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"Green Paper" European Platform for Action on Diet, Physical Activity and Health. Plan 2007-2013:

Comments from the Laboratorio di Educazione Terapeutica di Padova (*Padua Therapeutic Education Laboratory)*[1]

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Why a Community programme on prevention of obesity?

In a society where national boundaries are being increasingly blurred by globalisation, a push towards a healthy lifestyle spearheaded by the Community might prove more effective than national programmes promoted by individual Member States.

After an initial experimental phase, the effect of a single, coherent Community programme could be enhanced by reproduction and self-propagation, enabling the target to be attained more rapidly and more effectively. Small-scale "pilot" experiments could be grouped together to produce a statistically significant result that would support more rapid extension to the other States.

At Community level, support could be given to regulations providing fiscal and economic incentives for commercial activities promoting a healthy lifestyle, such as:

1. lowering taxes on the production, transport and sale of fruit and vegetables, possibly increasing taxes on foods high in animal fats, simple sugars and salt;
2. sale of "less healthy" foods in smaller packages;
3. providing incentives for the opening of facilities devoted to non-food related pastimes, such as varied and enjoyable exercise classes, with easy access to all (e.g. centres for children, young people and families);
4. providing incentives for restaurant owners who offer imaginative vegetable- and fruit-based dishes at competitive prices;

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5. encouraging the installation in public places of vending machines dispensing low-calorie foods (e.g. prepared salads, raw vegetables with separate, pre-packaged condiments, packages of fresh fruit or sugar-free fruit products, already available in supermarkets but not in distributors in schools, work premises, cinemas and public meeting places);
6. providing incentives for and reducing taxes on catering services and canteens that prepare meals suited to the age of their clients (children, adults) and to their body sizes (as with clothes: *small, medium, large*), and price them accordingly, taking account of differing energy requirements and demonstrating awareness of and supporting the concept that, biologically, everyone's needs are not the same.

There could also be support for Community legislation to restrict behaviour detrimental to a healthy lifestyle, such as bans on:

1. vending machines dispensing high-calorie drinks, sweets and snacks in schools or facilities for children, adolescents, families and old people, as is already the case in some countries (France);
2. supermarket special offers on high-calorie foods ("3 for the price of 2" or "4 for the price of 2") that encourage consumption thereof;
3. collection of points and gifts that promote increased consumption of high-calorie foods;
4. packaging high-calorie foods in or with toys.

The public health action programme

Health information and education

The risk of obesity and serious excess weight has been considered "medium" in our country but, as was already the case with smoking, we consider that the messages have not had sufficient impact on the population's eating habits.

Moreover, there is a complete lack of awareness about excess weight, considered as an "obesity risk". In primary care – and consequently among the population as a whole – the search for ways of preventing the risk of obesity, which is much easier to address and above all to cure in children of pre-school age, has fallen far behind.

Not enough emphasis is placed on the hazards associated with a sedentary lifestyle, although cardiologists have been trying to make good this shortfall for some time now.
No steps have been taken yet to address the dangers of too much time spent watching television by children and young people[1]. At the very least, State-owned broadcasters should put out the message that “too much television is bad for the health”.
Finally, not enough serious attention has been paid to the issue of advertisements for “high-risk” foods during television programmes aimed primarily at children and young people. An Ethics Committee could be set up and empowered to censor advertising for products harmful to health, particularly during programmes intended for children and young people.

Collection of epidemiological data

In the health sector, greater respect for privacy in the collection of anthropometric data (weight, height, sex and age) could be promoted. In fact, today’s school weigh-ins, where the weights of individual children are read out to the whole class, are very dangerous and may cause distress and increase the associated risks of other pathologies. Eating disorders during adolescence are much too frequent to be overlooked by the current Community Platform. Today’s most rigorous scientific literature also calls for coordinated action to prevent all weight-related pathologies[2].
Where children are concerned, the international reference criteria of the International Obesity Task Force could be a valuable tool for use throughout Europe. This would encourage the collection of uniform and comparable data on the epidemiology of obesity across different countries, and the adoption of a single shared assessment tool.

Nutrition education for the public through disease education training for health professionals

A) Economic or career-related incentives could be developed for health professionals who demonstrate that they:

1. follow training courses in counselling and disease education;
2. set an example of a healthy lifestyle in their own daily life;
3. evaluate the BMI of the majority (at least 90%) of their patients;

4. offer disease education promoting healthier eating and lifestyle habits to patients who need it.

B) With the appropriate economic support, hospital discharge forms could be amended to include "BMI and evaluation", attaching a short evaluation questionnaire[2] to be completed by each patient concerning advice received in the three areas where there is room for change:

- Eating habits
- Exercise
- Sedentary behaviour.

C) The implementation of recommendations to moderate television-watching could be encouraged, and the use of software and videogames that encourage exercise and active play (some already on the market) could be promoted.

For many years now the associations of paediatricians in some Western countries, including our own (Società Italiana di Pediatria 2001), have been drafting recommendations for restrictions on television viewing, particularly in childhood and adolescence. There are three basic recommendations:

1. No television before the age of two.
2. Limiting viewing to 1-2 hours a day after the age of three.
3. Controls on type of programmes and adult supervision, together with encouragement to take part in other types of leisure activities.

