The Nutrition Society

The Nutrition Society's Comments on:

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

The Nutrition Society is glad to have the opportunity to comment on the Green paper and offers the following comments and suggestions:

IV.3 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?
As the promotion of healthy diets and active lifestyles impinges on the activities of trans-national companies, consistent legislation and practices across member states may be valuable. The impact that all policies might have on diet and physical activity levels should be considered. In addition, as evidence on what policies and interventions are effective and cost-effective is difficult to obtain, the Community could facilitate exchange of experience from different member states. EU directives on planning which impinge on the 'obesogenic' environment by influencing food production, retailing and advertising and e.g. encouraging local shops and curbing the expansion of out-of-town supermarkets could be considered.

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?
Policies to encourage marketing of locally produced fruit and vegetables could contribute to consumption of fresher produce which would be free from the costs of large-scale distribution: directives on promotion of local shops and curbing expansion of large supermarkets and financial measures such as subsidies and tax exemption could be considered. In supermarkets in the UK discounts are often only available on large purchases ('Buy one, get one free') but for fruit and vegetables proportionate discounts could be offered for smaller purchases.

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?
It is vital to understand consumer perspectives on diet/physical activity before attempting to implement high-level policies. Researchers need to gain a much clearer understanding of the everyday reality of shopping/budgeting for, preparing, cooking and eating food and of everyday physical activity and the meaning that such activities hold for different population groups (particularly, but not exclusively, within low income communities): for example, children/young people in schools; (young) parents; 'looked after' young people; ethnic minority groups; the homeless; and, those living with chronic illness. Such

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understanding remains crucial for improving our knowledge about the impact of the barriers to improving diet/physical activity in community settings throughout the European community.

IV.4 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?
Member states should be encouraged to monitor trends of representative samples of the population and at-risk sub-groups (including ethnic minorities and migrant populations) at regular intervals. The data collected should be standardised with respect to which variables should be used (e.g. waist circumference) and which cut-off point are used (e.g. the International Obesity Task Force BMI cut-offs for classification of obesity in children should be used rather than national standards).
In relation to determining precise geographic (small area) distribution of obesity (in adults and/or children), the use of Geographic Information Systems (GIS) to map either actual or simulated (to retain anonymity) populations will identify small area hot (or cold) spots of obesity which can then be cross referenced with potential causal data, such as socio-economic status, to establish whether there is a relationship and if so how strong. Very little geographic analysis has been undertaken in the area of obesity, although certainly some is currently underway in the UK (Leeds, Manchester, Newcastle). This analysis facilitates the design and implementation of targeted interventions and health policies to reduce the prevalence of obesity.

How can the programme contribute to raising 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?
Health messages must have salience for the target group to be successful. The public, research suggests, are not always motivated by links between diet/activity and long term health – the immediate benefits of diet/activity need to be broadcast and strengthened (e.g. improved well-being, ability to run around with one's children, improved energy levels etc). There is a need for consistent reinforcement of health messages and behaviour at all levels to support behaviour change at the individual level.

Which are the most appropriate dissemination channels for the existing evidence?
Use of the media can be effective in drawing attention to the problem. Key information should be available from well-publicised, independent websites.

V.1. 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?
Energy dense and micronutrient-poor foods such as confectionery, high sugar drinks, savoury snacks and retail fried foods, and those which contain significant amounts of nutrients which are believed to increase the risk of cardiovascular and other diseases e.g. saturated fats, trans fatty acids and salt.

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?
Consumer research is needed to ensure that the labels are designed to provide usable information to all groups of the population, as the potential for misleading information is very strong. The public need to be clear e.g. whether terms such as 'low fat' relate to comparisons within the same food group or to all foods.

Are voluntary codes ('self-regulation') an adequate tool for limiting the advertising and marketing of energy dense and micronutrient-poor food? What would be the alternatives if self-regulation fails?
Producers marketing cheap foods may less adhere to voluntary codes. If self-regulation is tried then it needs to be closely monitored. Legal enforcement of controls on advertising and marketing would be the alternative.

How can the effectiveness in self-regulation be defined, implemented and monitored?
Independent approval of all advertising and packaging could be required; using clearly agreed standards to set the criteria to be met.

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?
More extensive research on the understanding of food labels and nutritional knowledge of consumers is needed. More user involvement (e.g. advocacy groups) may help to ensure that the appropriate messages are sent and received.

V.2 Consumer education

How can consumers best be enabled to make informed choices and take effective action?
A well-designed, universally adopted and understood labelling system is required for manufactured foods, with more education on the nutritional content of foods and food groups and the balance required for good health to be provided in schools.

What contributions can public-private partnerships make toward consumer education?
It is essential that the content of consumer education retain independence from commercial interests in food and drink manufacture and retailing.

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?
The media, through both advertising and television shows and films can help to promote a positive image of healthy behavior, particularly for children. Key messages should contain clear food-based dietary guidelines for different population groups and the amount of different levels of physical activity considered beneficial for health. Health care professionals at all levels should play a much greater role in delivering key messages, but additional training may be required to enable them to do this. Education for children in all spheres of school activity is very important, with the needs of adults who have already left school addressed by other means. Children and parents consider school nurses credible sources of health promotion/ information and skills, partly because they

are not in a daily teaching role. Some work has been done in England to examine the role of the school nurse, in relation to the idea of the 'nurse as navigator' – i.e. a stakeholder/service provider who can help children navigate health promotion information/skills and to facilitate 'healthy choices'.

