



**Royal College
of Physicians**

Setting higher medical standards

GREEN PAPER COM(2005)637 final

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

Response from the Royal College of Physicians, London

We warmly welcome the Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases” and strongly support the need for pan-European actions to tackle this important threat to public health. The health risks from the rapidly increasing prevalence of overweight and obesity and the resulting chronic diseases now involve people of all ages with serious consequences for national health services and economies. Our response is on behalf of health professionals, clinical scientists and academics who are concerned these threats.

Health across EU policies

The EU is making a concrete contribution through its platform on physical activity, diet and health that is engaging NGOs, Scientific organisations, health professionals and representatives from the food and drinks industries. This needs to be supported by coherent policies across a wide range of EU competencies and Commission services (agriculture, internal market, education, public health etc) that address every element that will create a healthier environment and make healthy choices easier across the EU. Such policies should:

- recognise that most food products are promoted European-wide;
- acknowledge the health threat to particular ethnic groups and socially deprived populations
- identify the nutrient profiles of foods with simple labels indicating healthy and unhealthy choices;
- curb the advertising of unhealthy foods and drink to children and young people and restrict the advertising of alcoholic beverages to all age groups;
- encourage subsidisation of healthy foods to make them attractive to all social groups
- facilitate opportunities for increased physical activity through schools, public recreational facilities and town/city planning
- engage cross governmental actions that include health, education, transport, treasury, food and agriculture.

It is essential that we learn from previous public health initiatives particularly the experiences gained from promoting the dangers of tobacco, most notably the ineffectiveness of voluntary rather than regulatory measures.

Community or national measures that could contribute towards the attractiveness, availability, accessibility and affordability of fruits and vegetables

Many of the measures listed above address this – the major factor is the affordability of healthier foods such as fruit and vegetables. The EU through the Common Agriculture Policy should address this by the introduction of subsidies for healthy foods. The CAP presents a significant policy tool for public health yet it is currently focused largely on other policy goals.

Areas related to nutrition and physical activity where the development of tools for the analysis of related disorders and consumer behaviour is needed.

There needs to be a better understanding of the social and cultural influences on food consumption and physical activity and how these may particularly impact on socially disadvantaged groups who are at the highest risk from health complications. This should include the earlier identification of at risk groups and the implementation of effective lifestyle changing programmes.

Public Health Action Plan

Availability and comparability of data on obesity

- There should be a common dataset applied across all member states providing information about representative population samples;
- Such a dataset should involve the prospective and dynamic collection of information about weight, height, waist circumference and associated health risks;
- An EU-wide network of public health centres should be established to collect, collate and share such data applying the experience gained from the Public Health Observatories in UK.

Contribution to the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk from chronic diseases.

- The EU should support a programme of health-promoting social marketing that communicates simple and clear messages;
- Such messages need to be consistent and tailored for specific audiences – the public at large, the media, health professionals and decision makers;
- Social marketing that promotes healthy living must engage the food and drinks industry but be promulgated through an independent organisation such as a NGO;
- Training and education of health professionals needs to address their changing role from intervention to prevention as well as intervention.

Most appropriate dissemination channels.

Clear, consistent and easily comprehensible messages should be disseminated by the media, through the Internet, by food and drink retailers and health communications.

Consumer information, advertising and marketing

Provision of nutrition information to consumers

Keep messages simple – focus primarily on macronutrients with clear and simple messages about reductions in saturated fat, refined sugars and increased intakes of unrefined carbohydrates and fibre and polyunsaturated fats. There should be clear guidance about daily vitamin and mineral requirements with advice about the reduction of salt.

Education required enabling consumers to fully understand the information given on food labels and who should provide it

The responsibility must lie with the food and drinks industry but labelling needs to be simple and colour coded. Consumers need to understand about what is meant by healthy and unhealthy foods and the requirement to either moderate or minimise the latter. Such labelling requires monitoring by an independent organisation such as the European Food Safety Organisation.

Voluntary codes for limiting advertising and marketing energy-dense and micronutrient poor foods.

It is unfair and unwise to expect the food and drinks industries that are dependent for their livelihood and shareholder support to implement for the longer term voluntary codes restricting the purchase of such foods. Regulation needs to be determined either at a national, or preferably, European level. This statement is supported by the outcome from other public health directives, most particularly tobacco.

Monitoring of successful implementation of regulation.

For the short term, through the monitoring of food purchases and food consumption there are networks available, sponsored by industry, that collect such information and provide accurate estimates of changing consumer activity and includes various social communities. For the longer term, it will be important to relate such regulations to the data collection identified in the section on public health.

Consumer Education

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

Improved knowledge is a real challenge across the EU. Education requires the involvement of schools and the active engagement of children and young people – these groups need to be the priority.

Socially deprived groups at high health risk should be the next priority with health awareness campaigns targeted to specific understanding and needs.

What contributions can public-private partnerships make towards consumer education?

Health-promoting social marketing provides a golden opportunity to pass on simple and clear messages to consumers. However, these need to be balanced and reflect clear advice about the healthiness or unhealthiness of specific foods. This is difficult for a “consumption” industry to promote given their dependency on profit and shareholders. A successful public-private partnership requires an independent (to industry) organisation being responsible for the education programme and messages.

