



European Commission  
Directorate-General Health and Consumer Protection  
Unit C4-Health Determinants  
L-2920  
Luxembourg

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Dear Sir/Madam

The MRC Collaborative Centre for Human Nutrition Research (HNR) thanks European Commission for its invitation to comment on their Green Paper, Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases.

This consultation was prepared by senior staff at HNR and does not necessarily reflect the view of the Medical Research Council.

We hope that these comments will make a useful contribution to this consultation and we would be pleased to offer additional input on specific issues should this be required.

If you have any queries regarding this response then, in the first instance, please address them to me at the address below.

Yours sincerely

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Nutritionist

## **EU Green Paper**

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

March 2006

*MRC Collaborative Centre for Human Nutrition Research (hereafter HNR) was established in 1998 to advance knowledge of the relationships between human nutrition and health by providing a national centre of excellence for the measurement and interpretation of biochemical, functional and dietary indicators of nutritional status and health. HNR conducts basic research in relevant areas, focusing on optimal nutritional status and nutritional vulnerability in relation to health, including the development of innovative methodologies. HNR responds to the strategic priorities of the wider scientific community by conducting research projects, within the scope of HNR's activities, in collaboration with, and on behalf of: other MRC establishments and groups, Government departments, industry, national and international agencies, universities, research foundations and charitable organisations. HNR also acts as an independent, authoritative source of scientific advice and information on nutrition and health in order to foster evidence-based nutrition policy and practice. In light of the work carried out at HNR and the expertise of our staff, our comments are confined primarily to the role of nutrition in securing good health for the whole population.*

We are pleased to have the opportunity to comment on this EU Green Paper concerning the promotion of healthy diets and physical activity to prevent overweight, obesity and chronic disease. This is a positive step towards developing a clear European strategy to provide an overarching framework under which national initiatives can be developed and coordinated.

#### ***Health across EU policies***

#### **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?**

Understanding the modifiable causes of chronic disease is helpful in developing a rational strategy for intervention. EU funded research is an important element of this, especially if regional variability in lifestyle and disease patterns helps to better understand the contribution of specific components of diet or activity habits.

However, whilst we acknowledge that more research is required, it is also time to begin to implement specific actions that address the problem. Interventions with minimal risk (e.g. improved consistent labelling on foods) and/or proven health benefits need to be started immediately, including strategies to increase physical activity. Greater efforts should also be made to reduce the barriers to healthier choices e.g. some aspects of CAP and other food

subsidies. Interventions must be fully and independently evaluated in order to maximise the opportunities for ongoing improvement.

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

There is a need for a clear strategy which links farmers, suppliers, retailers and communities to improve access to affordable fruit and vegetables of the best possible quality.

Health initiatives that provide information, education and support to consumers are also important to foster positive attitude changes towards fruit and vegetable consumption. We believe that this encouragement should be aimed at mothers who are weaning their children. Unpublished evidence has shown that children of low social class who consume little fruit at the age of 4 years are less likely to increase their fruit intake into adulthood. Within the UK there are a number of national initiatives that are specifically aimed at increasing fruit and vegetable intake or include a fruit and vegetable component within their broader aims. The School Fruit and Vegetable scheme aims to provide all 4 –6 year old children with a free piece of fruit or vegetable each day ([www.dh.gov.uk](http://www.dh.gov.uk)). Sure Start is a Government programme which aims to achieve better outcomes for children, parents and communities by improving health and emotional development for all children. This health programme provides opportunities to promote healthier diets, including fruit and vegetables (<http://www.surestart.gov.uk/>).

**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?**

More research is needed to understand the interaction between the complex multi-factorial contributors to diet and lifestyle choices, including qualitative and quantitative modelling of the impact. Future research needs to focus on clusters of lifestyle behaviours that contribute to disease risk as well as than searching for individual nutrients or certain components of activity.

Greater consideration is warranted on the inter-individual variation attributable to age, gender, ethnicity, social class and culture.

