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**COMMISSION OF THE EUROPEAN COMMUNITIES**  
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**GREEN PAPER**

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

**RESPONSE TO GREEN PAPER FROM WEIGHT MANAGEMENT INTEREST GROUP, AS PART OF THE IRISH NUTRITION AND DIETETIC INSTITUTE, IRELAND.**

The Weight Management Interest Group (WMIG) includes members of the Irish Nutrition and Dietetic Institute (INDI) who have a particular interest in the area of weight management. The group's members work as Dietitians in the areas of primary, secondary and tertiary health care, health promotion, industry and advisory groups. The terms of reference of the WMIG are to share and develop expertise in Weight Management, to be recognised as an authority on obesity and Weight Management in Ireland and to act on behalf of the INDI in this area, and to update current INDI literature in this area, including a position on weight management based on the current evidence available.

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**QUESTIONS ON WHICH THE COMMISSION INVITES CONTRIBUTIONS INCLUDE:**

**IV.3 Health across EU policies**

**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?**

- The EU should regulate advertising to ensure that the promotion of healthy eating and physical activity is not compromised by the marketing of food products (nutrition and health claims food regulation). Currently it is 'open season' with many food products carrying claims that imply weight reducing effects e.g.

Breakfast cereal campaigns suggesting clothes size reduction through consuming their product to the exclusion of other foods in a defined period of time. Initially, such campaigns did not exclude children or those of normal weight.

- The EU should ensure clear, unambiguous nutrition labeling and that education on labeling is available to consumers.
- Current industry practice of using claims like ‘sugar-free’, ‘low fat’, ‘99% fat free’, ‘no added sugar’, ‘low salt’ on food products (which mislead consumers) should be forbidden.
- All EU or national government funded programmes (regardless of size, e.g. summer camps, breakfast clubs) that are directed at children (0-18 years) should ensure good practice in terms of promoting *and* providing healthy diets and physical activity as an integral part of the programme.
- The EU should regulate advertising to ensure promotion of healthy eating and physical activity is not compromised by the marketing of ‘specialist’ diet products, e.g. potions, pills and books which provide misinformation to consumers by offering them magical and fast solutions to their weight problem.

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

- The EU should make fruit and vegetables more affordable:
  - look at price subsidizing, incentives, etc. e.g. food co-ops, farmers markets, school fruit boxes, etc.
  - Foods high in sugar and fat are currently very cheap in comparison with healthier food choices.
  - It is currently not feasible for many members of society to buy fruit and vegetables in bulk because it is perishable, too heavy to transport without a car (e.g. for families on low income), too expensive, etc.
- The EU should actively campaign, advertise and support the promotion of fresh produce (preferably locally- or home-produced).
- The EU, through national government policy, needs to promote fruit and vegetables in schools and workplaces (e.g. as snacks instead of confectionary, in tuck shops, vending machines, canteens etc.).
- The individual’s basic skills on fruit and vegetable preparation are being lost (e.g. through lack of time, lack of incentive, lack of knowledge, lack of convenience, etc.).
- The EU, through national government, should ensure that School Meal Schemes (primary, secondary and tertiary level) include fruit and vegetables as part of a policy to promote healthy eating in terms of what is being provided in school meals (breakfast clubs, school lunches, school garden). Parents and children need to be involved in the policy development to ensure sustainability (e.g. children’s lunchboxes).
- The EU should protect children from high fat, high sugar snack foods in school—children are too young to make appropriate choices themselves.

- The EU should educate through schools and media on food safety measures to dissuade common food myths and alleviate concerns of ‘tainted’ produce through use of pesticides, preservatives, etc.

