

CFG 06/06

**'Promoting Healthy Diets and Physical Activity : a European dimension for the prevention of overweight, obesity and chronic diseases.' Foodaware's response to the European Commission's Green paper COM (2005) 637 final**

Foodaware: the Consumers' Food Group, coordinates the broad UK consumer movement's work on food safety, nutrition and standards. Our mission is to give UK consumers a strong voice on food policy by bringing together the organisations that represent them. We also consult and support the UK consumer representatives on food related committees, and further the public understanding of science. Our members are consumer, women's, family, ethnic minority and enforcement organisations, who also contribute time and expertise to our representations.

**1. Executive Summary and Main Recommendations**

1.1 This is in many ways a disappointing document. It is intended as a response to the Council's invitation to contribute to promoting healthy lifestyles and study ways of promoting better nutrition within the EU. While the Green paper acknowledges the growing concern in Member States about the economic and social consequences of the increase in obesity, the high cost to health providers and businesses, it is full of generalities about the causes and consequences and gives no indication of where solutions may be found.

1.2 The document says nothing about the specific actions which might usefully be introduced at a European level and for which the Community has not just legal competence but relevant expertise. It acknowledges the importance of integrating this work into relevant policies and highlights existing initiatives such as the European Platform for Action on Diet, Physical Activity and Health and the European Network on Nutrition and Physical Activity. We welcome and support these initiatives, but the Commission fails to suggest any specific actions that might form part of a European Strategy to deal with 'the obesity epidemic' and its consequences. The Green Paper is intended to promote a broad-based discussion and responses before it prepares a series of health strategies which will include nutrition and obesity. Not to include any specific proposals represents a missed opportunity.

1.3 Our main recommendation is that the EU should establish a broadly based nutrition policy which would include :

36 Leyland Avenue, St. Alban's Hertfordshire AL1 2BE  
Tel: 00 44 1932 828262 Fax: 00 44 1932 828272  
e-mail: [lucyharrisuk@yahoo.co.uk](mailto:lucyharrisuk@yahoo.co.uk)

European Research into Consumer Affairs, [www.net-consumers.org](http://www.net-consumers.org)

- a duty on Governments and the EU to ensure that consumers have access to independent, objective information on diet, nutrition and health
- a commitment that consumers should have access to a wide range of foods at reasonable prices, and that this will be reinforced by a reformed agricultural policy which promotes local production, crop diversity, and improved nutritional quality
- removal of subsidies from unhealthy products such as tobacco, sugar and animal fats
- adequate food labelling so consumers are able to make informed choices about foods at the point of purchase
- collaboration between Member States including dissemination of research on nutrition, health inequalities, the barriers to healthy eating and best practice in changing attitudes and behaviour
- collection of consistent and comparable EU data on nutritional status and needs focussing particularly on vulnerable, disadvantaged and low income populations

The role of the European Food Safety Authority in this field should be expanded.

The Commission should also review existing Community policies (e.g CAP and Common Fisheries Policy) to ensure they support and promote the healthy diet initiative and make recommendations for change where appropriate. The Commission should adopt strong measures to limit inappropriate and misleading health claims on foods and support improvements in nutritional labelling so people can make more informed choices if they so wish. The Commission should encourage the sharing of best practice and promote initiatives whose effectiveness has been demonstrated and independently verified.

## **2. Background Information**

2.1 The Green Paper cites a number of examples of the impact of poor diet and nutrition on health and economic performance. For example, in the EU it is estimated that obesity accounts for up to 7% of health care costs and in England alone the National Audit Office in 2001 estimated that this accounted for 18 million days of sickness absence and 30,000 premature deaths. The direct health care cost of this was considered to be at least £500 million. There is no doubt about the urgency of the situation and the rate of growth in obesity in the UK is particularly worrying compared with other Member States. In the Netherlands (NL) 38,000 cases of cardiovascular disease among adults aged 20 and above can be attributed to unfavourable composition of the diet. Also, the Dutch Institute for Public Health and the Environment (RIVM) concluded that 'an excessive intake of the 'wrong' type of fats, such as saturated and trans fatty acids, increases the likelihood of developing cardiovascular disease by 25%, while eating fish once or twice a week will reduce this risk by 25%'.

2.2 Unhealthy diets and a lack of physical activity are accepted as the leading causes of avoidable illness and premature death in Europe, and the rising prevalence of obesity across Europe has been identified by the Council of Ministers as a major public health concern. The Council has asked the Commission to promote healthy lifestyles and study ways of promoting better nutrition. It is encouraging initiatives in Member States and the Commission to implement initiatives to promote healthy diets and physical activity. The authority for this is Article 152 of the Treaty which 'requires that a high level of human health protection be ensured in the definition and implementation of all Community policies'.

