

**The Food and Drink Federation's Response to the Commission's Green Paper
"Promoting healthy diets and physical activity: a European dimension for the
prevention of overweight, obesity and chronic diseases"**

March 2006

Food and Drink Federation

FDF represents the UK food and drink manufacturing industry, the largest manufacturing sector in the UK.

FDF members are food and drink manufacturing companies, large and small, and trade associations supporting specific food and drink sectors. FDF helps manufacturers operate in an appropriately regulated marketplace and to maximize their competitiveness. We communicate our industry's values and concerns to a range of audiences in the UK and abroad, including to Government, regulators, consumers and the media. We work in partnership with other main players in the food chain to help ensure our food is safe and that consumers can have confidence in it.

The Industry We Represent

The UK food and drink manufacturing industry:

- has a turnover of over £66 billion, accounting for 14.8% of the UK's total manufacturing sector
- employs some 500,000 people, around 13% of the UK manufacturing workforce
- exports about £10 billion of food and drink, of which 65% goes to EU countries
- imports about £22 billion of food and drink, of which 68% comes from EU countries
- buys some two-thirds of all the UK's agricultural produce

Summary of FDF's Response to the EU Green Paper

Diet and Health policy

- Community policies should focus on the facilitation of national and local health promotion efforts by collating evidence that will be generally valuable to other parts of the EU.
- To set a health promotion policy it is desirable that there should be some understanding of the causes of ill health in any particular community. But, more importantly, there should be clear evidence of successful approaches to the prevention and amelioration of ill health. These may include the promotion of healthy diets and physical activity but may also focus on other forms of intervention.
- There is a need to look more at what affects people's practice and behaviour, i.e. the drivers of and barriers to change. Reversing the causes is not the only way to deal with the issue and interventions can involve taking positive action, for example the introduction of fluoride toothpaste has done far more to prevent dental caries than persuading people not to snack between meals or avoid sugar.
- Any community action must be appropriate and based on credible scientific evidence.
- Public health promotion that is targeted to a particular community should take into account its circumstances and particular needs.
- Contradictory messages should be avoided. However messages can be adapted to suit the target audience.
- All stakeholders in a community need to work together towards the same end and this includes industry.
- To the extent that the environment may influence the body weight of sectors of the population, public policies to facilitate the adoption of a physically active lifestyle should be considered.

Food and Health Policy for schools

- Government should be the driver in trying and instil good nutritional habits in children at an early age: it has a duty to specify the nutritional standards that it wishes to deliver for school lunches and other school food. UK's FDF members support the idea of a 'whole school approach' and the Government's drive to improve the standards of school food; and will seek to meet prescribed specifications.
- However, progress towards changing the school food offer needs to be pragmatic and taken at a speed which will not undermine the school meals system. Progress cannot go faster than children will tolerate nor suppliers can adapt.
- Children will learn about how to balance their diet if they receive positive consistent messages from a variety of sources and occasions in schools, i.e. a whole school approach. But parents also need to be taught how best to feed their children and to encourage balanced eating habits, e.g. through developing cooking skills. Helping parents to understand what constitutes a good diet can influence what they choose for their children to eat.
- FDF has developed resources to deliver to schools credible and consistent food and health messages. It is called Foodfitness and it is a healthy lifestyle programme launched in 1996 to help consumers enjoy healthy eating combined with moderate physical activity. The **foodfitness** programme is used by health professionals, teachers, parents, employers and consumers of all ages, and involves a range of activities including national competitions, media programmes, education resources, exhibitions, conferences and partnership initiatives.

Policies for lower socio-economic groups

- Policy measures will have different impacts on different social groups. These will not neatly delineate by socio-economic status, nor should they be designed to do so. The biggest single lever to overall improvement will be the creation of a culture that exercise is desirable and that healthy lifestyles are attractive.
- A competitive food chain is the best way of ensuring the availability of the widest variety of food and drink at affordable process. In turn, policy makers should focus on the whole diets - and lifestyles - of different social groups, rather than individual foods.