Research suggests that children/adolescents are more likely to want to increase their levels of physical activity, rather than change their diet. Physical activity, whether organised sport or free living activity, is fun (whereas changing one's diet, according to children, is difficult and boring). Overweight/obese children are also keen to use exercise as a way of controlling their weight and, in the right environment, this is easier to achieve on a daily basis than making what are perceived to be difficult dietary changes.

The Scottish collaborating centre of the European Network of Health Promoting Schools (ENHPS) developed the Growing through Adolescence (GTA) toolkit and the Technical Secretariat of the ENHPS, on behalf of the World Health Organization, the European Commission and the Council of Europe, has now adopted this for wider European use. The GTA toolkit is designed for training upper primary/lower secondary school teachers (or school nurses), to improve their skills and experience, thus building their confidence to provide health-relevant advice and skills. The toolkit provides up to date information on healthy eating, physical activity and self-esteem, and covers: taking a Healthy Schools approach, preventing overweight and obesity, body image, puberty and the media, dieting and eating disorders. The toolkit contains training materials and fact sheets on these topics (from a pan-European perspective, though it can be tailored with individual country data) and trainers can design a programme which meets the needs of individual teachers, school nurses and schools.

V.3 Children and young people

What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?
In Scotland the 'Hungry for Success' programme has been successful in winning support of schools, parents, teachers and caterers in establishing guidelines for provision of food in schools. However for older children who can visit retail outlets outside the school grounds the marketing practices of local stores and fast-food outlets may be influential. Limiting the use of vending machines with high fat or high sugar products and providing fresh drinking water in all schools would be useful, as would limiting fast-food retailing (from mobile vans and shops) close to secondary schools. New parents may be more receptive to advice on diet so education during pregnancy and in the first postnatal year may be particularly effective. There is evidence that women who are overweight before pregnancy or who gain excess weight while they are pregnant may be less likely to breastfeed, although the mechanism for this is not clear. Supporting these women to breastfeed may have wider implications, since breastfed babies are less likely to become overweight.

What is good practice for provision of physical activity in schools on a regular basis?
Research suggests that young people who are PE- averse can be encouraged to participate if the following points are taken into account.

- The culture at school changes from one where competition and winning are considered crucial, to an environment where participation and commitment are important. Signing up to a sports club should be encouraged, regardless of skill or success.
- The choice of PE activity is widened and children are consulted about what non-traditional sports/activities they want to participate in (e.g. including dance, basketball etc.)
- PE kit puts many children, girls in particular, off participating in physical activity. By taking their concerns into account, they are not left feeling marginalised or ridiculed in what is perceived to be inappropriate clothing.

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?
Consultation with young people about what they want to eat – the Healthy Schools approach advocates involving all stakeholders in children's health, including children themselves. This approach, previous research has shown, gives children a stake in the food that is available at school. Many children eat what is provided because they have no choice – many, given the opportunity in a supportive, whole school/whole child environment, are happy to change to a healthier diet. This means addressing the cultural and social/socio-economic issues which underpin dietary choices (e.g. parent's own dietary choices, parent's budgetary concerns). Provision of cold water in schools and reduction of vending machines could also be considered.

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?
Industry and retailer-led schemes to contribute to equipment for schools in return for purchases need to be properly evaluated to assess their net effect on health. Public-private partnerships have a role to play if clear guidance is provided.

V4. Food availability, physical activity and health education at the workplace

How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?
Practices which are successful in schools (e.g. limiting of the number of times a week high fat potato products are offered, offering cool drinking water) could be adopted by workplaces

What measures would encourage and facilitate the practice of physical activity during breaks and on the way to and from work?
Provision of on-site sports facilities and of changing and showering facilities can be useful to support active travel to work. Provision of these facilities could be a requirement for large employers, particularly those in the public sector, e.g. Health and

Social Services. Promotion of incentives for physical activity, e.g. tax breaks for purchasing bicycles, should be more widely promoted. To increase physical activity during lunch breaks, a positive first step would be to encourage workers (especially office workers) to leave the building a go for a short walk, but this would require a change in work culture.

V.5 Building overweight/obesity prevention and treatment into health 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?
Opportunities for advice on healthy diets and physical activity could be given at key points in childhood and adulthood (e.g. school leaving, first parenthood, retirement) Promotion of healthy diets and physical activity should represent an important part of primary prevention of overweight and obesity and as such it should be integrated into the health services at different levels:

- It should become an integral part of the training of health professionals (doctors, nurse, midwives, health visitors etc)
- Doctors and nurses should be encouraged to include an assessment of the patient's diet and PA during consultations

V.6 Addressing the obesogenic environment

In which ways can public policies contribute to ensure that physical activity be 'built into' daily routines?
For children safe routes for walking and cycling to school are essential. This needs to be supported at all levels, e.g. adequate enforcement of traffic laws to ensure pedestrian walkways are kept clear, traffic calming measures, better lighting, facilities within schools for shelter.

