

“Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”

## Response to the EU Green Paper – a Physical Activity Perspective.

**Prepared by: Niamh Martin, Ph.D.**  
Physical Activity Health Promotion Officer  
Health Promotion Service  
HSE Northern Area  
3rd Floor, Parkhouse  
North Circular Road  
Dublin 7  
Tel: 01-8823404 / Fax 01-8823490

**Contributors are Physical Activity Health Promotion Officers in the Health Service Executive (HSE), Republic of Ireland:**

<b>Name</b>	<b>HSE Area</b>
Niamh Martin	Dublin North East
Yvonne Gilsenan	Dublin North East
Meabh McGuinness	Dublin Mid-Leinster

## **1. Background**

A copy of the EU Green Paper, titled “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”, was sent to all Physical Activity Health Promotion Officers (HPO’s) working in the Irish Health Service Executive, in late February 2006. The following report represents a response to this paper, in terms of evidence based knowledge linking physical activity to various health indices, as well as details of gaps in research knowledge, topics requiring further exploration and also some feedback on experiences from “working on the ground”.

## **2. Overview**

Over the past decade, numerous strategies and reports have been published in Ireland, which identify the importance of lifestyle physical activity as a key factor in maintaining and enhancing positive health (Shaping a Healthier Future, 1994; National Health Promotion Strategy, 1995; Promoting Increased Physical Activity Strategy (PIPA), 1997; Review of PIPA, 2000). These strategies have detailed the benefits of promoting a physically active lifestyle as well as highlighting the health and economical consequences of a society prevalent with sedentary behaviours. These statements and guidelines are based on examinations of population-based studies that consistently found that physical activity reduces the risk of conditions such as cardiovascular disease in a dose-response manner. National objectives for increasing participation have also been set out in the strategy for promoting increased physical activity (PIPA Strategy, 1997). In this strategy, it was proposed that in order to positively affect health, adult participation in regular moderate physical activity should be aimed to increase by 20% between 1997 and 2000.

Determining the progress of this objective requires a valid surveillance system, which has only been available in Ireland since the mid 1990’s. Monitoring the incidence of regular physical activity participation in Ireland has been facilitated through national survey’s such as the National Health and Lifestyle Surveys of 1998 and 2002 (Kelleher et al.), the Pan-EU study of 1998 (IEFS) and the IUNA led research of North-South Ireland Food Consumption study (2000) and the National Children’s food survey (2005). However, in contrast to the proposed increases in participation rates, as outlined in the strategy above (PIPA Strategy, 1997), information on physical activity levels from all of these studies indicate that this objective has not been achieved. Significant differences in participation have however been noted with increasing age and inactivity tends to also be higher among females and lower socio-economic groups. Targeted objectives therefore need to be determined that are realistic, population specific and that reflect the

findings of these surveys and reports from the National Task Force on Obesity (2005), Take PART (DCU, 2005) and the National Children's Office (2005). These reports further highlight the significant rise in sedentary behaviors among Irish teenagers and adults, as well as the increasing incidence of obesity and its co-morbidities among Irish youth (20% of 15-17 year olds are overweight or obese, (DCU, 2005)).

### **3. Questions on which the Commission, in view of identifying best practices, invites contributions include:**

#### **Section IV.3. Health across EU policies**

Q.1. What are the concrete contributions which community policies, if any, should make towards the promotion of physical activity and towards creating environments which make healthy choices easy choices?

