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**Response to the Consultation on the 'Promoting Healthy Diets and Physical Activity'
Green Paper**

Submitted by the North West Public Health Food Team, Government Office for the North West, England - 14 March 2006

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

It is clear from the paper that the Commission is responding to the increasing challenges of rising obesity and related ill-health throughout the European Union. The North West public health food team welcomes action in this area and applauds the Commission for its activities to date. We are grateful for the opportunity to comment and would like to submit the following response. (Please note that this response focuses on food and nutrition issues raised in the green paper, rather than physical activity).

Health across EU policies

We welcome the Commission identifying Community policies as a key area to act as a vehicle for change within the process.

The European Charter of Fundamental Rights identifies health as a right of all EU citizens. Access to good quality healthy food is a core element for health and a healthy lifestyle, and therefore the Commission has a mandate to ensure this. Current EU practices including the Common Agricultural Policy and competition rules surrounding local procurement are hindering the delivery of healthy food at affordable prices to EU populations, and this needs to be redressed urgently.

Changes to The Common Agricultural Policy would bring significant changes and improvements to levels of obesity in the EU.

The Common Agricultural Policy: We feel that this Policy is the most significant impacting policy on rising levels of obesity in the EU. Until subsidies on high-saturated fat beef and dairy products are removed, little will be achieved in promoting healthier diets (especially fruit & vegetable consumption), particularly in the area of health inequalities. The poorest communities not only have the worst diets, but also have the least options with regards to availability of healthier foods at affordable cost. By providing heavily subsidised high-fat products CAP not only directly undermines efforts to improve food and nutrition, but also directly contributes to the economic and healthcare costs of diet related ill health. Thus CAP not only contributes to unhealthy populations, but also comes at considerable cost to all Member States in terms of lost working days, reduced productivity and treatment costs. Personal costs are also significant in terms of morbidity, reduced quality of life and lost opportunities. Therefore the stakeholder group asks the Commission to propose reforms to CAP that address this nutritional imbalance and enable greater availability of cheap healthy food staples such as cereals, fruit and vegetables.

Other policies: The wider determinants of food choices are many and wide ranging and are governed by a number of EU policies and practices – directly and indirectly. The EU should

increase coherence between its complementary policies, such as transport, planning, agricultural, competition policy, sustainable development and urban regeneration issues which all have a huge effect on physical activity and nutrition. The Commission should also increase learning from good practice within Europe on these issues, and provide incentives for change.

All policies should be 'health proofed' to ensure that any (potential) (future) impact upon public health is minimised. Any policies should be developed with due regard to the principles of sustainable development – health, social, economic and environmental issues should be equitable.

The Commission should bear in mind when developing interventions around nutrition and physical activity, that population approaches rather than informed individual choice, will lead to greater impact.

Research

More research into why children are becoming more overweight and obese is needed as the causal effects are not clear.

There is currently very little information on food intake, access, food mapping etc at local level. This is needed in order to target effective interventions.

Research into effectively promoting healthy lifestyle messages in an environment dominated by the large marketing budgets of multinational food companies is necessary if we are to make progress in tackling obesity. Research to increase the understanding of public awareness of food and nutrition would be welcomed, as this would enable nutritionists to better understand individual food choices and apply this knowledge to interventions.

More research is needed in developing indicators for dietary change. Large scale dietary surveys are too expensive for local communities to commission to identify outcomes of dietary programmes. Nutrition programmes are built on the principles that dietary change will occur if people are aware of the health messages and have access to affordable fruit and vegetables, wholegrain cereals and lower fat dairy produce. These secondary indicators can be measured relatively easily. The research evidence is needed to understand the relationship between these secondary indicators and dietary change so that these proxy indicators become a sound basis for judging effective programmes.

The EU should play a role in bringing together existing research and dissemination of results, as well as creating an environment for consistent baseline data collection.

