

Ref: COM(2005) 637 final Green Paper: Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases

Subject: Response from the Ministry of Social Affairs and Health in Finland

The Ministry of Social Affairs and Health in Finland received the Green Paper concerning the promotion of healthy diets and physical activity with great expectations and enthusiasm. The Ministry sees the Green Paper as an opportunity to contribute to the ongoing discussions on the obesity epidemic at international and European levels.

The Ministry is pleased for having chance to express some views on the Green Paper. The response and comments from the Ministry of Social Affairs and Health to the Green paper can be found as an annex to this letter.

Yours sincerely

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Permanent Secretary

ANNEX

COMMENTS OF THE MINISTRY OF SOCIAL AFFAIRS AND HEALTH, FINLAND

Having studied the document carefully, the Ministry wants to highlight especially the importance of availability and comparability of data on leading non-communicable diseases, including obesity and overweight as well as the importance of well-functioning data networking.

Avoid overlapping

The Ministry of Social Affairs and Health stresses the importance of real cooperation between different actors at the European and international levels **to avoid overlapping and double burden** of work. Many organisations have in recent years published or will be publishing plans, resolutions and recommendations on nutrition and physical activities and/or how to prevent obesity and/or non-communicable diseases. An example of these is the WHO's Global Strategy on Diet, Physical Activity and Health. At the European level, in addition to the EU, the WHO Regional Office for Europe is preparing a European Charter on the prevention of obesity to be adopted by the Ministerial Conference in November 2006. The Nordic Council of Ministers is preparing an Action Plan and a Declaration on better health and quality of life through diet and physical activity to be adopted by the food, agriculture and health ministers in July 2006. In addition to these actors the Council of Europe has quite recently adopted a resolution on Healthy eating in schools based on a

seminar and a publication on the topic. All the EU Member States are members of the WHO Europe.

Having said that the Ministry wants to express its concern about overlapping of work and to propose that the EU document/declaration had an approach of measures that are relevant to EU policy making.

Most of the factors causing obesity are connected to general **societal and global phenomena**. That is why the main emphasis of the EU policies should be on topics that have effect on health determinants globally and in large population groups.

On the other hand, factors influencing behaviour as well as changes in behaviour are closely connected to circumstances, politics and cultures at the local level. National recommendations and action plans work well in the context they are built for, but not necessarily in other cultures. In consequence, it is difficult to build up Community programmes, recommendations for actions or guidelines, which could be applied in the diverging circumstances that prevail even in Europe.

Scope

In addition to these general observations we will raise some other, more specific issues as reflections to the questions presented in the Green Paper. The first concerns the general **scope** of the Paper. We in Finland share the European and global concern about the growing trends of overweight and obesity especially among children and young people. When discussing methods and ways to change these trends we should not, however, forget the role of diet and physical activity in the prevention of the **leading non-communicable diseases**. We know that cardiovascular disease is the greatest cause of male and female death in the European Union. Unhealthy diets and a too low level of physical activity have detrimental effects, such as type 2 DM, CHD and cancer, even on individuals without weight problems. Community programmes on the prevention of obesity should be placed in the framework of the prevention of all preventable diseases and the promotion of overall health.

Physical activity

The Ministry of Social Affairs and Health would like to give **every-day physical activity** a central role in the prevention of obesity. In this respect the Green paper is unbalanced. Dietary surveys in the Member States show clearly a decline in daily energy intake of the populations. Reducing the energy intake will have certain potential but it is unwise to control that side of the coin alone. Physical activity has beneficial effects on a wide range of health indicators. The growing obesity rate can be explained by a decline in physical activity caused by changes in infrastructure as well as sedentary jobs and passive entertainment. The developments in every-day physical activity have gone and continue to grow worse. These trends must be stopped. Easily accessible and universally available physical activity should be seriously considered in infrastructure, housing and community planning. Possibilities for every day physical activity should be considered in national as well as in EU-policies, in traffic planning, in building of infrastructures and public environments such as schools and in the subsidies provided for them. It is equally important to provide the citizens with accessible quality information on the importance of physical activity for their health and wellbeing and on the possibilities they have for enhancing physical activity.