Gathering evidence of status and evaluation of health policy outcomes

- It is essential that more comprehensive high quality data is gathered on current nutrient intake within the EU population along with some measure of the health status of the population, such as blood pressure and urine sodium. Without this it will be impossible to track whether policy measures have had the desired effect on consumption patterns.
- All policy actions should be evaluated for success. For this reason, setting clear objectives is crucial.

Nutrition education and information.

- Within the health debate, industry's role is to make it possible for people to eat a healthy diet. It does of course contribute to the education of consumers too, but this is not industry's primary role.
- In particular, UK's FDF members are committed to participating, together with the rest of the food chain and advertising industries, in a Government-led campaign of public education on healthy eating and healthy lifestyles, for example, through delivering messages on product packaging.
- Pictorial guides can translate nutrient recommendations into guidance for food choice by providing consistent visual information about what constitutes a healthy diet. A food guide that is relevant and recognised by individual communities may have some positive influence in changing eating habits. The US Food Pyramid which also takes into account activity levels is an example of such a pictorial guide.

Labelling

- Although appropriate and clear labelling can give information to consumers about the food they buy, it should not form the only part of educating the public about how to eat a balanced diet.
- UK Industry has already initiated improvements in voluntary labelling, notably by including Guideline Daily Amounts (GDAs).
- Industry welcomes the Commission's intention to review the provisions of the Nutrition Labelling Directive, as part of an overall review of EU food labelling requirements. A number of technical amendments are necessary to keep pace with technology. More broadly, there needs to be scope for manufacturers to be able offer a broader range of nutrition information, as appropriate to specific products, within an agreed framework of information provision.
- A traffic light scheme should not be used on labels as it is likely to mislead and will not empower consumers to learn about how to construct a balanced diet for themselves.

- However, educating consumers about how to use Guideline Daily Amounts (GDAs) will also help them to understand the nutritional value of foods and how they can fit into their diet.

Marketing and Advertising

- The hypothesis that marketing of certain foods and drinks is a central issue in determining obesity levels is not adequately supported by evidence. The evidence available more strongly suggests that all food and drink (i.e. whether marketed and advertised or not) may be over-consumed by individuals whose body fatness level is increasing.
- Children's food preferences are multifaceted and advertising has been estimated to have only a 2% direct effect on food choice.
- Consumers must be empowered to make informed choices and have a sufficient range of products to exercise that choice wisely. For choice and information to be maximised, advertising and other forms of consumer communication should not be unjustifiably restricted simply because advertising communicates product characteristics to consumers and is a key feature of a market economy. Without it, consumers would not become aware of the availability of products, especially new ones, or of their composition and would therefore not be able to exercise effective choice.
- The codes on advertising are more flexible than legislation and can respond more quickly to specific issues. FDF members and the wider advertising industry are committed to working with Ofcom and Government on further tightening of self and co-regulatory codes to address concerns relating to advertising and promotion of foods to children.
- FDF does not believe that any universal nutrition profiling scheme can be used fairly to assess whether or not an individual food is 'healthy' and can therefore be advertised freely to children. Such a scheme takes no consideration of a child's requirements, as an individual, for particular nutrients, nor of the portion size eaten nor the frequency of consumption. Indeed, universal nutrition profiling schemes tend to demonise foods such as meat and cheese which are good sources of nutrients for children (such as iron and calcium).

Detailed Comments from FDF on the Commission's Green Paper
"Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"
March 2006

While the Green Paper is split into a number of sections including: 'State of play at European Level'; 'Health and Wealth'; and 'The consultation procedure', FDF's comments concentrate on section IV (Structures and tools at community level) and section V (Areas for action).

IV Structures and Tools at community level

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?*

These can be summarised as:

- Community policies should focus on the facilitation of national and local health promotion efforts by collating evidence that will be generally valuable to other parts of the EU.
To set a health promotion policy it is desirable that there should be some understanding of the causes of ill health, including non-communicable diseases, in any particular community.
 - More importantly, there should be clear evidence of successful approaches to the prevention and amelioration of ill health. These may include the promotion of healthy diets and physical activity but may also focus on other forms of intervention.
 - Any community action must be appropriate and based on credible scientific evidence.
 - Public health promotion that is targeted to a particular community should take into account its circumstances and particular needs.
 - Contradictory messages should be avoided. However messages can be adapted to suit the target audience.
 - All stakeholders in a community should be encouraged to agree to work together towards common goals.
 - All policy actions should be evaluated for success. For this reason, setting clear objectives is crucial.
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- *Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?*

Education and promotion of the value of fruit and vegetables in the diet are required. This should include how to incorporate them into the diet: As tastes are most rapidly developing in the young, ensuring the young have the opportunity to try and enjoy fruit and vegetables will be a key. A focus on ages where behaviours are most flexible is a key opportunity that must be engaged.

