

The response of the Community Dietitians Republic of Ireland to the European Commission's Green Paper on:

“Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases.”

Summary and Conclusions

The Community Nutrition and Dietetic sector in the Republic of Ireland welcome the recent green paper on "Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases". We play a vital role in both community based health promotion programmes and primary health care services and look forward to the development of a comprehensive and integrated EU food, nutrition and physical activity policy.

Any strategic policy to address overweight and obesity states must influence all relevant factors including food supply, production, preparation, presentation ,affordability, accessibility , empowerment of informed choice plus local geographical and other factors etc.

Currently there are over 70 community dietitians in the Republic of Ireland. Due to our training, expertise and daily workload we are uniquely placed in the health professional arena to advise on, and participate in the "prevention of overweight, obesity and chronic diseases through promotion of healthy diets and physical activity."

IV.3. Health across EU policies

IV.3.2.

- **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?**

Community policies must include all stakeholders when developing any new policy. Suitable support structures required to implement a policy must be put in place in order to ensure that the most disadvantaged can benefit from a policy. Supports need to be reviewed on an ongoing basis to ensure effectiveness

Community policies should influence people to make consistent healthier eating choices. Over time, making these choices will positively influence the health of people living in that community.

Policies should contain action plans to counteract habits that lead to overweight / obesity and promote healthy weight and weight maintenance. Best practice should be applied. Programs should focus on the home and community settings

- ***Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?***

Important to highlight any recent international evidence supporting increasing fruit & vegetable consumption. Translate scientific message into common language. It is essential that the consumer is kept up to date at all times as to what are the best recommendations for them to achieve optimal health

Promote the positive benefits of eating fruit and vegetables.

Free fruit in school at all levels from preschool to 3rd level.

Fruit and vegetable cooperatives

Promote the growing of fruit and vegetables to all. Give people information on how to grow their own. Plots given to residents (such as immigrants) who are in support centres in order to take some small control of their food provision. Encourage schools to have fruit and vegetable plots

Quality assurance measures for fresh food produce

Increased education through community programmes (including peer led) on usage of fruit and vegetables

Pricing index of fruit and vegetables and profit margins to retailers to ensure relatively reasonable costing in contrast to energy dense foods

- ***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?***

Research on consumer behaviour and facilitating behaviour change

Exploring how to initiate participation – what incentives/ social marketing techniques attract participants; sustaining interest and involvement in programmes

Building on current research, e.g. the Food Safety Promotion Board's recent research within the adolescent group

IV.4. The Public Health Action Programme

IV.4.3.

- ***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?***

Standardisation of methods of collection, collation and processing – this could be facilitated by inviting samples of existing data collection databases to be sent for consideration to the Public Health Action Programme to assist and complement the development of the set of indicators for health status by PHAP as mentioned in the Green Paper. This would aid to contextualise data collection and analysis facilitate the adoption of a common set of questions to be answered from such data collection.

Each country will have a distinct anthropometric profile according to culture practices, hours of sunshine, diet, etc. so comparability of data will need to ensure that a uniform research anthropometric centile is used.

Provide funding to enable school public health nurses to measure weight and height of all students as part of school screening programmes and the develop a national data base to collate this information

Establish a standard tool/chart for assessing overweight /obesity in children of all groups e.g. Caucasian, Hispanic etc. The same measure should be used for all.

Put data collected at dietetic clinics throughout the country on to a national data base in order to get a national picture

- ***How can the programme contribute to raising the 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?***

Through supporting the conduction and dissemination of evidence-based research, using PR initiatives appropriate to each of the stakeholders described above to ensure accessibility of information, and by linking back in an advocacy role with key agencies nationally, e.g. the Population Health Directorate within the HSE in Ireland.

All agencies/businesses should use similar resources in order to ensure that the consumer is given clear consistent messages from all parties concerned with food and nutrition. Private businesses should be encouraged to use national health promotion material in order to ensure that the message is consistent.

Social, personal and health education in schools, health promotion initiatives in all businesses must follow similar themes as regards the nutrition message. Many parents will need support to ensure they are aware of the nutrition and physical activity messages their children are learning in school

Advertising budgets should carry a health promotion tax (1-2%) based on the total cost for any advertising of a food product.

