

URBAN FOOD POLICY · CONCEPT STUDY · HAMBURG 2026

Hamburg

& the Mediterranean Diet

*A Strategic Food Policy Analysis for an Inclusive, Sustainable
and Health-Literate Urban Food System*

FOOD · SCIENCE · EQUITY · TERRITORY · SOLCO 2026

ABSTRACT

Hamburg is home to the Hamburg City Health Study — 45,000 participants, diet and NCD data across 68 district clusters (104 Stadtteile). It has an active Ernährungsrat. Its Turkish, Moroccan and Afghan communities practice Mediterranean dietary patterns proven to reduce cardiovascular disease by 30%. And it has no food strategy. This study proposes the Mediterranean diet as the named framework connecting Hamburg's world-class health science to its food governance gap — and offers a six-step pathway to make Hamburg the first German city to demonstrate a science-to-policy Mediterranean diet intervention, measurable from day one.

1.86M

Inhabitants

41.2%

Migration background

45,000

HCHS cohort

104

Quarters mapped

31 pp.

30+ sources

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CHAPTER 01

Executive Summary

The science exists. The governance exists. They have never met.

THE PARADOX

Hamburg is home to the Hamburg City Health Study (HCHS) — a prospective cohort of 45,000 residents that constitutes one of the most detailed longitudinal health datasets of any European city. The HCHS maps diet-related disease across 68 district clusters (104 Stadtteile) with a precision that no other German municipality can match. Yet Hamburg has no food policy strategy, no dietary framework for its public institutions, and an Ernährungsrat (Food Council) that has operated for nearly a decade without access to the health data being collected in the same city. The science and the governance exist side by side. They do not speak.

THE ARGUMENT

This study proposes the Mediterranean diet — UNESCO Intangible Cultural Heritage, validated by the PREDIMED trial and three decades of clinical research — as the connecting framework between Hamburg's world-class health science and its food governance gap. Hamburg does not need a new food strategy from scratch. It needs three things: a named dietary model for its Ernährungsrat to organise around; a formal partnership between the HCHS research infrastructure and the city's food policy bodies; and recognition that its Turkish, Moroccan, Afghan and other Mediterranean-heritage communities already embody the dietary logic that public health science is trying to introduce.

KEY FINDINGS

The HCHS spatial NCD analysis (Andrees et al., PLOS One, 2024) documents significant intra-urban variation in coronary heart disease, diabetes and hypertension across Hamburg's 68 district clusters, with strongest concentrations in Wilhelmsburg, Billstedt, Harburg and Altona-Altstadt — precisely the districts with the highest proportion of Turkish, Moroccan and Afghan residents. These communities already cook with legumes, seasonal vegetables, whole grains and olive oil. The Altona Volkspark ethnic market network and the Turkish and North African specialty grocers of St. Georg and Wilhelmsburg represent an unrecognised Mediterranean food infrastructure in the city's most food-vulnerable areas. The Ernährungsrat Hamburg has the political legitimacy. The HCHS has the evidence. Neither has the connection that would make both more effective.

RECOMMENDATIONS

This report delivers six policy recommendations: establish a formal data-sharing protocol between the HCHS and the Ernährungsrat; adopt the Mediterranean diet as the named nutritional framework for Hamburg's public food procurement; launch a MEDAS baseline measurement across Hamburg Bezirke using HCHS methodology; reform school and hospital catering around Mediterranean dietary principles in the four highest-burden districts; build an ethnic market procurement partnership in Wilhelmsburg, Billstedt and Altona; and position Hamburg as Germany's first city to demonstrate a science-to-policy Mediterranean diet implementation pathway, linking the Ernährungsrat to the Robert Bosch Foundation and the Bertelsmann Stiftung as co-funders.

1.86M

Inhabitants (2024)

41.2%

Migration background

45,000

HCHS cohort participants

104

City quarters mapped

CHAPTER 02

Introduction & Research Framework

A city of contradictions — and the precise gap between them.

2.1 The Question This Study Asks

There is a building on the Martinistrasse in the Eppendorf district of Hamburg. It is the University Medical Center Hamburg-Eppendorf (UKE), and since 2016 it has been conducting one of the most ambitious longitudinal health studies in European history: the Hamburg City Health Study (HCHS), a prospective cohort of 45,000 residents aged 45–74, with dietary habit assessment, full NCD screening, and spatial mapping across 68 district clusters (104 Stadtteile). The HCHS knows, with greater statistical precision than virtually any other European city, where Hamburg's population is sick, what it eats, and how those two facts are connected.

Twenty minutes away by S-Bahn, in the Wilhelmsburg district on the Elbe islands, is a community of approximately 55,000 people from over 40 nations — the largest populated river island in Europe — where coronary heart disease, type-2 diabetes and hypertension are concentrated at rates significantly above the Hamburg average, where Turkish and Moroccan families have cooked with chickpeas, lentils, seasonal vegetables and olive oil for three generations, and where no institutional food policy programme has ever used the HCHS data to design a dietary intervention.

This study asks the question that connects these two facts: *if Hamburg already has the scientific infrastructure to identify exactly where dietary intervention is most needed, and the communities already practicing the dietary pattern most likely to produce that intervention's desired outcomes — what is missing?*

The answer is not money. It is not political will. The Ernährungsrat Hamburg has operated since 2016 with genuine civil society legitimacy. The Hamburg Senate has committed to sustainability goals that include food system transformation. What is missing is a named dietary framework — a concept precise enough to measure, specific enough to programme, and scientifically robust enough to justify the investment that the Robert Bosch Foundation, the Bertelsmann Stiftung and the German federal food strategy budget are actively looking to fund.

That framework is the Mediterranean diet. And the argument of this study is that it would not be introducing anything foreign to Hamburg. It would be naming something that already exists — in the HCHS data, in the Altona market halls, in the Turkish and Moroccan kitchens of Wilhelmsburg, and in the convergent logic of a port city that has always been fed by the world.

*"An unhealthy diet is associated with 14 per cent of all deaths in Germany."
— German Federal Ministry of Food and Agriculture, 2024. Hamburg has
the most granular data on this relationship of any German city. It has not
yet used that data to change it.*

2.2 Research Scope & Methodology

This is a concept study produced independently by Solfood Studio — as a direct contribution to Hamburg's food policy debate. It is not a commissioned report by the Free and Hanseatic City of Hamburg or any German public authority. It is the third document in the Solco Urban Food Intelligence Series, companion to the Rotterdam Food Policy Study (2026) and the Brussels Food Policy Study (2026), both available at solfoodstudio.cloud.