- Recent evidence indicates that a potential negative determinant of physical activity in 15-17 year olds is the built environment, i.e. low density and segregated-use environments that are designed for driving rather than walking. This limits the youth's choice of travel to school to that of inactive commuting, thus decreasing physical activity and increasing weight (DCU, 2005). Policies that encourage the appropriate planning and building of active environments are required in order to facilitate ease of choice towards a healthy lifestyle. This research shows that youth who actively travel, i.e., walk or cycle to and from school everyday benefit by being fitter, participate in more leisure time physical activity and consequently accrue more health benefits, than youth who inactively commute.
- Beliefs and attitudes about physical activity are known to be a factor of low participation rates among teenage females (NCO, 2005). Issues concerning low self-esteem and poor body image are related to the learning environment in which physical activity has been taught. Policies that advance a supportive physical activity learning environment, in terms of school and community experiences are required.
- The establishment of a central European Research Center for Non-Communicable Disease (similar to the Center for Disease Control in the US), as well as National centers in each EU state, is suggested. This facility could become the medium for providing a co-ordinated approach to research and development, in terms of, for example, the establishment of standard measurement tools across all EU states. This would facilitate regular data collection that is comparable, accurate and reflective of the EU population. It would also allow ease of access to results, via a website or central communications point.

Q.2 On which areas related to physical activity and consumer behaviour is more research needed?

- A systematic method of (i) discreetly rating measures of the built environment, (ii) the number of commercial destinations, (iii) recreational facilities and (iv) condition of footpaths and walkways within specific geographical areas, is required. This will provide an objective measurement of the existence of safe walking and cycling routes within the given area.
- An examination of the methods in which positive self-esteem and body image of young females can be maintained/enhanced requires further exploration. Intrapersonal barriers relating to these issues and other attitudes/ beliefs about physical activity should also be investigated. In this way, the features of a supportive environment that simultaneously facilitates continued participation in physical activity could be addressed.

### **Section V.2.1. Consumer Education**

Q.1. In the field of physical activity and nutrition, which should be the key messages to give to consumers, how and by whom should they be delivered?

- Private companies should be screened for appropriateness in sponsoring physical activity programmes, i.e. fast food chains, confectionary companies etc.
- Consumers need direct and clear information about the amount of recommended physical activity required for weight loss, as opposed to general health benefits.
- Focus on delivery of health and participation message by health professionals within the primary care setting – i.e. prevention as a key focus.

### **Section V.3.2. A focus on youth and young children**

Q.1. What is good practice for the provision of physical activity in schools on a regular basis?

- A method of evaluating teacher-training, to ensure that student-teachers have an appropriate understanding of the implications that a sedentary lifestyle has on the health of the individual, is required. Consistent and accurate transfer of information from the educator to the end-user (pupil) will be more effective, if appropriate direction is provided to the student-teacher during training and the quality of this information is monitored and evaluated.
- Physical activity initiatives in schools should form part of the mandatory national curriculum, so that a specific amount of time is definitively allocated to the children's participation in physical activity as well as providing a forum for informing and educating them about the health benefits and importance of regular participation.
- Ensuring the adequate provision of facilities, resources and staff to deliver appropriate physical activity classes and programmes.

Q.2. How can the health services support health education efforts made by schools?

- Incidence of sedentary living is not reduced in Irish children compared to adults, or in young rural-dwellers, compared to those living in urban areas (Hussey et al., 2001). Public health interventions are therefore required to address the problem of increasing sedentary behaviour among this young age group. This requires a series of population-based strategies which will raise the awareness of the importance of regular participation:
  1. Address the issue of public liability in schools to counteract the “no running in the playground” policies that is prolific in many Irish schools.
  2. Ensure all schools have sufficient access to information with regards to programmes, funding possibilities, up-to-date recommendations and advice etc.
  3. Support schools in terms of subsidizing the cost of teacher training and/or provision of equipment etc.

#### **Section V.4. Food availability, physical activity and health education in the work place**

Q.1. What measures would encourage and facilitate the practice of physical activity during breaks and on the way to/from work?

- Support physical activity through subsidising cost of membership of sports and social clubs. Also, to encourage the establishment of sports and social committees within the work place, e.g., walking clubs, sports leagues and family activity days.
- Policies aimed at making physical activity more affordable for employees.
- The provision of facilities that encourage a positive attitude toward physical activity in the workplace, e.g., showering facilities, bicycle sheds, secure and safe walking routes on or near the work building.
- The establishment of a national award scheme that recognizes companies efforts in promoting healthy lifestyles.
- Need to initiate the development of a National and regional workplace support network to develop workplace policies and programmes, specific to encouraging and facilitating regular physical activity.