Fruit and vegetables can be eaten in a variety of ways which can help to encourage their consumption. For example they can form part of a meal, such as in soup, they can be canned, frozen, juiced, dried and puréed. All can count as part of the total fruit and vegetable intake. There is no evidence to support the view that it is an inadequacy in the *supply* of fruit and vegetables which leads to poor consumption: national and local promotion activities are required to encourage *demand* for these foods by consumers. This is unlikely to be achieved simply by demonising other 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?*

It is essential that more comprehensive high quality data is gathered on current nutrient intake within the EU population along with some measure of the health status of the population, such as blood pressure and urine sodium. Without this, it will be impossible to track whether policy measures have had the desired effect on consumption patterns. There is little good data on what drives consumption behaviour, this must be a priority research area.

Changes in diet are not an end in themselves. Their purpose is to reduce the incidence, burden of ill health and mortality from chronic diseases. It is therefore also necessary to collate information on incidence and morbidity from diseases against which preventive health promotion efforts are targeted. This data, together with the cause-specific mortality data already recorded, are essential if adequate assessment of the effectiveness of programmes is to be carried out. In particular these data will allow the relative cost effectiveness of primary and secondary prevention to be compared with the costs of treatment (or non-treatment) of specific diseases.

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?*

This data is ideally collected at the same time, and on the same sample of individuals, as those involved in robust dietary surveys. This will allow comparison of obesity prevalence between socio-economic groups and geographical locations, and assessment of any correlation with particular dietary habits. There is no need to start from scratch, but a need to collate information from existing national dietary surveys, such as the NDNS which is about to be re-launched in the UK.

- *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?*

By promoting positive, clear and consistent evidence-based messages towards those sectors of the population where awareness or motivation is low.

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

National and local governments and qualified and accredited educators, with support from industry.

Within the health debate, industry's role is to make it possible for people to eat a healthy diet. It does of course contribute to the education of consumer's too, but this is not industry's primary role.

V Areas for action

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?*

The UK food manufacturing and farming industries support the Guideline Daily Amount (GDA) scheme. GDAs have been developed for eight nutrients: calories, fat, saturated fat, carbohydrate, total sugars, protein, fibre and sodium. Such a scheme allows consumers to see how much of each of these nutrients are present in a portion of the particular food and compare this with the recommended levels of that nutrient for a day. The GDA scheme will be used for around 60% of retailed products in the UK by the end of 2006. No particular products will be distinguished for labelling.

The nutritional value of a person's diet depends on the overall balance of foods eaten over a period of time as well as the needs of the individual. It is necessary to consider all nutrients when thinking of constructing a balanced diet. However, an adequate indication can be obtained by labelling for a relatively small number of "indicator" nutrients.

Although appropriate and clear labelling can give information to consumers about the food they buy, it should not form the only part of educating the public about how to eat a balanced diet.

- *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?*

A number of examples of good practice already exist. For example, among industry initiatives, the UK FDF foodfitness programme provides consumer education schemes which aim to help consumers decide what constitutes a balanced diet and healthy lifestyle.

Although industry is willing and does play its part in educating consumers, national governments have the ultimate responsibility (as recognised in WHO Report 916 "Diet, nutrition and the prevention of chronic diseases").

FDF members are committed to working constructively with Government and other stakeholders to ensure the availability of clearer nutrition information, coupled with more easily understandable nutritional information on packs, to enable consumers to make informed choices about what they eat. FDF therefore encourages its members to provide on pack, where practicable, full nutrition information as defined in current EU legislation even where this is not legally necessary.