Key messages about nutrition and physical activity for consumers

The key messages are:

- moderation in eating but ensure adequate daily portions of fresh fruit and vegetables
- daily physical activity (at least 30 minutes)

The messages need to be consistently promoted by all responsible organisations – government, food producers, retailers and promoters, health professionals and school teachers.

Focus on children and young people

Examples of good practice and information for parents

There are many examples of good practice across the EU. 5 a-day (vegetables and fruit) is one, healthy tuck shops is another; exclusion of carbonated drinks in vending machines and so forth. There needs to be a quality standard applied by the EU to recognise such good practice – some form of quality award scheme. Evidence confirms that children are very influential over their parents’ eating

Good practice for the provision of physical activity in schools

There needs to be imagination and time built into the curriculum. Physical activity does not simply mean sporting activities – it also includes dancing, walking, skipping etc.

Good practice for fostering healthy dietary choices

Provision of health school meals, tuck shop initiatives and vending machines are three examples

Relationship between media, health services, civil society and relevant sectors

In all EU countries, the public sector is the biggest employer. It is crucial that there are collaborative partnerships across the public sector, involving civil society groups, about healthy eating and physical activity that draws in every sector. It is of note that such a partnership will provide a major incentive to the private sector because their business will be dependent on following such a lead. Such a public sector initiative is dependent on the provision of the facilities and food to achieve objectives and a system to monitor their success. It is beholden on the public sector to follow such a route for significant economic reasons.

Food availability, physical activity and health education in the work place

How can employers succeed in offering healthy choices...

Investing in appropriate catering facilities and ensuring the purchase of fresh (and local) foods. This requires an adequate budget – the justification for this is a healthier workforce.

What measures would encourage and facilitate the practice of physical activity

Firstly an example set by management, secondly appropriate facilities (including walkways and bicycle parks) and thirdly provision of time during the working day

Building overweight and obesity prevention and treatment into health services

Which measures and at what level.....

There needs to be better training of health professionals from undergraduate/pre-registration through postgraduate training. This needs to emphasise equally the importance of prevention as well as intervention. Emphasis must be placed on a multi-professional and multi-disciplinary approach with teams to tackle overweight and obesity working across primary and secondary care boundaries. Local networks supported by appropriate financial resources are the only way forward – local nutrition steering groups comprising representatives from all the professional teams should oversee these.

Addressing the obesogenic environment

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?

There needs to be cross-departmental planning at all levels (central and local government) that links town planning to health. Any public building project needs to have a health assessment included that addresses the opportunities for physical activities. A top-down approach of instilling a “culture” of activity is crucial but this needs to be sensitive to religious and social beliefs. The starting point must be in Schools to engender an enthusiasm for activity. Cycle ways, parks, recreational centres are a number of ways to promote this – they all need to be accessible and affordable.

Socio-economic inequalities

*Which measures, and at what level, would promote healthy diets and physical activity..?
How can the “clustering of unhealthy habits”...be addressed?*

Too often, broad policies ignore the particular challenges within socially deprived communities and pay only lip service to their needs. Any policy to enhance healthy eating and increase physical activity should be targeted at the socially deprived. Thus:

- Policies must be developed to target the socially deprived
- Actions should be prioritised with immediate interventions aimed at children and young people
- Involvement of local people and well-known personalities (such as sports stars) to champion the cause
- Dedicated budget at a local level to support activities
- Scheme introduced to monitor impact
- Programmes must be accessible and affordable.

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?

A totally joined up approach that links national governmental departments (that include health, education, environment, transport, sport, media, food and agriculture and finance), industry, insurance companies, public services, health professionals and the public. There needs to be a comprehensive and coherent strategy developed and implemented across Europe. The initiative needs to be incentivised with opportunities and goals for all involved.

Which role at national and Community level?

The majority of actions must lie with national governments. However, the Community is in a strong position to negotiate food subsidies, drive forward nutrient profiles and EU-wide health promotion and negotiate or even regulate industry. There needs to be a clear Community policy to develop and support national frameworks for prevention of overweight and obesity and their management.

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

Social and cultural variations and different regional and national dietary habit

There needs to be overall strategic guidance that provides the framework for healthy eating and physical activity. This can then be adapted at a regional and local level. A central “repository” of information about good practice could be held by EFSA that also includes information about the health benefits of particular diets – an example is the Mediterranean diet.

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

This requires the active engagement of the food industry, retailers and consumers. A health-promoting economy requires subsidies on healthy foods and their promotion. Any campaign needs to be adequately resourced and sustained.

How can dietary guidelines be communicated to consumers?

The ideal is through an organisation independent to the food industry and governments. This removes any perceived conflict of interest. The messages need to be simple, clear and consistent and promoted in a sustained way. It will be useful to learn from other public health campaigns such as seat belts and tobacco.

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?

It will be most appropriate to utilise the experience from the current EU platform and extend this, on occasions, to include partners from outside the EU. A good example is the meeting scheduled in May 2006 with colleagues from North America. This could be repeated for other countries (Asia-Pacific, Africa, Middle East etc).

Other issues

Two important issues and priorities:

Prevention of overweight and obesity in children and young people.

Active engagement of consumers – how best to promote messages about healthy living. The whole concept of health-promoting social marketing needs EU consideration.

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