The development of simple tools and identification of biological markers to monitor changes in diet, physical activity and added health benefits will facilitate enhancements in both surveillance and research.

More investment is needed in large scale, long-term intervention studies that should be prospectively monitored.

### ***The Public Health Action Programme***

#### **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?**

The prevalence of obesity has been well studied and documented especially in developed countries. The International Obesity Task Force, a working group of the International Association for the Study of Obesity, has made a concerted effort to collate data from across the world and is a valuable resource for international statistics in relation to obesity ([www.ietf.org](http://www.ietf.org)).

Ideally, data on obesity and overweight collected within countries needs to be compared regularly to examine trends and to draw cross-country comparisons. A rolling programme which examines the annual data collection for socio-economic, ethnic or geographical differences in prevalence of obesity and overweight would allow useful comparisons across EU countries.

In the UK the Health Survey for England provides information on weight and height. Data is currently collected year on year, covers England and Wales and provides a record of secular trends in obesity and overweight in the UK. The previous and future National Diet and Nutrition Survey in the UK will do likewise.

Data on the prevalence of overweight and obesity in children and young people is more limited. Estimates of the prevalence have been complicated by the use of different definitions of obesity and overweight. We support the use of the International Reference standards for children for international surveillance purposes.

#### **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?**

Successful communication of the benefits of changes in dietary habits and increased physical activity, will depend on developing specific messages for each identified audience.

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

Authoritative expert reviews provide a useful starting point to develop a series of clear, evidence based consistent messages. An overarching EU strategy on dissemination would support and offer guidance to other stakeholders to enable them to communicate the evidence in the most effective way and would provide them with guidance in identifying appropriate channels such as health professionals, food industry and the media at a national or even local community level.

### ***Consumer information, advertising and marketing***

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

The key nutrients of concern depend to some extent on the health outcomes of particular concern. However most of the core messages can be addressed with a combinations of information on energy (calories), saturated fat, added sugars, salt, fibre, fruit and vegetables. Information should be provided across a full range of products, not just those where we want to change consumption.

It is also helpful to label foods which are rich sources of certain micronutrients, making clear if the micronutrient occurs naturally or has been added.

#### **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?**

Years of research have shown that many consumers find nutrition labelling difficult to understand. More work is needed to develop systems which aid interpretation, such as the Multiple Traffic Light scheme proposed by the Food Standards Agency in the UK.

It is likely that a variety of stakeholders would be responsible for providing education in conjunction easy to use food labelling. Therefore, it is vital that consistent core messages are developed by independent and authoritative bodies. These stakeholders may well include health professionals, food manufacturers, food retailers and governments. It is likely that an effective food labelling education programme is one that acknowledges the different needs of individuals and groups and responds by tailoring information to it's specific audience.

**Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?**

Yes, a proportionate response would indicate this as a first option, but it must be made clear that the EU will act to introduce more stringent regulation if insufficient progress is made.

**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?**

The effectiveness of self-regulation can be monitored through periodic surveys and monitoring advertising spend. Effectiveness should be defined both in terms of restrictions on the promotion of unhealthy diets and lifestyles and active promotion of positive attributes.

Clear principles must be set out about the nature of acceptable (and unacceptable) promotion, which specifically address the most vulnerable groups. This is likely to include specific restrictions on promotions to these groups. It is also important to consider ‘promotion of food’ in it’s widest context from direct advertising to text messaging, loyalty schemes and specific product placement activities.

***Consumer education***

**How can consumers best be enabled to make informed choices and take effective action?**

Consistent education across the life cycle and across all spheres of life e.g. school, home, workplace, public institutions is vital to develop a culture which supports and facilitates healthy lifestyles. Information must be based on existing scientific evidence, have a clear and consistent message which will translate into simple dietary/physical activity messages at all levels.

