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## **Response to the European Commission’s Green Paper on “Promoting healthy diets and physical activity”**

### **The experience of the Bissaya Barreto Foundation**

The Bissaya Barreto Foundation is a private Portuguese institution benefiting the public, which was founded in Coimbra in 1958 by Bissaya Barreto (1886-1974), a doctor, professor at the University of Coimbra and one of twentieth-century Portugal’s major philanthropists. The Foundation served as the precursor to social services in central Portugal where its establishments and services are based, focusing in particular on children and vulnerable families.

The Bissaya Barreto Foundation continues to play an important social role and has extended its activities to cover training, culture, health and education. It currently employs almost 400 people, including, among others, researchers and staff in the fields of health, education and social services. Its headquarters are located in Coimbra at the Knowledge and Citizenship Campus of the University of Coimbra, which covers an area of 20 hectares.

It should be noted that the Foundation has continued to build on Doctor Bissaya Barreto’s work in one emblematic area in particular, that of protecting children. Among its objectives in this field, the Foundation aims to promote children’s health and welfare.

In this connection, the Foundation maintains a network of 11 decentralised support centres in central Portugal, one of which is a centre for inclusive education and excellence in teaching.

Through this network of 11 schools, the Bissaya Barreto Foundation provides a Health Education Programme for its pupils, who number almost 1 000. In this programme, nutrition and physical exercise are understood to play an integral role in children’s learning, education and health development and in creating balanced individuals.

The School Food Programme, which has been running for over a decade, is based on experience, continual research and training in child nutrition. It should be emphasised that the Foundation’s scientific approach to childhood obesity is now based on the experience gained from two years of scientific study in the United Kingdom and four years in Brazil (where there are constant nutritional problems and where good health and social improvement programmes have been developed). After four years in Brazil, the Foundation’s Nutritionist Coordinator obtained a doctorate in child nutrition from the Brazilian Health Ministry’s National School of Public Health. This provides a sound scientific basis for our strategy to combat childhood obesity in Portugal and, through education, enables the Foundation’s mission to be continued.

Just as Doctor Bissaya Barreto’s presence was a constant feature in the fight against the major epidemics of the first half of the twentieth century, so too has the Bissaya Barreto Foundation now established itself at national level in Portugal as an institution that is able to participate in the fight

against childhood obesity, bringing with it the knowledge and positive experiences gained from the actions it has undertaken to promote.

The main features of the Foundation's School Food Programme include the following: constant monitoring of the children's nutritional status, a well-managed food service, healthy eating and exercise, family involvement and continuous food education for the children.

Community participation has played a particularly important role in this area. In this connection, the Foundation carried out a study, the only one of its kind in Portugal, involving all preschool-age children in the city of Coimbra (around 150 000 inhabitants), i.e. 73 preschools and all preschool children between 3 and 6 years of age. It found that of the 2 400 children assessed, 32% were overweight, including 10.5% who were obese. This fact revealed the benefits of the School Food Programme, since only 3% of children attending preschools in the Foundation's network were found to be obese.

It should also be noted that the research carried out at regional level will continue in 2006 with a study of school children between 6 and 10 years of age. Moreover, scientific research is also being carried out, looking at children in the Foundation's schools, to identify risk factors for childhood obesity.

In addition, the Bissaya Barreto Foundation follows the European Commission's guidelines, in particular the guidelines for action of the European Platform for Action on Diet, Physical Activity and Health. Due to the multi-faceted nature of the problem of childhood obesity, the Foundation decided to widen and deepen this debate by involving the entire Portuguese technical and scientific community interested in this matter. In cooperation with the Ministry of Education, it organised the International Conference on Childhood Obesity ([www.fbb.pt/cioi](http://www.fbb.pt/cioi)) in November 2005, which was attended by representatives from the European Commission, the World Health Organisation, Portuguese governmental and non-governmental organisations active in areas such as health, the food industry, food advertising, food safety, the family and education, as well as the media.

Furthermore, in partnership with a television channel specialising in cable network news in Portugal, the Foundation produced and broadcast 12 programmes in the final quarter of 2005, each lasting an average of 7 minutes, to launch the campaign warning against childhood obesity and to educate people in a very accessible way, including the possibility of providing information in person.

These programmes achieved high viewing figures and the campaign will now be continued through the creation of an informal technical-scientific committee to form part of the Online Obesity Platform. This committee, made up of national researchers, particularly nutritionists with relevant experience, will aim to combine public-service experience and information to create an overall vision adapted to the socio-economic realities of the obesity problem in Portugal and the solutions required to prevent it.

