

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

The Food Commission (UK) Ltd

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1. The UK Food Commission (www.foodcomm.org.uk) is a non-governmental, not-for-profit, consumer advocacy body based in the United Kingdom. It is a founding member (and European representative) of the International Association of Consumer Food Organizations and in the UK is a member of the umbrella organisation Sustain: the alliance for better food and farming. The UK Food Commission is responsible for various campaigns and programmes, including The Parents Jury, The Food Irradiation Campaign, Chuck Snacks off the Check-Out, Chew On This (www.chewonthis.org.uk) and publishes the quarterly journal The Food Magazine.

2. We wish to express our congratulations to the European Commission for publishing the Green Paper and for the additional activities it is undertaking to tackle obesity and promote better nutritional health. Our comments on the Green Paper have been made in the spirit of moving this work forward. We have kept these comments to a brief format, tabulated to match the specific questions posed in the Green Paper.

Green Paper questions	UK Food Commission comments
IV 3.2	
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?	Health impact assessment of all Community-originated policies: e.g. TV without frontiers, common agriculture policy, fisheries policy, food safety policy. These should be undertaken as open and transparent processes for assessing health consequences and modelling the impact of different policies: research support may be needed for this modelling process.
Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?	Removal of subsidies on all non-fruit and veg agriculture, support for distribution of fruit and veg to all residents (especially in remote areas and in 'food deserts'). Review of marketing quality standards to put nutritional quality above criteria for appearance and size etc. Review of approval for the use of colouring and flavouring additives which provide 'fruit' effects in non-fruit-containing foods. Consider national policies to provide free servings of vegetables with purchased meals in public sector catering services. Promotional marketing of processed foods should not be a tax deductible expense.
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?	Research is needed on the modelling of the 'upstream' determinants of food and activity choice – e.g. food prices, food industry investment incentives, externalised food transport costs, road design, marketing and labelling.
IV 4.3	
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?	Coherent series of sample surveys across EU, especially children, repeated annually. Raw data made publicly available to all researchers. NB Self-reported data is too unreliable for this purpose.
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?	Authoritative statements from a review panel at EC level, backed up by media work from NGOs and research bodies. (NB the Eurobarometer surveys show NGOs are highly trusted by the public, and in our experience a combination of NGOs and reputable scientists is most potent.)
Which are the most appropriate dissemination channels for the existing evidence?	Depends on the target: methods for communicating to corporations differ from those needed for communicating to politicians.

V.1.2	
When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?	The most reliable answer is the survey undertaken by the UK Food Standards Agency, showing a preference for either a single traffic light or a combination of up to five nutrient-specific traffic lights. The Food Commission prefers the single traffic light scheme, linked to food profiling. We would also recommend that certain foods might be exempt: namely those consisting of a single ingredient with minimal processing (e.g. a fish, an avocado).
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?	Traffic light scheme should need little 'education', although children may benefit from an explanation. The educational materials, if needed, should be from government or non-profit sources, not from industry.
Are voluntary codes ("self-regulation") an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods?	No. Voluntary codes within the food and drink sector have been poorly followed by industry, and monitoring and enforcement and ineffective. Regulation ensures a level playing field for all companies in the sector, hence it provides a fairer market place for smaller enterprises who cannot afford major marketing campaigns.
What would be the alternatives to be considered if self-regulation fails?	Legislation. We believe that some food companies would accept this approach – the biggest opposition will come from advertising agencies and their media outlets.
How can effectiveness in self-regulation be defined, implemented and monitored?	All our experience says it cannot. For example, where it is not enacted into legislation, the Code of Marketing of Breastmilk Substitutes is flaunted daily by major industry players, despite their agreement to abide by the Code in all countries.
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?	Strong consumer protection: e.g. restrictions on health claims, controls on all marketing devices to children or likely to affect significant numbers of children. Regarding 'media literacy', most marketing works through non-rational psychological influence, and media literacy provides little protection from this.
V.2.1	
How can consumers best be enabled to make informed choices and take effective action?	From authoritative sources only, with no industry interests who have repeatedly been shown to provide only partial, selected information suiting their marketing needs.
What contributions can public-private partnerships make toward consumer education?	Preferably none, unless funded through blind trusts with independent trustees.
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?	Most consumers already have these messages: they are not what influences behaviour (although there is evidence of a small effect on behaviour if messages are delivered by a doctor treating your already-diseased condition). The 'messages' that have worked in changing children's food choices are either commercial or use commercial-style approaches, e.g. Food Dudes – and a key element of Food Dudes is that it demonises a section of the food industry (General Junk and his Junk Punks) as part of its message.
V.3.2	
What are good examples for improving the nutritional value of school meals	We strongly support the UK School Food Trust recommendations to the UK Dept of Health. We also believe the Scottish school meals programme in last 3 years has made significant improvements to their meals services.
How can parents be informed on how to improve the nutritional value of home meals?	By example from public institutions: e.g. from crèches and pre-schools, schools and hospitals. Also ante- and post-natal classes, by midwives and health visitors. There should be no free samples of commercial products or inducements which undermine feeding and weaning recommendations for new mothers. Stronger enforcement of the Marketing Code on Breastmilk Substitutes should be considered.
What is good practice for the provision of physical activity in schools on a regular basis?	Needs a whole-school approach: including PE, activity in break periods, reduction of sedentary behaviour (e.g. TV watching), out-of-school clubs, active transport schemes, and the increased use of school out-of-hours for community use. All policies should be agreed with children's participation and 'ownership' of the

