

Response to the Green Paper on "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases" COM(2005) 637 final from The Food Safety Authority of Ireland.

Introduction

The Commission called on all interested organisations to submit responses by 15 March 2006 to issues raised in the Green Paper on "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases". This is a response from the Food Safety Authority of Ireland. Any correspondence associated with this submission should be addressed to Dr Mary Flynn, Food Safety Authority of Ireland, Dublin, IRELAND (mflynn@fsai.ie)

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?

- The Community should consider the regulation of advertising to ensure promotion of healthy eating and active living is not compromised by food product marketing methods. The area of nutrition and health claims is under-regulated with many food products carrying claims that imply weight reducing effects;
- Community policies should promote clear, unambiguous nutrition labelling and encourage education on understanding labels for consumers;
- All Community or national Government funded programmes, regardless of size, (e.g. summer camps, breakfast clubs) that are directed at children (0-18 years) should ensure good practice in terms of promoting and providing healthy diets and physical activity as an integral part of the programme;
- Policies which drive Community activities in the area of Education, Training and Youth should be discussed or merged with those of Consumer Health to focus on healthy lifestyle information and choices for children.

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

- Promote fruit and vegetables in schools, workplaces (as snacks rather than biscuits);
- School meal schemes should reflect fruit and vegetables. Protect children from other high fat high sugar snack foods in the school environment – they are too young to make appropriate choices;
- Affordability – look at price incentives, etc.;
- The EC, through national government, should ensure that School Meal Schemes (primary and secondary) include fruit and vegetables as part of school policy to promote healthy eating in terms of what is being provided in school meals (breakfast clubs, school lunches, school garden) and in the case of primary schools in partnership with parents, (e.g. children's lunchboxes);

- EC policies should protect children from high fat, high sugar snack foods in school - they are too young to make appropriate choices themselves
- EC policies should educate through schools and media on food safety measures to dissuade common food myths and alleviate concerns of ‘tainted’ produce through use of pesticides, preservatives, etc.

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?

- The mental health component is absent from this Green Paper – this is a crucial part of promotion of healthy eating and active living especially in relation to obesity which is a highly sensitive issue for many people due to body image concerns. All promotion of healthy eating and active living in relation to obesity needs to be assessed in terms of how it comes across to obese people (children, adults, families, health and other professionals who are all needed to participate if the obesogenic environment is to be successfully altered). If the promotional activity is not empowering to people affected by obesity it should be abandoned. Failure to integrate this mental health aspect throughout all activities leads to an overall moralistic tone towards obesity and does little to help those affected face the enormous challenges involved in altering their lifestyles;
- A language for discussing overweight and obesity that is sensitive to body image concerns and the negative social stigma directed towards overweight and obese people - particularly among young people, needs to be developed and disseminated among health professionals, educators, media broadcasts, etc;
- Commercial weight loss programmes need to be regulated to ensure that they follow best practice rather than precipitate the cycle of weight loss and regain;
- Research on how food is eaten, e.g. weaning practices, chewed slowly versus quickly; eating where there are many distractions from the meal or performing simultaneous non-food related tasks, is needed to determine the human bodies physiological, sensory and emotional response to food cues, food intake regulation, signals of hunger and fullness, etc;
- Research needed to identify what messages consumers get from food advertising;
- Research on whether smaller portions sizes (packaged goods) make a difference to adult and children’s energy intake, fat intakes etc;
- Research to assess the impact of mandatory strategies to promote physical activity and healthy eating in schools (e.g. type of foods provided, or extra physical activity breaks in primary and secondary schools);
- There is a requirement for an EU-wide food consumption database or for a harmonised approach to collecting food consumption data at national level for use at European level.

How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?

