

**Royal College of Nursing response to
EU Green paper ‘promoting healthy diets and physical activity: a European
dimension for the prevention of overweight, obesity and chronic diseases’**

General Comment

The Royal College of Nursing (RCN) is the UK’s largest professional association and trade union for nurses, with over 380,000 members. The RCN works locally, nationally and internationally to promote high standards of care and the interests of patients and nurses, and of nursing as a profession.

The RCN welcomes the focus that the Commission is taking to explore ways of promoting better nutrition across the EU, particularly the targeting of initiatives aimed at promoting healthy diets and encouraging an increase in physical activity. It is widely recognised that poor diet and an increasing consumption of pre packaged foods has contributed to the increase in obesity in the western world and is a major contributory factor to many European diseases, such as hypertension and CHD. Our reliance on the private car has reduced our level of exercise as we have become more sedentary both at work and at home. We walk less and we take less vigorous exercise, and we use bicycles less, even in countries where the bicycle is synonymous with culture, its regular use for exercise has decreased over the last 40 years.

As the Green paper rightly comments, ‘unhealthy diets and lack of physical exercise are the leading causes of avoidable illness and premature death in Europe’. Changing and influencing individual behaviours is crucial for long term health gain, and poses a critical challenge, both socially and economically for all countries.

Specific Comments

Q1 Community policies which make a contribution to the promotion of healthy diets and physical exercise

The RCN believes that availability, cost and general acceptance towards a healthier lifestyle is paramount. There needs to be a local community based approach that positively emphasises this, and wider European community recognition and support of its importance

In England and Wales, the National Institute for Health and Clinical Excellence (NICE) has included public health interventions in their guidance reviewing process. This includes physical activity interventions, community engagement, obesity and diet. The scope of the physical interventions review is to explore the effectiveness of four activities – use of pedometers, exercise interventions, walking and cycling. The research evidence from studies into the effectiveness of these brief interventions demonstrate that they can be effective in both short term, medium and long term, that

a follow up session will support the maintenance of activity and that increasing physical activity will contribute to the reduction and prevention of over 20 conditions. NICE encourages a wide range of stakeholders to contribute to and to become actively engaged in the development of its guidance and we strongly support this approach at a European level, through building the existing European Platform for action on diet, physical activity and health.

It is recommended that a healthy diet should include at least 5 portions of fruit and vegetables a day. There are substantial differences in UK statistics on the success of this target, particularly in relation to gender and age, and this may also be reflected in wider European endeavours.. More young women consumed the recommended 5 portions whereas few young men did so and evidence supports the belief that men are more likely to be overweight. There are also differences in diet across the ethnic groups in the UK and some are more likely to have a higher intake of saturated fats than others. The Government's 5 a day initiative aims to raise awareness of eating fresh fruit and vegetables amongst all groups of the population and in addition, has introduced a national school fruit scheme – every child aged 4-6years in infant school is entitled to a free piece of fruit every day. This campaign has broadly been considered a success in the UK and the RCN would welcome similar Europe wide initiatives.

We recognise that a contributory factor to a poor diet is the high consumption of salt, fat and sugar essentially through increased consumption of processed foods. Food labelling can be confusing especially where 'low in fat' often means high in sugar. We believe that clear and accurate advice on food packaging, including healthy food logos are essential to enable consumers to make an informed choice. However we remain concerned that there needs to be far greater public reassurance that these 'healthy logos' are truly healthy and are not a manufacturer's means of increasing consumption of a new product. The RCN would welcome Europe wide guidance and implementation.

However, despite EU and national efforts inequities remain and not everyone is either able to access or afford the often higher prices of fresh food and vegetables. The potential effect on health and the impact of low income has been the driving force for the UK Government to initiate a revised scheme, linked to social security benefits called 'Healthy Start' for women and children in low income groups.

1V.4 The Public Health Action programme

- There is increasing evidence of the rise in obesity across the EU and in the UK. In the proposed programme for 2008-2013 we commented that we had concerns that obesity was not given sufficient priority .
- Inequalities across ethnic groups and social class occur in the UK in relation to many diseases and long term conditions, for example the incidence of diabetes is not equitably distributed across all ethnic groups or social classes and we were pleased to see inequalities highlighted within the programme.
- Gathering accurate data regarding geographical and socio economic distribution needs member states to include an identifiable health needs assessment based on demographic data regarding deprivation and other sensitive indicators based on the needs of specific communities. Direct co-

operation is integral and many communities consider national statistics meaningless, preferring access to local information, which is both important and relevant to them and their life styles. This approach is more likely to engage the public and encourage them to participate in local schemes

V1 Consumer information, advertising and marketing

- Nutrition information is vital for making an informed healthy decision. Easily recognisable symbols, logos and content of pre packaged food should be agreed nationally and across the EU. Other comments pertaining to this section are included above (Q1 bullet 4)
- Consideration should be given to developing an EU law restricting or reducing advertisements of unhealthy foods, especially at peak viewing times for children's television