## Obesity in Portugal

With regard to the *Community Strategy on Diet, Physical Activity and Health*, Portugal is at the forefront of the countries most interested in its implementation, since it is one of the Member States with the highest levels of obesity.

As a result of the socio-economic improvements achieved in the last twenty-five years, Portugal has made important health gains, putting it on an equal footing with its European partners. However, modernisation has also resulted in major lifestyle and behavioural changes of an unhealthy nature, such as changes in eating habits and a lack of movement, which are responsible for the country's health profile.

In Portugal, data from the Portuguese Society for the Study of Obesity show that more than 1/3 of the population is overweight (37% - 3.831 million people) and 14.5% (1.5 million people) are obese.

Obesity-related diseases are also the main cause of death: 28.3% of Portuguese deaths are due to cerebrovascular diseases and ischaemic heart disease. Moreover, 1/3 of deaths from breast cancer (the second biggest cause of death among women) are related to excess weight.

The phenomenon is even more frightening if we look at children. According to the 2005 Report of the International Obesity Task Force, Portugal is one of the European countries with the highest number of overweight and obese children: 31.5% of children aged 7-9 years are overweight and 11.3% are obese.

The importance of current issues relating to lifestyle changes, including nutrition and physical exercise, has not been sufficiently highlighted in Portugal, even though we recognise that good nutrition leads to good health, greater resistance to diseases, mainly today's most common diseases, and to longer life expectancy. Even if we recognise that if a country invests in nutrition, its citizens will have longer and more productive lives, its expenditure on health care and illness will be less and the collective and individual working capacity and productivity of its citizens will be greater, the truth is that the efforts undertaken to promote the importance of health as regards these issues have not been given sufficient emphasis. While it is true that the National Health Plan for 2004-2010 provides for a National Programme to Combat Obesity, which has produced some initiatives, such as the creation of a National Day to Combat Obesity, there has been no political decision to prioritise investment in this area, there is no national food policy and Portugal's actions to promote healthy lifestyles are still limited, all of which has to contribute to the fact that Portugal has no food and nutrition monitoring system and to the fact that cooperation between stakeholders in the Portuguese agri-food sector is still poor.

Our response to the Green Paper is therefore based on the nutritional situation in Portugal and on the experience gained from all the initiatives taken by the Bissaya Barreto Foundation to combat childhood obesity.

## Questions in the Green Paper

### IV- STRUCTURE AND TOOLS AT COMMUNITY LEVEL

#### IV3. Health across EU policies

(Questions on Page 6)

- *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?*
- *What kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?*
- *In what areas related to nutrition, physical activity, the development of tools for the analysis of related disorders and consumer behaviour is more research needed?*

Above all, community policies must strengthen links between the parties involved in combating today's illnesses, such as obesity. The agriculture, health, environment, culture, education, food industry and food advertising sectors and the media must combine their strategies into a single approach, taking account of local, regional, national and European legislation, so that whenever these laws are revised, they ensure that the intended objectives are included in health policies.

Achieving this synergy has become a challenge, especially in Portugal. Health programmes have not been disseminated effectively and there is no unity among stakeholders at any level of the

community structure. First, the professionals who take the established programmes' guidelines into the field must be duly informed and stay on message, so that their efforts are not in vain. However, many of these workers do not do their job effectively, claiming that they do not feel supported by the rest of the community or that there is not enough time and too much work without enough pay. The main way of bridging the gap between motivation and implementation is by seeking to share knowledge and powers.

Harmonising interests and response capabilities is therefore a challenging process. For this reason, it has become vitally important to define common policies clearly at European, national, regional and local level in conjunction with a coherent and objective strategy defining the responsibilities of all the parties involved, so that the task of promoting health is accomplished effectively once and for all.

To do so, it is essential that people's trends regarding nutrition, physical activity and health are monitored continuously and that the development of scientific bases for action is maintained through, among other methods, sharing experiences in Europe. In this respect, we still fall short when it comes to identifying and emphasising the importance of the risk factors for obesity. Health policies must therefore steer clear of simple health-education initiatives; instead, they must follow a structured approach to identify the main forces and processes that are taken for granted in today's toxic environment.