- Ireland urgently needs national standards for the assessment of weight status in children;
- National surveillance of children's weight status through continuous collection of good quality, reliable height and weight data can provide valuable information on communities and geographical areas most affected. These areas can then be targeted for intervention. To be successful this data needs to be representative and so should be collected in situations where children attend routinely for essential service, for instance at public health vaccinations;
- The EU needs to formulate and disseminate recommendations on what anthropometric measurements are critical for assessing obesity prevalence and associated risk of chronic disease;
- The EU needs to urgently formulate and disseminate standardised methods of measuring techniques (CDC in Atlanta have developed these for North America);
- The EU, through national Governments, need to conduct environmental scans (food advertising, green spaces, access to healthy food choices, socio-economic status, playgrounds safety, interviews with community leaders, adults and children living in the area etc) of the areas and communities most affected by obesity compared with those least affected - this will identify the causal factors that need to be tackled.

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?

- The EU need to legislate for this – ensure all legislation activities are developed with obesity prevention in mind (i.e. ensure healthy eating, active living and positive self esteem are promoted rather than compromised so that EU citizens are empowered to take positive action) ;
- The EU should develop incentives to ensure all sectors (especially health and education) engage and take action to address obesity in their areas of work;
- The EU needs to legislate so that planning and infrastructure environmental development carry out health impact assessments to ensure negative influences are minimised and positive influences are maximised in relation to obesity in all age, sex and socio-economic groups. For example a health impact assessment should be required with every planning proposal that is likely to influence communities, housing estates etc. to ensure that road safety while walking to schools, shops, etc, green areas, etc. are provided; commercial ventures, e.g. fast food restaurants vs. outlets providing healthier foods, playgrounds; workplaces);

Which are the most appropriate dissemination channels for the existing evidence?

- The EU needs to support the development of good communication channels at Member State level;

- The EU should regulate for media responsibility to ensure the consumers are not misled, stigmatized or encouraged to adopt obesogenic behaviours;

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

- **NUTRIENTS**

1. The EU needs to take action to educate on healthy and appropriate portion sizes for all foods and beverages. This information is critical and all labelling should be provided in terms of these healthy portion size (unit weights also need to be clearly defined);
2. The EU needs to indicate on nutrition labelling how the nutrients provided per portion relate to overall daily recommended nutrient intakes (% Daily Value as in North American food labelling). Specific requirements below need to account for 1 and 2):
 - Energy density (Total energy provided per portion) - because of link between passive over-consumption of energy and obesity;
 - EU should ensure that labelling informs consumers how much energy foods/beverages provide towards total daily energy requirements;
 - The EU needs to relate energy content of foods high in fat and sugar to physical activity level expenditure (i.e. the level of physical activity required by an average man or woman to balance this level of energy intake);
 - Total fat content per portion, plus the breakdown of saturated fat, polyunsaturates, monounsaturates and *trans* fatty acids where appropriate - to enable consumers to decipher the amount and type of fat in the food thus empowering them to choose based on knowledge. Information on *trans* fatty acids is needed because of link with cardiovascular disease and because if saturated fats are limited there will be a tendency to replace these with *trans* fats;
 - Sugar per portion - linked with weight gain and dental caries;
 - Salt (NOT sodium) per portion - linked with high blood pressure, CHD and CVA. Increasing numbers of patients surviving MI's has led to larger population of heart failure patients who need to follow low salt diet;

- **PRODUCTS**

1. All wrapped and packaged products (e.g. Breakfast cereals, ready-made meals, tinned foods (e.g. meats, vegetables, soups etc), packet soups, commercial sauces in jars, cheeses, confectionary (e.g. chocolate bars, sweets, cakes, biscuits etc), snack foods (e.g. crisps, salted/roasted nuts, tacos and dips etc), processed meats (e.g. sausages, corned beef, chicken and ham roll etc), yoghurts, probiotic drinks, butter, margarines, low fat spreads, pure fruit juices, fruit flavoured drinks; soft drinks including diet, fruit squashes/cordial;
2. Bakery and deli products should carry nutrition information where they are displayed

The reasons for this is to ensure consumers are fully informed and not misled.

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?

- The EU should develop a robust and simple label format – then build a pan EU education programme around it. Both Health and Education sectors should drive the education supported by all stakeholders particularly industry and the media;
- All literature and resources used should be piloted or proof-read by experts in assessing readability among those with poor literacy skills.

Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods?