Industry welcomes the Commission's intention to review the provisions of the Nutrition Labelling Directive, as part of an overall review of EU food labelling requirements. A number of technical amendments are necessary to keep pace with technology. More broadly, there needs to be scope for manufacturers to be able offer a broader range of nutrition information, as appropriate to specific products, within an agreed framework of information provision.

A traffic light scheme should not be used on labels as it is likely to mislead and will not empower them to learn about how to construct a balanced diet for themselves. However, educating consumers about how to use Guideline Daily Amounts (GDAs) will also help them to understand the nutritional value of foods and how they can fit into their diet. UK Industry has already initiated improvements in voluntary labelling, notably by including GDAs, and intends to back this up with education on how to use GDAs.

- *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?*

“Self regulation” has already delivered substantial changes in food supply, consistent with consumer acceptance. Further adaptation to changing consumer requirements are also planned. The FDF Manifesto: ‘Delivering on Our Commitments’, sets out concrete proposals to tighten still further the self-regulatory industry codes governing areas such as promotional offers and the use of cartoon characters and celebrities.

Additionally, in February 2004, CIAA adopted a set of principles for food and beverage advertising, which are being incorporated into national self-regulatory codes of conduct across Europe. The principles include a number of provisions specifically on children’s advertising.

To date practicable and evidence-based alternatives to self regulation have not been identified. Current proposals to use a generally applied nutrient profiling approach as a basis for a range of regulatory interventions, (especially the control of advertising to children) does not meet the basic requirement of reflecting nutrition science, since it ignores entirely the amount of food consumed. FDF does not therefore believe that any universal nutrition profiling scheme can be used fairly to assess whether or not an individual food is ‘healthy’ and can therefore be advertised freely. This is not an effective way to identify foods which should be subjected to restrictions on advertising aimed at children. Children’s food preferences are multifaceted. Advertising has been estimated to have only a 2% direct effect on food choice. Such a scheme takes no consideration of a child’s requirements, as an individual, for particular nutrients, nor of the portion size eaten nor the frequency of consumption. Indeed, universal nutrition profiling schemes tend to demonise foods such as meat and cheese which are good sources of nutrients for children (such as iron and calcium).

The codes on advertising are more flexible than legislation and can respond more quickly to specific issues. FDF members and the wider advertising industry are committed to working with Ofcom and Government on further tightening of self and co-regulatory codes to address concerns relating to advertising and promotion of foods to children.

The hypothesis that marketing of certain foods and drinks is a central issue in determining obesity levels is not adequately supported by evidence. The evidence available more strongly suggests that all food and drink (i.e. whether marketed and advertised or not) may be over-consumed by individuals whose body fatness level is increasing. The limited evidence that the energy density of the overall diet has an important influence on body weight in the short term has not been confirmed by longer-term studies. Most recently, the Women’s Health Initiative study in the United States of 50,000 women over 8 years failed to demonstrate any appreciable affect on body weight from a substantial reduction in fat intake, and therefore in the energy density of the

diet as a whole. There is no evidence that consumption of energy dense foods, in themselves, influence body weight either in the short or long term. Equally, there is no evidence that restrictions on the advertising or marketing of such foods are effective in delivering any improvements in the prevalence of obesity.

The role of advertising and marketing and their impact on dietary choice and consumer behaviour need to be viewed within the whole context of consumption behaviour. Advertising is primarily geared towards increasing market shares within specific categories in response to consumer demand. If consumer demand for high nutrient dense foods is generated then marketing activities will respond. It cannot in itself change behaviour. A good understanding of what affects consumer behaviour is imperative in ensuring actions deliver results rather than assuming it is due to marketing and advertising. Many factors other than advertising influence why, when, what and how much adults and children eat, for example, the influence of peers' and parent's behaviour: assuming advertising to be the major influence is misguided and distracts attention from more important issues.

Consumers must be empowered to make informed choices and have a sufficient range of products to exercise that choice wisely. For choice and information to be maximised, advertising and other forms of consumer communication should not be unjustifiably restricted simply because advertising communicates product characteristics to consumers and is a key feature of a market economy. Without it, consumers would not become aware of the availability of products, especially new ones, or of their composition and would therefore not be able to exercise effective choice.