2.3 The Commission supports:

- an integrated approach which includes promoting healthy lifestyles with actions to address social and economic inequalities and the physical environment
- multi-stakeholder approaches such as the European Platform for action on Diet, Physical Activity and Health launched in March 2005
- cross cutting actions to link health with policies concerning agriculture, fisheries, education, sport, consumer, enterprise, research, social, internal market, environment and audio-visual policies
- promotion and prevention through the new Health and Consumer Protection Programme
- the contribution of the European Food Safety Agency (EFSA) in underpinning actions on nutrition.

### **3. Specific Questions from the Commission**

In this section we do not address those aspects which are beyond our remit, such as promotion of physical activity, health service implications, and workplace issues.

#### **3.1 Health across EU policies [IV.3]**

***What are the concrete contributions which Community policies, if any, should make....?***

In the main, given the Commission's limited resources to carry out existing policy, we believe that the promotion of healthy diets and physical activity is a matter for Member States who can take account of national requirements and diversity within their populations. The Commission should, however, reinforce national actions by establishing a comprehensive nutrition policy. Foodaware's proposals for an EU nutrition policy can be found on our website [www.foodaware.org.uk/nutrition](http://www.foodaware.org.uk/nutrition). The main recommendations are :

- That Governments and the EU should have a duty to ensure that consumers have access to independent, objective information on diet, nutrition and health

- That consumers should have access to a wide range of foods at reasonable prices
- That consumers are able through adequate food labelling make informed choices about foods at the point of purchase
- That the issue of low income consumers and health inequalities should be addressed
- That the EU should ensure that agricultural and other policies do not discourage a healthy diet but seek to improve the nutritional quality of food e.g by promoting crop diversity and production of food containing higher antioxidants and removing subsidies from unhealthy products such as tobacco, sugar and animal fats.
- That Member States collaborate and share information on best practice and that the EU R&D programme include the dissemination of research on nutrition and research into the barriers to healthy eating.
- The collection of EU statistics relating to nutritional status and needs should be improved and agreement needs to be reached on best practice in data collection so that the results are consistent and comparable.

The European Food Safety Authority has a significant role to play in this area.

In our view, the Commission should also review existing Community policies to ensure they support and promote the healthy diet initiative and make recommendations for change where appropriate. In particular, reform of the CAP by eliminating subsidies (especially for products such as tobacco and sugar) and encouraging local production of alternatives would be welcome. A sustainable fishing strategy that helps to promote fish consumption while preserving stocks is also highly desirable. The Commission should adopt strong measures to limit inappropriate and misleading health claims on foods and support improvements in nutritional labelling so people can make more informed choices if they so wish.

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

Fresh food needs to be made exciting for children and easy for busy adults to consume. There are many successful initiatives in the UK to promote healthy eating, particularly in schools. The Commission should encourage the sharing of best practice between Member States. Encouraging local production, farmers markets, direct sales and pick your own seasonal produce are ways of supporting lower price, affordable, produce of high nutritional quality which has not lost nutrients by long storage and travel. Provision of allotments and encouraging home production can help. This needs to be reinforced, however, by teaching cooking skills, food science and technology in the classroom and by education initiatives aimed at adults and children. The FSA teaching bus is a successful example of how this can be done.

The Commission should promote greater consumption of fruit, vegetables and complex carbohydrates; establish a sustainable fisheries policy; and support measures to encourage a shift in consumption from animal fat to vegetable oils.

***On which areas related to nutrition, ...and consumer behaviour is more research needed?***

More research is needed on why consumers make particular food choices; the psychological factors that influence them and the relationship between income and food choices for particular population groups. More research is needed on the nutritional status of vulnerable groups, especially low income consumers and groups with particular health needs such as the elderly, pregnant women, children, and ethnic minority populations, some of which face a double vulnerability having low incomes and special nutritional needs. EFSA should help the Commission to establish targets for a healthy nutritional intake. WHO targets could form a basis for this. Achieving the targets should be a responsibility for Member States and progress towards their achievement should be monitored, perhaps through an extension of the EU Scientific Cooperation Project (SCOOP).

