

**Response from the
Scientific Secretariat of the
Working Party "Lifestyle and other Health
Determinants"**

to the

GREEN PAPER

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

http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/nutrition_gp_en.pdf

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Content:

- 1 List of contributors 3
- 2 General remarks on the Green Paper 4
 - 2.1 Strategic paper 4
 - 2.2 Recommendations from recent projects..... 4
 - European Health Nutrition Report 4
 - DAFNE projects 5
 - Monitoring Public Health Nutrition 6
 - EURODIET project 6
- 3 Responses to specific questions in the Green Paper 8
 - IV.3. Health across EU policies 8
 - IV.4. The Public Health Action Programme 8
 - V.2. Consumer education 9
 - V.3. A focus on children and young people..... 10
 - V.4. Food availability, physical activity and health education at the work place 11
 - V.5. Building overweight and obesity prevention and treatment into health services 11
 - V.7. Socio-economic inequalities 12
 - V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines 12
 - V.11. Other issues 14

1 List of contributors

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This response has been jointly prepared by the Scientific Secretariat of the Working Party "Lifestyle and other Health Determinants" as well as the Monitoring Task Force of the European Network of Public Health Nutrition.

2 General remarks on the Green Paper

2.1 *Strategic paper*

The Working Party "Lifestyle and other Health Determinants" within the Health Information Strand has set up a Position paper, which outlines the data gaps with respect to nutrition and physical activity as well as the strategy to assess this data. The position paper is enclosed to this response.¹

2.2 *Recommendations from recent projects*

The following Health Monitoring Projects are have been finished recently or are still running. Some conclusions from these projects with relevance to the contributions asked for in the Green Paper are outlined next.

European Health Nutrition Report

The description of dietary habits, nutrient and food intake, and health status of people of the participating countries was not the only aim of the European Nutrition and Health Report. It should also be a basis for other projects or assessments, which will be accomplished in the future. Concerning the outcomes of the presented data, the most prevalent inadequacies in health and dietary lifestyle are:

- A too low availability (and in some countries intake as well) of fruits and vegetables, despite an increasing supply of these food groups.
- A too high supply and availability of meat and meat products.
- A generally too high intake of fat, especially of saturated fatty acids.
- A generally low intake of complex carbohydrates and, consequently, a low intake of dietary fibre.
- A relatively high proportion of sucrose in carbohydrate intake in most population groups and countries.
- A generally inadequate intake of some vitamins (especially vitamin D and folate).
- A generally inadequate intake of some minerals (e.g. calcium, iodine, and iron in women).
- A generally too high intake of sodium (particularly in the form of table salt).

¹ http://www.public-health.tu-dresden.de/dotnetnuke3/Portals/5/Publications/strategyDocument_Dec2005.pdf

- A generally high intake of alcohol, particularly in men.
- An alarming high prevalence of overweight and obesity.
- A low amount of exercise and low proportion of people doing regular exercise in some countries.

In order to obtain comparable data for future European nutrition and health reports, the following goals should be considered for further assessments:

- Standardised methods for the assessment of nutritional status, including food and nutrient intake, should be used (e.g. according to the suggestions of the EFCOSUM group).
- For the assessment of overweight and obesity a consistent method should be considered (preferably measured data should be used).
- For children uniform cut-off points for the definition of overweight and obesity should be chosen.
- A standardised method for the assessment of physical activity should be used (e.g. International Physical Activity Questionnaire²).
- Uniform age groups should be used.
- Uniform educational levels should be used.
- Reference values for nutrient intake valid for whole Europe should be updated also including aspects of health promotion and disease prevention.

DAFNE projects

The Data Food Networking (DAFNE) initiative is aiming at the utilization of the dietary data collected in the nationally representative household budget surveys (HBS), for the creation of a cost-effective nutrition monitoring system, based on compatible and comparable data.

