- There is no reference to weight stigma in **national** health policies and academic education of health professionals.
- The majority of the campaigns about obesity were stigmatizing and promoted harmful messages that reinforce weight stigma.
- Weight stigma is not recognized as a type of stigma like the stigma of mental health and addiction.
- The main method that is promoted as the way to treat obesity is dieting. However, research has proved that dieting is a form of disordered eating that can lead to further weight gain, metabolic disturbances and reinforce yo-yo dieting, also known as weight cycling.



Table of content

1. Desk Review Template - Purpose of this tool	2
2. Summary	3
3. Country profile statistics	5
4. Obesity management and prevention policies, strategies and services	7
5. Affected persons	10
6. Educational and training for health professionals working with individuals with obesity	11
7. Appendices	13



3. Country profile statistics

Country Profile Statistics			
Population (Source, Year)	10,374,487 (worldmeters.info 2021)	Population under 18 (Source, Year)	0-14 yrs: 13.9% (statista.com, 2019)
GDP per capita (current \$) (Source, Year)	19,581.0 (World Bank national accounts data, and OECD National Accounts data files, 2019)	HDI Index & Ranking	HDI: 0.888 Ranking: 32 (countryeconomy.com, 2019)
GNI per capita (current \$) (Source, Year)	19,750.0 (World Bank national accounts data, and OECD National Accounts data files, 2019)	Poverty headcount ratio at the national poverty line (% of population) (Source, Year)	17.9% (World Bank, Global Poverty Working Group, 2018)
Gini Index (AHDR 2012)	32.9 (World Bank, Development Research Group. Data are based on primary household survey data obtained from government statistical agencies and World Bank country departments, 2018)	Completion rate of lower secondary education (Source, Year)	94.3 (UNESCO Institute for Statistics, 2018)
Nurses (per 1,000 people) (Source, Year)	3.6 (World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. 2017)	Mental Health Professionals (per 1,000 people) (Source, Year)	<i>No data available</i>
Physicians (per 1,000 people) (Source, Year)	5.5 (World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. 2017)	Dietitians and Nutritionists (per 1,000 people) (Source, Year)	<i>No data available</i>
Physical therapists (per 1,000 people) (Source, Year)	8.41 (Panhellenic Physiotherapists' Association, 2020)	Life expectancy at birth (Source, Year)	82yrs (worldbank.com, 2019)
			79.3 yrs male (Statista, 2018)



Prevalence of Type 2 diabetes (Source, Year)	9.1% (World Health Organization – Diabetes country profiles, 2016)	Literacy rate in adults (Source, Year)	98.5% male (UNESCO, 2018)	97.4% female (UNESCO, 2018)
Prevalence of cardiovascular diseases (Source, Year)	<i>No data available</i>	Prevalence of overweight among adults (20 years and over) (Source, Year)	69,6% male (World Health Organization – Diabetes country profiles, 2016)	60,2% female (World Health Organization – Diabetes country profiles, 2016)
Saturated fat intake from total calorie intake (Source, Year)	12.3% (World Health Organization – Nutrition, Physical Activity and Obesity , 2009)	Prevalence of overweight among adolescents (5-19 years) (Source, Year)	22.2% boys (Tambalis K.D.et al 2018)	21.6% girls (Tambalis K.D.et al 2018)
Added sugars intake from total calorie intake	<i>No data available</i>	Prevalence of overweight among children (0-5 years) (Source, Year)	2-3 yrs old boys 25.6% 3-4 yrs old boys 22.8% 4-5 yrs old boys 44.3%	2-3 yrs old girls 36.7% 3-4 yrs old girls 30.6% 4-5 yrs old girls 36.3%
			(Hassapidou M et al 2015)	
Fruit and vegetable supply in grams per capita per day (Source, Year)	1056 gram per capita per day (World Health Organization – Nutrition, Physical Activity and Obesity , 2009)	Number of people who are undernourished (source, Year)	2,5% (Knoema 2019),	
Salt intake in grams per capita per day (Source, Year)	<i>No data available</i>	Prevalence of physical inactivity in adults (20 years and over) (Source, Year)	12.4% males (World Health Organization – Diabetes country profiles, 2016)	18.2% females (World Health Organization – Diabetes country profiles, 2016)



4. General information about bias in obesity management and prevention policies, strategies and services related to a health-promoting lifestyle

The objectives of this section in the report are to: 1) critically analyse obesity prevention and management policies, strategies and services in each partner country to identify underlying dominant narratives; 2) deconstruct dominant narratives and consider the unintended consequences for people with obesity; 3) make recommendations to change dominant obesity narratives that may be contributing to weight bias.