- *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 implied assumption that the current regulations, both statutory and self-imposed, are failing to arrest some adverse influence of food and drink advertising and marketing on health is without foundation. None the less, industry has set in place codes of practice and cooperates with enforcement authorities in their implementation. In addition, efforts to equip children with the necessary skills to assess advertising and marketing claims (which they will need as adults) are underway.

In the UK 'Media Smart' is a media literacy programme, which aims to help children develop the ability to understand and interpret advertising effectively from an early age, so that they are able to make informed choices. Media Smart provides primary school children with the tools to help them interpret, understand and use information provided in adverts to their benefit. The programme teaches children to question their sources of information and helps them think about the influences on their everyday choices. Media Smart is supported by the UK Government and funded by corporate sponsors and partner organisations, including some FDF members such as Kellogg's, Masterfoods, Unilever and Proctor & Gamble.

Self regulation will act to reinforce existing advertising law which already prohibits misleading claims. The definition of self regulation in this area, and its implementation and monitoring, are straightforward. Most countries already have in place the necessary advertising regulatory process. This could provide independent monitoring of self-regulation codes.

Monitoring (such as through the UK's National Diet and Nutrition Survey) would also allow tracking of dietary trends (for example reductions in total fat consumption; increased

consumption of fruit) and would permit all those concerned with the nation's health to see whether or not existing measures are working and where there are positive or negative trends. Accurate surveillance of food intake, physical activity and measurement of other health parameters is essential, both for highlighting current health concerns and monitoring future trends. The results of such surveillance are essential for the evaluation of interventions for their effectiveness.

V.2 Consumer education

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

Individuals should be encouraged to take responsibility for their own health, but to do so they need to have appropriate skills and ready access to information and wide range of food and health choices. Industry believes that it contributes to helping empower individuals to make the right choices by providing information about the food it produces. Industry also delivers a range of information and education materials on diet and health and is ideally placed to play an important part, in conjunction with Government, in the information and education arena. It is for governments to ensure the population is appropriately educated.

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

Initiatives from stakeholders must be compatible in order to avoid consumer confusion. Key stakeholders, including government, need to agree on some principal areas for progress right from the start, if any strategy is to have a hope of delivering change. This can only happen with the co-operation of all relevant stakeholders.

FDF has offered to work with government on the proposed public information programme on diet and lifestyle highlighted in the UK "Choosing Health" White Paper. FDF's involvement would amount to millions of opportunities every day to remind consumers of the importance of a balanced diet and an active lifestyle.

- *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 to?*

FDF's foodfitness programme is a healthy lifestyle initiative which promotes healthy eating combined with increased moderate physical activity. Foodfitness provides practical advice based on simple, positive science-based messages:

- Aim for 5 fruit and veg a day
- Be active in your daily life
- Base meals on starchy foods
- Take pleasure in active leisure
- Check out more lower fat choices

FDF members are committed to participating, together with the rest of the food chain and advertising industries, in a Government-led campaign of public education on healthy eating and healthy lifestyles, for example, through delivering messages on product packaging.

Everyone has a role in delivering healthy lifestyle messages and some key stakeholders at national and local government level have a responsibility to ensure the infrastructure and

resources are available to facilitate increased levels of activity. This includes housing, transport, environment, employment, etc..

The Food industry's role relates to specific product information and how it fits in the healthy diet and as an employer.

Messages on food and health need to be positive, easily understood and compatible with messages given by other stakeholders. The widest provision of such messages would help create a demand for appropriate food and health lifestyles. Industry and Government can work together to achieve this objective

V.3 A focus on children and young people

- *What are 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?*

Government should be the driver to try and instil good nutritional habits at an early age when moulding of dietary choices are more likely to be successful: it has a duty to specify the nutritional standards that it wishes to deliver for school lunches and other school food. FDF members support the idea of a 'whole school approach' and the Government's drive to improve the standards of school food; and will seek to meet the prescribed specifications. However, progress towards changing the school food offer needs to be pragmatic and taken at a speed which will not undermine the school meals system. Progress cannot go faster than children will tolerate nor suppliers can adapt.