These recommendations are not yet widespread among paediatricians, family doctors and healthcare professionals in general. Moreover, parents are rarely made aware of the risks of early and/or excessive and uncontrolled television viewing in their children's early years. These risks, described in literature published over the last decade, are numerous, such as:

1. increased impulsiveness and aggressiveness;
2. changes to sleeping patterns, self-esteem and cognitive development, with consequent decline in performance at work and school;
3. increase in alcohol, tobacco and drug use;
4. increase in eating disorders;
5. increase in delinquent behaviour and abnormal and/or precocious sexual activity.

[2] Example: 1) Has the doctor already told you how your body mass is calculated? 2) During the discussion at the time of discharge did the doctor give you any advice on improving your lifestyle in respect of eating habits, physical activity and sedentary activities? 3) Do you think that it will be possible for you to successfully make these changes to your lifestyle and how? *(Tick items discussed with doctor at time of discharge).*

D) In addition, all doctors could be issued with suggestions to reduce or give clearer definitions of some messages given to their patients, such as the prescription of "*rest".* For example, in the case of a fracture of the little finger of the right hand, instead of prescribing "*one month of rest"* it would be better to specify "*rest the right hand",* followed by a suggestion that the patient *"return to normal physical exercise, possibly with a course of physiotherapy*".

European Food Safety Authority

Consumer information, advertising and marketing

Information to consumers must be simple, uniform and clearly visible on packaging.

A common "*risk index"* could be established, indicating calorie content unsuitable for various common pathologies, such as **obesity, hypertension, cardio-vascular disease, dyslipidemia**, etc. The index could be represented using a code based on three emoticons of different colours, following the criteria laid down in Epstein's *Stop-light diet*[3], adapting it where necessary to the customs of the individual European countries (for example, Green**= OK (Use liberally); Yellow= Attention (Use with care); Red= Danger (Use sparingly)**.

The effectiveness of the method implemented with self-regulation can be evaluated by monitoring changes to eating patterns (increase in consumption of green foods and decline in consumption of red foods). If self-regulation does not work, official labelling, monitored by the appropriate government committees, could be imposed as a second stage.

Consumer education. A focus on children and young people

To prevent the most vulnerable sectors of the population – such as children, old people and persons at a socio-cultural disadvantage – falling victim to misleading advertising, very stringent rules will have to be laid down. In particular, television advertisements for snacks, sweets, biscuits, etc. should be properly regulated and/or banned during children's programme time slots.

Conversely, emphasis should be placed on televised testimonials from sporting, cinema or music personalities that promote a healthy lifestyle. These messages should be positive (for "a better life" and not "to avoid illness"), stimulating, lively and attractive, and not alarmist or dramatic; they should, moreover, concentrate on the pleasures of activity (cf. recent dance-oriented shows) and on the pleasures of imaginative low-calorie foods rather than on the need to give up some things and sacrifice others.

The message that comes across in the United States' Department of Agriculture's new "*My pyramid for kids"* is an example of a beautiful positive message that deserves wider dissemination: children play around a food pyramid as if it were a play park and not a sacrificial altar.

http://teamnutrition.usda.gov/Resources/mpk_poster.pdf.

School can and must develop the healthy adults of tomorrow, but only if it can successfully involve families. To traditional "nutrition education" we must add, and place more emphasis on, "education for healthy exercise" in order to combat excessively sedentary lifestyles. Involving families, which would have the effect of sharing responsibility for healthy school meals, a scholastic exercise programme and limited television viewing, will result in families themselves promoting coherent messages relating to food and exercise choices at all stages in family life.

Exercise is the first element to be promoted in the programme. This should be incorporated into school life for periods of at least 30 minutes each day, structured or not, and should take the form of varied and enjoyable activities that can appeal to everyone. One form of exercise that could be placed on the curriculum is dancing, which could involve not only teachers but also parents and grandparents willing to give of their time and knowledge. Dancing can be enjoyed from early childhood, involves the whole family in exercise and can continue as a healthy habit into adulthood and old age, even when other sporting activities are abandoned because of studies, work or other commitments.

Availability at the workplace

Canteens and other business catering premises could use various “sizes” (small, medium and large) for portions, with different prices, and reduce the calorie content of dishes by offering more fruit and vegetables, as is already done in some restaurants in the Autogrill chain.

Free gyms after working hours and during break times could bring colleagues together, encouraging socialisation and – more importantly – the Healthy and Active Lifestyle.

Health policy action on the obesogenic environment

In order to address the obesogenic environment, cycle paths, skating rinks, tennis courts and five-a-side football pitches, etc. could be made available to the public, and specifically to young people, at reduced prices. The development of social structures for old people, families, young people and children, where attention is paid to nutrition and to physical activity and with affordable prices and accessible opening hours, should be encouraged. The “pleasures” of the healthy lifestyle must be emphasised in order to make it economically viable.

Essential reading

1. Gentile DA, Oberg C, Sherwood NE, Story M, Walsh DA, Hogan M. Well-Child Visits in the Video Age: Pediatricians and the American Academy of Pediatrics’ Guidelines for Children's Media Use. *Pediatrics* 2004;114;1235-1241.
2. Neumark-Sztainer D: Addressing obesity and other weight-related problems in youth. Arch Pediatr Adolesc Med 2005;159:290-1.
3. Epstein LH, Myers MD, Rayon HA, Saelens BE. Treatment of pediatric obesity. Pediatrics 1998; suppl. 101:554-70.