Main national recommendations, strategies and policies on weight bias, stigma, and discrimination

In Greece there are no national recommendations, strategies or policies on weight bias, stigma and discrimination. Interestingly, although the National Strategic Plan for Public Health 2019-2022 addresses the stigma of addiction to drugs and alcohol, as well as the mental health stigma, there is no reference to weight stigma. Moreover, the only recommendations regarding obesity focus solely on the importance of healthy eating, without mentioning anything about the social determinants that affect the risk of developing obesity and the barriers to its treatment. Also, despite the fact that the importance of continuous training among healthcare professionals is highlighted in the National Strategic Plan, there is no attention given to the significance of education about obesity (Ministry of Health, 2020). In addition, according to the available data from the World Obesity Federation about Greece, there is a lack of specialized training of health professionals in the prevention, diagnosis and treatment of obesity, while at the same time obesity is not recognised as a disease (World Obesity Federation, 2020).

It is worth to mention that there are no studies regarding weight stigma and discrimination in Greece, apart from postgraduate students' research. Notably, the authors' conclusions about the results of the first national survey that aimed to record the health status and dietary choices of the adult population in Greece, referred to the personal responsibility of people for their health issues. This approach doesn't take into account any of the well-established risk factors for obesity, including genetic, environmental, psychological and socioeconomic factors. It has been documented that overemphasizing only the responsibility of individuals lies within the root causes that drive weight stigma and discrimination. It is of utmost importance that the language used in research does not reinforce weight stigma, in order to protect people from the harmful effects of stigmatizing health policies that promote blame instead of health (Brownell et al., 2010).

Greek financial crisis is related to poor nutrition (Karanikolos M et al., 2013), since people who have lost their jobs or their income has been dramatically reduced, cannot afford nutritious food, including fresh fruit and vegetables and fish and they turn to cheaper, highly processed food choices that are high in calories with little nutritional value (Stuckler D. et al., 2009). Moreover, unemployment and economic hardship are strongly associated with increased levels of chronic stress, a well-known underlying factor for most of the prevalent mental illnesses and non communicable diseases, such as depression and heart disease (Dettenborn L et al., 2010). It is worth mentioning that the COVID-19 pandemic has negatively influenced the economy of Greece, leading to even more insecurity and uncertainty. The COVID-19 lockdown was also a determinant factor that led to a dramatic reduction of physical activity levels in Greece (Bourdass D. et al., 2020).



Partnerships and professional networks that work in nutrition, physical activity, and obesity

Unfortunately, there are no available partnerships and networks in Greece that address weight stigma. On the contrary, The Hellenic Medical Association for Obesity (HMAO) refers to personal responsibility of people with obesity for not losing weight. The only initiative in Greece about weight stigma takes place by a pharmaceutical company, which uses updated and validated data to treat obesity, without stigmatizing and harming patients. The latest press release of The Hellenic Dietetic Association on World Obesity Day (4th March 2021) referred to the weight stigma that exists even among healthcare professionals and made clear that it should be eliminated, in order to help patients with obesity efficiently. However, the video which was created for World Obesity Day 2021 focused only on the alarming rates of obesity, its association with serious health issues, as well as the complexity of its causes. There was no reference to weight stigma and to the different ways through which it can negatively affect people's health. Also, the video used phrases like "obesity epidemic", which has been shown to have contributed to the increase of weight stigma. In 2018, the Hellenic Dietetic Association had published another video on World Obesity Day to raise awareness about weight stigma, but there have been no training programs or organized campaigns to address this issue thoroughly (Kousta E. 2021).

