

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

General remarks:

We welcome this initiative of the Commission, in the light of the importance of the problem of overweight and obesity, its rising prevalence and important impact on the development of NCDs with major effects on mortality and morbidity in all EU countries. We thank the Commission to give us the opportunity to contribute to the development of a European Strategy on this important topic.

We would like to emphasize that we hope that the development of a strategy at European level will finally lead to concrete actions and initiatives, because we think it really is

TIME TO ACT!

IV. Structures and tools at Community Level

IV.3. Health across EU policies

- *What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?*
- Raising (political) awareness: WHO-initiatives have already contributed significantly to raising political awareness, starting with the report of the 1997 expert consultation, which insisted on the important treat of an ‘obesity epidemic’, over the Global strategy on diet, physical activity and health, and the planned Ministerial Conference at the end of this year, which will certainly contribute further to this awareness. The involvement of the Commission in the organisation of this conference is a positive thing, but besides this, other initiatives at Council level could further contribute and sustain the raised awareness.
- Provide data and information for policy building: for example collect epidemiological data on the prevalence of obesity, analyse the impact of it on morbidity, mortality and on health care and social insurance expenditures; make cost-benefit analyses of preventive interventions,...

- Draw general evidence-based guidelines : this should be done in consultation with a committee of experts from all over Europe (e.g. in collaboration with IOTF and EASO). More detailed guidelines need to be made on a regional scale because socio-cultural factors largely influence risk factors as well as the feasibility of the strategies to tackle them.
 - Collect and distribute examples of best practices: the Nutrition and Physical Activity Network is the right place for doing this. Its activities should be broadened and be more focused on concrete initiatives.
 - Consumer policy: the proposed regulation on nutrition and health claims would be a useful tool to enable consumers to make healthy choices. A prerequisite for this however is the use of nutrient profiling, so that claims can only be used for foods not too rich in fat, sugar and salt. Also a clear and uniform labelling format can contribute to a healthy choice (cfr. lower).
 - Common agricultural policy: the promotion of a healthy diet should be taken more into account in setting priorities in agricultural policy. This could be done by measures promoting the growing of plant-based products (fruits, vegetables and cereals), rather than animal-based products (meat, dairy and derived fats).
 - Media policy: a common legislation on advertising to children (e.g. within the Television without Frontiers Directive) could have an important impact on children's dietary behaviours.
- *Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?*
- Affordability: The objective should be to reach a correct pricing policy, to favour healthy choices. At the EU-level efforts should be done to collaborate with DG AGRI to set the agricultural policy in line with health policy, in order to decrease market prices to be paid by consumers, and not increase prices artificially e.g. by destroying fruits and vegetables. At national level tax measures could be taken e.g. by lowering VAT on fruit and vegetables. This is a perfect example of the application of 'health in all policies', where the health of the citizen/consumer should be prioritized to economic aspects.
 - Availability: work together with other policy domains such as education and the private sector to increase availability (as well as affordability) of fruits and vegetables at school, workplace, canteens (e.g. salad bars), supermarkets...
 - Attractiveness: caterers should be stimulated to present fruit in an attractive and 'easy to eat' way, e.g. make fruit salads, present pineapples cut in pieces or slices, ... For vegetables salad bars are an attractive way to promote eating vegetables.
- *On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?*
- Effective and efficient strategies to influence eating behaviour of populations (e.g. by using social marketing tools, by environmental changes,...), and ways to support the implementation
 - Effective programmes to promote physical activity among youth (in and outside schools), and among adults

IV.4. The Public Health Action Programme

- *How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution of this condition?*
 - Uniform registration system, not based on self-reporting but on actual measurements of height and weight. This may partly be realized by using existing structures (e.g. for children this is already measured by the medical surveillance system in Belgium).

- *How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?*
 - Provide and distribute the existing evidence, e.g. by comprehensive reports based on systematic reviews (for decision makers and health professionals), fact sheets (for media and decision makers) and through the Health Portal (for all groups, including the public).
 - By supporting research and gathering and providing evidence on which are the most effective methods to get the message across (campaigns, community-based actions, what kind of activities,...).

