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**International Life Sciences Institute (ILSI) EUROPE  
WEIGHT MANAGEMENT AND PUBLIC HEALTH TASK FORCE**

*Comments on:*

**EC GREEN PAPER**

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

February 2006, Brussels

**Health across EU policies page 6; question 1**

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?

We would agree with an integrated approach as the reasons for poor diets and lack of physical activity are multi-factorial (including behaviour, culture, socio-economic and wider social policies e.g. transport). All Commission policies, which could potentially impact on food consumption and or physical activity, should be subject to a full *health impact assessment*. Underpinning this requires improved data collection and availability of comparable data. Ultimately a consensus in this area is important to establish a mechanism by which certain policies could trigger the need for a health impact assessment. This would ensure that from the outset a particular policy is assessed for any impact it may have on the obesogenic environment. An integral review process is also advisable.

This is an area in which the ILSI Europe Weight management in public health task force is working. (Our current project is to elaborate a European wide database collating data on the changes in macro social trends, including behavioural, cultural, socio-economic and societal with prevalence in obesity).

This knowledge would help promote environments in which healthy choices are easier than unhealthy. In terms of the promotion of healthy diets – caution must be exercised in the light of the many nutrient-profiling schemes around at present.

Again, it is imperative that any adopted scheme is rigorously based on sound science.

### **question 3**

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?

Again, we would emphasise the multi-factorial nature of the issue and suggest that research is required throughout the range of factors including: the importance of different food groups, the need for comparable data, the issues associated with intake data, the role of physical activity, smoking, genetics, environmental factors and many more. Mapping the trends and impact of these factors will provide a broad picture and an excellent foundation for EC wide initiatives.

An important, emerging area of research in this area is behaviour and consumer science. This provides an insight into the barriers to change which prevent people from making healthy choices. The current research in this area should be optimised and encouraged. Understanding how the consumer perceives health claims is also important research to improve the efficacy of consumer communication and promote honesty in the use of health claims.

### **The Public Health Action Plan page 7; question 1**

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?

We would suggest that a European wide database would be a good start. (see above for a brief description of our ILSI Europe obesity related parameters database project). Once the parameters have been established and the exclusion/inclusion criteria for the data agreed upon, a European wide database describing geographical and socio-economic distribution of obesity is viable, other key parameters could also be included. Identifying key projects already working in this area (e.g. ILSI Europe, WHO and the International Obesity Task force) and assessing comparability of national data sources could be the first step.

### **question 3**

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

Due to the lack of consensus on the subject of obesity appropriate dissemination, in terms, of reaching a broad audience is not always easy. Some groups may be excluded from networks or other forums on political grounds although there could still be some shared agreement on some of the issues. We would promote consensus building and consolidation of existing evidence on which a consensus exists.

The ILSI Europe report on Overweight and Obesity in European children and adolescents – causes and consequences – prevention and treatment (also published in the European Journal of Paediatrics, 2000), offers a broad background to the issue and is consensus based.

It is important that a lack of consensus does not prevent interventions, research and policies from being developed and implemented; obesity needs to be tackled and this is something that everyone agrees on.

### **A focus on children and young people page 9**

#### Identifying best practice?

There are many intervention programmes aimed at children all with different methodologies, sample sizes, funding and resources. Any number of these could be effective at any given time, however, to become examples of best practice interventions need to be rigorously evaluated for effectiveness and assessed in terms of their reproducibility within, for example, different socio-economic groups, different ages, geographical location etc. Systematically reviewing interventions (see example of ILSI Europe paper – soon to be published in Obesity Reviews) could be a good start. This could provide the basis for a 'shopping list' of intervention elements, which are proven to work under reproducible but specified conditions

### **Socio-economic inequalities page 10; question 1**

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.

Again, a wealth of different programmes and research exist on this. Collating this at the European level would be beneficial two-fold. Firstly, schemes could be assessed for their effectiveness linked to particular geographical areas and secondly the schemes could be ranked altogether and scored for effectiveness – using a hierarchy of evidence approach - policy makers could use this ranking for the decision making process (which would also promote transparency) and could cherry pick from the two lists to create a bespoke, but evidence based, scheme for their geographical location and particular socio-economic group.

### **Other issues page 12; question 1**

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?

Again we would emphasise the many factors inherent in the issue, current focus has tended primarily towards diet and physical activity, however, the growing body of

evidence suggests that many other factors are also at play and this would seem an ideal opportunity to pull these other factors together – perhaps even to rank or score them in terms of their impact.

## **question 2**

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

For this point we would suggest focussing on areas in which a scientific consensus already exists. Identifying and actioning these will progress activity much quicker than arguing over contentious points and not progressing at all.

We thank you for the opportunity to comment. All ILSI Europe publications mentioned can be found on <http://ilsieurope.be/publications>

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