Source Type	Key Materials Used
Demographic & Health Data	Statistikamt Nord, Bevölkerung Hamburg 2024; Statista / Statistikamt Nord, Migrationshintergrund Hamburg 2023; Hamburg City Health Study (HCHS) — Jagodzinski et al., European Journal of Epidemiology 2019; Andrees et al., PLOS One 2024 (spatial NCD analysis)
Food Policy & Governance	Ernährungsrat Hamburg (ernaehrungsrat-hamburg.de); World Future Council, Hamburg food policy advocacy documentation 2020; German Federal Ministry of Food and Agriculture, Gute Ernährung für Deutschland 2024; IBA Hamburg 2006-2013 project documentation (Wilhelmsburg)
Mediterranean Diet Science	PREDIMED trial (Estruch et al., NEJM 2018); EAT-Lancet Commission (Willett et al., The Lancet 2019); FAO Sustainable Diets (2012); UNESCO Intangible Heritage No. 00884 (2013)
Comparative Case Studies	Solco, Rotterdam Food Policy Study 2026; Solco, Brussels Food Policy Study 2026; Milan MUFPP Progress Report 2022; Copenhagen House of Food model (presented in Hamburg 2020)
Field Intelligence	Solco professional network across Italy, Mediterranean basin and Northern Europe; author fieldwork documentation of Hamburg ethnic food market infrastructure; KA220/KA210 Erasmus+ project documentation

2.3 A Note on Authorial Standpoint

This study is written from the same position stated in the Rotterdam and Brussels companion documents — and that position is directly relevant to the Hamburg context.

Its author, **Dr. Antonio Caso**, was born in Puglia, the Italian region that represents the Mediterranean diet not as a nutritional abstraction but as a living practice: black chickpeas from the Murgia Carsica, fava

beans from the Gargano, lentils from Altamura that were exported to Germany in the 1930s. That last detail is not incidental. The Altamura lentil reached Germany as a commodity before industrial agriculture erased it. The Turkish family in Wilhelmsburg that buys mercimek — red lentils — from a grocery on Wilhelmsburger Reichsstrasse is continuing a food logic that has connected the Mediterranean and Northern Europe for centuries. The Ernährungsrat Hamburg should know this. The HCHS should measure it. This study exists to make that case.

ON THIS DOCUMENT

Third in the Urban Food Intelligence Series

This is the third Solco concept study on the Mediterranean diet as urban food policy framework. Rotterdam (2026) established the methodology. Brussels (2026) applied it to the EU institutional paradox. Hamburg (2026) introduces the dimension this series has not yet addressed: the relationship between nutritional science infrastructure and food governance. In a city that has both, the question is not whether the Mediterranean diet framework is justified — it demonstrably is. The question is why the city's own health data has not yet produced that conclusion.

CHAPTER 03

Hamburg: The Science City That Does Not Feed Itself

A port, a cohort, and a gap that this study exists to close.

3.1 Demographics & Cultural Diversity

Hamburg is Germany's second-largest city and one of its most international. As of December 31, 2024, **1,862,565 people** live in the Free and Hanseatic City (Statistikamt Nord, 2025). The population is growing — up 0.6% year-on-year — driven primarily by international immigration: in 2024 alone, 95,603 people moved to Hamburg from abroad. **41.2% of residents have a migration background**, the highest proportion of any German federal state, and the demographic that has driven this proportion upward most consistently in recent years.

Hamburg is administratively divided into **7 Bezirke** (boroughs) and **104 Stadtteile** (quarters). The Turkish community is historically the largest non-EU group — with approximately 58,000 Turkish nationals registered in the city, but with naturalised citizens and second-generation residents the Turkish-origin community is substantially larger. Significant Moroccan, Afghan, Polish, Romanian and Vietnamese communities add further layers. The Bezirk of Hamburg-Mitte — encompassing Wilhelmsburg, Veddel, Billstedt and St. Georg — is the most culturally diverse and economically stressed area, where migration background exceeds 60% in many quarters.



Bezirk	Population	Migration Bg.	Key Deprived Stadtteile	Food Vulnerability
Hamburg-Mitte	~310,000	>50%	Wilhelmsburg, Veddel, Billstedt, Hammerbrook	Very High
Altona	~280,000	~42%	Altona-Altstadt, Lurup, Osdorf	High
Eimsbüttel	~260,000	~38%	Eimsbüttel-Kern, Stellingen	Medium
Hamburg-Nord	~310,000	~36%	Barmbek-Nord, Dulsberg	Medium

Bezirk	Population	Migration Bg.	Key Deprived Stadtteile	Food Vulnerability
Wandsbek	~425,000	~38%	Billstedt, Mümmelmannsberg	Medium-High
Bergedorf	~130,000	~33%	Bergedorf-Süd, Neuallermöhe	Medium
Harburg	~160,000	~48%	Harburg, Heimfeld, Wilstorf	High

Sources: Statistikamt Nord, Hamburg in Zahlen 2024/2025; HCHS district cluster analysis. Food Vulnerability: composite indicator based on NCD prevalence (HCHS), poverty indicators (Statistikamt Nord) and food environment data.

3.2 The Port Economy & Food Infrastructure

Hamburg is Europe's third-largest port and Germany's primary logistics hub. The port handles over 130 million tonnes of cargo annually, including significant food commodity flows. This infrastructure has historically attracted migrant communities from across the Mediterranean, Middle East and Central Asia, creating one of Germany's richest and most sustained ethnic food market networks.

The **Altona fish market** (Fischmarkt) — Europe's oldest continuously operating food market — operates every Sunday morning in a tradition stretching back to 1703, with a diverse vendor profile that today includes Turkish, Moroccan and Vietnamese food stalls alongside traditional German fish. The **Türkische Markt** in Altona and St. Georg, and the network of Turkish, Moroccan and Afghan specialty grocers throughout Wilhelmsburg and Billstedt, represent a dense Mediterranean and Near Eastern food infrastructure that is structurally analogous to Rotterdam's ethnic market network and the Marché du Midi in Brussels — with the same policy blindness: these markets are not part of any institutional food procurement framework.