#### **Section V.5. Building overweight and obesity prevention into health services**

Q.1. What measures, and at what level, are needed to ensure a stronger integration aiming at promoting physical activity into health services?

- All government departments need to examine the effects that their policies have on in reducing health inequalities. Mandatory health proofing/HIA of all government legislation is required, prior to its implementation at departmental level.

- Provision of information and opportunities for training in the delivery of health promotional aspects related to physical activity (e.g., the importance of, benefits of and opportunities for etc.) to all health service employees.

## **Section V.6. Addressing the obeseogenic environment**

Q.1. In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?

- There is a requirement to address the influence that local planning departments have on the health behaviors of residents in an area. The decisions made about where commercial, educational, residential and corporate settings are based influences the potential for people to naturally embrace active living. Planning decisions must develop safe and accessible routes around the locale, which provide for a natural and uninhibited opportunity to be daily active.
- Local councils should ensure a widespread provision of safe and convenient play spaces for families and teenagers in all residential areas, particularly those areas that are built-up and/or disadvantaged.
- The planning and placement of walking routes between shops and housing estates or between workplaces and green areas, is paramount in ensuring the provision of choice to the resident to be “lifestyle active”.
- Adoption of proven road safety measures, such as pedestrianised areas and pedestrian crossings, adequate lighting, well-maintained footpaths, properly designed cycle-paths, is required.
- Health promotion officials should work with local authorities
- Health Impact Assessments on planning and housing programmes within local authorities
- Evaluation of the effectiveness of current national programmes and campaigns that are adapted at both individual and community level, e.g., cycle pathways, sli na slainte walk routes, walking school bus.

## **Section V.7. Socio-economic inequalities**

Q.1. Which measures, and at what level, would promote physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?

- Peer-led community development programmes need assistance in creating a supportive environment for encouraging and facilitating physical activity. For example, assistance in lobbying for any improvements needed to make physical activity an attractive option. This might include:
  1. More speed ramps locally, lighting on streets, skate parks for adolescents.

2. Developing networks between local schools, communities and voluntary groups in utilizing school and community facilities by groups outside of school hours.
3. The training of parents and other community members in planning and leading physical activity programmes for their peers, children and other population groups.

## **Section V.8. Fostering an integrated and comprehensive approach towards the promotion of physical activity**

Q.1. Which are the most important elements of an integrated and comprehensive approach towards the promotion of physical activity?

- Governments adopt a health proofing/HIA approach to all legislative documents and that all legislation is targeted at changing the cultural attitude towards “active living”, rather than changing the individual.
- Agreed terms of partnership between community groups, sporting organizations, workplaces, local authorities and local sports partnerships, in terms of adopting a health promotion approach to delivering programmes.
- A more integrated approach to tackling obesity issues by including both physical activity AND nutrition evidence in the design of programmes etc.

## **Section V.10. Co-operation beyond the EU**

Q.1. Under which conditions should the EU engage in exchanging experience and identifying best practice between the EU and non-EU countries?

- Following the establishment of an EU based center for research into non-communicable diseases, the expertise and knowledge from experiences in Europe should be shared with the U.S. (CDC) and other global institutes.

## **Section V.11. Other Issues**

Q.1. Are there issues not addressed in the present Green paper which need consideration when looking at the European dimension of the promotion of physical activity and health? Also, which issues that re addressed should receive first priority?

- How can we achieve aims and goals of promoting active living that is regular and lifestyle in nature, with political support and backing?
- Creating a supportive and encouraging environment for the adoption of a lifelong and regular active lifestyle. This needs to occur (i) at lifestyle level, through the appropriate layout of the living environment, and also (ii) through the creation of a supportive learning environment for people participating in sport and exercise.
- The influence that cost and lack of facilities and resources has on reduced or non-participation of regular physical activity.

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