In Portugal in particular, where there is very little research into nutrition, there is an urgent need not only to determine the health profile and nutritional status of children, but also to gather specific information on the weight of children's families (environmental and genetic factors), levels of physical activity among children, the obesogenous effects of the environment, the influence of schools and teachers' knowledge of this subject, the effects of food advertising on children and the health professionals' knowledge concerning physical activity and nutrition. It is only after these factors have been clearly identified that they can be used to back up programmes and policies.

For instance, in its preschools, the Bissaya Barreto Foundation is carrying out scientific research in its 10 preschools to identify risk factors for childhood obesity. This study aims, *inter alia*, to validate a food questionnaire for children between 3 and 6 years of age and to determine exactly what the teachers know about nutrition, what the families and children know about healthy eating and physical activity and how much healthy eating and exercise they actually do.

Such measures allow policies and campaigns to be developed at community level that help put people back on the right track and promote healthy lifestyles. In this respect, it is now essential to ensure that health and education professionals obtain recognised qualifications in this area, so that they can provide practical advice on a routine basis to their patients, pupils and families concerning the benefits of a healthy diet and physical activity. Participants in the agri-food chain, who are in a position to promote healthy lifestyles (e.g. food producers, distributors, caterers, etc.), must also be encouraged to take initiatives to this end or they should do so through voluntary actions or agreements. For example, fruit and vegetable producers could develop advertising campaigns promoting the nutritional advantages of these foods, or they could even persuade the Government to offer these foods free of charge in schools, as is the case with milk.

#### **IV4. Public-Health Action Programme**

(Questions on Page 7)

The Programme supports activities aimed at collecting data on the epidemiology of obesity and on behavioural issues. It is also putting in place a set of health-status indicators, including in the areas of dietary intake, physical activity and obesity.

It is also supporting pan-European projects aimed at promoting healthy nutritional habits and physical activity, with environmental considerations.

The Commission is proposing a new Health and Consumer Protection Programme, with a strong focus on promotion and prevention in the areas of nutrition and physical activity.

- *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?*
- *How can the programme contribute to raising awareness of the potential which healthy dietary habits and physical activity have for reducing the risk of chronic diseases amongst decision-makers, health professionals, the media and the public at large?*
- *What are the most appropriate dissemination channels for the existing evidence?*

Various international organisations advocate the need to implement food and nutrition monitoring systems, stating that they can support the policies and programmes of various government sectors.

For example, SISVAN is a food and nutritional monitoring system run in Brazil. Even though there are some operational constraints – it is limited to the health sector and aimed primarily at children under 5 years of age – it is one way of disseminating important information and supports Government policies. This information system, officially established in Brazil in 1974, is based on knowledge of food and nutrition in the country. Since 1915, this knowledge has been obtained through research committees linked to the field of food and nutrition focusing on human food needs. These committees have stressed the importance of replacing non-scientific information and complex, extensive but not cohesive research with a system that identifies the population's nutritional profile, trends and determining factors through less detailed procedures, which are therefore quicker and cheaper.

At European level, there is an urgent need to develop an appropriate monitoring and supervision system to ensure that future trends as regards excess weight and obesity are evaluated effectively and that the results obtained are properly measured using appropriate science-based methods. A single system has the advantage of creating validated, uniform data for all Member States, which makes it easier to compare countries and to take adequate and more appropriate action in the field of public health.

In Portugal, there is very little science-based information available clearly identifying the nutritional status of children, which makes it difficult to formulate appropriate programmes. It should be noted that the Bissaya Barreto Foundation was practically the only organisation to produce information on nutrition in preschool children. In order to rectify the situation it will, this year be setting up an informal technical-scientific committee of researchers in the field of nutrition to provide additional information on children's nutrition for the whole country, based on science and rigorous methods. Nevertheless, national research, particularly as regards children, is still a major requirement.

Once the population's health status and risk factors have been clearly identified, policies can be formulated taking account of the social, economic, geographical and cultural specificities of each country. More important than government initiatives will be the involvement of the community at all levels, in terms of both public and private services, to warn of and tackle the community's health problems.

Above all, community initiatives must clearly identify the toxicity of the environment and create appropriate methods of promoting healthy environments and lifestyles for the community's citizens. In this respect, schools, health services and the media provide the best opportunities for disseminating information and warning the population, but citizens themselves must also take individual responsibility for finding information and assistance, e.g. forming self-help groups (which applies mainly to higher-risk groups, such as obese families), instruction from qualified health professionals and knowledge-sharing, so that all citizens identify their risks and, of course, take responsibility for reducing them.