**On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behavior is more research needed?**

- Mental health component is an essential part of promotion of healthy eating and active living particularly in relation to obesity which is a highly sensitive issue for many people because of body image concerns. Many overweight/obese patients are depressed or have other psychological problems e.g. anxiety. Whether these problems are part of the cause, induced or enhanced by weight gain needs to be further researched. All promotion of healthy eating and active living in relation to obesity needs to be assessed in terms of how it comes across to obese people (children, adults, families, health and other professionals who are all needed to participate if the obesogenic environment is to be successfully altered). Responsibility for preventing and dealing with overweight/obesity must be adopted by all of the aforementioned, it is not simply a dietetic problem to sort. If the promotional activity is not empowering to people affected by obesity- it will fail and should be abandoned. Failure to include this mental health aspect throughout all activities leads to an overall didactic tone towards obesity and does little to help those affected who face huge challenges involved in changing their lifestyles.
- A simple language for discussing overweight and obesity that is sensitive to body image concerns and the negative social stigma awarded to overweight and obese people, particularly among young people, needs to be developed and disseminated among health professionals, educators, media broadcasts, etc.
- Research is needed to discover what messages consumers get from food advertising.
- Research on whether smaller portions sizes (packaged goods) make a difference to adult and children’s energy intake, fat intakes, etc. For example, the recent banning of giant/super size chocolate bars.
- Research to assess the impact of mandatory versus voluntary strategies to promote physical activity and healthy eating in preschools and schools (e.g. type of foods provided, or extra physical activity breaks in primary and secondary schools) is needed.
- Research on how each country is dealing with overweight/obese patients in primary care centers and acute hospital settings is required:
  - Are approaches used evidence-based?

- Who is dealing with these clients? What strategies are they using- adults and children?
- How successful is this approach?
- Is attendance 100%- if not, why?
- What are the waiting lists like?
- Is there a lack of trained personnel to provide the services needed?
- How much will it cost?
- What are the long-term savings?
- Is there an acceptable standard of care that is adhered to or followed?
- More research is needed about the determinants of food choice in different population groups and settings to learn more about influences in the environment in which people live, work and grow up in, e.g. why and how are traditional food skills disappearing?
- Longitudinal data is required nationally to track the prevalence and incidence of overweight/obesity and related disorders and the patterns of care that these people follow.
- Commercial weight loss programmes (e.g. WeightWatchers, Curves, Take Thirty, Unislim, etc.) need to be regulated to ensure that they follow best practice rather than precipitate the cycle of weight loss and regain.
- Research on how food is eaten (e.g. weaning practices, chewed slowly versus quickly; eating where there are many distractions from the meal or performing simultaneous non-food related tasks) is needed to determine the human bodies physiological, sensory and emotional response to food cues, food intake regulation, signals of hunger and fullness, etc.

#### **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?**

- National standards for the assessment of weight status of children in Ireland are needed **urgently**. National surveillance of children's weight status through continuous collection of **GOOD QUALITY, RELIABLE** height and weight data can provide valuable information on the communities and geographical areas most affected. These areas can then be targeted for intervention. To be successful this data needs to be representative and so should be collected in situations where children attend routinely for essential service e.g. public health vaccination, GP clinics, developmental checks, etc.
- The EU needs to formulate and disseminate recommendations on what anthropometric measurements (e.g. weight, height, waist circumference, etc.) are critical for assessing obesity prevalence and the associated risk of chronic disease
- The EU needs to formulate and disseminate standardised methods of measuring techniques (e.g. CDC in Atlanta have developed these for North America)
- The EU, through national governments, need to conduct environmental scans (e.g. food advertising, green spaces, access to healthy food choices, socio-economic status, playgrounds safety, interviews with community leaders, adults and

children living in the area, etc) of the areas and communities most affected by obesity compared with those least affected to identify the causal factors that need to be tackled.

**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?**

- The EU need to legislate for this by ensuring all legislative activities are developed with obesity prevention in mind (i.e. ensure healthy eating, active living and positive self esteem are promoted rather than compromised so that EU citizens are empowered to take positive action)
- The EU should develop incentives to ensure all sectors (especially health and education) engage and take action to address obesity in their areas of work.
- The EU needs to legislate so that planning processes including the built environment carry out health impact assessments to ensure negative influences are minimized and positive influences are maximised in relation to obesity in all age, sex and socio-economic groups. For example, a health impact assessment should be required with every planning proposal that is likely to influence communities (e.g. housing estates to ensure that road safety that will encourage walking to schools, shops, etc; green areas to ensure safe play and leisure areas are provided; commercial ventures, (e.g. fast food restaurants, workplaces, etc.) to ensure sedentary activities are balanced with healthier alternatives/incentives such as playgrounds, walking routes, bicycle parks, etc.).

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

- The EU needs to support the development of good communication channels through the health services, local council, professional bodies, media etc. to ensure dissemination of existing evidence.
- The EU should regulate for media responsibility to ensure the consumers are not misled, stigmatized or encouraged to adopt obesogenic behaviors.