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

Through the relevant professional bodies, e.g. the Irish Nutrition and Dietetic Institute – while this will facilitate health professionals in shaping their work towards current needs and trends, care should be taken to ensure that dissemination takes place to health professionals in a manner that facilitates easy onward dissemination to clients and the public at large. This process should be adequately resourced and not depend solely on adding further responsibilities to existing services.

Mass media campaigns are effective once they are consistent.

Radio follow on to TV/newspaper visual impact ads

V. AREAS FOR ACTION

V.1. Consumer information, advertising and marketing

V.1.2.

- ***When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?***

In addition to the macronutrients and energy values conventionally displayed on current labelling, the choice of further nutrients to be displayed should be based on contemporary evidence of nutrients of key concern within the EU population, and also based on research into the effectiveness of displaying such data on labelling in terms of motivating healthy behaviour in the individual. Additional nutrients to the macronutrients and energy suggested include Fibre, Calcium, Salt, Iron and Vitamin C.

Over consumption of energy, fat and salt is associated with increased risk of obesity, heart disease and some cancers. Frequent consumption of sugar is associated with increased risk of dental caries, especially in children.

Categories of products to be considered are fast foods, processed and convenience foods, soft drinks, confectionary

All categories of products should bear the same labelling format that the consumer can easily recognise from one product to another. A logo-based system taking a healthful approach to labelling may enhance table-based information, e.g. different logos to allow instant visual recognition that a product is both a rich and a significant source of a particular nutrient.

Within an agreed labelling format legible, large print, simplified text, literacy testing and clear colour coding should be employed to ensure that the information is as broadly accessible to the general public, including those with low literacy, as possible.

Categorising food products as per the food pyramid shelves would help to translate the healthy eating message into what foods should be eaten.

By providing nutrition information the consumer is empowered to make an informed choice. Also, myths about foods may be dispelled

- ***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?***

Early education through the schools system, which can then be re-inforced throughout school years and brought into the home and community.

The adult population also requires educational support for lifestyle and behaviour change. Mmedia campaigns and public health messaging should demonstrate consistency with schools programmes.

Community-based programmes such as the Healthy Food Made Easy and Cook It programmes in Ireland are well placed to provide such education, particularly where such programmes are run by appropriately trained, community-based peer leaders who maintain well-established links with health professionals for continuing education and professional support

Another dimension of ensuring the effectiveness of public education is the integration of approaches by appropriate agencies, such as the HSE, Food Safety Promotions Board, Combat Poverty Agency and Food Industry representative bodies to minimise confusion among the general public. Co-ordinating public health messaging and advertising in terms of both scheduling and content is essential.

Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?

No. There should be strict EU regulation on food labelling. A regulatory body should be set up ideally in the EU or at least nationally to give advice on, and control advertising and marketing. We need to look at what has worked in other countries e.g. Scandinavia

The power of legislative changes to bring about consistency in implementing policy change has been well recognised in Ireland with recent changes to smoking legislation, and this would encourage thinking that legislative measures are potentially effective, as well as culturally acceptable, among the Irish public.

- ***How can effectiveness in self-regulation be defined, implemented and monitored? 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?***

The value of a voluntary code in the interim is acknowledged, and may allow for appropriate transition from the current situation into legislation. In the case of legislation, there should be heavy fiscal penalties for companies to incur if they fail to follow guidelines from a national level. (These penalties must outweigh the benefit of the publicity achieved by the infringement.)

If companies are to self regulate there needs to be a body to give guidance. This body would support companies to develop self regulation and ensure food companies are given some recognition for this work.

Stricter labelling codes are necessary so that manufacturers can not make false or misleading claims about their food product

The consumer needs to be aware what has been added to the food product they are eating ie what is the natural sugar/salt in the food item and what is added sugar/salt content of the food. This information needs to be clear.

Information on the nutritional content of the food is usually given in 100g measurements. It is important that the consumer is given clear information on the nutritional information on the quantity of the product they are consuming.

We need to carry standard information on all foods and this needs to be displayed in a similar manor on each product

V.2. Consumer Education

V.2.1.

- ***How can consumers best be enabled to make informed choices and take effective action?***

Education and information provided by government. Each nation should have a government body which is seen as the gold standard for up-to-date and accurate, evidence based information.