Some further comments on the questions raised in the Green paper:

IV.3. Health across EU policies

The main focus of the Green paper is on consumer information and on influencing consumer behaviour. The Finnish experience shows that **environmental interventions** have higher potential than individual lifestyles approaches to change behaviour, to reach socio-economically disadvantaged groups and to achieve longer-lasting effects. Neither information-based strategies nor interventions focusing on changing individual behaviour alone are sufficiently effective to make significant and sustainable changes in diet or physical activity. Therefore, information campaigns need to be combined with measures to create supportive environment and to promote the participation of different actors nationally, regionally and locally in order to be effective in reaching vulnerable groups. The North Karelia project is the traditional example of this approach in Finland. Other examples are the policy for reducing salt intake and the building of safe pedestrian roads.

The Ministry would like to emphasise that health should be fully considered in all Community policies and decision-making. Decisions in other sectors than health, including economy, consumer, transport, food and agriculture, work, housing, environment and education, have profound effects on nutrition and physical activity. Health impact assessment (HIA) is considered a major opportunity for the integration of health into all policies. Development of an evidence base for HIA is of crucial importance in order to make it credible.

From a public health perspective, **agricultural policies** are a major concern. For example the CAP rules on milk products undermine the healthy nutrition goals. Milk and dairy foods are staple foods in Finland and their supply forms a major part of many nutrients. Milk is a traditional part of school lunches. Milk is inexpensive nourishment and milk subsidies are a welcome addition to strained school lunch budgets. In principle the EU subsidy programme sends the message that health aspects are of subordinate importance in meal planning in schools. The Ministry of Social Affairs and Health will strongly emphasize that the EU subsidy programmes should not work against the public health goals. Finland and Sweden have been granted temporary exceptions to the subsidy rules and the subsidy programme has consequently not increased the consumption of high-fat milk products – quite the contrary, non-fat milk accounts for 42 % of milk consumption in schools.

The CAP rules on fruit and vegetables seem to create a barrier against increased fruit and vegetable consumption. Special attention should be paid to improving the availability of fruit and vegetables, especially in low-income households, which consume far below the recommended amount. Children are of special concern as well. Price incentives should be considered in order to encourage consumption of fruits and vegetables through a subsidised fruits' scheme in schools. The Finnish Berry and Vegetable programme has shown that increased consumption of vegetables can also benefit rural employment and economies.

IV.4. How can the availability and comparability of data on obesity be improved...?

The Ministry is aware that the **available data on the current status and development of the key indicators in the Member States are sparse** and difficult to compare. Further development of methods for monitoring and validating comparable data on food habits, indicators on physical activity and overweight could constitute an area for research.

Regular monitoring of dietary habits is a prerequisite for assessing the nutritional quality of diets and to what extent the population adheres to the official recommendations. There are a number of problems associated with the cross-country comparability of food consumption data at different levels. These include differences in methodology, food coverage and populations covered. For example, the Nordic countries have a long history of dietary surveys and they perform nationally representative intake surveys, but they use different methods and time intervals, which complicates data comparison. Ideally, both nutrients and foods should be used as indicators of healthy eating. An alternative is to collect data on the intake of selected dietary indicators. This approach was tested in the NORBAGREEN study 2002, in which the intake of vegetables, fruits, potatoes, bread and fish in terms of frequencies were assessed in the Nordic and Baltic countries.

Data on the level of physical activity are needed for planning, carrying out and monitoring policies and programmes. Data are needed on the general levels and trends, as well as in order to identify potential risk groups and /or geographical areas. In measuring physical activity, questionnaires are still, despite their subjective nature, the most suitable technique to describe and assess different dimensions and types of physical activity in the population.

National health surveys that use jointly agreed indicators for health measurements should be carried out in the Member States. Guidelines for these surveys should be developed at the European level including definitions of population groups. The criteria developed by the WHO are the most appropriate indicators for measuring obesity in population studies.