**V.1 Consumer information, advertising and marketing**

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

• **NUTRIENTS**

1. The EU needs to take action to educate on healthy and appropriate portion sizes for all foods and beverages. This information is critical and all labeling should be provided in terms of these healthy portion size (unit weights will also need to be clearly defined).
2. The EU needs to indicate on nutrition labels how the nutrients provided per portion relate to overall daily recommended nutrient intakes (e.g., % Daily Value as in North American food labeling).

Specific requirements below need to account for points 1. and 2. above:

- Energy density (Total energy provided per portion): there is a link with passive over-consumption of energy to obesity.

- Nutrition labeling should inform consumers how much energy foods/drinks contribute towards total daily energy requirements.

- The energy content of foods high in fat and sugar need to be related to physical activity level expenditure (i.e. the level of physical activity required by an average man or woman to balance this level of energy intake).

- Total fat content per portion, plus the breakdown of saturated fat, polyunsaturates, monounsaturates and *trans* fatty acids where appropriate to enable consumers to decipher the amount and type of fat in the food thus empowering them to make an informed choice. Information on *trans* fatty acids is needed because of the link with cardiovascular disease and because if saturated fats are limited there will be a tendency to replace these with *trans* fatty acids

- Sugar per portion: linked with weight gain and promoting dental caries.

- Salt (NOT sodium) per portion: linked with high blood pressure, Coronary Heart Disease and CerebroVascular Accident (stroke). The increasing number of patients surviving Myocardial Infarction's has led to a larger population of heart failure patients who need to follow a low salt diet.

- **PRODUCTS**

1. All wrapped and packaged products (e.g. Breakfast cereals, ready-made meals, tinned foods (e.g. meats, vegetables, soups etc), packet soups, commercial sauces in jars, cheeses, confectionary (e.g. chocolate bars, sweets, cakes, biscuits etc), snack foods (e.g. crisps, salted/roasted nuts, tacos and dips etc), processed meats (e.g. sausages, corned beef, chicken and ham roll etc), yoghurts, probiotic drinks, butter, margarines, low fat spreads, pure fruit juices, fruit flavored drinks (e.g. sunny delight, Capri sun etc), soft drinks including diet, fruit squashes/cordial (e.g. mi-wadi, kia-ora etc)).

2. Bakery and deli products should carry nutrition information where they are displayed. This is to ensure consumers are fully informed and not misled.

**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?**

- The EU should develop a robust and simple nutrition label format (based on North American model), then build a pan-EU education programme around it. Both Health and Education sectors should drive the education programme and be supported by all stakeholders, particularly industry and the media.
- All literature and resources used in EU education programmes should be either piloted or proof-read by reading experts in assessing the understanding among those with literacy difficulties.

**Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods?**

- **NO.** There are numerous examples of how misleading the current situation is in relation to weight control and nutritional issues e.g. ‘milky bars are a good source of calcium’, ‘Fruit concentrate drinks can provide *almost* 50% of Fruit &

Vegetable requirements', foods 'approved' by popular commercial weight loss programmes, foods with slogans that suggest a weight loss effect, fortified foods claiming nutrient content without indicating bioavailability compared with healthier food sources, etc.

- The EU need to ensure that positive action goes far enough to make an impact. For example, the broadcasting commission of Ireland recently advocated a code of practice for the advertising of energy dense, and micronutrient poor food choices but it fell too short. The words 'as part of a healthy diet' only appear in small writing at the bottom of the television screen and usually in a color that makes it difficult to read against the background display. Also this code of practice did not apply to television stations outside the Irish Jurisdiction, e.g. available satellite channels.

### **What would be the alternatives to be considered if self-regulation fails?**

- EU legislation and regulation are essential.
- EU needs to FUND a public health stakeholder alliance group that can respond and alert consumers about suspect claims and indicate the precise and actual conditions where the claimed outcome will materialize.

### **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?**

- Self-regulation alone will not work. However, legal enforcement can be very difficult and pursuing this route solely can be prohibitively expensive. Also, legal response is often slow and legal loop-holes can be found to weaken legislation.
- In addition to EU legislation, regulation needs to include the support of a strong public health stakeholder alliance. The alliance must be independent of industry and have strong credibility with consumers and be trusted by them. Such a public health stakeholder alliance can interpret claims in relation to national health priorities where differences need to be accounted for in health claims permitted at EU level (e.g. Mediterranean countries have much high fruit and vegetable intakes relative to Ireland).