	implementation.
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?	Needs a whole-school approach: e.g. healthy non-branded vending machines, free vegetables with all meals, pleasurable canteens, health education and cooking in the curriculum, school-community events. All policies should be agreed with children's participation and 'ownership' of the implementation.
How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools?	Food industry must keep out of schools: their commercial interests are incompatible with promoting healthy lifestyles. Commercial support should only be through blind trusts. Health-promoting schools may need greater resources than they have at present (both financial and human) and capacity building will be required. This requires building up appropriate evidence to show that the benefits are cost effective in terms of health gains, behavioural gains and educational (and hence employment etc) gains in subsequent years.
What role can public-private partnerships play in this regard?	Non-food sector may have a role, but fully transparent, vetted and non-branded. Food sector should only contribute through a blind trust mechanism. Sponsored teaching material should be prohibited or vetted before use, and donated equipment etc should be provided without any donor branding or donor publicity.
V.4.1	
How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?	As with the whole school approach, the principles of worker participation in forming a workplace food policy should be promoted. Free vegetables with each meal.
What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?	As with the whole school approach, the principles of worker participation in forming a workplace physical activity policy should be promoted.
V.5.1	
Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?	As an employer, the health services need to set an example of best practice for nutrition and activity policies. As a carer for the sick, the services should ensure high levels of health promotion and opportunity. As facilities for healthy people, they should set an example as health promoters.
V.6.1	
In which ways can public policies contribute to ensure that physical activity be "built into" daily routines?	Dramatic increase in the cost of oil. Low cost train travel at weekends. Free bicycles and safe cycling routes. Fiscal incentives to local authorities for road redesign. Congestion charging.
Which measures are needed to foster the development of environments that are conducive to physical activity?	Pedestrian and child friendly road designs, neighbourhood design, policing and cleaning measures, traffic-free streets, safe cycle routes etc. More signs saying 'ball games permitted'. Clean and secure parks. Playgrounds for adults to play alongside children.
V.7.1	
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?	Decrease poverty and ensure welfare payments are matched to cost of a healthy diet 'basket'. Planning policies to reduce food deserts, increase traffic-free zoning in high-density housing areas, increase neighbourhood policing and play space facilities in these areas.
How can the "clustering of unhealthy habits" that has frequently been demonstrated for certain socio-economic groups be addressed?	Reduction of national inequality (Gini index) levels. Enhancement of self-esteem through improved incomes and environments.
V.8.2	
Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?	A set of options that work at all levels: upstream determinants and downstream behaviour. Upstream determinants can be assumed to include policies relating to economic measures which affect food prices, food availability and physical environments.
Which role at national and at Community level?	Many of the upstream determinants will be influenced by Community level policies, as a full health impact assessment of all DGs' activities would show..

V.9.3	
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?	Set general targets for local interpretation. Use phrases like ‘at least’ 400g fruit and veg/day, ‘not more than’ 6g salt/day etc.
How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?	See comments on the upstream determinants of food choices, above. Choices are determined by the four ‘Ps’ – price, promotion, position (availability) and product quality – all of which can be addressed through social policy measures to remedy market distortions.
How can dietary guidelines be communicated to consumers?	From independent, non-interested parties.
In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?	Profiles are guides to ‘eat less’ and ‘eat more’, and they can be used to compensate for market failures by constraining the promotion of ‘eat less’ and encouraging the promotion of ‘eat more’ foods.
V.10.2	
Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries?	Is there a reason for restraint here? We have to take care that trade controls do not encourage a lowering of standards: Codex should start from the position that the highest consumer protection standard applying in any one country is the principle standard for all traders, to be lowered only in compelling circumstances.
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?	Ensure that all measures are fully supportive of the WHO Global Strategy on Infant and Young Child Feeding, and the Global Strategy on Diet, Physical Activity and Health, and that the Commission is fully supportive of the Regional WHO programme for addressing obesity.
Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?	Begin the process of drafting a Code for food marketing directed at children, without waiting for the industry to fail to make sufficient changes. Develop the economic case for improving the health of children.

Tim Lobstein
 Director
 The Food Commission (UK) Ltd
 94 White Lion Street
 London N1 9PF
 +44 (0)20 7837 2250
 tim@foodcomm.org.uk
 www.foodcomm.org.uk

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