- *Which are the most appropriate dissemination channels for the existing evidence?*
 - Organization of a conference for policy makers (cfr. Ministerial Conference WHO-EURO in Istanbul 2006)
 - Direct communication to the member states through a Network of experts who implement the policies (NPA network)
 - Website
 - For the communication to the public, the public health community should start to use (social) marketing strategies.

AREAS FOR ACTION

V.1. Consumer information, advertising and marketing

- *When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?*

- The general message should be positive, so emphasize products of which the intake should be increased: whole grain foods, fish, fruits and vegetables
- Nutritional information on packages should at least contain:
 - Total energy
 - Total fat and saturated (+trans) fatty acids, simple sugars/added sugars: both because they should be limited; an appropriate way to indicate these is, besides in g/100g product, in % of kcalories.
 - Complex carbohydrates and dietary fibre: both because they should be increased; besides the indication in g/100g product, also %kcal for carbohydrates and % of recommended daily intake for fibre would be useful.
 - Sodium content
- Figures say not everything so a visually attractive information system is needed which gives the consumer a clear impression of the % of the RDA he/she consumes by eating a practical portion: for example one cup, one slice, one cookie,... Also the use of a signposting system or claims on labels e.g. indicating fibre-rich foods can be very useful for the consumer to recognise 'healthy foods', provided that these are linked to nutrient profiling.
- *Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it?*
 - A good nutritional education, with on one hand general information on healthy nutritional habits, and on the other hand more specific information on macronutrients and their role and impact in major diseases, discussed in a simple and comprehensible way, is absolutely necessary as a basic knowledge. This should be provided in schools, but in addition to that, adults should also get the chance to be informed, e.g. through courses organised by mutualities and socio-cultural organisations and given by qualified dietitians. In addition to this basic information, practical 'reading lessons' on how to interpret labels should be given to consumers. The example of 'supermarket tour' or grocery projects is a useful, but rather time-consuming and costly tool for achieving this. As indicated higher, labels should be simplified and standardised, and made as clear and comprehensible as possible (e.g. by using illustrations), so that they can be understood without or with only limited education.
- *Are voluntary codes ("self-regulation") an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?*
 - Voluntary codes are the first step in order to get the industry in line with the health objectives. However, we also think that in particular for energy-dense foods this might not be effective. Therefore, if industry has had a clear opportunity to regulate its own excesses but didn't react effectively, then the government needs to take up its responsibility and implement obligatory codes.
 - Alternatives: governments should take up their responsibility and for example prohibit advertising and marketing to children. It has been shown that advertising to children has a significant effect on their eating habits. To address the rising prevalence of childhood obesity, strong measures should be taken. This should also include marketing tools such as the use of 'educational tools' for kids, developed by

industry and freely provided to schools. Ensure nutritional education is a role for the government, not for industry. Governments should take their responsibility in this.

Educational grants of industrial partners in order to help implement scientific based tools which are developed and approved by independent experts and government must however be possible.

- *How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?*
- Regulation should contain clear engagements and limitations, in order to be able to evaluate implementation.
- Empowering consumers by improved media literacy is one aspect that could be improved, e.g. by education and through consumer organisations.
- Prohibition of certain types of advertising, marketing and promotion activities, e.g. to children, may be necessary.

V.2. Consumer education

- *How can consumers best be enabled to make informed choices and take effective action?*
- Programmes or activities should work at different levels: awareness, knowledge (information), skills, attitude and behaviour; at the same time, environmental changes should promote the healthy choices.
- Awareness: in order to change their behaviour, people should first be aware of inappropriate habits.
- Knowledge: consumers must learn how to select amongst the affluence of information and be critical about the information which they receive from very varied sources. Health promotion activities, such as nutritional education and media literacy programmes can enable this. They should be able to rely on some reliable sources of information, such as websites governed by the government or public health institutes.
- Skills on physical activity and preparing healthy meals can be trained by organising activities at a local level (stimulated and supported by health promotion workers cfr. the Flemish “Logo’s”, which are local initiatives working on the coordination of health promotion, for example by socio-cultural organisations, schools, well baby clinics, day care centers,...)
- Behaviour: programmes possibly changing behaviour are early intervention by general practitioners and web-based tailor-made interventions.
- This should be supported by the environment, so that the healthy choices are the easy ones.