Which measures are needed to foster the development of environments that are conducive to physical activity?
Design of buildings e.g. to ensure that stairs are always easy to find, while ensuring accessibility for those unable to use the stairs, could be helpful. Provision of safe and attractive open spaces and networks of paths and cycleways in all communities, particularly in low-income areas, are needed.

Some primary and secondary care health professionals are reluctant to integrate obesity prevention/treatment into their practice because they are:

a) Unsure about 'what works'
b) They are cynical about the messages they are often required to deliver
c) They are cynical about patient compliance

These concerns need to be addressed before prevention/treatment can be integrated into health services.

V.7 Socio-economic inequalities

Which measures, and at what level, would promote healthy diets and physical activity toward populations belonging to certain socio-economic categories and enable these groups to adopt healthier lifestyles?
Measures for lower income groups will not be effective if they incur additional cost. Subsidies for leisure activities could be useful. Whatever policies are adopted, the wide cultural differences in attitudes to diet between Northern Europe, where processed food is more widely accepted, and Southern Europe, where traditional diets are deeply valued, needs to be respected.

How can the' clustering of unhealthy habits' that has frequently been demonstrated for certain socio-economic groups be addressed?
The work of the Scottish Community Diet Project (which is funded by the Scottish Executive Health Department) shows quite conclusively that community level projects which address the availability of food, access to food, food culture and food skills have a major impact on diet within low-income communities. However, funding/projects need to be sustainable and mainstreamed for long-term success/impact, with ongoing evaluation as appropriate.

V.8 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?
Key messages need to be joined up and consistent across sectors – from food producers right through to consumers. The Scottish Executive has been quite successful using this 'whole food chain' approach. However, messages do need to take gender, socio-economic status and ethnicity into account. Changes that are low level but achievable by all can be inexpensive to implement and have a more substantial impact over time.

Which role at national and at Community level?
It is vital that support for initiatives to promote healthy diets and active lifestyles is fully supported from the top down and the bottom up. Evidence suggests that the endorsement of key stakeholders can have a significant impact on promoting behaviour change. It is worth reinforcing here the need for "joined up thinking", so that the impact of policies at a national/European level are fully considered and evaluated. As an example, Disability regulations, which, through the prominent promotion of lifts over stairs, could inadvertently lead to a reduction in stair use, thereby impacting on physical activity levels in individuals who are capable of using stairs.

V.9 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?
European level food-based dietary guidelines would need to be based on broad food groups (e.g. whole grain cereals, oily fish) but would still need some tailoring to take local food availability and consumption patterns into account.

How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?
Much more research is needed on effective ways to support dietary change over the longer term, particularly in low-income and ethnic groups.

How can dietary guidelines be communicated to consumers?
Consistent messages across all food labels and promotional materials are needed. The basis for these could be included in school health programmes.

In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?
These may be helpful in implementing policies aimed at reducing advertising and promotion of energy-dense, micronutrient poor foods, though it will be important to assess whether this leads to changes in nutrient composition of foods classified as unhealthy and discourages improvements to the composition of foods which are just below the cut-offs for classification as unhealthy. Public opinion on these initiatives also needs to be monitored to ensure that they are not perceived as interference with freedom of choice.

V 10. 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?
Since the evidence base for effectiveness of national and local policies is limited, research from all countries should be considered. Though the evidence base in the US may be most extensive, efforts should be made to include the experience from a wide range of countries.

V.11 Other issues

Are there other 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?

The importance having a strong public health strategy to prevent obesity rather than focusing on treating it should be stressed, although treatment will still required. Obesity is notoriously difficult to correct after becoming established. Its treatment is at best difficult and is also ineffective, time consuming and expensive. Prevention of obesity is likely to be more cost effective than treatment (WHO, 2000). Without a focus on prevention, the unavoidable exorbitant cost of managing the obesity epidemic will almost certainly be too expensive for many countries. Furthermore, obese children are more likely to become obese adults, with all the corresponding health and social disadvantages. Accordingly it follows that prevention of obesity in children is key.

The issue of what the public perceives as 'obese' is important – many children, research suggests, perceive a person as obese only when they are grossly overweight because many images portrayed by the media suggest this is the case. Studies have shown that parents are often unaware that their child is overweight/obese and even those parents who have some awareness are at a loss as to how to deal with childhood obesity – because it is viewed as 'different' to their own, adult, experiences of overweight/obesity. If these misconceptions are not tackled it is almost impossible to target messages effectively.

There is also an issue of obesity being viewed as under the direct control of an individual, which minimises the impact of the environment and leads to social stigma associated with being obese. This permeates society (including health professionals) and can undermine the effectiveness of strategies designed to tackle this important problem.

Education on food labelling needs to be introduced in schools: teachers may need training to carry out this role effectively.

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

Prevention of obesity in children and families by developing wide ranging policies which encourage healthy eating and sufficient physical activity, and encouraging change in diet and physical activity in low income groups are likely to have the greatest benefits on population health.