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**The British Dietetic Association Response to the Commission of the European Communities Green Paper
'Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases.'**

The British Dietetic Association welcomes the opportunity to comment on this document and generally supports the document.

IV.3 Health across EU policies.

Concrete contributions which community policies could make:

- Positively support breastfeeding – ensure all public buildings and especially healthcare settings have an adequate and comfortable nursing room available.
- Withdraw issuing of infant formula on healthcare premises and replace scheme by introducing vouchers for milk and/or fruit and vegetables for mothers.
- Prevent vending machines in schools, hospitals, healthcare and leisure settings from stocking less healthy foods and drinks. Replace with healthy options. Ensure opportunities for companies to advertise are withdrawn. Ensure healthy snacks and drinks are readily available for staff and public in hospitals, healthcare/leisure settings and in schools, nursing care settings etc.
- Ensure public health catering outlets must prioritise healthy options by price incentives and marketing.
- Support locally grown fruit and vegetables, e.g. through allotment initiatives, green gym schemes etc. Increase sustainability and reduce air miles for fruit and vegetables by price incentives for the home-grown seasonal fruits and vegetables, so that they become the preferred choice. Make healthy cooking opportunities available, accessible and enjoyable for all ages e.g. 'Cook It' type programme.
- Provide support to enable people become more active in safety e.g. walkways in towns, pathways in rural areas, cycle tracks. These need to be prioritised in the transport planning process.

IV.4 The Public Health Action Programme

Better linkages need to be made with academic, agriculture, healthcare and education sectors including consumer advice.

- Utilise all the media avenues as with anti-smoking – cinema, billboards, TV, newspapers, health professionals, consumer agencies, voluntary and community groups.
- Needs to be multi-faceted, long term and consistent.

V. Areas for Action

- Saturated fat, salt & non milk sugars because of the concentrated Calories, effect on blood pressure and dental caries. Although there are technical difficulties in measuring NMES, this should be the long term goal.
- Nutrition education delivered through schools and a range of public health arenas, community groups.
- In many countries, dietitians are uniquely qualified to provide the scientific information in a practical manner through training schemes which would allow information to be cascaded, but in a controlled environment where there is regular quality assurance mechanisms built in.
- Self-regulation is not sufficient. There needs to be greater penalties applied if the code is broken as this means there is no incentive for companies to comply.
- Enhance consumer and watchdog bodies and ensure those exploiting vulnerable people are exposed and their licence to sell food is withdrawn.

V.2 Consumer education

Children

- Clear, simple labelling e.g. colour code as well as written format.
- Use consistent language and messages in all resources.
- Increased intake of fruit and vegetables. Consume adequate amounts of starchy foods, some dairy and protein foods. Limit fatty and sugary foods.

A School Nutrition Action Group can facilitate a Healthy School policy encompassing all aspects of school life including school meals.

Schemes such as 'Cook It' can provide nutrition education in a practical way to increase the confidence of parents to provide healthy home-cooked meals.

- Physical activity for all in schools, removing the competitive sporting dimension for those not so inclined.
- Schemes promoting Healthy Breaks e.g. 'Brighter Bites' which is a Dental and Dietetic led initiative in Northern Ireland
- Local businesses can support schemes such as the above through provision of fruit on a no sale return basis.
- Media could positively report good news stories of innovative schemes.
- Public and private partnerships can support worthwhile schemes through sponsoring prizes, awards etc.

Workplace

Employers can help through providing a healthy variety of choices alongside nutrition education which focuses on the value and importance of good nutrition for health and disease prevention. Quizzes with voucher prizes for free side salad, fruit salad, extra fruit and vegetable portions, etc.

- An additional 20 minutes on to the mandatory 20 minutes lunch break, would help facilitate the opportunity to take physical activity during the day.

Building overweight and obesity prevention and treatment into health services

Vouchers for leisure centres and other sports outlets. Inclusion of weight management programmes on site in leisure centres and possibly combined with a structured exercise programme.

Addressing the obesogenic environment

Public policies can facilitate safe access routes as previously outlined.

Socio-economic inequalities

Programme targeting food poverty, e.g. 'Cook It' programme, i.e. nutrition education in a practical fun way.

- Focused and well integrated work providing easy access to exciting, practical nutrition education and physical activity programmes well facilitated through community development approach.
- Avoid being over-ambitious to start with. Small steps to build confidence and well-being with ongoing support.
- Address comprehensively all the issues, e.g. smoking, weight gain, alcoholism, lack of exercise, within a holistic range of programmes. It is very important that facilitators/professionals work in an integrated way supporting each other's expertise and input.

Integrated Approach

Ban smoking in public places.

Increase emphasis on healthy eating and provide adequate community dietitians to provide the nutrition education.

- The role at national and community level is to make sure that there is adequate funding made available to have sufficient resources to run programmes i.e. Dietetic professional, assistant personnel and resource literature.

Food based dietary guidelines

Opportunity for different countries to share key dietary guidelines through EU Commission for Food and Nutrition. Possible lessons to be learned from WHO model.

- Perhaps the scientific committees from the various EU countries could share and compare their targets and reach agreement e.g. cardiovascular guidelines for cholesterol and hypertension are now at an EU level?
- Dietary guidelines need to be translated into meaningful practical information and real food – role of community dietitians to do this.
- Useful to evaluate this UK approach and then show conclusions.

We hope you find these comments useful and look forward to receiving the updated document.

Northern Ireland Dietetic Managers
On behalf of the British Dietetic Association

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