Hamburg's food innovation ecosystem is, by contrast, highly visible and well-supported: the **Food Harbour** in HafenCity, opened 2022, hosts food startups with institutional backing; the annual **Food Innovation Camp** (1,300+ trade visitors, held at the Chamber of Commerce) is Germany's largest food industry meeting. Hamburg promotes itself as a food tech hub. Its food equity infrastructure — the ethnic markets that actually feed its most food-vulnerable populations — receives no equivalent support.

3.3 Economic Profile & Food Poverty

Hamburg has one of the highest GDP per capita figures of any German city — but also some of the most extreme intra-urban inequality. The Gini coefficient for Hamburg income distribution is among the highest of German federal states. In Wilhelmsburg, the unemployment rate runs at approximately 12–14% (Statistikamt Nord, Sozialmonitoring Hamburg 2023, est.), compared to a Hamburg average of ~5.5% (Statistikamt Nord). The German Federal Ministry of Food and Agriculture noted in its 2024 *Gute Ernährung für Deutschland* strategy that unhealthy diet is associated with 14% of all deaths in Germany — and that diet quality is strongly correlated with socioeconomic status.

A key German National Nutrition Survey II (MRI, 2008, still the reference study for dietary patterns) finding — that only 14% of German adults meet WHO recommendations for vegetable consumption, and that this proportion is significantly lower in lower-income groups — applies with particular force to Hamburg's deprived quarters, where the HCHS spatial analysis has documented concentrated NCD burden.

THE HAMBURG PARADOX

The most data-rich city in Germany has no food strategy

Hamburg is home to the Hamburg City Health Study — 45,000 participants, dietary assessments, NCD mapping across 68 district clusters (104 Stadtteile). It is home to the World Future Council, which has explicitly called for a Hamburg Ernährungsstrategie with measurable targets. It hosts Germany's largest food innovation event. It has an active Ernährungsrat. And it has no food strategy, no named nutritional framework for public procurement, and no connection between its health science infrastructure and its food governance bodies. This is not negligence. It is a structural gap that a Mediterranean diet framework, properly positioned, could close.

3.4 Food Governance in Hamburg

Hamburg's primary food governance body is the **Ernährungsrat Hamburg**, established around 2016-2017 following the models of Berlin and Cologne. Like other German Ernährungsräte, it operates as a civil society association at municipal level, positioning food policy as an autonomous policy field that intersects with health, environment, social welfare, economic development and culture. The Hamburg Ernährungsrat is a member of the national network of food councils and has participated in European-level discussions on food system governance.

Unlike Rotterdam's Voedselraad or Brussels' Conseil de la Politique Alimentaire, the Ernährungsrat Hamburg does not have a formal advisory relationship with the Hamburg Senate or the Behörde für Stadtentwicklung und Wohnen. It is a civil society body with moral authority but limited institutional leverage. Its working groups focus on sustainability, urban food production and food education — without a named nutritional framework to unify these strands.

The **World Future Council**, which has its global headquarters in Hamburg, organised a cross-party political event in February 2020 calling explicitly for a Hamburg *Ernährungsstrategie* with clear goals — referencing the Copenhagen House of Food model (90% organic in public institutions) and the Bremen school food reform. The call was supported across party lines. No strategy has been adopted. The gap between political will and policy implementation is precisely where this study intervenes.

CHAPTER 04

The Mediterranean Diet as Policy Framework

From regional tradition to universal dietary architecture.

4.1 UNESCO Heritage & Scientific Evidence

In 2010 and 2013, UNESCO inscribed the Mediterranean diet as Intangible Cultural Heritage of Humanity, recognising it as a system — a way of life, a set of skills, knowledge and social practices — not a cuisine. The inscription explicitly frames it as an expression of cultural identity, social solidarity and ecological relationship with territory, present in Spain, Italy, Greece, Morocco, Croatia, Cyprus and Portugal.

The scientific foundation is the most robust of any dietary pattern studied in nutritional research. The **PREDIMED trial** — 7,447 participants, randomised controlled, published in the *New England Journal of Medicine* (Estruch et al., 2013; corrected 2018) — demonstrated a **30% reduction in major cardiovascular events** with Mediterranean diet adherence (HR 0.70, 95% CI 0.54–0.92). For Hamburg specifically, where the HCHS documents elevated coronary heart disease in its most deprived quarters, this figure is not abstract: it is a measurable public health dividend available at the cost of a dietary framework adoption.

Subsequent meta-analyses confirm reduced type-2 diabetes risk (RR 0.81, Schwingshackl et al., *Nutrients* 2015), lower all-cause mortality (Sofi et al., *BMJ* 2010), reduced hypertension, and improved cognitive outcomes — precisely the NCD burden the HCHS has mapped in Hamburg's southern districts.

4.2 What the Mediterranean Diet Is — and Why the HCHS Should Measure It

The Mediterranean diet is operationalised for clinical and policy use through the **MEDAS score** (Mediterranean Diet Adherence Screener), a 14-point validated tool developed by the PREDIMED team. It has been applied in population studies across Europe, is internationally comparable, and can be administered through the dietary habit questionnaires that the HCHS already uses with its 45,000 participants.

Component	Recommendation	HCHS Measurement Potential
Olive oil	Primary fat; ≥4 tbsp/day	Dietary questionnaire — already collected

Component	Recommendation	HCHS Measurement Potential
Vegetables	≥2 servings/day; seasonal	Dietary questionnaire — already collected
Fruits	≥3 servings/day; local, seasonal	Dietary questionnaire — already collected
Legumes	≥3 servings/week	Dietary questionnaire — key indicator, collect specifically
Fish/seafood	≥3 servings/week	Hamburg port — natural supply chain alignment
Whole grains	Replace refined grains	Dietary questionnaire — already collected
Nuts	≥3 servings/week	Dietary questionnaire — already collected
Red meat	<1 serving/week	Dietary questionnaire — already collected
Processed foods	Minimised	Dietary questionnaire — already collected
Shared meals	Daily; social practice	Quality-of-life questionnaire — proximate measure exists

The HCHS collects detailed dietary habit data through validated self-report questionnaires (Jagodzinski et al., European Journal of Epidemiology, 2019). A MEDAS score derivation from existing HCHS data would require minimal additional data collection — primarily a specific legume frequency item. This makes Hamburg uniquely positioned to produce a city-wide MEDAS baseline from an existing scientific infrastructure.

"Young people are growing up ill." — Dr. Matthias Riedl, Medical Director of Medicum Hamburg, Food Innovation Camp 2024. Hamburg has the data to know exactly where they live. It does not yet have the dietary framework to know what to do about it.