Appropriate, co-ordinated public health messaging coupled with local follow-up initiatives

On-going community-based interventions that strengthen both personal self-efficacy and community action, e.g. Healthy Food Made Easy project and Cook It project in Ireland

Co-ordinated, targeted mass-media campaigns that work to enhance and increase the effectiveness and the reach of community-based interventions as above, rather than distract from them.

Information should be disseminated through health professionals and the media. Messages must be consistent, coherent, simple and visual. Interactive literature is of benefit for many.

The healthy choice must be *available* for the consumer

Education on healthy lifestyles should start at an early age.

- ***What contributions can public-private partnerships make toward consumer education?***

Embracing and developing existing initiatives on both sides of the partnerships

Ensuring consistency of information and methodology

Ensuring that information is supported by scientific research and thus dispelling myths about food and nutrition.

Health-proofing across partnerships in other areas of work which have an influence on food and nutrition policy.

- ***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 key messages should be evidence-based, food-based dietary guidelines that offer practical and workable solutions to making healthful changes among the general public

The key messages are:

- Eat more fruit and vegetables
- Reduce portion sizes
- Reduce fat intake
- Be more physically active

The messages should be simple and clear and delivered in a practical and visual manner through sustained interventions and long-term established conduits to the target audience, e.g. well-maintained links between health professionals and community groups

Provision of local finance and resources is necessary to allow for targeted implementation of nationally consistent messages, in the manner that best suits the local population.

Well-maintained linkages with local community groups allows trust-building and an appropriate environment for dissemination of new and emerging information in a consistent and continuous manner.

Schools are a very important setting and it is essential that all work done in Social, Personal and Health Education is developed as broadly across the curriculum as possible

V.3. A focus on 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?

Improving nutritional quality of school meals:

In Ireland, school meals are not, in general, provided by school services, and are more commonly brought to school from home. The following are ideas for supporting the school community to promote healthy lunches amongst the students.

- Food and nutrition guidelines for schools
- Development of food and nutrition policies for schools
- The school ethos must support the delivery of healthy meals and snacks
- Clear guidelines around type of product carried by vending machines and tuck shops in schools
- Availability of appropriate grants/subsidies for disadvantaged schools e.g. Food
- Dudes, establishment and support of breakfast clubs and after-school clubs
- As part of the curriculum, pupils should be taught the theory of healthy eating and also the application of the theory through practical cooking skills
- Sponsorship by commercial enterprises of school programmes, sports equipment, books etc needs to be reviewed and a alternative developed
- Training of catering personnel involved in the provision of school meals, in terms of good nutrition and health and safety

Informing parents:

- Appropriate information available
 - Training programmes/ education sessions/ cookery demonstrations for parents e.g. basic cooking skills especially for those from the lower socio economic groups.
 - Involvement of parents in development and implementation of school nutrition policies for schools and in school breakfast and after school programmes
 - Media campaigns utilising TV advertising and celebrity chefs such as the Jamie Oliver initiative (UK)
- ***What is good practice for the provision of physical activity in schools on a regular basis?***

Regular scheduling and making a minimum of 30 minutes physical activity an obligatory part of the school day

Providing properly trained staff

Providing appropriate resources such as PE halls, pitches, playground markings etc. Special attention needs to be given to lower socio-economic areas and in particular inner city schools where there tends to be issues over space.

Protection and maintenance of equipment and resources to ensure safety and enjoyment of activities

Encouragement of participative rather than competitive activities

Ensuring that the whole school approach is taken to enhancing physical activity levels e.g. playground markings, walking school buses etc.

- ***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?***
- Development and implementation of food and nutrition policy as part of the overall commitment of the school to health promotion- policies should be developed in partnership with all relevant stakeholders
- Linking and integration of the policy into the school curriculum where appropriate
- Healthy vending and healthy tuck shop initiatives
- Appropriate use of sponsorship and advertising
- Fostering of good links with local food outlets to provide and promote healthy options.
- Price indexing to make healthier options the cheaper option
- Water dispensers accessible to all.
- National regulations on responsible food sponsorship in schools/of schools
- The impact of local food outlets must be addressed, especially among older students who seek external venues at lunch time.