## **V.2 Consumer education**

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

- Any nutrition and health claim messages made in the EU must be easy to understand so that consumers are not misled and are enabled to interpret messages in terms of their own health concerns. This necessitates some independent basic research to validate interpretation of claims by various population subgroups.
- The EU should ensure simple labeling of the nutrient content of food that is easily understood by consumers.

- The EU should promote and support access to healthy food (environmental and fiscal).
- National recommendations for healthy eating need to be food based, culturally applicable and accessible (in terms of both price and availability) by all population subgroups.
- The EU need to recognize that food behavior is influenced by many determinants that are not directly associated to food (e.g. physical, social, psychological, commercial, etc) and much more action is needed in addition to raising knowledge and awareness around healthy eating.
- The EU needs to take account of the many determinants influencing food intake behavior so that people are enabled and empowered to take realistic healthy action.

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

- Public-private partnerships can fund research and support good policy- including the public health stakeholders alliance group previously mentioned (V.1.2, page 7 of this response).
- Public-private partnerships can fund local initiatives that promote healthy eating and living, (e.g. activity facilities such as school playgrounds, provision of food to schools, facilitating food co-ops, community cafes, farmers markets, etc.).
- Funding partnerships are required to support multidisciplinary action to prevent obesity (e.g. exercise schemes whereby individuals are referred by their primary care professional to attend locally run gyms/activity centers)

**– 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?**

**KEY MESSAGES**

- Healthy eating is tasty, fun, achievable and affordable.
- Healthy eating is not time-consuming.
- Making people feel good about their ability to eat a healthy diet
- Engaging and energising positive action on healthy eating
- Portion sizes are important.
- A balanced diet provides all a person needs to live.
- Regular physical activity recommended for all.
- Promote family-based fun activities around healthy eating and physical activity.
- Know how to read food labels to allow consumers to compare and contrast convenience products.
- Convenience products can be part of a healthy diet.

**DELIVERED BY**

- Teachers in schools are well placed to influence children and young people.
- For adults, media including TV, radio, newspapers and magazines, can be used.
- Health professionals at primary, secondary or tertiary care levels.
- Professionals in the fitness industry.
- Community leaders.



- Non government agencies.
- Employers in small, medium and large sized companies. All government-run facilities.
- Where a company has annual medicals for its employees, health messages on nutrition and physical activity could be reinforced.

### **HOW**

- All stakeholders using multiple channels, all saying same thing in different ways. That is, not twisting the message for market advantage

### **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?**

- The EU needs to legislate for the provision of healthy eating and active living in all places of child education and child care (a license to operate must relate to ability to provide for healthy eating and active living).
- Preschools, crèches, and child care facilities have the opportunity to provide examples of good practice and that message can be carried home. The EU, with the support of national governments, should evaluate existing or develop new resources to support the promotion of nutrition guidelines in preschools by multidisciplinary professionals including dietitians, environmental health, public health, etc.
- The EU should mandate schools to provide healthy eating policies as part of the essential environmental safety and education of children. Resources to support the promotion of nutrition guidelines need to be available in all schools.
- Partnerships between key stakeholders (e.g. the Departments of Agriculture, Health, Children and Education) are required to support peer led healthy eating and active living initiatives in secondary schools. The EU need to develop resources to support the promotion of nutrition guidelines in schools (e.g. involving the curriculum, the social and physical environment etc).
- All healthy eating policies should be developed based on the individual school needs, support the principals of the Social Personal and Health education curricula in schools, and be representative of all in the school community. For older children there should be an emphasis on initiatives that are peer led and sustainable.
- Accessing the home environment is very difficult but the EU should recognize the key role parents have and all activities in schools and communities should involve the family and influence the home environment.
- Programmes on food preparation and cooking are an effective means of teaching people about healthy eating and ensuring that they have the basic cookery skills needed to make wholesome meals for themselves and their families. Hence, such programmes will have far reaching effects on other family members.

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

- The EU should mandate that regular physical activity breaks should be compulsory in all schools and adequate facilities and safe environments should be provided without cost to parents.
- The ‘No running’ policy adopted by schools due to fears of litigation from accidental injury should not be allowed
- The EU should ensure that planned activities also meet the requirements of children who are less competitive or able. That is, activities that are non-competitive are very important for those who are least active. It should be ensured that all planned activities engage all age/sex groups.