Coordination mechanisms among healthcare professionals in treating people with overweight and obesity

In Greece there are no specific coordination mechanisms or guidelines that promote cooperation between different types of healthcare professionals to treat people with overweight or obesity. It is up to the discretion of each healthcare professional to choose if they want to refer one patient to another healthcare provider. However, there is a referral system in general hospitals between outpatient clinics (mainly for diabetes and hypertension) and the clinical dietitian of the hospital (if there is one). Moreover, "18 ano", which is a national drug-treatment unit, has created a team with different types of healthcare providers, including dietitians, psychiatrists and psychologists, who work in collaboration, in order to offer an integrated treatment to people with obesity.

Social and cultural norms, awareness campaigns and media coverage related to stereotypical portrayals of people living with obesity

Unfortunately, the majority of the awareness campaigns promote messages, which reinforce the stereotypes related to obesity and thus, weight stigma. The press releases of the Hellenic Dietetic Association on World Obesity Days emphasize on the alarming rise of obesity and its detrimental effects on health and repeatedly use phrases like "the epidemic of obesity". "Mychoice Mylife" is a campaign which is conducted by a pharmaceutical company that aims to contribute to the treatment of obesity. However, its official webpage uses phrases like "obesity pandemic" and implies that obesity is related to the "loss of control" around food and the strong desire to eat treats. It is well-established that obesity is one of the most complex health issues, since there are many underlying causes that often interact with each other. Apart from this, guessing that an individual with obesity "has no control" and "craves sweets" represents a stereotype of weight stigma. Moreover, there is a big project named "Lose Weight-Gain Life" that takes place in the General Children's Hospital "Pan. & Aglaia Kyriakou" and aims to reduce childhood obesity. However, the official website of the program refers to the "obesity epidemic" and overemphasizes its "terrifying" effects on mortality and morbidity. Moreover, from our personal experience as volunteers of this project during our undergraduate studies, we witnessed very harmful behaviors and attitudes against children, with no empathy and total lack of respect and kindness. Last but not least, there was a



campaign about childhood obesity that took place by the mayor of Athens in 2008, which was mainly based on spreading threat and fear. The name of this campaign was “Drop the weight of the child” and one of its basic mottos was “It may be called childhood, but it can easily turn into a life imprisonment.” The material of this campaign kept emphasizing the problems of obesity and phrases like “you are what you eat”, “be careful not to eat too much, because this may lead you to obesity”, “your everyday nutrition may destroy your health silently, without realising it”and promotes nutritional tips, such as “Instead of chocolate, eat fruit.” A growing body of evidence has proved that this type of approach is not only incapable of encouraging people to adopt a healthier lifestyle, but it can also trigger overeating, emotional eating and stress. This campaign also promoted self-weighing, which is a well-established factor that can increase eating disorders, disordered eating, body dissatisfaction and depression among adolescents (Pacanowski CR et al., 2015).



5. Affected persons

Access to services and goods

Many of the biggest hospitals in Greece have separate departments staffed by clinical nutritionists to treat obesity, which are open to the public. Moreover, “Laiko General Hospital” has created an outpatient clinic for the treatment of obesity that is open on specific days and times per week. In addition, there are departments for childhood obesity in children’s hospitals, such as the General Children’s Hospital “Pan. & Aglaia Kyriakou”. Nonetheless the offered services for obesity are not evenly distributed among the country and there are many areas where they do not even exist. As a result, there is often a huge waiting list which also discourages patients from reaching out for help.

Subsequently there is no referral system between healthcare professionals that could enable a more holistic approach to treat patients with obesity efficiently. It is worth mentioning that a great majority of health professionals are not even aware that specialized public services do exist. Moreover, it seems that the specialized services themselves do not disseminate effectively their offered services to facilitate cooperation between health professionals.

Another important barrier to the utilisation of healthcare services is that there is not enough time for health professionals to interact with patients properly. This can negatively affect the quality of service and lead to misdiagnoses and/or poor treatment of obesity. Patients are not given the opportunity to ask questions and discuss their worries. Time is also a key-element for building trust between doctor and patient. Trust takes time and requires respect and empathy.