- *What contributions can public-private partnerships make toward consumer education?*
 - The distribution sector as well as catering companies are good partners for the distribution of information (leaflets, posters) at the place where consumers buy their food, and thus make the decisions. Also the organisation of ‘supermarket tours’, where consumers are guided by a dietician throughout the supermarket have been proven to be useful.
 - Food industry can contribute by making clear labels (cfr. higher).
- *In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered?*
 - Key message = balance between in (nutrition) and out (activity)
 - For nutrition : a balanced diet providing all foods necessary according to the currently used nutritional model (in Flanders the ‘Food Guide Triangle’, a variant of the Food Guide Pyramid), with an emphasis on energy low foods (increase the use of wholegrain foods, fruit and vegetables)
 - For activity: 30 minutes of moderate activity daily, with emphasis on daily activity (meaning walking, cycling, taking stairs,...)
 - How: different tools should be used, but most effective is the local level
 - Who: the most important is that the information given is objective and unambiguous; messages should be based on an agreed national (where appropriate) or (in the case of Belgium) regional policy plan from the public health institute.

V.3. A focus on children and young people

- *What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?*
 - cooks should get a basic nutritional education, to make them aware of the importance of healthy nutrition, and with practical guidelines on how to implement this in collectivities.
 - menus can be revised by dieticians, in order to ensure a balanced menu.
- *What is good practice for the provision of physical activity in schools on a regular basis?*
 - Try to reach 60 minutes of moderate physical activity each day
 - More sports at school (during school hours)
 - Physical activity build in activities during breaks (e.g. noon)
 - Provide enough space to play (playgrounds, sports fields,...)
 - Improve safety around the school: safe roads for bicycles and pedestrians to get to school

- *What is good practice for fostering healthy dietary choices at schools, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?*
- To promote healthy dietary choices, a global health policy for the schools should be established, including health education (knowledge and skills) and creating an environment whereby individuals (in casu children) are being enabled to control and improve their health. Therefore, measures should be aimed at making the healthy choices the easy ones. Concrete examples are:
 - Increase the availability of healthy food choices: provide fruits and milk products as snacks or desserts, provide enough vegetables with meal (e.g. as a salad bar), provide free water by use of water fountains,...
 - Limit or exclude the possibilities to buy energy-dense snacks and soft drinks in schools.
- To increase the chance of success, everybody should be involved: pupils as well as teachers and parents.
- *How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools? What role can public-private partnerships play in this regard?*
- The health authorities (health minister and ministry) should work together with their education counterparts, first to raise awareness and emphasize the need for action in schools, secondly by providing targets, tools, methodologies and materials.
- Involvement of industry should be regarded critical: enough examples are known of 'education tools' provided or sponsored by industry which are in fact disguised marketing instruments.

V.4. Food availability, physical activity and health education at the work place

- *How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?*
 - In general the supply of healthy foods should be increased, not only in canteens, but also throughout the workplace (e.g. provide fresh fruits instead of biscuits and other energy dense snacks; make water available instead of soft drinks,...)
 - Cooks should get a basic nutritional education, to make them aware of the importance of healthy nutrition, and with practical guidelines on how to implement this in collectivities.
 - Menus can be revised by dieticians, in order to ensure a balanced menu, with more lean meat, fish and vegetarian alternatives, as well as enough vegetables and limit the deepfried choices.