We should look to learn from countries with best practice. This may include looking at countries outside of the European Union, where the trend is different. Research should look at long-term outcomes, not just short-term ones - particularly as most eating habits are developed during the early years of life and research should look at educating and influencing this stage of development.

Research on cross-generational influence would also be welcomed, i.e. the impact of children on parents. It is important to remember when addressing childhood obesity, that children often have limited individual choices, often governed by their influencers (parents, schools, carers, role models etc.) Research priorities should reflect this. Other areas in need of greater research include wider behavioural impacts on nutrition and physical activity, as well as safe upper nutritional limits for children's consumption.

We would like to stress the need for sustainability into research funding, as often good work is lost when funding ceases; also that the link between research and practice should be strengthened. Research funding should be available to non-clinical research, as social interventions are of significant importance in addressing areas around both nutrition and physical activity.

We believe that the EU should play a role in bringing together existing research and dissemination of results, as well as creating an environment for consistent data collection.

Consumer Information and Choice

The food industry is giving unhelpful and mixed messages to consumers in terms of healthy eating. Therefore we consider that in light of the need for consumer protection in this area, industry self regulation or voluntary codes are inadequate for limiting advertising. Regulatory actions are necessary in this area, especially to protect consumers from being exploited by misleading advertising and marketing activities. Food advertising (all media) aimed directly at children needs to be particularly tightly controlled, especially where this might cross Member states. Tight regulation around the promotion of the properties of functional foods is needed. We wish to stress the following: public authorities have the responsibility to address health claims on food and their authenticity in the interests of consumer protection; self-regulation is ineffective, and if the food industry is genuine in its commitment to supporting behaviour change in favour of reducing obesity, it would welcome regulation as this would create a level playing field.

The consumer needs to be informed on the nutritional value of the product (s)he is buying and be able to put that into the context of a whole day's food intake. Nutrient profiles should include fat, carbohydrate, NSP, and sodium displayed in a form quickly and easily read and understood by consumers. Additional detail of the full nutrient profile should be available on the pack including type of fat, sugar(s), iron, calcium. There needs to be common agreement and consistency on how nutrients are to be listed. The Commission should consider actions that prevent the food industry being able to thwart actions to promote healthier food choice e.g by promoting a single 'healthy' nutrient in a product that is also high in a 'unhealthy' nutrient or include misleading messaging about the nutrient content e.g 90% fat free.

Healthy eating messages should be part of a campaign run on social marketing principles that is supported by Governments and NGOs. Simple, clear and consistent messages should be given by all, including the food industry.

The obesogenic environment is not just about physical activity (as is indicated at V.6). We also need to develop environments that are conducive to healthy eating. Lifestyles dominated by sedentary pursuits and easy access to energy-dense foods are a feature of modern society. Increased car ownership and usage, technological advancements to make lives easier, a wider range of television programmes aimed at all sections of society and use of the internet are all examples of outside influences, which contribute to the adoption of more sedentary lifestyles. Eating out of the home is on the increase and foods eaten outside the home are often higher in energy and fat than foodstuffs prepared at home. Allied to this, increasingly busy lifestyles have led to large sections of the population moving away from traditional cooking and family meals to consuming vast quantities of processed foods, ready meals and fast foods, which are often low in nutrients and high in (hidden) fat, sugar and salt. People on low incomes spend a higher percentage of their disposable income on food and local food outlets. Choosing healthier foods has shown to be up to 88% more expensive in local shops than supermarkets.

We recommend that the EU should look closely at the effects of large-scale commercial food retailers & manufacturers on the food supply chain (farm to fork) and on the nutritional content of foods they produce. The provenance and sources of the foods and ingredients they use is also an issue. Increasing the provision of locally sourced food is made difficult and expensive by current retailer choices, practices and regulations, including EU legislation. This affects the quality and sustainability of food supply chains. Public sector bodies wishing to improve their food procurement policies and practices to improve the quality of food in prisons, hospitals and public sector catering (often served to some of the most vulnerable in society), should be supported (with reference made to The Public Sector Food Procurement Initiative in England).