The media, principally television, can help change behaviour by providing role models with whom people can or would like to identify. In Brazil, for instance, and mainly on programmes that have

become fashionable, such as gossip shows, in addition to talking about their lives, celebrities often discuss their health habits, such as exercise programmes and healthy eating (cookery recipes for quick and healthy meals), which they are able to fit in to their lifestyles. This information is very accessible but also has the potential to create new trends and change behaviour.

## V.1 Consumer information, advertising and marketing

### V.2 Consumer education

(Questions on Page 8)

Consumer policy aims to empower people to make informed choices regarding their diet. Clear, consistent nutritional information about foods can, along with relevant consumer education, act as the foundation of informed dietary choice. With this objective in mind, the Commission has submitted a proposal for a Regulation concerning nutritional labelling and the harmonisation of advertising rules and nutritional claims aimed at children regarding salt, sugar and fat, since they are the most vulnerable consumers.

- *When providing nutritional information to the consumer, what are the major nutrients and categories of products to be considered and why?*
- *What kind of education is required in order to enable consumers to fully understand the information given on food labels and who should provide it?*
- *How can effectiveness in self-regulation be defined, implemented and monitored? What measures should be taken towards ensuring that the most vulnerable consumers are not exploited by advertising?*
- *How can consumers best be enabled to make informed choices and take effective action?*
- *What contributions can public-private partnerships make towards consumer education?*
- *In the field of nutrition and physical activity, what should be the key messages to give to consumers? How and by whom should they be delivered?*

The food industry has taken some responsibility for obesity.

The food industry represents an economic activity and therefore it has only responded to the pressure of modernisation in societies, which, due to a lack of time, began to demand pre-prepared products and fast and filling food to solve this problem. This has created a wide range of products, which, for the most part, are appealing, have a high energy density, high levels of sugar, salt or fat, taste good and are readily available. It is these foods, however, which have contributed to new consumer eating patterns, propping up the snacking culture that has played a major role in the obesity phenomenon.

These products are promoted in turn by food advertising. It should be noted, however, that functional foods have started to appear on the market, reflecting how people have become more interested in healthy alternatives. Nevertheless, we are still not fully aware of the effects of these products on people's health, which does create some confusion when it comes to choosing food.

In Portugal, 45% of advertising aimed at children promotes food products. This advertising almost always concentrates on how to persuade children to ask for certain products to be bought, whether because the products are on the most accessible supermarket shelves, or because the packaging is amusing and colourful or because they are associated with fictional heroic characters.

Children are unable to make any kind of judgement concerning the adverts they see. They are unable to distinguish between fiction and reality on television and almost always opt for those foods that usually have no nutritional value.

Food advertising and the nutritional content of foods must be regulated once and for all.

On 12 July 2005, the Culture and Education Committee of the European Parliament, which is the main committee working on the TWF Directive on a children's advertising code, asked the Member States to reduce the amount of food advertising aimed at children, especially junk food and confectionery.

In Portugal, the agri-food industries have plans and platforms to encourage change and healthy lifestyles among children and young people, and the business community's code of good practice regarding children has just been presented. However, these aims are still not very visible. Food companies must take great care to observe good nutritional practices, using self-regulation systems or technical and scientific consultations provided by bodies such as the Bissaya Barreto Foundation.

With regard to the nutritional value of foods, there should be a more simplified approach, which the public can understand. The legal requirements stipulating that macronutrients be listed on labelling are often incomprehensible. Moreover, the link made between the content and daily nutritional requirements is very often inaccurate.

A solution could be found by dividing foods into groups, with simplified information provided on the labels, such as high, medium and low fat, sugar and salt content. Colour coding could also be used: red, yellow and green, so that consumers would immediately know the importance and contents of each product.

Companies making functional foods, which already make up 2.4% of the total food and beverage market, must take advertising more seriously and make clear to consumers what these products are. For their part, consumers are certainly starting to become more interested in finding healthier alternatives and the food industry should be more interested in making more of these products available rather than continuing to maximise sales of its products that cause obesity.

Food companies should also be required to reveal their new products to nutritionists, so that they can judge them at first hand, evaluate them and subsequently make them known to other health professionals responsible for educating consumers. Consumer associations have carried out valuable work concerning the nutritional analysis of products already on the market and some of their other features, but this responsibility should be shared with the food companies, which should be prepared, whenever asked, to answer consumers' questions. This could be done by providing a freephone telephone number for example.