- No – self regulation does not work. There are numerous examples of how misleading the current situation is in relation to weight control and nutritional issues e.g. ‘milky bars are a good source of calcium’, ‘Fruit concentrate drinks can provide *almost* 50% of Fruit & Vegetable requirements’, foods ‘approved’ by popular commercial weight loss programmes, foods with slogans that suggest a weight loss effect, fortified foods claiming nutrient content without indicating bioavailability compared with healthier food sources.

What would be the alternatives to be considered if self-regulation fails?

- EU legislation and regulation are required;
- EU-wide monitoring and harmonisation of enforcement of regulations

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?

Self-regulation alone will not work. However, on the other hand, legal enforcement can be very challenging and pursuing this route solely can be prohibitively expensive. In addition, legal response is often slow and legal loop-holes can be found to weaken legislation.

Therefore, in addition to legislation, regulation needs to also include the support of a strong public health stakeholder alliance that is independent of industry and has strong credibility with consumers and is trusted by them. Such a public health stakeholder alliance can interpret claims in relation to national health priorities. For example Mediterranean countries have much high fruit and vegetable intakes relative to some northern countries, these differences need to be accounted for in health claims permitted at EU level.

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

– How best to enable consumers to make informed choices and take effective action?

- Any nutrition and health claim messages made in the EU must be easy to understand so that consumers are not misled and are enabled to interpret messages in terms of their own health concerns. This necessitates some independent basic research to validate interpretation of claims by various population subgroups;
- The EU should ensure simple food labelling, easily understood by consumers;
- The EU should promote and support access to healthy food;
- National recommendations for healthy eating need to be food based, culturally applicable and accessible (price and availability) by all population subgroups;
- The EU needs to recognise that food behaviour is influenced by many determinants and much more action is needed in addition to raising knowledge and awareness around healthy eating;
- The EU needs to take account of the many determinants influencing food intake behaviour so that people are enabled and empowered to take realistic healthy action.

– What contributions can public-private partnerships make toward consumer education?

- Funding research and supporting good policy;
- Funding local initiatives that promote healthy eating and living, e.g. activity facilities such as school playgrounds, provision of food to schools, facilitating food co-ops, community cafes, farmers markets, etc;
- Funding partnerships are required to support multidisciplinary action to prevent obesity (e.g. exercise schemes whereby individuals are referred by their primary carer to attend locally run gyms/activity centres).

– 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?

- The EU needs to legislate for the provision of healthy eating and active living in all places of child education and child care (license to operate must relate to ability to provide for healthy eating and active living)
- Preschools, crèches, and child care facilities have the opportunity to provide examples of good practice and that message can be carried home. The EU, through national governments, should evaluate existing or develop new resources to support the promotion of nutrition guidelines in preschools by multidisciplinary professionals including dietitians, environmental health, public health, etc.
- The EU should mandate schools to provide healthy eating policies as part of the essential environmental safety and education. Resources to support the promotion of nutrition guidelines need to be available in all schools.
- Partnerships between key stakeholders (e.g. the Dept of Agriculture, Health & Children and Education) are required to support peer led healthy eating and active living initiatives in secondary schools. The EU need to develop resources to support the promotion of nutrition guidelines in schools (e.g. involving the curriculum, the social and physical environment etc). All healthy eating policies

- should be developed based on the individual school needs and to support the principals of the Social Personal and Health education curricula in schools but, for older children, with an emphasis that initiatives are peer led and sustainable.
- Accessing the home environment is very difficult but the EU should recognise the key role parents have and all activities in schools and communities should involve the family and influence the home environment.

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

- The EU should mandate that regular physical activity breaks should be compulsory in all schools and adequate facilities and safe environments should be provided without cost to parents.
- The ‘No running’ policy adopted by schools due to fears of litigation from accidental injury should not be allowed
- The EU should ensure that planned activities also meet the requirements of children who are less competitive or able – i.e. activities that are non-competitive are very important for those who are least active, ensure activities engage all age/sex groups;
- The emphasis in all schools should be on increased physical activity including participation in sports:
- All schools, as part of their school development planning, should be encouraged to develop consistent school policies to promote healthy eating and active living:
- All third-level colleges and institutions should be encouraged to adopt the ‘health promoting college’ concept and to actively address issues concerning healthy eating, drinking behaviour and sedentary lifestyle patterns.