We also need to furnish individuals with the skills and knowledge to enable them to eat a healthier diet. Skills around food preparation, cooking, shopping and reading food labels are becoming lost. These are basic requirements for a healthy lifestyle, but are often not taught in school. They should be reintroduced into school curricula. Community food initiatives can also be a very effective way to increase knowledge and awareness of healthy eating, as well as having wider benefits such as opportunities for inclusion, building community cohesion, increasing self-esteem and well-being etc. The recent 5 A DAY Programme in England (targeted at the most disadvantaged communities) has many examples of these types of activities and their impact, through cook and eat sessions, growing clubs, food co-operatives, cooking clubs etc. Food co-operatives using local farmers and growers have been shown to be very effective in providing low-cost healthier foods to disadvantaged communities while also opening new market opportunities for the suppliers.

Children & schools - School meals standards in England are to be improved with the introduction of new regulations from Sept 05. We consider that the new regulations offer an opportunity to dramatically change the food habits and improve the diets of children. Local food procurement is an important part of this agenda. Enabling local produce to be supplied to schools could improve the nutritional quality of school meals, help to re engage children with the seasonality of food and reconnect with the food supply chain and provide new business opportunities for local / regional suppliers.

A whole school whole day approach to improving food in schools needs to be taken for greatest sustained impact. The Food in Schools Toolkit (produced by the Department of Health and the Department for Education & Skills in England) is a good example of this approach, promoting healthy vending, healthy tuck shops, healthy lunchboxes, cookery clubs, water provision, dining room environment etc.

It is important that large food industries can not find ways of re introducing sweet drinks and energy dense foods into schools.

Data

Currently it is not clear what is considered to be an obese child or how this should be measured (consistently). We recommend that the Commission reflect upon the UK National Institute of Health and Clinical Excellence (NIHCE) guidelines on obesity that are expected to be launched in the next few months.

Other issues

The workplace is an under-utilised setting for health promotion, with many opportunities to improve the quality of the food it serves and to provide opportunities for increased physical activity. Opportunities here should be explored, such as making healthy options available in the canteen, subsidising healthy options, offering only healthy vending. Workplaces should have a food policy, including basic standards for the food offered or provided. This should also cover food served at meetings, conferences and events, which is often ordered by admin or secretarial staff who may not have the knowledge required to make sure that the

caterers provide healthy options. There is a need for training in this area. The NW Food & Health Task Force has recently produced a set of Healthier Catering Guidelines which are having an impact in this area.

Breastfeeding is a key part of any healthy eating policy taking a life course approach. Promotion of and support for breastfeeding are a significant factor in the prevention of obesity and ill health later in life.

It is important to bear in mind the mental health aspects of obesity and overweight, not only the negative impact on mental health and well-being, but also the positive benefits that are brought about by increased physical activity and the maintenance of a healthy weight.

Special consideration should also be given to learning disabled groups, as one of the most vulnerable groups in society.

In **conclusion** we would like to stress the following points:

- We welcome and support the Commission in its work in this area, and would encourage reform in several of its Policy areas currently having a major impact on the increase in obesity, such as the Common Agricultural Policy.
- We call for an increase in the options for research in this field, particularly around factors governing food choice and physical activity.
- We strongly urge that the Commission pursues its actions in this field with a strong focus on consumer protection, especially the EU's most vulnerable consumers. This applies to food promotion and marketing, availability and food production systems.
- We strongly urge the Commission to favour regulation with regard to the food industry. Self-regulation has not been successfully achieved in any area in the past and it will not bring about positive changes in obesity levels and subsequent population health issues and costs.
- Health impact assessment of all EU policies should be standard practice, especially with regard to their impact on food, nutrition and opportunities for physical activity.

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