The currently running DAFNE V project is aiming at establishing this nutrition monitoring system in five new EU Member States (Cyprus, Latvia, Malta, the Slovak Republic and Slovenia), thus contributing to a better understanding of food habits in these countries, their changes over time and their socio-economic determinants. To accomplish this, the project is post-harmonising the food and sociodemographic data of the HBSs of the five Member States, according to the standard DAFNE procedures. The developed datasets will be integrated in the operating DAFNE databank, which will be expanded to allow nutrition monitoring among 21 European countries.²

² http://europa.eu.int/comm/health/ph_projects/2003/action1/action1_2003_09_en.htm

Some recent results include:³

- The differences in the fruit and vegetable consumption previously identified between Mediterranean and Northern European countries seem to be leveling out, particularly in relation to fruit consumption.
- Pulses, however, still characterize the diet of the Mediterraneans.
- Straying from their traditional food choices, Mediterraneans recorded high availability of unprocessed red meat, while Central and Northern Europeans preferably consumed meat products.
- The household availability of beverages (alcoholic and non-alcoholic) is generally higher among Central and Northern European populations.
- Principal component (PC) analysis led to the identification of two dietary patterns in each of the 10 countries. The first was similar in all countries and indicated 'wide-range' food buyers. The second was slightly more varied and described 'beverage and convenience' food buyers. PC1 was common among households of retired and elderly members, while PC2 was common among households located in urban or semi-urban areas and among adult Scandinavians living alone.

Monitoring Public Health Nutrition

The project *Monitoring Public Health Nutrition* recommended a comprehensive set of indicators for monitoring public health nutrition in the EU.⁴ The indicators are listed together with their operational measure, the rationale for assessing them as well as their coverage in 17 European countries at the time the final report was issued.⁵ A subset of these indicators has been included in the ECHI short list.

EURODIET project

The Eurodiet project was commissioned in recognition that the considerable body of scientific evidence on healthy nutrition and lifestyles needs to inform health policy. The aims were: "To enable a coordinated EU and member state health promotion program on nutrition, diet and healthy lifestyles by establishing a network, strategy and action plan for the development of European dietary guidelines, which will provide a framework for the development by member states of national food-based dietary targets".

³ http://europa.eu.int/comm/health/ph_projects/2003/action1/docs/2003_1_09_a1_en.pdf

⁴ http://europa.eu.int/comm/health/ph_projects/2000/monitoring/monitoring_project_2000_full_en.htm#2

⁵ http://europa.eu.int/comm/health/ph_projects/2000/monitoring/fp_monitoring_2000_a16_frep_02_en.pdf

EURODIET set out to define practical European guidelines for diet-related disease prevention and health promotion. Each of the four working parties of the EURODIET project also considered what needs to be done and how – in terms of actions required to take the scientific recommendations forward and the added value of EU level policy and structures.

The extensive recommendations of the project can be assessed at the project's website, which remains in operation.⁶ Further recommendations are outlined below in answering the corresponding questions asked in the Green Paper.

⁶ <http://eurodiet.med.uoc.gr/>

3 Responses to specific questions in the Green Paper

The statements given below are based on published evidence and/or on the personal opinions of the scientists contributing to this response. References to the evidence are stated, where appropriate.

IV.3. Health across EU policies

- 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?

In general, more and better comparable data on the prevalence of physical activity and nutritional consumption patterns is needed. Furthermore, the longitudinal dimension of population based data should be initiated, to follow trends over time.

Especially in the following fields:

- Age specific and socio-economic patterns
- Different cultural levels (as for instance in migrant groups)
- Why do people behave and decide as they do?

The data available should be continued to be recorded and interpreted. In parallel, the systematic creation of new data as well as the further unification of data assessment methods at national and European regional level needs to be fostered, especially including new member states and the newly arisen European Regions. That would help to avoid differences in published data.

Consumer behaviour and lifestyle modification should be targeted in future assessments, since it is the explanation for arising nutrition related chronic diseases (non-communicable diseases) and a solid background for future interventions.

IV.4. 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 socioeconomic distribution of this condition?

The project *Monitoring Public Health Nutrition* recommended a comprehensive set of indicators for monitoring public health nutrition in the EU.⁷ The indicators are listed together

⁷ http://europa.eu.int/comm/health/ph_projects/2000/monitoring/monitoring_project_2000_full_en.htm#2

with their operational measure, the rationale for assessing them as well as their coverage in 17 European countries at the time the final report was issued.⁸ A subset of these indicators has been included in the ECHI short list.

By using these recommendations on standardised methods, cut-off points and reference values at national and European regional surveys, the availability and comparability of data on obesity can be improved.

Furthermore, the project *DAFNE IV* recommended a food classification system for operationalising available household budget data in a comparable format.⁹ Data for a large set of European countries can be assessed using the DAFNE SOFTWARE application.¹⁰

V.2. Consumer education

– 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?