- ***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?***

Health education in schools can be supported by the following sectors in many ways:

Local support, especially in relation to food providers and physical activity centers, is invaluable in effecting health behaviour change- collaboration with schools in terms of education and practical provision is vital.

Opportunities with regard to developing locally supported award schemes that schools can engage in, along with incentives for students to make healthy choices in their local community and appropriate sponsorship schemes, also enhance the efforts made by schools to effect behaviour change.

Media- more stringent advertising codes, using relevant children's programmes and soaps to promote healthy foods/eating, support of national healthy eating and physical activity campaigns

Health services-increased resources and funding to expand health promoting schools programme, foster strong links with the education services

Access to dietitians and physical activity coordinators to advise and support schools

Industry-responsible advertising, expansion of product range to increase choice of healthier options and clearer food labeling.

Sponsorship for summer schools, physical activity facilities, catering resources
Subsidised bottled water, fruit and vegetables

Responsible food and drink promotions and associations

Creation of a food for schools website project.

Development of products specific to children that are reduced in sugar and salt such as breakfast cereals

Marketing of appropriate messages in partnership with Public Health

Health and education services- Health proofing of schools ie inspectors to check that schools are contributing to health of the students

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

V.4.1.

- ***How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?***
- Financial incentives for those choosing healthier options.
- Healthy options subsidised by the employer
- Standards for catering that are audited and financially rewarded. These standards should be developed in partnership with the employees

- Workplace health promotion programmes such as the Irish Heart Foundation's Happy Heart at Work
- Healthy choices in vending machines
- Provision of water coolers
- Education of workforce
- Training of catering staff are on how to prepare healthy meals
- ***What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?***
- Overall policy on encouraging activity.
- Organised activities.
- Provision of facilities e.g. treadmill
- Shower facilities
- Activity based team-building activities.
- Signs/ reminders e.g. use the stairs.
- Improved walkways, cycle paths, shower facilities in work, allowing extra time at breaks
- Subsidisation of fee for facilities such as swimming pools
- Pro-active occupational health and workplace initiatives

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

V.5.1.

- ***Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?***

Health Services

- Should be a role model for other workplaces
- Government strategies must be costed and and protected funds provided for their implementation. This needs to be included at strategic and operational levels.
- Public / private partnerships between gyms / health service
- National nutrition guidelines for all health service facilities

Staff

- Brief interventions training for staff.
- Additional community dietitians and physical activity health promotion officers

Hospitals

- Provision of a healthy and appealing diet to patients. Despite the many advances, “hospital food” still has a bad name. Policy on bringing in takeaway meals is required. Fast food restaurants seem to be locating near to hospitals.
- Activities for patients where appropriate. (Often patients are confined to bed for days even when they are capable of exercise)

Health Promotion

- Must be prioritised from top to bottom to include policy making, budgetary allocation right down to operational work on the ground.
- Adequate health promotion staffing is vital.

Primary Care

- Exercise prescription in primary care
- Integration of health promotion / primary care

V.6. Addressing the obesogenic environment

V.6.1.

In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?

Which measures are needed to foster the development of environments that are conducive to physical activity?

Planning policies, particularly in relation to paths, cycle lanes, playgrounds, safe parks and green spaces, other public sports facilities eg tennis courts and swimming pools.

V.7. Socio-economic inequalities

V.7.1.

- ***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?***

Maslow’s Hierarchy of Needs must be tackled before diet and activity can be addressed, e.g. adequate shelter.

The following measures would promote healthy diets and physical activity:

Social integration- community cafes, lunch clubs, afterschools clubs, breakfast clubs

Cost-improved social welfare benefits to promote healthy eating, provision of low cost foods to the communities such food cooperatives

Address barriers to healthy food access and food security through funding local transport and growing of food, budgeting and healthy cooking programmes.