**– 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?**

- Limit access and availability – remember ‘children are children’, asking a child or adolescent to choose a healthy alternative to a highly palatable high-fat, high-sugar snack will not work!
- The EU need to mandate that school vending machines should stock healthy choices ie. water in vending machine, fruit in school canteen etc.
- The EU needs to take action to prevent local take-aways offering special student deals on meals such as chips and battered sausage for €1, and instead work with them to provide healthier alternatives.
- Ensure that students have a good working knowledge of healthy eating and its benefits to their body.

**– 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?**

- Public-private partnerships can support (e.g. provide finance, expertise, time) to research pilot schemes to evaluate good practice and develop an evidence base on best practice to pave the way forward.
- The EU should ensure that promotional schemes from the media, health services, civil society and relevant sectors of industry do not provide mixed messages, e.g. food companies offering incentive schemes to buy school equipment tied in with marketing their product.

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

**– How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?**

- Employers can implement clear policy and provide support from higher management, (e.g. provide showers, subsidise healthy food choices, etc.).

- Employers need to subsidize healthy food choices to promote healthy eating (Health care institutions need to lead this out).
- Make a broad range of healthy eating choices available.
- Label the energy, fat, etc. content of meals on offer.
- Improve portion size control.
- Remove salt from tables- offer freshly ground pepper instead.
- If vending machines are close to canteen, ensure that it is stocked with healthy eating choices.
- Survey staff regarding improvements they would like to see made- bottom up approach.
- Add plenty of vegetables to all dishes e.g. spaghetti bolognese, lasagne, curries, omelette.
- Make appropriate dietary literature available for all staff supporting the above.

**– What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?**

- Value employees who take care of their health in this way and they will be more productive. This message is often not promoted in terms of giving recognition, (e.g. ‘Employee of the Month’ and/or voucher rewards).
- Have a dress code that permits walking to work and appropriate facilities for changing/ showering is also an essential.
- Operate flexible working hours, where possible to allow, physical activity to be taken.
- Value employees walking to meetings where possible.
- Work with local gyms, sports facilities to organize in-house programmes (e.g. aerobics, or office games, e.g. football, or to offer discounts for non-competitive sports).

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

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

- The promotion of healthy eating and physical activity among staff in the health service is badly needed– how can they promote what they don’t practice? The benefits and the barriers to healthy eating and physical activity needs to be understood by health service staff. Research suggests that those health professionals who are more personally concerned about wellbeing have higher success with helping clients to change behavior.
- The EU need to ensure workers in the health services who are most affected by overweight and obesity are empowered so that they can provide encouragement to clients on the everyday challenges to active living and healthy eating faced by people affected by obesity. Patients will not accept advice on weight management from health professionals who are overweight/obese themselves. It is essential that this issue is addressed urgently.

- The EU should mandate that the promotion of healthy eating and physical activity is emphasized during the training of all health professionals.
- There should be mandatory staff involvement in Health Promotion Officers projects at hospital level pertaining to healthy eating and physical activity.
- National health services should lead by example and operate healthy eating and activity policies for staff and visitors.

#### **V.6 Addressing the obesogenic environment**

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

The EU should mandate public policies to ensure that:

- Healthy eating options are available at meetings and work place canteens.
- The use of stairs, walking to meetings, shops, etc. nearby, etc. is promoted and supported by building management, urban council, etc. (e.g. to keep stairways clear and maintained).
- Road safety, clear pathways, adequate street lighting, etc. is provided and enforced.
- All schools are legislatively required to provide adequate playing grounds.
- Several physical activity breaks are included in primary schoolchildren’s school day
- A variety of activities to engage children in physical activity (dance for girls, rugby for girls) are provided.

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

- Stairs should be well lit and attractive and well maintained.
- Signage to tell people what the actual benefit is of taking the stairs.
- Again, with any building works measures that are conducive to physical activity should be considered and maximised from the outset by health impact assessments.

#### **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?**

Using a bottom up approach, the EU should consider the following measures:

- Available and affordable access to healthy foods.
- Urban planning that promotes active living e.g. better footpaths, more cycle paths.
- Food based dietary guidelines.
- Peer led initiatives that complement the reality in which people live, e.g. income considerations, accessibility to healthy food choice, transport availability, presence of green areas, child safety, etc.
- Raise awareness of the potential risks to health of excessive sedentary behaviours.
- Target alcohol abuse and binge drinking, possibly by curtailing advertising of alcohol and alcohol companies sponsoring otherwise healthy activities.