- Several catering companies are well aware of this issue, have dieticians employed to ensure balanced diets and provide a choice of healthy meals, fresh fruits, salads, and lean dairy products. This should be encouraged.
 - When working with a catering company, employers should take this aspect into account. When comparing offers, they should be aware that unhealthy meals (e.g. meatballs with canned vegetables) are often cheaper than a healthy food supply (with lean meat and fish, fresh vegetables, a salad bar,...), so this will be reflected in the price. Thus, they should not just compare prices, but also what they will get for it (value for money). They can also introduce specific requirements on the supply of healthy food choices when negotiating the contract.
 - Provide information on the energetic value of the proposed meals is a possible means to make people more aware of what they eat (e.g. kcaloric and fat content of a meal with French fries vs boiled potatoes; with or without sauce,...)
 - When a sandwich bar is available, this should also provide wholemeal bread, lean alternatives for the usual fat sandwich fillings, soups and salads and fresh fruit.
 - The Flemish Institute for Health Promotion has for example developed a guide for companies with advices and measures they can take to implement a healthy food policy. Such a guide can help companies who have no experienced personnel.
- *What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?*
- Develop an overall strategy to promote physical activity.
 - Make stairs more prominent in buildings instead of the central role which elevators get now.
 - Stimulate the use of bicycles for home-work traffic, by giving a kilometer fee for cyclers (The Flemish government for exemple gives a fee per km travelled by bike to her civil servants), creating parking places for bicycles and make changing facilities with showers available (e.g. a Flemish bank has taken this initiative, increasing this way the number of employees coming to work by bicycle).
 - The company can also provide bicycles themselves for transfers during the day (e.g. the Ministry of Flanders, some hospitals and large companies have implemented this in Flanders).
 - In large companies, a fitness room where people can exercise 30 minutes during lunch may be an investment increasing productivity, by creating more fit and relaxed employers! If this is not possible, other possibilities for activity could be explored e.g. a reduction in the price for using sporting facilities in the neighbourhood. The Flemish government for example pays part of the costs of a season ticket for sports centres or clubs for its employees.

V.5. Building overweight and obesity prevention and treatment into health services

- *Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?*
- Health services should also have attention for and address risk factors. When people consult a doctor (GP or specialist) for diet and activity related health problems (such as cardiovascular diseases, diabetes, hypertension,...) they should be made aware of the importance of a healthy lifestyle, provided with relevant information, and possibly referred to competent health providers such as dietitians and other health promotion professionals. We refer to the example of interventions to help people stop smoking which are put in place in some hospitals. Reimbursement makes a visit to the dietician more accessible for everyone.
- Methods should be developed to integrate the promotion of healthy lifestyles within the global approach and counselling of people with a high risk profile for cardiovascular diseases.
- GP's should also be attentive to overweight and obesity in their patients in general (even if they seem healthy) and provide them with relevant information on healthy lifestyles. To realise this, it is important that all health professionals (doctors, nurses,...) should receive a course on nutrition during their education, and get a basic training in health promotion and prevention practices. Additional education and training should be provided for health professionals in specific settings (such as school or company doctors). They should also be provided with reliable and updated information (e.g. through a website, with fact sheets,...).
- Creating networks of relevant involved health workers to develop effective strategies for the different settings is appropriate.

V.6. Addressing the obesogenic environment

- *In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?*
- From a Flemish study the main impeding factors for people not to use the bicycle to go to work are: the distance, not practical, safety, the weather (rain), sweating. Some of these points could be addressed: assure safe cycling paths, make changing facilities with showers available at work,... The same study showed that people were stimulated to take the bicycle to work by: the possibility to shower when arriving at work, the presence of (safe) cycling paths, and financial stimuli. These are all measures which could be taken to stimulate the use of the bicycle.
- Urban planning and architecture should contribute to the promotion of physical activity, by facilitating cycling and walking. To ‘normalize’ the choice for cycling and walking over the car, measures should be taken to make it more pleasant and less time consuming: e.g. by assuring safe, comfortable and well maintained cycle and footpaths, by ensuring they can take short cuts (e.g. through pedestrian areas, allow

cyclers to use both directions in one way streets, ...), free parking lots for bicycles under surveillance, where possible adjustments of traffic lights in order to reduce waiting times,... To encourage the use of bicycles for transport to work, government could provide a fee. This is not only a stimulus to encourage people to use bicycles, but also rewards this positive behaviour in people who already do this. Inspiration for other measures could be provided by some countries where the majority of short distances is done by cycling, such as the Netherlands and Denmark.

- *Which measures are needed to foster the development of environments that are conducive to physical activity?*
- In new buildings architects should make sure that stairs are more prominent and accessible than elevators or escalators, so that the majority of people use the stairs and elevators are reserved for less mobile people.