– 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?

- Limit access and availability – remember ‘children are children’, asking a child or adolescent to choose a healthy alternative to a highly palatable high-fat, high-sugar snack will not work;
- The EU needs to mandate that school vending machines should stock healthy choices i.e. water in vending machine, fruit in school canteen etc.
- Ensuring that students have a good working knowledge of healthy eating and its benefits to the body

– 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?

- Support (financial, expertise, time) to research pilot schemes to evaluate good practice and develop an evidence base on best practice to pave the way forward

- The EU should ensure that promotional schemes do not provide mixed messages, e.g. food companies offering incentive schemes to buy school equipment tied in with marketing their product

– How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?

- Implement clear policy and provide support from higher management, e.g. provide showers, subsidise healthy food choices, etc.
- Employers need to subsidize healthy food choices to promote healthy eating (Health care institutions need to lead this out);
- Make a broad range of healthy eating choices available;
- Label the energy, fat, etc. content of meals on offer;
- Improve portion size control;
- Remove salt from tables- offer freshly ground pepper instead;
- If vending machines are close to canteen, ensure that it is stocked with healthy eating choices;
- Survey staff regarding improvements they would like to see made- bottom up approach;
- Add plenty of vegetables to all dishes e.g. spaghetti bolognese, lasagne, curries, omelette;
- Appropriate dietary literature available for all staff supporting the above.

– What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

- Value employees who take care of their health in this way – they will be more productive but this message is often not promoted- in terms of giving recognition, perhaps ‘Employee of the Month’ and/or voucher;
- A dress code that permits walking to work;
- Operate flexible working hours, where possible to allow, physical activity to be taken;
- Value employees walking to meetings where possible;
- Work with local gyms, sports facilities to organize in-house programmes e.g. aerobics, or office games, e.g. football, or to offer discounts for non-competitive sports.

– Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?

- Promotion of healthy eating and active living among staff in the health service – how can they promote what they don’t practice, they won’t know the benefits and the barriers etc;
- Ensuring workers in the health services who are most affected by overweight and obesity are empowered so that they can provide encouragement to clients on the everyday challenges to active living and healthy eating faced by people affected by obesity;

- The EU should mandate that the promotion of healthy eating and physical activity is emphasized during the training of all health professionals;
- There should be mandatory staff involvement in Health Promotion Officers projects at hospital level pertaining to healthy eating and physical activity;
- National health services should lead by example and operate healthy eating and activity policies for staff and visitors.

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

The EU should mandate public policies to ensure:

- Healthy eating options available at meetings and work place canteens;
- Policy that promotes use of stairs, walking to meetings nearby etc;
- Provide and enforce road safety, clear pathways, adequate street lighting;
- The EU needs to legislate to ensure all schools provide adequate playgrounds;
- Several physical activity breaks need to be included in primary schoolchildren’s school day;
- Variety of activities to engage children in physical activity;

– Which measures are needed to foster the development of environments that are conducive to physical activity?

- Stairs well lit and attractive;
- Signage to tell people what the actual benefit is of taking the stairs;
- These issues need to be considered from the outset of any building works by health impact assessments.

– Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socioeconomic categories, and enable these groups to adopt healthier lifestyles?

Using a bottom up approach, the EU should consider the following measures:

- Availability and affordable access to healthy foods;
- Urban planning that promotes active living e.g. better footpaths, more cycle paths;
- Food based dietary guidelines;
- Peer led initiatives that complement the reality in which people live, e.g. income considerations, accessibility to healthy food choice, transport availability, presence of green areas, child safety, etc;
- Raise awareness of the potential risks to health of excessive sedentary behaviours;
- Target alcohol abuse and binge drinking, possibly by curtailing advertising of alcohol and alcohol companies sponsoring otherwise healthy activities;

– How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?