Research shows that there are many doctors who use fear and shame as a “tool” to motivate people with obesity for lifestyle changes. They have the misconception that threatening their patients about the possible complications of obesity and even premature death can be helpful. However, no matter how well-intended this approach may be, it is harmful and can lead to the exact opposite effects and even deter people from seeking help or continuing to visit the doctor (Sackett and Dajani, 2019).

According to a study (Silvistopoulou E., 2021), the majority of doctors in Thessaloniki (the co-capital of Greece) stated that the main reasons that explain their patients' obesity are related to their personality traits, including lack of motivation and will, denial of their problem and inconsistency. However, when they were asked about the general causes of obesity, they seemed to recognise that there are many more factors affecting obesity, such as socio-economic and psychological. This perception is confirmed by a national program designed to prevent and treat childhood obesity that runs in the outpatient department of General Children’s Hospital “Pan. & Aglaia Kyriakou”, which the name of this program “Lose Weight-Gain Life” can be stigmatizing and cause harm.

Excluded groups

Unfortunately, most of the services are offered mainly in urban areas and particularly in Athens and Thessaloniki (the capital and co-capital of Greece respectively). There is an unequal distribution of resources across the country. Also, it has been suggested that people in lower socio-economic status (SES) are more vulnerable to obesity, which can be partly explained by their limited access to healthcare settings. Cost is the main barrier to accessing healthcare in Greece, in combination with the limits on reimbursed consultations (State of Health in the EU, Greece. Country Health Profile 2019, European Commission).



6. Educational and training for health professionals working with individuals living with obesity and those that want to improve their current lifestyle

Formal training and education in undergraduate and postgraduate programs

1. Medical Programs

In Greece there are 8 Medical Schools. Their curriculum includes subjects that approach obesity as a metabolic disease. There is also a subject in the undergraduate curriculum of the Medical School in Crete, which educates students about the etiology, prevalence and different treatments of obesity, including dietary changes, exercise and bariatric surgery. Moreover, there are some master's degrees available for health professionals, such as "Diabetes and Obesity" and "Nutrition for Health and Disease". In addition, there are available webinars and training courses about the etiology and treatment of obesity that may be organized by organizations, such as the Hellenic Medical Association for Obesity (HMAO) and the Hellenic Atherosclerosis Society (HAS). However, none of those address weight stigma or the importance of communication to support patients properly.

2. Dietitian Nutritionist Programs

In Greece there are 5 Universities of Science of Nutrition and Dietetics. Their curriculum has several subjects that address obesity, including pathophysiology, epidemiology and public health, biochemistry, nutrigenetics, nutritional treatment of pathological issues, dieting and obesity. Most of them focus on the etiology, prevalence and consequences of obesity from a biochemical perspective and suggest lifestyle changes (such as diet and exercise) as its basic treatment. Harokopio University of Athens also has an optional subject named "Counselling and Communication" which helps students develop communication skills and familiarize them with Cognitive Behavioral Therapy and Motivational Interviewing. However, there is no reference to weight stigma and no attention is given to the proper use of language, in order to avoid stigmatizing people with obesity. Students are mainly trained to formulate diet plans for weight loss, a method that has been proven to be insufficient to treat obesity in the long term (Lowe MR et al, 2013).

3. Nursing programs

There are 10 Nursing Programs in Greece. The only subject that addresses obesity is Pathophysiology that approaches it as a metabolic disease.

4. Physical therapy and kinesiology programs

There are 5 Physiotherapy Departments in Greece but there is no subject related to obesity or weight.

5. Psychology programs

In Greece there are 5 Schools of Psychology. Although there are subjects that address the stigma of mental health, disabilities, there is no reference to the stigma of obesity. They also have a subject about Values, Beliefs and Attitudes. Moreover, Social Psychology talks about discriminatory behaviors, whereas Psychology of Health refers to behaviors related to health, including obesity.

6. Pharmacy programs

In Greece there are 4 Departments of Pharmacy. The subject of Pharmacology teaches students about different medicines for the treatment of obesity.