Children will learn about how to balance their diet if they receive positive consistent messages from a variety of sources and occasions in schools. Parents also need to be taught how best to feed their children and to encourage balanced eating habits, e.g. through developing cooking skills. Helping parents to understand what constitutes a good diet can influence what they choose for their children to eat. It is important that such education is based on sound evidence and not consumerist dogma.

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

We believe that FDF can offer an example of good practice in this area.

During 2003, FDF introduced an interactive education programme on a healthy lifestyle to all UK primary schools for use with 7-9 year olds. The 'Join the Activators' CD Rom is designed to be incorporated in to the school's Personal, Social and Health Education (PSHE) programme. FDF's Join the Activators programme is approved by the DfES Curriculum Online service as an effective digital learning resource for teachers.

Schools are an important point of market entry for developing good physical activity levels. It has to be more regular and all inclusive. More focus needs to be given to physical education as a lifestyle skill.

- *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?*

Dietary surveys have shown that only a minority of children consume certain selected products excessively. Overall energy dense snacks provide a very small amount of energy intake to the

diet and so should not be the focus, instead the whole diet should be looked at with regards to this particular issue. A positive approach (which needs to be tailored to individual schools), encouraging the foods and drinks that these children should be consuming, together with the promotion of balancing, enjoyable physical activity opportunities is more likely to deliver improvements.

A whole school approach to diet and nutrition, along with a strong curriculum in food and food technology, can equip children with the basic skills necessary to exercise informed choice and to achieve a varied, balanced diet over time from the wide range of available foods and drinks. Teachers need to have an up-to-date knowledge of food technology and nutrition, as well as having adequate equipment and resources in the classroom, particularly at primary level. Only by educating children about the importance of a balanced diet, including cooking skills, and by enhancing knowledge of the production as well as the physiological and social aspects of food, can changes in pupils' behaviour, especially in building their diets, be achieved.

The food industry recognises that children may not always be able to make appropriate choice and acknowledges that the school environment is different from the high street: it cannot, however, be entirely insulated from it. FDF is therefore willing to explore the feasibility of developing a scheme, based on Target Nutrient Specifications (TNSs) and food categories and linked to portion sizes and GDAs (Guideline Daily Amounts), to introduce restrictions on non-lunch food in schools.

Self-responsibility and self-empowerment are linked to informed personal choice. These should be promoted as skills delivered through the education system and through any health promotion strategy.

- *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?*

By applying a cohesive, evidence-based strategy, led by government and involving the food chain, advertising industry and relevant government departments.

By establishing credible and consistent food and health messages, such as that portrayed by FDF's Foodfitness - a healthy lifestyle programme launched in 1996 to help consumers enjoy healthy eating combined with moderate physical activity. The **foodfitness** programme is used by health professionals, teachers, parents, employers and consumers of all ages, and involves a range of activities including national competitions, media programmes, education resources, exhibitions, conferences and partnership initiatives.

There is a need to overcome the negative media reporting of industry support for activities in schools. Clearly they need to be controlled regarding acceptable practice but whilst they continue to be reported negatively industry will be reluctant to offer substantial support.

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 improving the nutritional value of canteen meals?*

FDF members are committed to establishing and promoting healthy workplace schemes on diet and lifestyle in premises belonging to companies in the food chain and within their communities.

For example, foodfitness supports the British Dietetic Association (BDA) Weight Wise @ Work campaign, launched in June 2005 to encourage and empower people at work to make changes to their eating and physical activity habits to achieve and maintain a healthier weight.

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

A key element is the availability of opportunities to be active. These are influenced by the availability of facilities (both during travel and conveniently situated to the work place). FDF members are committed to establishing and promoting healthy workplace schemes on diet and lifestyle in premises belonging to companies in the food chain and within their communities. Many healthy workplace schemes such as BDA's Weight Wise @ Work campaign provide a focus on initiatives which increase the opportunity to eat healthily and increase levels of physical activity in the workplace.

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?*

Not within the industries field of competence.