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

Providing timely information to the public and to specific targeted groups with messages that effectively promote positive behavioural change, or that attempt to change public opinion, is a significant task requiring significant resources. Strategic alliances with the members of the private sector could expand the reach and impact of consumer education campaigns. In addition, public private partnerships can contribute to consumer education by assisting in the development and extension of social marketing campaigns. The Private sector are often willing to provide support of some kind in return for the opportunity to be associated with positive social values.

Public-private partnerships can make additional resources, that otherwise would not be available, to implement programmes targeted at specific audiences including:

- Raising public awareness of an issue
- Funding for specific programs and activities
- Enhancing research capabilities and information
- Producing/distributing information and utilising their skills in the development of resources (e.g. video, publications etc)
- National/Local fund raising
- Employee communications
- Event marketing and sponsorship
- Special promotions

However, it is essential that the messages are developed and reviewed by an independent, competent and authoritative body.

Although the engagement of the private sector in these activities may be helpful, the opportunity for the food industry to also make a direct contribution through reformulation and innovation to develop healthier food choices should remain the key area in which the food industry can make a positive contribution.

**In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered?**

Key dietary messages around energy balance i.e. balancing energy intake and energy expenditure, appropriate portion sizes, decreasing intakes of energy dense foods and soft drinks are key to tackling obesity. More specific messages may be helpful in tackling other health risks, including reductions in saturated fat, increases in the proportion of unrefined carbohydrates, increases in fruit and vegetables and decreases in salt.

Messages need to be developed by independent scientists and health experts, but as long as the dietary messages are consistent, they should be delivered by a variety of groups and individuals, including but not limited to health professionals, teachers, food industry, food retailers, Government and non-governmental organisations.

***A focus on children and young people***

**What are good examples of improving the nutritional value of school meals and how can parents be informed on how to improve the nutritional value of home meals?**

In the UK, the School Food Trust, funded by the Department for Education and Skills has worked extensively in this area (see [www.dfes.gov.uk](http://www.dfes.gov.uk)).

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

Background information is given in a report from the UK's Chief Medical Officer "At Least Five a Week" ([www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)). For further information on implementation, refer to work of the Healthy Schools Initiative ([www.wiredforhealth.gov.uk/PDF/Brochurenew.pdf](http://www.wiredforhealth.gov.uk/PDF/Brochurenew.pdf)).

## **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?**

In the UK, the term "whole school food approach" is used to promote a consistent message from the classroom to the school canteen. There is also good evidence that pupils in schools with well-trained catering staff eat healthier food (Healthy Living Blueprint for Schools, DfES:

<http://publications.teachernet.gov.uk/eOrderingDownload/0781-2004.pdf>)

The Food Standards Agency has conducted some useful pilot projects relating to healthier vending (see <http://www.food.gov.uk/multimedia/pdfs/vendingreport.pdf>). The School Food Trust is conducting further work in this area.

## **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?**

It is vital that the core messages are set by a credible, independent body. However, public-private partnerships can support health education efforts made by schools by extending the delivery of consistent messages (i.e. through a company's established distribution network). Businesses in many instances, reach target audiences more effectively than governments or public agencies and partnerships can increase the credibility of the programme (e.g. by linking with partners that are well known and respected by the schools in a specific area) and can increase the influence on the target audience (e.g. partners more influential or effective at gaining the target audience's attention).



***Food availability, physical activity and health education at the work place.***

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

In the UK the recent White Paper – Choosing Health, Making Healthier Choices Easier: ([www.dh.gov.uk](http://www.dh.gov.uk)) emphasises the importance of people making healthy choices and the relationship between those choices and the environment, including the workplace. These initiatives can be driven through the Company occupational health schemes. For example in the UK British Telecom have recently established a very successful 'Workfit' programme.

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

See above comment.

***Building overweight and obesity prevention and treatment into health care services.***

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

Obesity treatment is under-resourced, efforts are needed to develop clear referral pathways and to train health professionals adequately to tackle obesity. More input is needed generally to train health professionals and others in relation to diet and physical activity. Greater emphasis in health promotion across life course is also vital.