7. Occupational therapy programs

There are 2 departments of Occupational Therapy in Greece. Their curriculum does not involve any subjects related to obesity or weight

8. Other programs

The “Empathize With Me, Doctor!” project is a promising initiative, developed by Vassilios Kiosses and Ioannis Dimoliatis of the Medical Education Unit at the University of Ioannina in Greece, which offers an experiential training program to improve healthcare professionals’ empathy. The philosophy of this project is based on the Person-Centered Approach (PCA) founded by Carl Rogers and includes a theoretical training about verbal and non verbal communication. It is worth mentioning that the “Empathize With Me, Doctor!” project won the International 2019 Global Person-Centered Innovation Award during the International Conference on Patient-Centered Care.

Non-formal and Informal training and education

“Beyond the shadow of dieting” is an innovative, psychoeducational approach which is conducted by the Center for Applications of Psychology that educates dietitians to help people with overweight or obesity discover the underlying factors that lead to weight gain and support them to change their attitude towards food. Both The Hellenic Association for the Study of Obesity, Metabolism and Eating Disorders and the Hellenic Medical Association for Obesity organize postgraduate seminars and conferences about obesity, but there is no reference to weight stigma and its detrimental effects on health.

There are also available web-based training courses about obesity in children and adults for healthcare professionals, including doctors, dietitians, psychologists etc. More specifically, there is a seminar which focuses on the psycho-dietetic approach of child obesity that takes into account many different aspects that contribute to the development of obesity, including socio-economic and psychological factors. The training of this program is based on Cognitive Behavioral Therapy. However, the description of the educational program does not include any reference to weight stigma.



7. Appendices

- Ministry of Health (2019) National Strategic Plan for Public Health. Available at: <https://www.moh.gov.gr/articles/health/domes-kai-draseis-gia-thn-ygeia/ethnika-sxedia-d-rashs/6237-ethniko-sxedio-drashs-gia-thn-dhmosia-ygeia> (Accessed: 14 June 2021).
- Bourdas D. et al. (2020) Impact of COVID-19 Lockdown on Physical Activity In a Sample of Greek Adults. Sports
- Brownell, K. D. et al. (2010) 'Personal responsibility and obesity: A constructive approach to a controversial issue', Health Affairs. Health Aff (Millwood), 29(3), pp. 379–387. doi: 10.1377/hlthaff.2009.0739.
- Country Economy. <https://countryeconomy.com/hdi/greece> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/SE.SEC.CMPT.LO.ZS?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/SI.POV.NAHC?locations=GR> (Accessed: 14 June 2021)
- Data Worldbank. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=GR> (Accessed: 14 June 2021)
- Dettenborn L, Tietze A, Bruckner F, Kirschbaum C. (2010) Higher cortisol content in hair among long-term unemployed individuals compared to controls. Psychoneuroendocrinology.
- Silvistopoulou E. (2021) Investigation of attitudes and practices of health professionals in Thessaloniki for the treatment of obesity in the adult population. Thessaloniki: Aristotle University, Faculty of Health Sciences, School of Medicine. Available at: <http://ikee.lib.auth.gr/record/331117/files/GRI-2021-30510.pdf> (Accessed 14 June 2021)
- Faculty of Medical, National and Kapodistrian University of Athens (EKPA), Study Guide 2019-2020
https://school.med.uoa.gr/fileadmin/depts/med.uoa.gr/school/uploads/Odigos_Spoydon/Odigos_Spoydon_2019-2020.pdf (Accessed: 15 June 2021)
- Faculty of Nursing, National and Kapodistrian University of Athens (EKPA), Study Guide 2020-2021
http://www.nurs.uoa.gr/fileadmin/nurs.uoa.gr/uploads/tmimatos/Odigos_Spoudon/2020-2021/odigos_2020_21.pdf (Accessed: 15 June 2021)
- Faculty of Pharmacy, National and Kapodistrian University of Athens (EKPA), Study Guide 2019-2020
https://www.pharm.uoa.gr/fileadmin/depts/pharm.uoa.gr/www/uploads/ODIGOI_SPOU_DWN/od-famrakeytikis-2019-2020-mail.pdf (Accessed: 15 June 2021)
- Faculty of Psychology, National and Kapodistrian University of Athens (EKPA), Study Guide 2020-2021
http://www.psych.uoa.gr/fileadmin/psych.uoa.gr/uploads/curriculum/EKPA_Psych_Study_Guide.pdf (Accessed: 15 June 2021)