V.6 Addressing the obesogenic environment

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

To the extent that the environment may influence the body weight of sectors of the population, public policies to facilitate the adoption of a physically active lifestyle should be considered. These include the encouragement of provision of facilities for exercise (e.g. work place gyms, sports fields and other opportunities (for example by tax breaks); provision of safe cycle lanes and good quality foot paths on streets; and adequate security, cleanliness, paths and lighting in public parks.

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

See above

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 socio-economic categories, and enable these groups to adopt healthier lifestyles?*

Measures will have different impact on different social groups. These will not neatly delineate by socio-economic status, nor should they be designed to do so. The biggest single lever to overall improvement will be the creation of a culture that exercise is desirable and that healthy lifestyles are attractive.

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

Industry and government could work more effectively in partnership to encourage active lifestyles and healthy diets. This requires constructive engagement by Government with industry stakeholders and a positive attitude to the contribution that the food and drink industry could make. Any information strategy to improve the nation’s diet and health should also bear in mind any influence it may have on vulnerable groups. There is therefore a need to tailor messages and communication channels to the needs of different population groups.

Government should undertake and assess the results of projects addressing the health needs of socially deprived groups. It will also be necessary to address the food intake of people with more specialised dietary needs (such as food allergies/intolerances) as well as socio-economic needs. Industry welcomes the Low Income Diet and Nutrition Survey being undertaken by UK’s FSA which aims to provide additional data in this area and to inform subsequent Government policy.

A competitive food chain is the best way of ensuring the availability of the widest variety of food and drink at affordable prices. In turn, policy makers should focus on the whole diets - and lifestyles - of different social groups, rather than individual foods.

V.8 Fostering and 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?

Consumers need to be aware of what constitutes a balanced diet, as informed choice can create demand, to which industry would seek to respond.

To encourage people to take up appropriate lifestyles, based on a balanced diet and some physical activity, FDF believes that consistent, agreed basic nutrition and health messages should be developed and promoted. For example foodfitness key messages:

- Aim for 5 fruit and vegetables a day
- Be active in your daily life
- Check out lower fat/sugar/salt choices
- Take pleasure in active leisure
- Base meals on starchy foods.

Policy initiatives should be taken forward holistically, based on social, environmental and economic factors. To be effective, any such strategy requires consistent, positive messages in the context of the whole diet, rather than single issues. Government should facilitate co-operation with all relevant stakeholders.

Understanding how positive dietary trends over the past few years were achieved might help achieve beneficial changes in other areas of the diet.

- Which role at national and at Community level?

Many activities are best undertaken at a local level. Some require national Government engagement. Few examples are appropriate to Community action. These include funding of the necessary research and the collation of diet, health, morbidity and mortality data.

V.9 Recommendations for nutrient intakes and for 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?*

Food based dietary guidelines need to be flexible so that they can be adapted to the differing needs of local communities. A “Community” set of guidelines cannot be appropriate. However, a simple scheme framework that emphasises balancing diets and taking enough physical activity, such as the US pyramid model, can be used to promote balanced lifestyles. A model such as this allows foods from all cultures to be slotted into the various segments. The basis of a balanced diet remains constant across cultures but the foods that make up the diets will differ with cultures. In addition, the specific food advice given must reflect the particular diet-related health problems of each community. No single food contains all the nutrients needed for good health; consumption of a wide variety of foods each day is important. And few foods are equally acceptable to all cultures. A flexible framework will allow food-based advice to be tailored to the various local diet-related problems of individual communities.

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

A number of nutrient targets for populations have been proposed. Several of these have been derived from controversial interpretations of the limited evidence base. Goals for individuals would be more appropriate and more easily communicated to the public.

Positive messages work best. See V8 above. People do not respond to being ‘preached at’ or given negative messages. In addition, serious consideration needs to be given first to the necessity of meeting all these (somewhat arbitrary) targets precisely and simultaneously.