Another suggestion would be to place health professionals and nutritionists in local markets to supervise and provide guidance for less informed consumers. In the same way that food companies promote foods in supermarkets using agents, consumers should also have in-store access to information provided by highly qualified nutritionists. In addition, supermarkets should be much better organised in so far as they should promote healthy foods in more accessible areas of the store in more appealing ways, e.g. a points system for people who buy healthier food.

We can see, therefore, that there are multiple channels available for disseminating messages on healthy eating and physical exercise, but they must be clear, coherent and simple. These messages may be provided by health-education staff or by the media. The latter play a fundamental role in disseminating information and educating people about health matters, as proven by the impact of the "SOS Childhood Obesity" programmes, sponsored by the Foundation, which made an important contribution towards making society more informed, more aware and more ready to take action where obesity is concerned. Consumer education also improves advertising literacy among consumers and helps them to make informed choices.

### **V3 – A focus on children and young people**

(Questions on Page 9)

Important lifestyle choices pre-determining health risks at adult age are made during childhood and adolescence; it is therefore vital that children be guided towards healthy behaviour. Schools are a

key setting for health-promotion actions and can contribute to protecting children's health by promoting healthy diets and physical activity. There is also growing evidence that a healthy diet also improves concentration and learning ability.

Health education efforts by parents and in schools need to be supported by actions taken by the media, health services, civil society and relevant sectors of industry.

- *What are good examples for improving the nutritional value of school meals, and how can parents be informed of how to improve the nutritional value of home meals?*
- *What is good practice for the provision of physical activity on a regular basis in schools?*
- *What is good practice for fostering healthy dietary choices at school, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?*
- *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 school environment is undoubtedly a prime setting for health education. It provides a happy, relaxed atmosphere where children play and learn through play, and it is where they spend most of their day. Moreover, it is at this age that children are most vulnerable, most attentive and most receptive to new habits. They also make excellent messengers and activists in their families and communities.

Food forms part of a child's education and has a decisive impact on development and growth. The extensive work and experience of the Bissaya Barreto Foundation should be highlighted in this connection. For over a decade now, it has been running a School Food Programme in its 11 schools and has shown that it is even possible to control problems as complicated as childhood obesity.

This programme is basically run along eight lines: supervising the children's nutrition, managing the food service, providing the children with a healthy and complete diet, physical exercise, food education for children, intervention in cases identified to be at risk, family participation and community partnership.

The continual assessment of children's nutritional status, with validated and precise methods, forms the basis of the Food Programme, enabling it to put children back on the right track and allowing it to assess its own success. This Programme fosters healthy eating habits by providing parents and children with food education and by implementing a healthy eating policy in schools.

The children learn the basics of healthy eating, they are encouraged to make informed choices about food individually, they learn to refuse sweet and energy-dense foods, they learn why these products are bad for their health; in other words, they play an active part in deciding what they eat. The family, for its part, is invited to participate in this learning process by taking part in activities alongside the children at school. Parents are encouraged and advised to continue this learning process at home, not only by sharing experiences but also by planning meals at home to complement school dinners. One of the practical methods of doing this is to provide the parents with the school's monthly menus, thereby allowing them to prepare and organise the family meals in advance.

It is all a question of teamwork. In addition to the participation of the parents and teachers, the kitchens are fitted out for the preparation of the meals, the kitchen staff receive regular vocational training, the products are carefully chosen; indeed, everything is done to guarantee the health and safety of the food. The meals also take into account the energy requirements of the children, but, above all, they respond to the children's own requirements: the food is fun, full of colour and stimulates their curiosity as well as their appetite.

We know that the real situation in Portugal is far removed from this scenario.



First, if we compare the prevalence of childhood obesity at the Foundation's schools, which is around 3%, with the 2 400 children of the same age in Coimbra included in the Foundation's study, which found that 10.5% of these children were obese, we can see that there is still a lot of work to be done at community level.

School catering services in Portugal are very badly managed and therefore have no guidelines to promote these kinds of activities, not only as regards food education but also as regards the provision of a balanced diet suitable for Portuguese children. The staff have little training and there are no partnerships. The curriculum includes some notions of healthy eating, but the theories the children learn in the classroom are not put into practice in their canteens. Moreover, tuck shops and vending machines often sell sugary drinks and foods high in salt and sugar. Furthermore, previous studies have shown that Portuguese schools do not provide a good range of food. The study carried out in Coimbra's preschools by the Bissaya Barreto Foundation found that the city's preschools provide a monotonous diet high in fat and sugar, which includes a small and limited range of fruit and vegetables and a great deal of processed (stuffed, smoked, pre-prepared) foods.