In General, different consumer groups can be reached best with specific recommendations. General recommendations are misleading in many cases. Furthermore, there is no lack of information about which key messages to disseminate to consumers, rather the difficulty is to change the behaviour. To the present knowledge, changing behaviour can be better achieved by positively influencing the determinants of daily behaviour, such as the employment system, time schedules, urban environment etc., rather than consumer choices.

The key message outlined below should be delivered by every possible channel (media, school education, policy making bodies, etc.).

With respect to nutrition the key messages should comprise:

- Diversity in a balanced diet;
- More focus on plant food (increase consumption of fruits and vegetables);
- Energy intake should be adjusted to the energy expenditure;
- Less fatty food in general;
- Adjust fat composition
(saturated fat should be reduced in favour of unsaturated fats);
- Increase the intake of dietary fibres;

⁸ http://europa.eu.int/comm/health/ph_projects/2000/monitoring/fp_monitoring_2000_a16_frep_02_en.pdf

⁹ http://europa.eu.int/comm/health/ph_projects/2002/monitoring/dafne_code_en.pdf

¹⁰ <http://www.nut.uoa.gr/dafnesoftware/>

- Less sugar and salt (use iodinated salt);
- Increase the intake of calcium (for adults), vitamin D, foliates;
- Use alcohol in moderation;

With respect to physical activity:¹¹

- If you do not currently engage in regular physical activity, you should begin by incorporating a few minutes of physical activity into each day, gradually building up to 30 minutes or more of moderate-intensity activities;
- You are now active, but at less than the recommended levels, you should strive to adopt more consistent activity: moderate-intensity physical activity for 30 minutes or more on 5 or more days of the week, or vigorous-intensity physical activity for 20 minutes or more on 3 or more days of the week.
- You currently engage in moderate-intensity activities for at least 30 minutes on 5 or more days of the week, you may achieve even greater health benefits by increasing the time spent or intensity of those activities.
- You currently regularly engage in vigorous-intensity activities 20 minutes or more on 3 or more days of the week, you should continue to do so.

V.3. A focus on children and young people

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

In general, children are spontaneously as active as they need to be in the school setting. Nevertheless, children tend to be more inactive at home. Further scientific understanding is needed about what forces children to be inactive. If children are active in childhood, how active are they in older years? Are cities preventing leisure activity? One guided hour is suggested to children, but do parents find the time for that?

One example of good practice in this respect is the *close cooperation between sporting clubs and schools*, as for instance applied in the past in many Eastern European countries. There are two aspects to the problem:

On the one hand, schools often possess comprehensive school facilities. These facilities often can't be used by children after school hours, since a mentor or other persons are needed to watch for the children as well as to comply with health insurance demands.

¹¹ <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/adults.htm>

On the other hand, sporting clubs (such as jogging groups, football clubs, rowing clubs etc.) provide licensed trainers for a low yearly membership fee. Trainers often work as volunteers without salary beside their regular workplace. Nevertheless, sporting clubs face the difficulty in promoting themselves to children as well as their parents.

This gap in strength and weaknesses on both sides can be complementary filled by each other, as long as the organisational structure provides both sides with the necessary legal frame.¹²

V.4. Food availability, physical activity and health education at the work place

The EURODIET project proposed the following recommendations with respect to the workplace setting:¹³

- Employers should be encouraged and supported in developing interventions which include: management support; employee involvement; a focus on specific risk factors; tailoring to suit the needs of the work force; making best use of local resources; and which employ both population based, and individual initiatives.
- It also has a role in enabling breast-feeding women to return to work, if they wish to do so. Effective workplace interventions need to be supported by both employers and employees.

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

The EURODIET project proposed the following recommendations with respect to health services:¹⁴

- Provide training for health professionals in the skills and knowledge to develop and implement locally relevant interventions;
- Provide support at a national and professional level for health professionals to participate in broader community programmes which tackle the underlying determinants of health;
- Establish a European health professionals' forum to enable communication and co-ordination.