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

Pictorial guides translate nutrient recommendations into guidance for food choice by providing consistent visual information about what constitutes a healthy diet. A food guide that is relevant and recognised by individual communities may have some positive influence in changing eating habits. See V8 above

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

FDF believes that the concept of universal nutrition profiling, of which the UK FSA model is an example, is fundamentally flawed for several reasons:

- Any attempt to assess the nutritional worth of a food using a universal nutrition profiling model conflicts with the basic nutritional principle that it is the combinations of foods eaten and the amounts consumed that is important, not solely the nutrient content of a fixed quantity of those individual foods.
- Such a scheme takes no consideration of individual requirements either for various nutrients, or of the portion size eaten and the frequency of consumption.

- The approach subjectively labels food as ‘good’ and ‘bad’. This fundamentally conflicts with sound nutrition science.
- No such model can credibly address at the same time all the various issues that may occur in populations as diverse as the EU: obesity and underweight; diseases and risk factors such as heart disease or blood pressure; dietary imbalances such as low fruit and vegetable intake; and take account of the diet. Simplistically according a particular “score” to individual foods is unhelpful and misleading to consumers.
- However, educating consumers about how to use Guideline Daily Amounts (GDAs) will also help them to understand the nutritional value of foods *and* how they can fit into their diet.

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? If so, through which means?*

Conversations at a technical level with scientists in other parts of the world will add to the knowledge base on which more successful approaches may be based. Contact between policy makers may also be helpful but will be constrained by the differences in circumstances that pertain.

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?*

There is a need to look more at what affects people’s practice and behaviour, i.e. the drivers of and barriers to change. Reversing the causes is not the only way to deal with the issue and interventions can involve taking positive action, for example the introduction of fluoride toothpaste has done far more to prevent dental caries than persuading people not to snack between meals or avoid sugar. There also needs to be a resolution of the debate as to the extent to which intervention aimed at changing people’s lifestyles is merited, given the present imperfect state of evidence and the fundamental commitment of the Community to personal freedoms.

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

Unbiased education and information are the top priorities.

These should be focussed on how to eat a balanced diet while dispelling the many popular but misleading myths about food and diet.

Industry also agrees that choosing a healthy lifestyle and diet should be made as easy as possible. This is not to say that the population should be regimented, coerced or bribed to follow any dietary approach, unless unquestionably based on sound science. The current science base relating to diet and health is not without legitimate controversy on almost every topic, especially population nutrient guidelines.

The UK Food and Drink Manufacturing Industry

The Food and Drink Federation (FDF) represents the food and drink manufacturing industry, the largest manufacturing sector in the UK, employing over 500,000 people. The industry's annual turnover is over £69bn. It purchases some £11bn worth (about two thirds) of UK agricultural produce and imports a further £21bn worth of food and drink products, of which £46bn is unprocessed and £10bn is lightly processed. UK food and drink exports in 2004 were almost £10bn.

The following Associations are members of the Food and Drink Federation:

ABIM	Association of Bakery Ingredient Manufacturers
ACFM	Association of Cereal Food Manufacturers
BCA	British Coffee Association
BCCA	Biscuit, Cake, Chocolate and Confectionery Association
BOBMA	British Oats and Barley Millers Association
BSIA	British Starch Industry Association
CFA	Chilled Food Association
CIMA	Cereal Ingredient Manufacturers' Association
EMMA	European Malt Product Manufacturers' Association
FA	Food Association
FOB	Federation of Bakers
FPA	Food Processors' Association
GPA	General Products Association
IDFA	Infant and Dietetic Foods Association
MSA	Margarine and Spreads Association
NABIM	National Association of British and Irish Millers
NACM	National Association of Cider Makers
SB	Sugar Bureau
SIBA	Society of Independent Brewers
SMA	Salt Manufacturers' Association
SNACMA	Snack, Nut and Crisp Manufacturers' Association
SPA	Soya Protein Association
SSA	Seasoning and Spice Association
UKAMBY	UK Association of Manufacturers of Bakers' Yeast
UKTA	UK Tea Association

Within FDF there are the following sectoral organisations:

FF	Frozen Food Group
LDT	Lifestyle and Dietary Trends Group
MG	Meat Group
ORG	Organic Food and Drink Manufacturers' Group
SG	Seafood Group

VEG
YOG

Vegetarian and Meat Free Industry Group
Yoghurt and Chilled Dessert Group

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