- Narrow the generation gap by encouraging activities that promote interaction between different age groups and thereby promote social and community networks and a healthy attitude to well being.

**– How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?**

- Research- identify critical determining factors and those most at risk
- Research needs to be at the local community level, i.e. on the ground where people work, live and play.
- Develop and evaluate strategies to identify what works best in what settings.
- Focus the funding. Fund these initiatives at community level

**V.8 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?**

- Multidisciplinary input and multi-strategic efforts must be all aimed at supporting these 3 goals:
  - (1) *enjoy healthy eating*
  - (2) *have fun being active*
  - (3) *feel good about yourself – you can do it!*
- These goals need to be integrated into all aspects of life
- Messages have to be clear, simple and consistent across all sectors, agencies, media, etc.

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

- **National:**
  - Healthy public policy
  - Enforcement of legislation
- **Community:**
  - Fiscal support to a forum that enables multidisciplinary advocacy groups to meet, develop and implement strategies at community level.
  - Valuing stakeholder input every step of the way and keeping them updated on developments.
  - Develop a framework to link the upstream policy development and legislation into everyday practice on the ground is **IMPERATIVE**.
  - Evaluate all funded projects (simple – not costly) to ensure the effective measures are identified and supported.

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

### **– 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?**

- This requires a good knowledge of the food habits and choices within different regions. This can only be realized by doing regular national assessments of dietary intakes which should be supported at EU level that will provide this information and form a database.
- Development of food based dietary guidelines is very complex – **ONE SIZE FITS ALL approach WILL NOT WORK**. A range of models will be required to cover the diversity of dietary intake habits across Europe.
- The cost of the dietary pattern promoted needs to be determined for each model to ensure access.

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

- Ensure that dietary guidance is viable before issuing it.
- Concentrate on vulnerable groups due to their high nutritional requirements.
- Focus on subgroups most at risk in relation to the various targets (e.g. for men with cardiovascular disease). People with one major risk factor need to be prioritized in relation to specific nutrient goals.
- Allocate funding for the development of effective interventions (needs evaluation).

### **– How can dietary guidelines be communicated to consumers?**

- Divide consumers into sub-groups depending on significance of different dietary guidelines – give messages that are specific to these sub-groups.
- Investigate the capacity of consumers to identify themselves in a sub-group, interpret and act on these specific dietary guideline messages.
- Consider settings where people eat and develop practical advice e.g. home meals may include several different population sub-groups – consumers need advice on how this can be done.

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

- Nutrient profiling IS NECESSARY but must be embarked on with care – the UK system needs to be carefully examined.
- Basic research needs to be done to determine which nutrients should be targeted and how many can be accommodated.
- Weight loss/control claims should be banned as the basis whereby they can be demonstrated is often too multifaceted to convey to consumers – this results in misleading the consumer.

#### **V.10 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?**

- Look at labeling and nutrition & health claims regulation elsewhere. Examine the resulting outcomes in other non-EU countries to discover the best way forward in terms of what represents best practice.
- Consider the differences that exist between these countries and the EU to ensure expected outcomes are suitable and applicable.

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

- Promote collaborative efforts between the EU and non- EU countries to face the common challenges posed by obesity.
- Launch and support forums to share findings on best practice.

#### **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?**

- Mental health component is absent and this is extremely important for successful promotion of healthy eating and physical activity particularly for engaging people most affected by obesity.
- Physical activity is vital and this has not been adequately reflected in this paper.
- More emphasis is needed on the environment and how to make this conducive to healthy eating and physical activity
- Nothing was mentioned about the need to carry out a preliminary needs assessment to establish where the gaps are and to prevent duplication of activities.
- Prevention and treatment of overweight/obesity both require action – one alone will not work

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

- Those relating to the legislation currently being formulated (e.g. Nutrition and Health Claims and Labeling).
- Nurturing the development of multi-strategic groups at community level to focus on addressing the ‘obesogenic’ environment should be a priority. Presently people are being bombarded with how the epidemic of obesity is rising but they are not been given any chance to be involved in preventive activities. Funding with evaluation needs to be given to get this started at community level.
- Sustainability is imperative – this is a long-term issue. Certainly, the specific goals can differ but the overall theme of obesity prevention needs to be a priority in the long-term in Europe. This needs to be addressed without delay to ensure all the actions around engaging multidisciplinary groups, developing

and instigating obesity prevention activities is not totally wasted due to a lack of appreciation of the long-term obligation required.



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