Reversing the trend of childhood obesity through a school programme requires a well-coordinated, long-term approach. By forming partnerships with the private, public or voluntary sector, schools can play a critical role in remodelling the social and physical environment and provide practical tools and strategies to help children and young people adopt healthy lifestyles.

The strategies and initiatives forming part of a good school programme can be summarised in the following points:

- **A healthy school environment** – events, activities and initiatives organised by parents, teachers and children.
- **Family and community participation.**
- **Identification of local needs and interests.**

Finding out about popular cultural and gastronomic aspects of the community, stimulating the creativity of children to eat healthily and empowering them makes learning about this subject easier. Family involvement is fundamental as an integral aspect of the relationship between the school and the children. The participation of companies and private institutions that can sponsor healthy eating activities and provide these foods is also desirable.

- **Physical education**

All children, from preschool to the age of 18 must take part in high-quality physical education classes every day. Physical exercise helps children to remain active during the day and also develops the skills, attitudes, self-esteem and confidence they need to be physically active throughout their lives. Children should participate in physical activity at school as part of a specific timetable with multiple activities and sports. One approach is to split the children into levels: for the most advanced, schedule 4 x 30-minute classes a week and for the less able 2 x 45-minute classes and 1 x 30-minute class a week. Schools should also coordinate and encourage exercise outside these classes: walking or cycling to school, making the most of break times, organising sports programmes and clubs and incorporating physical activity into theory lessons.

- **Nutrition and food services (providing healthy food in schools)**
- **Education in nutritional health for school staff (teachers, cooks, etc.)**

The provision of a carefully chosen, safe, high-quality and healthy diet is a fundamental requirement of any school food programme.

In general, the first rule is to provide a variety of foods. This is the only way a child will obtain the nutritional benefits that each food provides. As regards school meals, variety is the best way of meeting the specific needs of each child and is advantageous since the children eat together. The Bissaya Barreto Foundation applies certain rules to its school meals. There are 10-week menus with no meals repeated. In one week, meat is served three times and fish twice, while the next week fish is served three times and meat is served is twice. Chips are limited to one serving a week, mainly to

accompany fish. Lunch always includes a different vegetable-based soup. We always try to make the children's meals colourful, using raw, cooked or mashed vegetables. Fruit is provided for dessert on four of the five days, while on the other day there is a milk-based pudding (custard or rice pudding) or jelly (made from non-animal-based gelatine). Afternoon snacks are varied and are usually milk-based, with a full range of yogurts, various types of bread and sometimes crackers or homemade cakes.

Ideally (as is the case in the Foundation's schools), all the school's food should be controlled, i.e. both the main meals and the afternoon snacks should be provided as part of the menu, thereby preventing the children from making random choices. However, as we know, many schools have tuck shops and vending machines providing unhealthy options and there are many cafes and snack bars situated near schools. One option would be to provide children with a credit card to pay for their school meals, which would prevent them from using this money on meals in cafes. School tuck shops should sell healthy snacks and children should be able to play a part in preparing their menus, but they should be closed at lunch time. Vending machines should sell only healthy alternatives. In state schools, children should be given milk, water and one piece of fruit a day.

Partnerships with hotels and restaurants might be very beneficial when it comes to creating and preparing school meals.

- **Health and nutrition education – coordination with health services and national health and nutrition policies**

Health and nutrition education must be provided by qualified professionals and must start as early as possible. If there is no coherent food policy and no well-developed, coordinated food policy, children gain little knowledge about food and nutrition and are confused by it, because they end up receiving mixed messages. Various studies have pointed out that preschool children are even more receptive to food education, since, in addition to the fact that they do not yet have well-established eating habits, which means they are still learning and developing tastes and preferences, they are quite the little activists at school and at home.

- **Health services (which can continually monitor the health situation)**
- **Health and nutrition advice and intervention – using information from scientific research**
- **Emphasis on teamwork to maximise the programme's effectiveness**

Following and monitoring the health and nutritional status of children plays an important part in correcting mistakes and assessing the success of the programmes. Moreover, health services, guided by scientific information and schools' self-assessments, can plan to take more effective action, coordinate their work in accordance with school resources and national and European health policies and coordinate the participation and involvement of parents, teachers, headteachers, etc.

The Bissaya Barreto Foundation is committed to helping create guidelines for various programmes and to sharing its experience at community, national and European level. It believes that, through this knowledge-sharing, schools can be helped to take specific measures to promote children's health by following its example and, in this way, of course, they can be helped to reverse the trend of childhood obesity.