- Hassapidou M, Daskalou E, Tsofliou F, Tziomalos K, Paschaleri A, Pagkalos I, Tzotzas T. (2015) Prevalence of overweight and obesity in preschool children in Thessaloniki, Greece. *Hormones (Athens)*. Oct-Dec;14(4):615-22. doi:[10.14310/horm.2002.1601](https://doi.org/10.14310/horm.2002.1601). PMID: 26188232.
- Hellenic Health Foundation (2016) HYDRIA Program: Conclusions-Observations and Proposals of Policy Measures May 2016. Available at: https://www.gerolib.gr/index.php?option=com_k2&view=item&id=2397:hydria-program-and-targeted-action-on-the-health-and-nutrition-of-the-greek-population-development-and-implementation-of-methodology-and-documentation&Itemid=290&lang=en (Accessed: 14 June 2021).
- Karanikolos M, Mladovsky P, Cylus J, Thomson S, Basu S, Stuckler D, et al. (2013) Financial crisis, austerity, and health in Europe. *Lancet*.
- Knoema. <https://knoema.com/atlas/Greece/Prevalence-of-undernourishment> (Accessed: 14 June 2021)
- Kousta E. (2021) Industrial relations and social dialogue. Greece: Working life in the COVID-19 pandemic 2020. Labour Institute of Greek General
- Lowe MR et al., Dieting and restrained eating as prospective predictors of weight gain. *Front Psychol* (2013)
- Ministry of Health (2020) National Nutrition Guides. Available at: <https://www.moh.gov.gr/articles/health/dieythynsh-dhmosias-ygieinhs/metadotika-kai-mh-metadotika-noshmata/7782-diatrofh> (Accessed: 14 June 2021).
- Pacanowski CR, Loth KA, Hannan PJ, Linde JA, Neumark-Sztainer DR. (2015) Self-weighting throughout adolescence and young adulthood: implications for well-being. *J Nutr Educ Behav*. 2015;47(6):506–15 e1.
- Panhellenic Physiotherapists' Association <https://world.physio/membership/greece> (Accessed: 14 June 2021)
- Sackett, D. R. . and Dajani, T. (2019) 'Fat Shaming in Medicine: Overview of Alternative Patient Strategies', *Osteopathic Family Physician*, 11(4), pp. 18–23.
- Statista. <https://www.statista.com/statistics/276391/age-distribution-in-greece/> (Accessed: 14 June 2021)
- Statista. <https://www.statista.com/statistics/970705/life-expectancy-at-birth-in-greece-by-gender/> (Accessed: 14 June 2021)
- Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M. (2009) The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *Lancet*.
- Tambalis K.D., Panagiotakos D.B., Psarra G., Sidossis L.S. (2018) Current data in Greek children indicate decreasing trends of obesity in the transition from childhood to adolescence; results from the National Action for Children's Health (EYZHN) program. *J Prev Med Hyg*. 59(1): E36–E47. doi: [10.15167/2421-4248/jpmh2018.59.1.797](https://doi.org/10.15167/2421-4248/jpmh2018.59.1.797)
- UNESCO. <http://uis.unesco.org/en/country/gr> (Accessed: 14 June 2021)
- World Health Organization – Diabetes country profiles. https://www.who.int/diabetes/country-profiles/grc_en.pdf (Accessed: 14 June 2021)
- World Health Organization – Nutrition, Physical Activity and Obesity https://www.euro.who.int/data/assets/pdf_file/0013/243301/Greece-WHO-Country-Profile.pdf (Accessed: 14 June 2021)
- World Obesity Federation (2020) Global Obesity Observatory: Greece. Available at: https://data.worldobesity.org/country/greece-80/#data_overview (Accessed: 14 June 2021)
- Worldmeters. <https://www.worldometers.info/world-population/greece-population/> (Accessed: 15 June 2021)