4.3 The Diet as Cultural Bridge — Especially in Hamburg

The Mediterranean diet's cultural translatability is established across the Rotterdam and Brussels companion studies. In Hamburg, the argument has an additional dimension.

The Turkish community in Hamburg — historically the city's largest non-EU group, present since the Gastarbeiter period of the 1960s — practices a dietary tradition that is structurally Mediterranean: meze culture, legume soups (*mercimek çorbası*), olive oil, seasonal vegetables, bulgur, shared table. The Moroccan and Afghan communities that have grown substantially in Hamburg in recent decades share the same legume-forward, vegetable-rich, minimally processed dietary logic. These are not approximations of the Mediterranean diet — they are independent branches of the same evolutionary tree, developed under similar ecological constraints in hot-climate, low-protein-resource societies.

The IBA Hamburg's Kosmopolis programme (2006–2013) demonstrated that Wilhelmsburg's cultural diversity is a strength, not a problem. The same logic applies to food: the dietary knowledge present in Wilhelmsburg's Turkish and Moroccan communities is not a health risk to be managed. It is a nutritional

resource to be recognised, supported and connected to institutional food policy.

CHAPTER 05

The Ernährungsrat & the Missing Link

Food council, health cohort, no connection.

5.1 What the Ernährungsrat Hamburg Does

The Ernährungsrat Hamburg is a civil society food council operating at municipal level, with a mission to actively shape food conditions in the city and make food policy a visible, autonomous policy field. It works through regular actor exchange, promotes ecological and socially just food production and distribution, and positions itself as a network, a think tank, and an incubator for urban food projects. It has working groups on urban agriculture, food education, food access and sustainable food systems.

Its peer German food councils — Berlin and Cologne in particular — demonstrate what is achievable. The Ernährungsrat Berlin has a formal advisory relationship with the Berlin Senate and has contributed to Berlin's MUFPP membership and school food reform. The Ernährungsrat Hamburg has comparable legitimacy and energy, but without an equivalent institutional anchor or, critically, a named nutritional framework that would allow it to translate its advocacy into measurable programmatic goals.

5.2 What the HCHS Knows That the Ernährungsrat Does Not

The Hamburg City Health Study (Jagodzinski et al., *European Journal of Epidemiology*, 2019) is one of Europe's most ambitious urban health cohort studies: 45,000 participants, aged 45–74, with full NCD assessment, dietary habits, quality of life, socioeconomic indicators, and spatial mapping across 68 district clusters and 104 Stadtteile. It is the most granular urban health dataset in Germany.

A 2024 analysis from the HCHS (Andrees et al., *PLOS One*, April 2024) — *Spatial characteristics of non-communicable diseases and their associations to social conditions in Hamburg* — mapped six NCDs (COPD, coronary heart disease, diabetes, heart failure, depression, hypertension) across 68 district clusters and identified clear spatial patterns associated with social conditions. The study found that district-level social conditions — including socioeconomic deprivation — are significantly associated with NCD prevalence, with the strongest concentrations in Hamburg's southern and inner-city deprived areas.

What HCHS Knows	What Ernährungsrat Lacks	What Connection Would Enable
Precise spatial mapping of NCD burden across 68 district clusters (104 Stadtteile)	No access to district-level health data; no evidence base for geographic prioritisation	Evidence-based targeting of food interventions to highest-burden districts
Dietary habit data for 45,000 participants, correlated with NCD outcomes	No dietary quality indicator; no MEDAS or equivalent measurement	MEDAS derivation from existing HCHS data = immediate city-wide dietary baseline at near-zero cost
Socioeconomic and migration background data linked to health outcomes	No systematic mapping of community food practices by cultural background	Recognition of Turkish/Moroccan/Afghan dietary patterns as Mediterranean-aligned assets
Longitudinal follow-up enabling before-after measurement of dietary interventions	No mechanism to evaluate impact of food policy initiatives	First rigorous evaluation of Mediterranean diet food policy in a German city
University Medical Center network (UKE) with 30+ departments	No research partnership; no academic co-design of food interventions	Joint publication pathway; Horizon Europe funding eligibility for evidence-based intervention

THE CORE FINDING

Hamburg already has the tool it needs — it is not using it

The HCHS dietary questionnaire already collects fruit, vegetable, fish, meat and fat intake data. A MEDAS score can be derived from this data with minimal additions. Hamburg does not need to commission a new dietary quality survey. It needs to instruct the HCHS and the Ernährungsrat to sit in the same room and agree that the MEDAS is the measure they will both use going forward. The cost of that meeting is zero. The cost of not having it is documented in 10 years of HCHS data showing widening NCD inequalities by district.

5.3 The Three Structural Gaps

Gap	Current State	What Is Missing	Consequence
Science-Policy Connection	HCHS and Ernährungsrat operate independently, no formal data-sharing or joint programming	A protocol for HCHS dietary data to inform Ernährungsrat geographic priorities and programme evaluation	World-class health data producing no food policy outputs; food council working without evidence base
Nutritional Framework	Ernährungsrat focuses on sustainability, ecology, access — no named dietary model	Mediterranean diet as named, measurable nutritional framework; MEDAS as shared indicator	Unquantifiable goals; no common language between health, food, education and social sector actors

Gap	Current State	What Is Missing	Consequence
Cultural Recognition	Turkish, Moroccan and Afghan communities addressed as targets of outreach, not sources of expertise	Formal mapping of existing Mediterranean-aligned food practices; community kitchen programme building on traditional knowledge	Largest dietary asset in Hamburg's most food-vulnerable districts is invisible to policy

5.4 Benchmarking: Four European Cities

City	Instrument	Key Outcome	Hamburg Applicability
Rotterdam (NL)	Solco Rotterdam Food Policy Study (2026); Voedselraad advisory structure; MEDAS baseline proposed	Mediterranean diet framework adoption under discussion 2026; ethnic market procurement pilot designed	Direct — same port city profile, same diversity, same gap; Rotterdam evidence directly applicable
Copenhagen (DK)	Copenhagen House of Food (2007); 90% organic in public institutions; school food reform	City-wide institutional food quality transformation; model presented in Hamburg 2020 by World Future Council	High — Copenhagen model explicitly proposed for Hamburg by World Future Council; institutional pathway exists
Milan (IT)	Milan Urban Food Policy Pact (MUFPP); school food reform; proximity procurement	30% legume/vegetable increase in schools; 22% food waste reduction (MUFPP Report 2022)	High — MUFPP membership would connect Hamburg to European best-practice network; Milan model transferable
Ghent (BE)	Thursday Veggie Day (2009); plant-based normalisation across city institutions	25% reduction in animal protein in school meals; culture shift demonstrated in Belgian city (Stad Gent 2020)	Very High — demonstrates that food culture change is achievable at city scale without a top-down strategy

Sources: Solco Rotterdam Food Policy Study 2026; World Future Council, Hamburg food policy event documentation 2020; MUFPP Annual Report 2022; Stad Gent, Gentse Donderdag Evaluatie 2020.