**3.2 The Public Health Action Programme [IV.4]**

***How can the availability and comparability of data on obesity be improved with a view to determining the precise geographical and socio-economic distribution of this condition?***

***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?***

We believe that there is significant knowledge about the extent and increasing impact of this problem particularly in the UK where the rate of increase in obesity is amongst the highest in the EU. What there is a lot less knowledge about, are how the trend can be reversed and which interventions are most likely to be successful.

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

Different channels will be appropriate in different Member States depending on the levels of existing knowledge and public awareness. The most appropriate channels are the national competent authorities, broadcasters, journalists, voluntary and independent organisations representing different stakeholders. In the UK the diagnosis of the problem and its causes are well understood so the emphasis needs to shift to understanding how attitudes and behaviours can be encouraged to change. The EU could assist in the sharing of information between Member States, and dissemination through the relevant European Stakeholder Groups and networks.

The European Consumer Consultative Group should be included amongst the stakeholders.

### **3.3 Consumer Information, advertising and marketing [V1]**

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

Community legislation covering nutritional labelling provides that the scheme is voluntary, but if nutritional information is given, it must be in a prescribed format. Nutrition information is voluntarily provided about some of the macro-nutrients in many foods (eg energy, protein, carbohydrate and fat) but is not comprehensive. Information about salt and sugar should also be required. Where a claim is made about micronutrients more detailed information must be given. Priority should focus on finding better ways of helping consumers understand and use such information. In this regard, we support the FSA initiative on signpost labelling using a traffic-light system and are disappointed that the food industry favours a concept based on guideline daily amounts which proved more difficult for consumers to understand and use. If the industry model is chosen as the standard consumers are less likely to make the best choice. The main aim must be to communicate information to the consumer in a simple way so that it can be understood by those trying to make fast choices in the supermarket, shopping with children or who have low levels of literacy.

#### ***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?***

We do not oppose working with industry to define appropriate standards and identify areas for collaboration. Voluntary codes have not, however, proved effective in limiting the advertising of energy dense and micro-nutrient poor foods either in the broadcast or written media. There needs to be a clear statutory framework surrounding any voluntary initiatives and commitment from Member States to enforce the requirements regarding advertising and promotions.

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

Effectiveness depends on having 100% participation from the industry sector concerned and high levels of voluntary compliance with the requirements. Without significant commitment from the industry, any scheme is only as strong as its weakest link. Sanctions are also critical and unless there is some legal arrangement in to which the companies are bound, there are few if any effective sanctions against those who fail to comply. Public credibility is essential for self-regulatory schemes. It requires that at least 50% of members on any governing body are independent and

that there are resources to monitor effectiveness by carrying out research and inspecting compliance.

***Which measures should be taken to protect vulnerable consumers from advertising, marketing and promotion activities?***

Ensuring that the existing legislation is appropriately enforced in all Member States would be a good starting point. Restrictions on the advertising of unhealthy snacks to children particularly around children's programmes and on television channels aimed at children are necessary. We also want to see a prohibition on the use of nutrition and health claims on foods that have adverse nutritional profiles.

### **3.4 Consumer Education [V2]**

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

This can best be achieved by educational messages disseminated in a multitude of ways – tv and radio support is crucial; diverse media need to be employed and synergies exploited eg between children and parents, carers and those cared for, health professionals and their patients etc. Individual projects can have significant impacts. There are no simple solutions and even when informed, consumers may choose to ignore the messages.

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

They can help to fund activity, support information provision, training etc but they require significant commitment from all parties and are rarely sustained over the long term as would be required for a problem on this scale affecting whole populations.

***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?***

There are many existing examples for the Commission to consider. Whatever messages are chosen, they need to be appropriately targeted and simple - the FSA 5 a day campaign is a good example.

### **3.5 A focus on children and young people [V3]**

***Questions relate to improving the nutritional value of school meals, fostering healthy dietary choices at schools and at home***

Educational initiatives should be an integral part of food policy. Improved food provision in schools is vital to the health and readiness to learn of children. There

have been some excellent initiatives in the UK such as breakfast clubs, selling fruit in tuck shops in place of sweets and provision of water cooling facilities to provide easy access to clean drinking water. The UK Department of Health School Fruit and vegetable Scheme is also an excellent initiative under which all four to six year old children in local authority maintained schools in England are eligible to receive a free

piece of fruit or vegetable every school day. This not only increases consumption among nearly 2 million children but reinforces the message that fruit and vegetables are a good snack food. This is a similar concept to EC schemes for funding milk in primary schools in the past. Children need to be taught about what constitutes a healthy diet and the appropriate cooking and budgeting skills. The EU should increase support to the European Network of Health Promoting Schools and encourage exchange of experience.