¹² Sergio Ziroli (1998). Kooperation zwischen Schule und Sportverein (Co-operation between School and Sport Club). Schorndorf: Hofmann

¹³ http://europa.eu.int/comm/health/ph/programmes/health/reports/report01_en.pdf

¹⁴ http://europa.eu.int/comm/health/ph/programmes/health/reports/report01_en.pdf

V.7. Socio-economic inequalities

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

Provide environments for physical activity for low budget that enable lower income groups to participate (see example of co-operation between schools and sport clubs under V.3.). Otherwise, money is not always the most important determining factor. Parents might be more important in supporting their children to adopt healthy diets and a more physical active life.

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

The EURODIET project listed a comprehensive set of recommendations to support the development of public health nutrition strategies in EU member states, and has been supported by the EU itself. These include:¹⁵

- Member countries should encourage the development, implementation and evaluation of nutrition and physical activity public health strategies which are tailored for the cultural and health needs of their populations.
- Both at EU and Member State level more research should be encouraged which will enable good quality data cost benefit analyses
- Monitoring systems are needed to measure mortality and morbidity, attitudinal, lifestyle, social and environmental factors, consistently across the EU and within member states.
- Encouragement should be given by Member States, and relevant sectors within them, to evaluate interventions and publish the results.
- Nutrition and physical activity strategies should be developed for specific population groups, particularly those that are vulnerable or hard to reach.
- Establish public health nutrition training networks and structures at both EU and member state level.
- The Commercial Sector is in a key position to contribute towards an environment that encourages and supports changes towards healthier eating patterns for example

¹⁵ http://europa.eu.int/comm/health/ph/programmes/health/reports/report01_en.pdf

through pricing structures, product formulation, labelling initiatives, and partnership working with the health sector. It is urged to explore ways in which it can do this.

- Advocacy is a useful approach to bring about structural and social changes, and to raise issues on the political and media agenda, and needs to be supported.
- Local food projects are often an expression of the direct needs of the community, and should be encouraged. For them to succeed it is important to have national and local policies which are flexible enough to accommodate and support them; access to long term funds; relevant professionals need sufficient time, resources, flexibility and authority to work in genuine partnership with local people; there needs to be access to local and national networks, and to sources of training for both professionals and members of the community.

– 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?

Social and cultural variations can be considered by giving recommendations in ranges instead of cut-off points.

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

Firstly, a better understanding about the actual consumption patterns at population level as well as their determining factors needs to be built up.

Secondly, diet diversification is the key: The greater the food choice, the more probable is the health promoting potential of the food.

Finally, a tendency of an intake of more energy with less food items can be observed. Here as well, food variety is a good promoting factor.

V.11. Other issues

– 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?

From the point of view of Health Information on nutrition and physical activity, the following issues need to be addressed:

- More, but most of all, better comparable data needs to be assessed, in order to enable better ...
 - ... educated food and behavioural choices;
 - ... to characterise the underlying problems;
 - ... to formulate better policies;
 - ... to develop and test intervention strategies;
 - ... improving evaluation of interventions measures.

- Data needs to involve three dimensions, as indicated in the *Position paper of the Working Party on information about "Lifestyle and Health Determinants"*.¹⁶
 - Summary of present scientific research
 - Public population knowledge levels
 - How good is the translation and dissemination of scientific data into public life?
 - How can consumers use this knowledge?
 - Consumption levels/ levels of physical activity
 - Examples of best practice

- Generating of data is necessary at the middle and longer term, not just examining existing data:
 - Existing data at national level is insufficient
 - Using unified instruments and methods to enable comparability between Member states

¹⁶ http://www.public-health.tu-dresden.de/dotnetnuke3/Portals/5/Publications/strategyDocument_Dec2005.pdf

- Unifying national data assessing methods in order to make better use of already existing data generating activities
- Regular reporting activities, like the European Nutrition Health Report (done based on 14 member states before May 2004).¹⁷

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

The following priorities have been identified by the Working Party “Lifestyle and other Health Determinants” in respect to health information on nutrition and physical activity:¹⁸

- Developing an evidence base about Lifestyle associated indicators and health determinants.
- Further developing and improving reliable information on consumption/behaviour patterns in the European countries as well as providing it to all Member States and interested stakeholders.
- Developing and making available a database with examples of good practice on the prevention of diseases associated with lifestyle aspects.

¹⁷ I Elmadfa, E Weichselbaum (2005). European Nutrition and Health Report 2004. Basel: Karger Publishers.

¹⁸ http://www.public-health.tu-dresden.de/dotnetnuke3/Portals/5/Publications/strategyDocument_Dec2005.pdf

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