V.1.2 Consumer information, advertising and marketing

Efforts to prevent obesity in children should include **restrictions on advertising** and marketing of foods directed towards them. Such restrictions can be imposed both at the EU and the national levels, through self-regulatory programmes and through legislative measures when necessary. Examples of national approaches include “Children and Foodstuffs Marketing”, a list of the recommendations and good practices for Advertisers, drafted by Consumer Agency, Consumer Ombudsman and the National Public Health Institute in Finland and guidelines on cooperation between schools and business, including marketing and sponsorship guidelines prepared by the National Board of Education and the Consumer Ombudsman. Finland also welcomes the UNESDA guidelines on marketing of drinks adopted also by the Finnish Drink Industries. Finland has in general positive experiences of the food industries as active partners in the planning of national nutrition policies.

The **availability and the assortment of foodstuffs** promoting health and good nutrition are not sufficient in all the European countries. In Finland the food industries have to a large extent considered the nutritional goals set by the National Nutrition Council or health authorities in their product development. The wide range of low fat and/or low energy/low salt products makes healthy choices possible for the consumers, who want to watch their diets.

The food industries should, however, develop **consumer information** on the nutritional value of foodstuffs. Common rules at the EU level are the best way to go. Declaration of the energy value, fats, sugars and salt in a normative way is a minimum for describing the nutritional value of food. **Signposting** of food (heart symbol in Finland or keyhole in Sweden) is a simple way to describe the most important characteristics of food from the health perspective. To avoid confusing the consumers, there should be just one symbol in the EU. Criteria for the symbol should coincide with the nutritional profile of foodstuffs defined by EFSA.

Schools play a central role in training young people to understand food information and labelling. Such topics as domestic science, consumer education and health are basic subjects for teaching these skills. NGOs in Finland are important actors in disseminating information on consumer skills and nutrition information among the adult population.

V.3.2. A focus on children and young people

Health and good nutrition are essential for good performance in school and later in life. Food in school is a complex phenomenon, which does not just cover the food provided, but also the activities connected to food, including how nutrition is included in the teaching. In Finland, free school meals were introduced already in 1948. Now all the legislation concerning school (comprehensive schools, upper secondary schools and vocational schools) say that pupils/students shall have a balanced meal free of charge each school day. A meal consists of a warm course, beverage (milk, water), bread and table spread and vegetables/fruit. The nutritional value follows the national nutritional recommendations and the meals cover 25-30 % of a student's daily energy/nutrient requirements. The school lunches are tax-paid. Organising the meals is the responsibility of the municipalities, which receive government subsidy. The food plate model and personal guidance help pupils to make good choices, but they also promote learning of healthy eating habits and teach good table manners and social interaction skills. In the pre-school and in the grades 1-6 in comprehensive school, teachers have lunch with the pupils. The school lunch is a part of the curriculum. According to a study conducted in 2003, 90 % of 7-9 grade students visit the school canteen and 95 % eat the main course.

A prerequisite for a well functioning system of school lunches is a well-trained and motivated kitchen staff.

Health topics should be integrated in all subjects in comprehensive school. In Finland the health subject was introduced by legislation as a new compulsory subject to the curriculum for the grade 8. In the lower grades health, including nutrition, was integrated in other subjects such as biology or environment.

Domestic and consumer science should be a core subject in comprehensive schools. In Finland, domestic science is compulsory for all boys and girls in grade 7. Nutrition and practical skills in food preparation are essential parts of learning and of becoming an informed consumer.

Children learn both from their environment, from school education and from observing adult behaviour. The school and health authorities in Finland have in their guidance stressed that all school activities should encompass **the equal message** of what is meant by healthy dietary habits.

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

All the strategies and nutrition actions, planned by either the private sector or the authorities, should be based on **official nutrition recommendations**. Furthermore, they should be in line with the recommendations. Nutrition recommendations are diverse in the EU Member States due to lack of scientific data and evidence and/or because of national interpretations of the scientific data. There is an urgent need for a common EU document on the recommended dietary intakes. In all the Nordic countries common Nordic dietary recommendations have since early 1980s formed the basis for national recommendations. The food-based dietary guidelines should, however, be based on food cultures and practices in the Member States and different regions

In conclusion, the Ministry of Social Affairs and Health would like to once again raise the need for cooperation between the actors at the international and regional levels in order to get the best benefits and avoid overlapping of work. The Ministry would also like to stress the importance of regular evaluation of the results and impacts of all Community programmes and actions.

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