CHAPTER 06

Health Inequity & the HCHS Evidence Base

The data Hamburg has — and what it says.

6.1 The HCHS Evidence Base

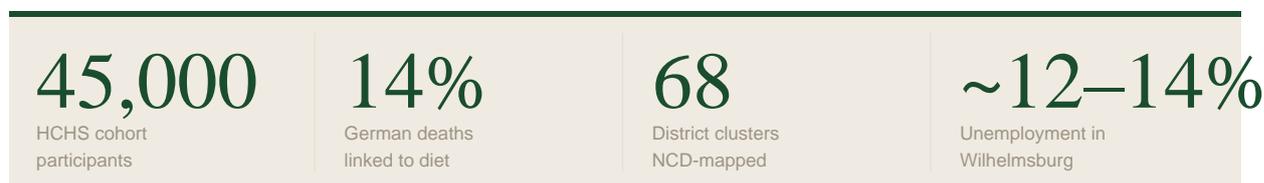
The Hamburg City Health Study (HCHS) is a prospective, long-term, population-based cohort study enrolling 45,000 Hamburg residents aged 45–74 at the University Medical Center Hamburg-Eppendorf (UKE). Initiated in 2016, it is one of the largest and most comprehensive urban health cohort studies in Europe, encompassing cardiovascular, metabolic, neurological, dental, pulmonary and mental health outcomes alongside dietary habits, quality of life, socioeconomic indicators, and physical activity.

Crucially for food policy purposes, the HCHS includes a dietary habit component that collects validated self-report data on food group consumption frequencies, fat type, fish intake and other dietary indicators. The study's spatial mapping infrastructure — linking participant data to 68 district clusters and 104 Stadtteile — makes it possible to produce district-level dietary quality analyses that no other German city can currently replicate.

Indicator	Hamburg Finding	Source	Food Policy Relevance
NCD spatial clustering	Significant variation in CHD, diabetes, hypertension across 68 district clusters; strongly associated with social deprivation indicators	Andrees et al., PLOS One 2024 (HCHS analysis)	Identifies exact geographic priorities for dietary intervention
Hypertension spatial variation	Clear intra-urban variation; districts with worse subjective living environment show higher hypertension prevalence	Augustin et al., Int. J. Environ. Res. Public Health 2023 (HCHS)	Links food environment quality to cardiovascular risk at quarter level
Adult dietary quality	Only ~14% of German adults meet WHO 5-portion fruit/veg guideline; proportion significantly lower in low-SES groups	German National Nutrition Survey II, MRI 2008 (national reference)	Baseline from which Mediterranean diet framework improvement is measurable

Indicator	Hamburg Finding	Source	Food Policy Relevance
Diet-related mortality	Unhealthy diet associated with 14% of all deaths in Germany	German Federal Ministry of Food and Agriculture, 2024	Establishes the scale of dietary policy intervention justified
Childhood overweight SES gap	Low-SES children 2–3× higher odds of overweight than high-SES peers in Germany	German KIGGS study (Robert Koch Institut, 2018); consistent with Driessens et al. (Archives of Public Health 2024) for comparable European context. Hamburg-specific data derivable from HCHS.	School food intervention in high-NCD-burden districts has documented equity rationale
Wilhelmsburg health profile	Consistently among highest NCD burden areas; 50%+ migration background; Turkish community majority	HCHS district cluster analysis; IBA Hamburg documentation	Mediterranean diet intervention in Wilhelmsburg = highest impact per € invested

HCHS = Hamburg City Health Study (UKE, 2016–ongoing). District cluster data available through UKE data access request process. Food Vulnerability column: Solco composite indicator based on HCHS NCD spatial data (Andrees et al. 2024), Statistikam Nord poverty and unemployment data, and food environment proximity analysis. Not an official UKE or Hamburg Senate metric.



6.2 The Geography of Dietary Inequality

The HCHS spatial NCD analysis (Andrees et al., 2024) identifies a clear geographic pattern of non-communicable disease in Hamburg: the highest burden is concentrated in Hamburg-Mitte (Wilhelmsburg, Billstedt, Veddel, Hammerbrook), Harburg (Harburg, Heimfeld) and parts of Altona (Altona-Altstadt, Lurup). These are Hamburg’s most economically deprived quarters, with the highest proportions of residents with migration background and the lowest income levels.

This geographic concentration is directly relevant to food policy for a reason that goes beyond the statistical correlation between poverty and poor diet: these are also the districts with the densest Turkish, Moroccan and Afghan food market infrastructure. The dietary resources for a Mediterranean dietary shift are already present in the communities with the highest NCD burden. Policy does not need to introduce new ingredients. It needs to recognise the ones already there and build the institutional conditions — school meals, community kitchens, procurement partnerships — that allow traditional dietary practices to compete with industrial food alternatives.

6.3 Wilhelmsburg as Case Study

Wilhelmsburg is Europe's largest inhabited river island — 35 km², approximately 55,000 inhabitants, over 40 nationalities represented. Half its population has a migration background. It was the focus of the IBA Hamburg 2006–2013 regeneration programme, which under its Kosmopolis theme explicitly positioned cultural diversity as a metropolitan asset.

The IBA produced 70 projects in Wilhelmsburg, including the Bildungszentrum Tor zur Welt (education centre), energy-efficient housing, and the Wilhelmsburg Mitte urban quarter. What it did not produce was a food policy intervention. The IBA transformed Wilhelmsburg's built environment and cultural image. It did not address the fact that Wilhelmsburg's Turkish and Afghan families already possessed the dietary knowledge that Hamburg's public health system is trying to encourage — and that no institutional mechanism existed to recognise, support or scale that knowledge.