V.7. Socio-economic inequalities

- *Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?*
- Diet: increase the supply of healthy food choices, also in supermarkets where this population in particular shops (the hard discounters); decrease the cost of healthy foods such as fresh fruit and vegetables, by an adapted pricing policy (cfr higher); inform people on how to make healthy meals with limited budgets (examples of this are available). We should work on the image of healthy and unhealthy foods: white bread, chips, soft drinks, snacks etc. are often regarded as symbols of prosperity, whereas fruits, vegetables, potatoes, wholemeal bread are more 'neglected' foods. Also the idea that healthy food is more expensive should be changed: 1 kg chips is far more expensive than 1 kg of (boiled) potatoes; one piece of fruit is cheaper than a chocolate bar or other snack; people may afford to buy some more expensive lean meat if they limit the quantity to what is recommended (since in general, people eat too much meat, especially of the types rich in fat such as minced meat).
- Physical activity: improve urban planning, also in areas where less advantaged socio-economic groups live (e.g. safe, comfortable, clean, well maintained and illuminated paths, green areas with safe playgrounds,...). Make sport facilities more (financially and socially) accessible.
- Actions should be implemented at local level, where one can take the specific environmental situation into account. Preferably this work should be done by or in close collaboration with organisations who already work at the local level with the target population. If possible, the topics of healthy lifestyles, especially the promotion of healthy diets and physical activity, should be integrated in the existing activities of these organisations.

- *How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?*
- This is a very difficult issue requiring an integrated approach at local level.
- Education and working by peer groups could play an important role in this. One possible and promising way to realise this is working with ‘experts by experience’. This are people from the target groups themselves, who are being engaged and trained to directly work with the target group. In this way, they fulfil a bridging function and they are able to ‘translate’ the message to the every day language of the people of the target group and to address the specific problems of the target group in a very practical way (In Flanders this is for example applied in the daily working of Kind en Gezin, where “experts by experience” work with the people from the target groups)

V.8. Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

- *Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?*
- A ‘health in all policies’ approach is essential: promoting healthy diets and physical activity is not possible by actions only from the public health sector, because of the important role of environmental factors. The involvement of education, agriculture, mobility, etc... is necessary to realise this. In Flanders for example a first step to such a close collaboration has been taken by the signing of an intention statement by the respective ministers competent for health, education, agriculture and youth.
- Preventive actions are primordial: healthy dietary habits and daily physical activity should be build in a healthy lifestyle from the youngest age groups.
- All involved actors should take their responsibility in promoting healthy dietary habits and physical activity; not only the health promotion sector, but also education, ...
- An analysis of the situation and the needs should be performed, Correct baseline data are necessary for this.
- Intermediates (health professionals and others) should be trained properly
- For raising awareness and general information social marketing strategies can be used
- Actions should be mainly at a local level with methods adapted to the target population !
- A permanent (for instance each 2 years) and well supported evaluation should be performed

- *Which role at national and at Community level?*
- Community level: develop evidence, especially concerning the efficiency and efficacy of interventions; exchange information on good practices,
- National/regional/local level (as appropriate): implementation, with an integrated approach well tailored to fit the sociocultural differences in the regional communities throughout Europe.

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

- *In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?*
- Because of the regional differences in dietary habits, we are sure that it will be difficult to develop food-based dietary guidelines at a European level. It would be more appropriate to stick to general dietary guidelines at the European level, and to leave it to the competent authorities within member states to develop particular food-based guidelines.
- If food-based dietary guidelines would be developed, it should be general enough to make it possible for the individual member states to adapt this to the local situation. E.g. development of a general model such as the food guide pyramid, which could then be adapted to the specific dietary habits within the countries.
- *How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?*
- This is of course the aim of all interventions related to diet, so can not be answered in one line... cfr all of this document.
- *How can dietary guidelines be communicated to consumers?*
- By health promotion activities; these may include media campaigns, but should also focus on more 'close to consumer' actions, such as through education, peers, activities of socio-cultural organisations and by use of social marketing strategies.
- *In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?*
- A clear nutrient profiling system is a very useful tool to help consumers make healthy choices. Implementation of such a system should be coupled on an information campaign to make it clear to people.

V.10. Cooperation beyond the European Union

- *Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?*

V.11. Other issues

- *Are there issues not addressed in the present Green paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?*
- *Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?*

Prevention in young children must be prioritised, in view of the alarming increase in overweight and obesity in children.

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