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European Commission
DG Health and Consumer Protection
Unit C4 -Health Determinants

Views on the Green Paper on diet and physical activity

Sveriges Kommuner och Landsting (SKL) [The Swedish Association of Local Authorities and Regions] hereby presents its views on the Commission's Green Paper on diet and physical activity. SKL is a politically driven interest group and represents Sweden's local authorities, county councils and regions, which are responsible for such matters as health services, childcare, care for the elderly, education, etc. To sound out views on the Green Paper, SKL contacted its members, many of whom submitted papers for the purpose of this reply.

With reference to the Green Paper's sections and questions, SKL's views are as follows:

State of play at European level

The Green Paper mentions initiatives that could be taken at European level, such as disseminating examples of best practice with regard to the problems in question. SKL agrees with this but also feels that the Member States should begin to conduct evaluations of measures employed.

SKL considers that both within the local authorities and the county councils/regions there are activities going on to tackle the problems of overweight and obesity. In the coming year, therefore, more should be done to obtain more qualitative, preferably evidence-based, assessments of the effectiveness of these measures. Furthermore, if these evaluations were to be comparable, not only within a particular country but also among EU Member States, this would naturally benefit the European dimension which the Green Paper seeks to promote.

Areas for action

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V. 2 Consumer education

Nutrition labelling is already used. In Sweden, for example, there is the "Nyckelhålet" ("keyhole") labelling system, www.slv.se/templates/SLV_Page_____10750.aspx (English version). Through such labelling, quality requirements can be imposed on products. In order to improve consumer education, SKL considers it important that public procurement bodies be given unrestricted possibilities to impose requirements on, for example, the nutrition labelling for consumers that the Green Paper mentions.

V.3 A focus on children and young people

SKL agrees that school is a key setting for health-promoting interventions. At the same time, SKL would like to point out that prenatal and child care centres, preschools and infant schools also have an important role to play here. There is a lot of evidence that the foundations for our dietary habits are laid at an early age.

As an example, SKL would mention the "*Bunkefloprojektet*" (the "Bunkeflo project"), www.bunkeflomodellen.com, which is a collaborative project between schools and local sports associations. The project is also research-oriented, with the children being monitored for nine years by a number of research institutions at Malmö University Hospital and Malmö University. Health benefits in the children can be demonstrated, for example concerning motor function, bone mass and blood pressure. In the region of Skåne there is also a pilot scheme entitled "*Matlabbet*" (= "the food lab"), wherein teachers and parents of children in years 1 to 6 learn about food and diet through practical laboratory work, www.utb.simrishamn.se.

The municipalities of Säfte in Sweden and Spydeberg in Norway are involved in a collaborative EU-funded project, www.larcenter.se, to educate people about diet and health and about physical activity and health, including mental health. The project, which has a further 17 municipalities in Sweden and Norway taking part, is aimed inter alia at parents.

The Green Paper also asks how the health services, among others, can support health education efforts made by schools. SKL believes that close collaboration between the health services and groups in school such as school doctors and nurses, sports teachers, domestic science teachers and canteen managers can support such efforts. This type of preventive activity should also contribute towards better integration of health-promoting measures into the health services, such as the Green Paper would like to see.

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

Many municipalities and county councils already give their employees the opportunity for physical exercise during working hours, as well as advice on diet, physical exercise and lifestyle questions, either direct or through company health

services. 30 municipalities and eight county councils are involved in the “*Sunt liv*” (= “healthy living”) programme, www.suntliv.nu.

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

The Green Paper states that health services and health professionals have a strong potential for improving patients’ understanding of the relations between diet, physical activity and health. SKL agrees, but at the same time considers that this potential both can and ought to be improved, for example with regard to so-called motivational discussions/motivational interview techniques.

SKL would also emphasise the role that the dental services can play in preventive work. Especially among children and adolescents, Swedish dental care is based on long-term preventive measures which link into subjects such as overweight and obesity.

Measures should therefore be taken to give health personnel core skills in what creates good health, both in their basic training and their supplementary training. Such measures feature, inter alia, in a strategy for a more health-promoting health service, at present being developed by SKL. One problem area emphasised in the strategy is the increasing prevalence of overweight and obesity in children and adolescents. In this respect, measures to improve the skills of health care personnel should be a subject for exchanges of experience between EU Member States.

V.6 Addressing the obesogenic environment

SKL feels that the municipalities, within the context of their overall municipal planning, can help integrate physical activity into daily routine. For example, programmes for recreation and outdoor life feature in this planning. Development work is going on here, inter alia in Stockholm’s county council.

In this connection, the Green Paper also mentions the provision of safe cycling and walking paths to schools. In those municipalities designated as “Safe Municipalities” and in the work being done by the municipalities on “Agenda 21” there is often a focus on building safe cycling and walking paths.

V.11 Other issues

SKL feels that the Commission should address the criticisms levelled at the EU’s agriculture policy, so as to bring the agriculture policy into harmony with the Green Paper’s aims. Without such harmony, SKL feels that the measures now directed primarily at consumers risk losing credibility. Also, coordinated measures should make the Green Paper’s aims more likely to be achieved.

At the start of this document SKL mentioned the important role that public procurement could play in improving consumer education. As far as SKL can see,

the Green Paper does not mention public procurement, which SLK considers to be of such significant volume that the State, the municipalities and the county councils/regions, by imposing requirements when purchasing foodstuffs for purposes such as large-scale catering in the child-care and geriatric-care sectors, could influence producers to take more corporate social responsibility in promoting healthier eating.

VI. Next steps

The Green Paper mentions impact assessments as one of the next steps. SKL wishes to underline the importance of such assessments and considers they are important for politicians and groups that do not normally concern themselves with these problems, such as economists and auditors. According to a survey commissioned by the *Landstingsförbundet* (Federation of Swedish County Councils) (the report can be ordered from the SKL website, www.skl.se, under "publikationer"), expenditure on obesity-related diseases accounted for almost 2% of total health care expenditure in 2003, and this figure is expected to rise by around 55% by 2030 if the numbers of overweight and obese people continue to rise at the same rate as over the last 20 years. At present values, the actual costs would thus amount to approximately 4.5 billion kronor (approximately 450 billion euro).

SKL considers that impact assessments of this kind should be made clear. It ought to be possible for the Commission, without too much effort, to calculate overall estimates of the costs within the Community, both for health care but also for additional costs that are borne by society. Additional costs are, for example, sick leave, early retirement and lost production.

The EU could perhaps take its inspiration from a model now being used in Sweden, known as "*öppna jämförelser*" ("open comparisons"), in which, using uniform national indicators, the health care services of all the county councils are compared. Aspects studied include evidence-based clinical results, costs and productivity, accessibility, equality, preventive interventions and patient safety. Overweight and obesity could be one area on which to focus.

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