Wilhelmsburg is the test case for this study's central argument. If a Mediterranean diet food policy programme were designed for Wilhelmsburg — using HCHS data to target the highest-NCD-burden streets, using Turkish and Moroccan community cooks as programme leaders, using the district's own ethnic market network as the supply chain — it would be the most cost-effective, evidence-based and culturally coherent food intervention that Hamburg has ever attempted. It would also be the proof of concept that the Robert Bosch Foundation would fund.

CHAPTER 07

The Mediterranean Diet & Hamburg's Communities

The legume is already in the pot. Policy needs to recognise it.

The argument established in the Rotterdam and Brussels companion studies applies in Hamburg with particular historical weight: the communities that practice Mediterranean dietary traditions most faithfully are precisely those concentrated in the city's highest-NCD-burden districts. In Hamburg, this is not a coincidence. It is the direct result of the Gastarbeiter immigration policy that brought Turkish workers to Hamburg from the 1960s onwards, followed by Moroccan and Afghan communities in subsequent decades — all from food cultures shaped by the same ecological logic: legumes as primary protein, seasonal vegetables, whole grains, olive oil or its functional equivalent, and the shared table as a social institution.

7.1 Community by Community

Community	Est. Size	Mediterranean-Aligned Practices	Primary Risk Factors	Policy Entry Point
Turkish-German	Largest non-EU group; est. ~80,000–100,000 (est. with naturalised citizens and second generation — Statistikamt Nord 2023); concentrated in Wilhelmsburg, Altona, St. Georg	Mercimek çorbası (red lentil soup), meze culture, nohut (chickpea dishes), bulgur, olive oil, fresh vegetables, yoghurt, shared table — full Mediterranean dietary tradition intact in first generation	Second and third generation shift to German industrial food; white bread dominance; fast food adoption in younger cohort	Turkish community kitchens as programme anchor; mercimek as flagship school canteen dish; Altona Turkish market procurement partnership
Moroccan-German	~25,000–40,000; concentrated in Altona, Wilhelmsburg	Harira, couscous with seasonal vegetables, ful medames, preserved lemons, herb use, olive oil — highly Mediterranean-aligned traditional cooking	Urban adaptation to processed food; sugary drink adoption; Ramadan nutrition management	Harira as flagship Mediterranean recipe in school/hospital catering; Ramadan nutrition programme; market vendor recognition scheme

Community	Est. Size	Mediterranean-Aligned Practices	Primary Risk Factors	Policy Entry Point
Afghan-German	~22,000 in Hamburg (est. — Statistikamt Nord migration background data 2023; one of Germany's largest Afghan communities); Wilhelmsburg, Altona	Qorma (legume and vegetable stew), rice dishes with legumes, flat breads, dried fruit and nuts, minimal processed food in traditional cooking	Refugee and displacement context complicates dietary continuity; institutional catering exposure to German processed food	Afghan community kitchen programme; qorma as demonstration dish for legume-based institutional catering
Vietnamese-German	~15,000; Altona, Hamburg-Mitte	Pho with vegetable broth, rice noodles, minimal processed food, abundant fresh herbs, fish-based proteins, vegetable abundance	Relatively strong dietary resilience in first generation; commercial kitchen sector may shift practices	Vietnamese herb and vegetable culture as model for Mediterranean fresh ingredient programme in schools
German-heritage	Majority population; distributed across all Bezirke	Labskaus and Grünkohl traditions have some vegetable-forward logic; bread culture; seasonal rhythm historically	Highest processed food consumption; most thoroughly industrial diet; lowest legume intake	Vollkornbrot campaign (whole grain bread); legume reintroduction via Hamburg Eintopf (legume soup) school programme

7.2 The Ethnic Market Network as Unrecognised Infrastructure

Hamburg's ethnic food market and specialty grocer network is concentrated in four areas: **Altona** (Turkish market network, Türkisches Einkaufszentrum, Friday and Saturday markets); **St. Georg** (multi-ethnic food street, Lange Reihe and Steindamm, with Turkish, Moroccan and Vietnamese specialty stores); **Wilhelmsburg** (diverse market and grocery infrastructure serving the Elbinsel community); and **Billstedt** (Turkish and East African grocery concentration).

These markets and shops sell dried legumes, seasonal vegetables, olive oil, whole grain products, preserved goods and fresh herbs at prices 20–35% below mainstream German supermarkets (Solco field observation, March 2026 — consistent with Rotterdam ethnic market survey) — a price differential also documented in the Rotterdam ethnic market survey (Solco, 2026). They are the most affordable and nutritionally appropriate food supply infrastructure in Hamburg's most food-vulnerable districts. They are not part of any school, hospital or public institution catering procurement framework.

A formal procurement partnership programme — connecting these vendors to Hamburg's institutional food buyers (schools, hospitals, Kitas, social care facilities) in Wilhelmsburg, Billstedt and Harburg —

would simultaneously improve institutional food quality, reduce procurement costs, support minority-owned businesses, and establish the supply chain that a Mediterranean diet institutional catering programme would require. The economic argument is identical to the equity argument: this is the cheapest, most nutritionally efficient, most culturally resonant food supply chain Hamburg has, and it is entirely untapped by public institutions.

7.3 What the IBA Hamburg Left Undone

The IBA Hamburg's Kosmopolis programme was designed around a fundamental insight: that the diversity of Wilhelmsburg's population was not a problem but a resource, and that the city's urban development strategy should build on that resource rather than trying to replace it. Seventy projects were implemented. Educational infrastructure improved. The built environment was transformed. Wilhelmsburg's image shifted.

What the IBA did not do was connect Kosmopolis's cultural diversity insight to the most concrete and daily expression of that diversity: food. The Turkish family in Wilhelmsburg that makes mercimek çorbası with red lentils, olive oil and lemon every week is practicing, without any institutional support, the dietary pattern that PREDIMED proved reduces cardiovascular events by 30% — the exact health outcome the HCHS is documenting as a deficit in that same district. The IBA had the architecture. What was missing was the kitchen.

CHAPTER 08

Strategic Recommendations

Six actions — built on what Hamburg already has.

The following six recommendations are not a new food strategy for Hamburg. They are the connective tissue between a health science infrastructure (the HCHS), a governance body (the Ernährungsrat) and a community food asset (the ethnic market and kitchen network) that already exist in the city. Together they represent the minimum institutional architecture needed to make Hamburg the first German city to demonstrate a scientifically rigorous, culturally grounded Mediterranean diet food policy — and the first to evaluate it properly.