Improved public transport to avoid dependence on taxis for weekly shop

Education-peer led training on nutrition education and skills, budgeting skills, tailor education to meet the needs of various groups

Improved food availability- Food Co ops and community gardens using the community developmental approach, link these to public health nutrition programmes

Schools- support for disadvantaged schools via subsidies

Intensive TV advertising of high quality and intensively

- **How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?**
- Research into origin of food likes and dislikes amongst children and schemes to overcome neophobia (fear of new food tastes)
- Partnerships with fast food industry to increase healthy choices available.
- Employing/ engaging local people to address this challenge and create sustainability longterm.
- Investigating appropriate ways of offering financial incentives for choosing the healthier option. e.g. subsidised fruit and vegetable co-ops.
- Stricter planning regulations on the number and location of fast food retail outlets.
- Access to public facilities to encourage activity e.g. playgrounds, sports facilities. (as opposed to expensive memberships)
- Using targeted programmes and initiatives, ensuring the availability of healthy food in their surroundings, all agencies should “health proof” policies.
- Be culturally sensitive with the promotion of good nutrition messages – pilot with different ethnic groups.
- Skills based programmes

V.8. **Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity**

V.8.2

- ***Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?***

Using targeted programmes and initiatives

Ensuring the availability of healthy food

Health proofing of all policies- this could be done by national advisors on nutrition and physical activity who would engage across government departments

- ***Which role at national and at Community level?***

All key figures at national level should be promoting national guidelines

Representation from different groups when developing strategies – multisectoral/
multidisciplinary approach

Adequate structures to support community based physical activity health promotion
officers and community dietitians on a needs per population basis

Adaptation of national strategies at local level to suit particular population needs

Local clubs, community groups and schools should actively promote healthy eating
and physical activity.

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

V.9.3.

- ***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?***
- By having representatives of the various cultures and divisions work together to develop the guidelines.
- Food based guidelines need to be adapted at EU level for all major ethnic groups in the EU, these can then be further adapted at local or national level.
- Interactive, multi-lingual website on European food culture which translates the food pyramid or other model into local produce.
- ***How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?***
- Realistic targets which are reviewed frequently are needed.
- Recommendations must be achievable and realistic. Proposed nutrient targets cannot be reached all at once.
- Develop short term and long term goals ie: Four or more portions of fruit and vegetables as an initial recommendation and then a recommendation of five or more at a later date.
- Media campaigns – retail initiatives
- Healthy food policies in schools

- Training for health professionals
- Improved customer education

- ***How can dietary guidelines be communicated to consumers?***

There is responsibility at all levels to communicate with consumers. Some of the ways to communicate the dietary guidelines are through the:

Media. As well as focussing on what is not suitable advertising, we should be using the media to disseminate our information.

Internet.

Health professionals including community dietitians

Partnership with retailers/food industry/producers

- ***In which way could nutrient profile scoring systems such as developed recently in UK contribute to such development?***

Self assessment tools on the internet.

Should be simplified for basic literacy and numeric skills

Examined through school curricula and literacy programmes – shopping tours

Consumer information points at shopping outlets

V.10. Cooperation beyond the European Union

V.10.2.

- ***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?***

Through appropriate research and through professional organizations.

Different nations should be educated on traditional and cultural practices of other nations that may influence what people eat and how they exercise. Through integrating ideas, we can learn the positive aspects of national habits that lead to improved health e.g. the Mediterranean diet

Website for food and nutrition professionals, schools, general consumer

Funding of conferences/ workshops/ seminars

Exchange programmes for professionals in health, education and community development

A **national taskforce** in each country working in tandem with each other with an ultimate European outlet for all outstanding issues.

- ***If so, through which means ?***

As above

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?***

A more in-depth focus on advertising to children would be welcomed, particularly in relation to standardisation of advertising codes across Europe, and in time on a global scale, as modern media is increasingly accessible across borders and needs to be addressed

More emphasis on health-proofing across national government departments and EU policy platforms.

Encouragement of closer liaison of food-based agencies and industries with health and other statutory departments.

Other more specific issues not addressed include the following:

- The family as a whole unit
- The needs of older people
- The issue of breastfeeding.
- Pre-natal nutrition programmes for vulnerable women
- ***Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?***

First Priority:

- Advertising and labelling
- Development of community based interventions for diverse population needs eg older people, people with diabetes, ethnic minorities
- Research into behaviour changes in terms of initial cues to change as well as sustaining behaviour change

Less Pressing

Socio-economic inequalities- need to address availability and affordability of foods, especially for those on a low income.

Pricing index and profit margins of healthier options should be addressed by government in order to develop that vital partnership with private industry

Environmental planning and healthy public policy.

Simplification of public health messages

Developing sustainable communication channels for the dissemination of information

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.