***Addressing the obesogenic environment***

**In which ways can public policies contribute to ensure that physical activity be "built into" daily routines?**

It would be helpful if government departments were charged with addressing the impact of their policies on health as part of the Regulatory Impact Assessment.

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

Town planners, local councils, health experts, with knowledge of relevant public health issues, and members of the community need to work together to plan local environments that will enable individuals to make healthier choices in terms of access to healthier food and opportunities for physical activity. In the UK the White Paper – Choosing Health, Making Healthier Choices Easier sets out how Government will work to provide more opportunities to enable individuals make healthier choices, including physical activity.

***Socio-economic inequalities***

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

Successful communication initiatives aimed at promoting health messages to specific groups of the population need to identify, through research, what the issues are for these groups. Once the issues are identified specific messages can be developed.

In the UK the National Diet and Nutrition Survey is a national programme with the aim of gathering information about the dietary habits and nutritional status of the UK population. Within these surveys information is often broken down by region and social class. The NDNS provides insight into dietary/nutrition issues within these specific groups.

It is clear that many initiatives to improve diet and physical activity are more likely to be adopted among individuals in higher social class or with higher levels of education. More focussed effort is needed to engage others in initiatives to improve diet and activity habits, otherwise health inequalities will increase.

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

Poverty, low levels of education and concern with other issues may all underpin adverse health behaviour. In these circumstances consumers may benefit from a more holistic

approach targeted on the needs of the individual rather than simple messages about diet, activity and smoking habits. In the UK, national programmes such as Sure Start (<http://www.surestart.gov.uk/>) and Health Action Zone ([www.investingforhealthni.gov.uk/zones.asp](http://www.investingforhealthni.gov.uk/zones.asp)) specifically target areas of disadvantage in communities where there is the greatest need to address public health issues.

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

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

Consistent messages at a Community and national level together with clear national and local delivery plans.

**Which role at national and at Community level?**

See comment above.

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

**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?**

Europe-wide food based guidelines will need to be tailored to the societal and cultural habits of the individual countries as part of local strategies. The development of European-wide dietary intervention studies as part of the FPS/6 demonstrates that this is possible.

Many countries have developed standard models for communicating food-based diet messages, e.g. the 'pyramid' model in the US, the UK's 'plate model' and the 'rainbow' model in Canada. These models adapt the type of foods shown depending on which ethnic, religious or cultural group the food-based messages are aimed at. A similar consistent model that allows flexibility in communicating food based diet messages to different cultures may be appropriate for the EU.

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

Nutrient targets need to be developed into simple food-based messages. For example, messages about increasing fibre are translated into eating more fruit and vegetables and increasing whole-grain/un-refined starchy foods.

Dietary changes do not happen quickly but can ultimately be very substantial, for example the shift to low fat milks or polyunsaturated fats. Sustained efforts need to be made over a prolonged period to drive change.

### **How can dietary guidelines be communicated to consumers?**

Surveys show that a growing number of consumers are aware of key messages but require practical tools to translate this into purchasing habits, new cooking methods and menu choices when eating out. Messages need to be translated into clear, simple language which avoids overly scientific terms e.g. Non starch polysaccharides. The harmonisation of messages across Europe will help to reduce confusion.

Further research is required into effective strategies to provide this support and mechanisms to disseminate good practice.

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

The UK has developed a number of new tools to assist in consumer education programmes including nutrient profiling score, multiple traffic light signposting and the Guideline Daily Amounts (GDA's). Detailed evaluation is now required to test the true impact of these various schemes in practice. The nutrient profiling score is at present limited in use in the promotion of food to children, but consideration should be given to other possible applications.

### ***Cooperation beyond the European Union***

**Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?**

Obesity, non-communicable diseases and other diet-related diseases are emerging throughout the world. The EU can benefit from collaboration with countries further advanced in developing nutrition strategies e.g. Australia, and can also assist those who have not yet reached this point.

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