- Research- identify critical determining factors and those most at risk;
- Research needs to be at the local community level, i.e. on the ground;

- Develop and evaluate strategies to identify what works best in what settings;
- Focus the funding fund these initiatives at community level.

– Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?

Multidisciplinary input and multi-strategic efforts all aimed at supporting three goals:

- (1) enjoy healthy eating,
- (2) have fun being active and
- (3) feel good about yourself – you can do it!

These goals need to be integrated into all aspects of life in all the settings where people live, work and play.

– Which role at national and at Community level?

1. National:
 - Healthy public policy;
 - Enforcement of legislation;
2. Community:
 - Fiscal support to a forum that enables the multidisciplinary advocacy groups to meet, develop and implement strategies at community level;
 - Valuing stakeholder input every step of the way;
 - Develop a framework to link the upstream policy development and legislation into everyday practice on the ground;
 - Evaluate all funded projects (simple – not costly) to ensure the effective measures are identified and supported.

– 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?

- This requires a good knowledge of the food habits and choices within different regions. Regular national assessment of dietary intakes should be supported at EU level to provide this information;
- Development of food based dietary guidelines is very complex – one simple model will not be suitable to cover the diversity of dietary intake habits across Europe. A range of models will be required.;
- The cost of the dietary pattern promoted needs to be assessed for each model to ensure access.

– How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

- Ensure dietary guidance is feasible before issuing it;
- Focus on vulnerable groups due to their high nutritional requirements;

- Focus on subgroups most at risk in relation to the various targets e.g. for cardiovascular disease men, people with one major risk factor need to be prioritized in relation to specific nutrient goals;
- Provide funding for the development of effective interventions (needs evaluation).

– How can dietary guidelines be communicated to consumers?

- Divide consumers into subgroups depending on relevance of different dietary guidelines – issue messages that are specific to these sub-groups
- Research the ability of consumers to recognize themselves, interpret and act of these specific dietary guideline messages
- Consider settings where people eat and develop practical advice e.g. home meals may include several different population subgroups – consumers need advice on how this can be accommodated

- In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

- Nutrient profiling is necessary but must be embarked on with care - the UK system needs to be carefully examined;
- Basic research needs to be done to determine which nutrients should be targeted and how many can be accommodated;
- Weight loss/control claims should not be permitted as the basis for effectiveness is often too multifaceted to convey to consumers – this results in misleading the consumer.

– Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries?

1. Examine labelling and nutrition and health claims regulation and the resulting outcomes in various non-EU countries to identify the best way forward in terms of what represents best practice.
2. Consider the differences that exist between these countries and the EU to ensure expected outcomes are valid

If so, through which means?

- Encourage collaborative efforts between the EU and non- EU countries to address the common challenges posed by obesity;
- Establish and support forums to share findings on best practice.

– 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?

- Mental health component is absent and this is extremely important for successful promotion of healthy eating and physical activity particularly for engaging people most affected by obesity
- Physical activity is vital and this has not been reflected in this paper
- More emphasis is needed on the environment and how to make this conducive to healthy eating and physical activity
- Nothing was mentioned about the need to carry out a preliminary needs assessment to establish where the gaps are and to prevent duplication of activities.
- Prevention and treatment both require action – one alone will not work

– Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?

1. Those bearing relevance to the legislation currently being formulated (Nutrition and Health Claims and Labelling)
2. The development of a strong public health stakeholder alliance that is independent of industry and has strong credibility with consumers and is trusted by them. Such a public health stakeholder alliance can interpret claims in relation to national health priorities.
3. Fostering the development of multi-strategic groups at community level who can focus on addressing the obesogenic environment should be a priority – currently people are being bombarded with how the epidemic of obesity is rising but they are not been given any opportunity to engage in preventive activities. Funding with evaluation (at community level) needs to be provided to get this started
4. Sustainability is crucial – this is a long-term issue and although the specific goals can vary the overall theme of obesity preventions needs to be a priority in the long-term in Europe. This needs to be addressed immediately to ensure all the activities around engaging multidisciplinary groups, developing and implementing obesity prevention activities is not completely wasted due to a lack of understanding of the long-term commitment required.

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