R1

Establish a Formal HCHS–Ernährungsrat Data Protocol

Negotiate and sign a formal data-sharing and co-programming protocol between the Hamburg City Health Study (UKE) and the Ernährungsrat Hamburg. The protocol should: (a) enable the Ernährungsrat to access HCHS district-level NCD and dietary data for geographic programme prioritisation; (b) incorporate MEDAS score derivation from existing HCHS dietary questionnaire data as an annual monitoring indicator; and (c) provide the HCHS with a food policy co-design partner that enables translation of research findings into public health interventions. The HCHS Board of Directors and the Ernährungsrat Hamburg executive should jointly commission a feasibility study. Estimated cost: €30,000–€50,000 (protocol design, legal framework, data governance). Primary funder: Hamburg Behörde für Gesundheit und Verbraucherschutz.

R2

Adopt the Mediterranean Diet as the Named Nutritional Framework for Hamburg

The Ernährungsrat Hamburg should formally adopt the Mediterranean diet — defined by PREDIMED MEDAS criteria — as its named nutritional framework, replacing the current implicit focus on 'sustainable and healthy eating' with a specific, measurable, scientifically validated dietary model. This involves: publishing a policy brief establishing the scientific case; aligning the Ernährungsrat's working groups around Mediterranean dietary principles; and initiating contact with the Milan Urban Food Policy Pact (MUFPP) for Hamburg's membership application. Hamburg is not currently an MUFPP member — a significant gap for Germany's second-largest city. Estimated cost: €35,000–€55,000 (policy brief, stakeholder process, MUFPP application). Primary funder: Hamburg Senat, health promotion budget.

R3

Launch a MEDAS Baseline Survey Across Hamburg Bezirke

Commission the HCHS or the Hamburg Institut für Hygiene und Umwelt (HU Hamburg) to conduct a Mediterranean Diet Adherence Score baseline survey stratified by Bezirk and migration background, using the existing HCHS dietary data collection infrastructure where possible and supplementary sampling in under-represented younger age groups (below 45) and communities. This creates the evidence baseline that the Ernährungsrat currently lacks — and that German foundations (Robert Bosch, Bertelsmann) would recognise as the precondition for funding a Mediterranean diet intervention programme. Estimated cost: €120,000–€180,000 (supplementary sampling + MEDAS derivation from HCHS). Primary funder: Robert Bosch Foundation + Hamburg public health budget.

R4

Reform Public Institutional Catering in the Four Highest-Burden Districts

Launch a Mediterranean-aligned school, Kita and hospital catering reform in the four districts with the highest HCHS-documented NCD burden: Wilhelmsburg, Billstedt, Harburg and Altona-Altstadt. Reform includes: revised menus built around Mediterranean dietary principles (legumes 3×/week; seasonal vegetables; whole grain bread as standard; olive oil as primary fat); procurement connection to the district ethnic market network (R5); and a chef training programme developed with Turkish, Moroccan and Vietnamese community food experts to ensure cultural resonance. Model: Barcelona school food reform 2017–2022, Copenhagen House of Food organic procurement model. Estimated cost: €700,000–€1.1M over 3 years. Primary funder: Hamburg Behörde für Bildung und Sport + Erasmus+ KA220-SCH.

R5

Build an Ethnic Market Procurement Partnership in Target Districts

Establish formal procurement agreements between Turkish, Moroccan, Vietnamese and Afghan specialty food vendors in Altona, St. Georg, Wilhelmsburg and Billstedt and Hamburg's institutional food buyers (schools, hospitals, Kitas, social care facilities). Create a quality recognition scheme — a Hamburg Mediterranean Food Supplier label — for vendors meeting defined Mediterranean-compatible supply standards (legumes, seasonal vegetables, olive oil, whole grains, fresh herbs). This simultaneously: reduces institutional procurement costs (20–35% below mainstream supermarket equivalent); improves nutritional quality; supports minority-owned food businesses in Hamburg's most deprived districts; and establishes the supply chain that R4 requires. Estimated cost: €150,000 (setup, certification scheme, logistics support) + €80,000/year. Primary funder: Hamburg Wirtschaftsbehörde + ERDF.

R6

Position Hamburg as Germany's Mediterranean Diet Science-to-Policy Demonstration City

The unique asset Hamburg brings to the European urban food policy landscape is the HCHS — a dataset that no other city has, which can make Hamburg the first European city to rigorously evaluate a Mediterranean diet policy intervention against a pre-existing population health baseline. This positioning requires: (a) a formal research partnership between UKE (HCHS), the Ernährungsrat and Solco to publish the first Hamburg Mediterranean Diet Adherence Report; (b) a Horizon Europe application for a multi-city Mediterranean diet policy evaluation programme (Hamburg, Rotterdam, Brussels) — uniquely enabled by the HCHS infrastructure; (c) annual reporting to MUFPP and the German federal food strategy process. The strategic value is disproportionate to the cost: Hamburg becomes the city where EU nutritional science is proven to work at urban scale. Estimated cost: €60,000–€90,000 (research partnership, publication, Horizon application). Primary funder: UKE + Solco + Horizon Europe.

8.1 Investment Summary

Recommendation	Timeline	Estimated Cost	Primary Funding Source
R1: HCHS–Ernährungsrat Protocol	Q3 2026	€30,000–€50,000	Hamburg health promotion budget
R2: Named Dietary Framework	Q4 2026	€35,000–€55,000	Hamburg Senat
R3: MEDAS Baseline Survey	Q4 2026–Q2 2027	€120,000–€180,000	Robert Bosch Foundation + public health
R4: Institutional Catering Reform	Years 1–3	€700,000–€1.1M	Bildungsbehörde + Erasmus+ KA220
R5: Ethnic Market Partnership	Years 1–2	€150,000 + €80k/yr	Wirtschaftsbehörde + ERDF
R6: Science-to-Policy Positioning	Year 1 onward	€60,000–€90,000	UKE + Solco + Horizon Europe

Total estimated investment over 3 years: €1.1M–€1.6M capital + €160,000/year operational. Estimated externally fundable share: 70–80%. Net Hamburg budget requirement: €250,000–€380,000. Solco cost estimates based on comparable European urban food programmes and standard EU co-funding rates; not derived from official Hamburg Senate budget documents.

CHAPTER 09

Implementation Roadmap 2026–2030

From data partnership to European demonstration.