#### **V.4 Food availability, physical activity and health education in the workplace**

(Questions on Page 9)

The workplace is a setting with strong potential for promoting healthy eating and physical activity.

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

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

Sedentary behaviour, whether at work or at home, is encouraged by an endless number of energy-saving devices, whether they be domestic appliances, computers or the television. The main reason for the changes in domestic habits is that women now have jobs. Levels of physical exercise have also fallen sharply. People used to take exercise by walking to work, but most people now use transport to get there, while computers have replaced the usual hustle and bustle of activity that required people to move about to do their job at work.

Furthermore, in many companies, food services have been outsourced to cafeterias and restaurants, which are usually not very strict about serving healthy food. Employers must take the initiative to create a healthy environment. Carefully prepared meals aimed at meeting the workers' needs will make them healthier, happier and more productive.

Physical activity can also be encouraged in the workplace: car-parking policies can be changed to place car parks further away from the workplace; companies can invest in fitness rooms and allow workers to use them at certain times; companies can invest in landscaping outside areas and introducing cycle paths and they can monitor the health of workers, offering staff with the fewest opportunities some privileges that include even easier access to these facilities.

In this connection, it is worth mentioning the Bissaya Barreto Foundation's initiative, which aims to allow not only patients at its establishments to enjoy the benefits of its excellent facilities, but also all its staff. Staff are encouraged to provide input for the meals served in the cafeterias, make suggestions and socialise together at meal times. High-quality sports facilities have also been created, which cater not only for children and patients, but also for employees' needs.

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

(Questions on Page 10)

There is a lot of potential for health services and health professionals to improve patients' understanding of the link between diet, physical activity and health.

*– What measures are needed, and at what level, to ensure that the promotion of healthy diets and physical activity is better integrated into health services?*

The treatment of nutritional imbalances, such as obesity, has a very low success rate. Consequently, health professionals should not view the treatment of individuals as the only way of checking the growth of the obesity phenomenon. A series of multiple approaches must be provided.

In Portugal in particular, health centres should make better use of nutritionists and provide better nutritional training for other health professionals, so that their patients can have confidence in the advice and actions of all health-care staff.

As models of health promotion, health services have the opportunity to be the leaders in developing well-established health and nutrition policies, involving other policies and other government departments at national and European level. They should also ensure that the often misleading health messages used in advertising are stopped, since these are low-quality, contradictory messages, which, above all, confuse people when it comes to choosing foods.

Health services must also act as the main partners for schools, by providing health-monitoring services and identifying at-risk cases. They are also in an optimum position to advise schools on how to create a healthier environment.

## V.6 Addressing the obesogenic environment

(Questions on Page 10)

Physical activity can be incorporated into one's daily routine. Transport and urban-planning policies can promote these activities and ensure a safe environment for them.

*– In what ways can public policies contribute to ensuring that physical activity is “built into” daily routines?*

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

Preventing obesity requires a series of strategies involving a detailed understanding at the micro-environmental level: residential area, workplace, school, places accessible to the community (e.g. shopping centres, supermarkets, bars and restaurants), recreation facilities (e.g. parks, gyms and swimming pools), urban safety (particularly on the streets, cycle paths and in pedestrian areas) and even easy access to primary health-care services.

Physical activity is a major component of a healthy lifestyle. It is vitally important to learn to develop the love of sport, to practice sport in school and during leisure time and to start learning about healthy living as early as possible.

In Portugal in particular, the situation regarding physical activity is dramatic. Portuguese people do not want to exercise: 60.2% do not take part in any kind of physical exercise and they are the European nation that exercises the least. The situation is no different where children are concerned: television, videos and computers have played a decisive role in contributing towards children's inactivity and most children go to school by car. There is less and less space available for sport in schools and education syllabuses are very theoretical, restricting the hours available for sport. Children spend a lot of their leisure time at home confined to their rooms, as the streets are not safe and parents do not have time to take them to the park or other appropriate places where they can play freely.

To counter this trend, urban planners must take certain measures, such as planning more compact residential areas, where traffic is kept out, which have safe and well-lit green areas equipped with children's play facilities and apartment buildings that have gyms.

Outside residential areas, urban traffic routes should be reconsidered and reorganised to make room for cyclists and pedestrians, as is the case in Copenhagen, Barcelona or Rio de Janeiro for example. Such initiatives are essential to encourage walking and cycling. The United Kingdom's walking buses are another good example of physical activity.