Nutritional standards for school meals existed in the UK from the Second World War until they were removed in the early 1980s. Foodaware supports the re-introduction of standards for school meals and the recommendations of the School Meals Review Panel on the development and implementation of nutritional standards for school lunches. Similar standards should be applied to tuck shops and vending machines in schools. Free school meals schemes should also be supported. Establishing standards for food provided in a school is not the whole story. Many children bring food into school from home or go out at lunchtime to buy food outside school. Schools need to develop whole-school policies on healthy eating.

Action against the promotion of unhealthy foods to children is overdue, and the increase in consumption of processed food products makes the need for simple factual indicators of healthy choices more pressing. We are supportive of the work of the Food Standards Agency in developing nutrient profiling but this needs to be accompanied by restrictions on advertising to children.

### ***How can other stakeholders including industry support health education efforts made by schools?***

Initiatives such as providing drinking water coolers in place of bottled mineral waters or fizzy drinks are commendable, but we are concerned about the potential for food and soft drink companies to promote particular brands in schools on vending machines or in literature. Advertising or marketing of sugary or fatty foods should not be allowed in places frequented by large numbers of children (schools, clubs, children's websites etc). The UK School Food Trust has recently made recommendations to Ministers for restrictions on marketing in schools including e.g no confectionary should be sold in schools; no bagged savoury snacks other than nuts and seeds without added sugar or salt; a variety of fruit and vegetables should be available and children should have access to fresh free chilled water at all times, and this should not be in the toilet block. The only other drinks available should be bottled water, low fat milk, pure fruit juices, yoghurt and milk drinks with less than 5% sugar, tea or coffee. Industry should stop trying to block these positive recommendations but recognise the positive benefits to be gained by society as a



whole. Any support must ensure that the integrity of the educational materials is maintained, that the independence of the teachers and health professionals is recognised and that the vulnerability of children is not exploited.

### **3.6 Socio-economic inequalities [V7]**

***Which measures, and at what level, would promote healthy diets and physical activity towards particular 'disadvantaged' populations?***

***How can the 'clustering of unhealthy habits' be addressed?***

Both these problems require a variety of different approaches relevant to different populations. Again there have been many inspiring initiatives such as the involvement of football clubs in promoting nutritional and sporting activity to children, The Scottish Community Diet Project and healthy eating projects in schools in England, Wales and Northern Ireland have been very successful at an individual level. The diets of ethnic populations and those with special dietary needs also require consideration. The Commission should review a range of different approaches to see which are the most effective in changing behaviours in different Member States and which are most capable of reproduction and likely to be sustainable.

### **3.7 Fostering an integrated and comprehensive approach [V8]**

***Which are the most important elements – at national or Community level?***

The Community should support and reinforce national initiatives, and seek to add value by encouraging the sharing of best practice and establishing common standards for the collection and analysis of data.

### **3.8 Recommendations for nutrient intakes and for the development of food-based dietary guidelines [V9]**

***In which way could social and cultural variations be taken into account in food-based dietary guidelines at a European level?***

***How can gaps between nutrient targets and actual consumption be overcome?***

***How can dietary guidelines be communicated to consumers? In which way could nutrient profiling systems contribute?***

These are complex and difficult questions to which there are no simple answers. They are worthy of a Symposium to share ideas, experience and good practice and involving practitioners, health professionals, education specialists, youth and community workers, voluntary organisations and consumer groups. Among the examples which come to mind, the FSA traffic light labelling proposals would offer a

good simple way of communicating with people. Better labelling legislation would help but development of a variety of voluntary national systems could not be fully effective as they would not extend to imported products.

### **3.9 Co-operation beyond the EU**

#### ***Under which conditions should the Community exchange experience with non EU countries and by which means?***

Worldwide collaboration could greatly improve the effectiveness of nutritional understanding and information if the EU was able as a result to insist on specific labelling for all imported foods. The Commission should continue to engage with the WHO and Codex in relation to these issues so that initiatives which require regulatory action can be aired, scientific expertise shared and consumer interests taken into account.

### **3.10 Other issues**

#### ***Are there any issues which are not addressed which need consideration? Which of the issues should receive first priority and which are less pressing?***

The Commission should review what is already being done and what is effective first. It should then identify gaps in knowledge, scientific understanding and where it can use its limited resources most effectively. It should also encourage the sharing of good practice. The Commission should also review advertising legislation and codes of practice to ensure that the promotion of food products does not disguise or mislead people about their contribution or lack of contribution to a healthy diet.

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