9.1 Phase Structure

Phase 1: Connect (Q3 2026–Q1 2027)

Sign HCHS–Ernährungsrat data protocol (R1). Publish policy brief naming Mediterranean diet as Ernährungsrat framework (R2). Commission MEDAS baseline survey design (R3). Identify ethnic market vendors for procurement pilot (R5). Submit MUFPP membership application (R2).

Phase 2: Build (Q2 2027–Q1 2028)

Complete MEDAS baseline survey (R3). Launch catering reform pilot in 20 schools/Kitas in Wilhelmsburg and Billstedt (R4). Formalise first 5 ethnic market procurement agreements (R5). Publish first Hamburg Mediterranean Diet Adherence Report co-authored by UKE and Ernährungsrat (R6).

Phase 3: Scale (Q2 2028–Q1 2029)

Expand catering reform to Harburg and Altona-Altstadt (R4, 60+ institutions). Scale ethnic market partnership to 15+ vendors (R5). Submit Horizon Europe multi-city proposal with Rotterdam and Brussels (R6). Host German-language symposium on Mediterranean diet as urban food policy framework.

Phase 4: Demonstrate (Q2 2029–2030)

HCHS follow-up dietary assessment in target districts — first rigorous evaluation of Mediterranean diet policy impact against pre-existing population baseline. Present findings at MUFPP annual conference. Publish peer-reviewed paper. Full coverage of 4 target districts in catering reform. Renew Ernährungsrat mandate with Mediterranean diet framework embedded in governance structure.

9.2 Key Performance Indicators

KPI	Baseline (2026)	Year 2 Target	Year 4 Target	Source
HCHS–Ernährungsrat protocol signed	Not in place	Signed and operational	Renewed	R1 milestone
Mean MEDAS — Wilhelmsburg	To be established (R3)	+1.5 points	+3.0 points	MEDAS survey + HCHS follow-up

KPI	Baseline (2026)	Year 2 Target	Year 4 Target	Source
Mean MEDAS — Billstedt	To be established (R3)	+1.5 points	+3.0 points	MEDAS survey + HCHS follow-up
Institutions with Med-Diet menus	0 (formal programme)	20	80+	R4 programme data
Ethnic market procurement contracts	0	5	20+	R5 programme data
MUFPP membership	Not a member	Application submitted	Full member	MUFPP secretariat
Horizon Europe proposal submitted	Not prepared	In preparation	Submitted/granted	R6 milestone

CHAPTER 10

Conclusion

Hamburg already has everything it needs. It needs one conversation.

This study began with a proximity — the Hamburg City Health Study at UKE, and the Turkish family in Wilhelmsburg making mercimek çorbası, twenty minutes apart by S-Bahn, with no institutional connection between them. It ends with a simple resolution: that connection is not technically complex, not financially prohibitive, and not politically controversial. It requires a meeting, a protocol, and a named framework.

Five conclusions follow from the analysis:

1. **The scientific infrastructure already exists.** The HCHS is one of the most detailed urban health datasets in Europe. It already collects dietary data. It already maps NCD burden by district. It could produce a city-wide MEDAS baseline from existing data at near-zero marginal cost. What it lacks is a food policy partner that would use that data to design interventions.

2. **The governance body already exists.** The Ernährungsrat Hamburg has been operating for nearly a decade with genuine civil society legitimacy. It lacks not will, but a named dietary framework around which to organise its working groups, measure its impact, and make the case to funders. The Mediterranean diet provides that framework — scientifically validated, culturally resonant, and directly connected to the NCD burden the HCHS has documented.

3. **The community expertise already exists.** Hamburg's Turkish, Moroccan and Afghan communities — concentrated in the districts with the highest NCD burden — already practice dietary patterns profoundly aligned with Mediterranean dietary principles. The mercimek çorbası in Wilhelmsburg, the harira in Altona, the qorma in Billstedt: these are not approximations of the dietary framework that PREDIMED proved reduces cardiovascular events by 30%. They are that framework, in practice, every day, without institutional support or recognition.

4. **The market infrastructure already exists.** The Turkish and Moroccan specialty grocers of Altona, St. Georg, Wilhelmsburg and Billstedt sell the complete Mediterranean food palette at prices 20–35% below mainstream supermarkets. They are the most efficient Mediterranean food supply chain in Hamburg. They are not connected to a single institutional procurement contract.

5. **The funding pathway already exists.** The Robert Bosch Foundation, the Bertelsmann Stiftung, the German federal *Gute Ernährung für Deutschland* strategy, Erasmus+ KA220, ERDF and Horizon Europe are all actively seeking exactly the kind of evidence-based, culturally grounded, scientifically rigorous food policy intervention this study proposes. What they are waiting for is an institutional partnership with

credible measurement infrastructure. The HCHS provides that measurement infrastructure. The Ernährungsrat provides the governance legitimacy. Solco provides the methodological framework and the cross-city comparative evidence.

Hamburg is the city where the science-to-policy Mediterranean diet pathway can be demonstrated for the first time in Germany — and, because of the HCHS, demonstrated more rigorously than anywhere else in Europe. That is a significant asset. This study is an offer to help unlock it.

An Offer — from Solco

Beyond the study

This report is an analytical contribution, but it is also a direct proposal. Solfood Studio — offers to work alongside Hamburg's food governance bodies — the Ernährungsrat Hamburg, the UKE HCHS team, the Behörde für Gesundheit und Verbraucherschutz, and the city's community organisations — in translating this framework into concrete implementation. Our offer includes:

- **Protocol design:** facilitating the HCHS–Ernährungsrat data-sharing and co-programming agreement
- **MEDAS implementation:** deploying Mediterranean Diet Adherence Score measurement in collaboration with UKE and the Ernährungsrat
- **European project design:** writing Erasmus+ KA220, Horizon Europe and Robert Bosch Foundation applications to fund the catering reform and community kitchen programmes
- **Community engagement:** designing the Turkish, Moroccan and Afghan community food knowledge mapping and kitchen programme
- **Research partnership:** joint publication of Hamburg Mediterranean Diet Adherence Report; positioning Hamburg in the European urban food policy evidence base alongside Rotterdam and Brussels

This is the third document in the Solco Urban Food Intelligence Series. The Rotterdam and Brussels companion studies are available at solfoodstudio.cloud. Together, the three documents constitute a proposal for a cross-city Mediterranean diet policy evidence programme — the first of its kind in Northern Europe.

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About This Document

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