In addition, city parks provide an ideal environment, not just for families but also for exercise. For this reason, it is essential that they are well looked after, well lit, safe and well equipped. They can also be used to hold cultural events, which are being used to attract people to parks and thus take exercise. Beaches can also be better exploited, not only in summer but also in winter, as they are great places for holding sporting events.

## V.7 Socio-economic inequalities

(Questions on Page 10)

Food choice is determined both by individual preferences and socio-economic factors. Social position, income and education have a determining effect on diet and physical exercise.

*– What measures would promote healthy diets and physical activity for population groups and households belonging to certain socio-economic categories and enable these groups to adopt healthier lifestyles? At what level should these measures be taken?*

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

Socio-economic levels are related to a set of wider factors influencing dietary behaviour and excess weight: greater cultural acceptance of fatness and excess weight among lower socio-economic and less educated groups, as a result of the relationship between the body and work and through the association of the stereotype of being thin with poverty and hardship; greater value placed on fat children for the same reasons; access to and opportunities for regular exercise are lower in lower income groups; a history of hardship may lead people to compensate emotionally and place greater value on being satiated.

An understanding of the risk factors relating to disadvantaged socio-economic groups and their behaviour in relation to food and physical activity is vital in order to take appropriate action. At community level, it is these people who should have easier access to health centres, health professionals and education to provide them with more information on food and physical activity, so that they change their behaviour. It is also these people who should be given the most encouragement to take part in activities and events related to food, whether at school or in the community in general. If they participate and are encouraged to take part in these kinds of activities, they will become more aware and more likely to change to healthy ways of living.

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

(Questions on Page 11)

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

*– What role at national and Community level?*

A coherent strategy for promoting healthy choices is needed to prevent and treat chronic degenerative diseases, such as obesity and cardiovascular diseases. However, the first requirement is a good understanding of the strategy's target audience. Without a system for monitoring nutrition, it is impossible to correct dietary mistakes or identify the particular characteristics of the population in terms of differences between genders, age groups, socio-economic levels, habits and cultural traditions.

Local, regional, national and European policies must be founded on solid bases, which clearly identify all the characteristics of the population concerned, can quickly correct mistakes and are firmly focused on health education.

In respect of the socio-environmental context through which children pass during the various stages of their lives until they are able to take social responsibility, family and school play a fundamentally important role and provide the bases for action at community level.

School is an ideal setting for health education, since it can exclude, alter and provide influences and change the way children think about and react to the reality of their surroundings. It can even change or strengthen beliefs and attitudes, facilitating the acquisition of abilities, skills and behaviours that will lead to a healthy lifestyle.

Children spend most of their day at school; therefore, school should be used not only to promote a healthy environment, but also to allow healthy behaviour, particularly by controlling the children's diet and creating space and routines for physical activity.

A school can also act as an interlocutor with the rest of the community: it is closest to the family; it can interact with health centres, using them to monitor health while providing them with guidelines

for more effective educational approaches; it can restrict the use of unhealthy foods and counteract misleading advertising; it can set up agreements with local transport companies to encourage physical exercise; it is also the most appropriate place for encouraging this culture and it has all the resources needed to develop, at national level, uniform and aligned programmes to facilitate an effective, well-defined strategy for promoting healthy lifestyles.

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

(Questions on Page 11)

The FAO, WHO, Eurodiet project and EFSA have provided great assistance to the European Commission in the establishment of guidelines for nutrients, foods and food safety.

*– In what way could social and cultural variations and different regional and national dietary habits be taken into account for food-based dietary guidelines at a European level?*

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

Generally speaking, the nutritional guidelines must meet the individual needs of each age group, from which point general recommendations must be made, taking account of food groups and the amounts already considered to be suitable for a healthy dietary model. Social and cultural variations must subsequently be adapted to these recommendations, so that dietary plans can follow the tastes and habits of each community.

These dietary recommendations should include a detailed description of all the foods that must not be eaten or that must be eaten in moderation, so that the message is clear and does not confuse the consumer.

### **V.10- Cooperation beyond the European Union**

(Questions on Page 12)

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

It is clear that health-policy decision-makers in many countries within and outside the EU can learn from one another. Conferences, debates and relationships must be maintained. In particular, the European Commission can learn from the USA, since this country has promoted a series of policies to combat the scourge of childhood obesity. Above all, however, the European Commission must focus on obtaining a consensus among the Member States and formulate policies that benefit all interested parties, which is in itself quite a difficult task.

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