V3 A focus on children and young people

- We consider this area crucial if there is to be an increase in healthy living behaviours and a decrease in long term conditions. Investment in children and families is absolutely critical to the health of future generations and the school environment is ideal for the promotion of healthier lifestyles
- Promoting breastfeeding as a means of promoting health for the future and long term gain should be a priority and actively encouraged across the EU. The RCN has been calling for the UNICEF UK Baby Friendly initiative to be implemented as routine practice across the United Kingdom as it applies in both hospital and community settings and would welcome EU support on this. The EU could add value by supporting access to training for staff and could ensure continuity both nationally and across the wider European Community
- In line with earlier points regarding the UK's 5 a day initiative the RCN would welcome the review of school meals with a much wider range of healthy options available. The recent involvement of a 'celebrity chef' in an English school, who worked alongside the school meal team and 'dinner ladies' raised awareness of the poor standard of school meals in many UK schools. Similar schemes which source local foods and prepare food on the premises together with classes about the origin of food and the content of some pre packaged food, is more likely to have an impact than advertising campaigns
- Cooking and food preparation should be included on every school curriculum and linked to community cooking classes. These would support both children and parents to develop the knowledge and skills of healthy eating and address a lack of basic knowledge of how to cook vegetables and other fresh foods
- Greater and easier availability of healthy food in deprived communities is a priority (the Healthy Start scheme has been outlined in Q1)
- Accessibility to vending machines, which encourage access to high sugar/high fat snacks should be reviewed in all schools

V4 Food availability, physical activity and health education in the workplace

- With the importance of the Lisbon agenda, a key determinate of economic success is the health and social well-being of the population not just as citizens **but also** as workers.
- Work places must be encouraged to introduce healthier measures for employees eg providing safe bicycle storage, increasing healthier options in canteens, and sourcing foodstuffs locally to name a few
- The RCN would emphasise the need for explicit encouragement to develop initiatives to support workers to play a role in developing healthy working environments. Effective occupational health has a significant benefit to all including a reduction in work place accidents, sickness absence and in boosting morale. It also has the potential to boost health and healthy lifestyles

V5 Building overweight and obesity prevention and treatment into health services

- Nurses are often the first point of direct contact for the general public accessing the health service. In addition community nurses have the opportunity to determine local health needs and to work with those disadvantaged groups in the community. We would view the nursing role as one which would integrate appropriate questions into assessments, giving advice and following up patient action. This approach is already integrated in to many community nursing roles and those who have a public health role and needs to be extended to include all nurses regardless of where they work
- The School Nurse has a strong public health role, but this is not always recognised. The RCN is campaigning to raise the profile of school nursing as well as lobbying the UK government for an increase in the numbers of school nurses to enable them to carry out their public health function
- The EU should support mechanisms to enable cross governmental and public sector working to ensure European Governments meet targets to halt the year on year increase of childhood obesity

V6 Addressing the obesogenic environment

- Increasing activity needs to include all citizens – children to be encouraged to walk to school, less reliance on the car, more cycling with safe cycle lanes, walking and exercising guidelines e.g. 30 minutes at least 5 times a day of exercise that increases the heart rate
- Physical activity should be built into the school curriculum for all children up to the age of 16 and playing fields and other resources must be properly funded. The EU could take action to support National governments and local councils to ensure all children have sufficient access to school playing fields and fitness facilities
- Cross-departmental work is crucial at a member state level to ensure that there are appropriate facilities and environmental conditions such as safe pedestrian and cycle routes in urban areas as well as adequate and dedicated funding to enable local governments to ensure parks and playgrounds are maintained and safe

V7 Socio-economic inequalities

- In addition to comments above, the EU could add value to ensure that all EU member states identify specific resources that are targeted at those most in need
- EU recommendations on nutrition to workplaces (including national public health systems) and schools, colleges etc. are agreed and implemented

V8 Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

- The RCN recognises, and welcomes the importance of assessing the impact of health interventions, both locally, nationally and across the EU. Existing tools within national systems enable this to happen and the proposal to introduce new tools, measurements and evidence of impact might cause confusion. The Commission may find it useful to look at the assessment systems already in place and build on those tools proving useful rather than to introduce alternatives into an area of work which is already a high EU and national priority. Greater emphasis could also be placed on the current system of Health Impact Assessments on proposed legislation within the European Commission.

V.11 Other issues

- We will continue to stress the importance of Community involvement in health need assessment to secure commitment to changing lifestyles. There is evidence to suggest that working with communities, developing alliances with other community groups and gathering evidence is likely to be a successful approach to achieving change in behaviour. It is also more likely to address inequalities and to involve those groups less likely to engage with the health services. We would like to see a greater emphasis on community involvement for increasing physical activity and healthy eating programmes

In summary, we believe that changing health behaviours requires a mixture of strategy, legislation and engagement across communities and organisations in order to address and challenge individuals to make healthy life choices. There is a real need for organisational change and for employers to become more responsible and to focus on healthy foodstuffs available to their workforce. The European Union must commit to ensuring that there are means for children, families, employees and the general public to take up a more active lifestyle in a safe and easily accessible environment.

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