



14 Fitzhardinge Street  
London  
W1H 6DH

T 020 7935 0185  
F 020 7486 5820  
W [bhf.org.uk](http://bhf.org.uk)

**British Heart Foundation response to the Commission of the European Communities Green Paper: *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic disease***

The British Heart Foundation (BHF) welcomes the opportunity to comment on the themes outlined in this Green Paper. We believe that the promotion of healthy lifestyles is a key element in the battle to prevent heart disease, and that the European Commission has role to play in both legislating to establish a commercial environment which supports consumers to make healthy choices and in promoting good practice and high standards in the public health arena.

The aim of the BHF is to play a leading role in the fight against disease of the heart and circulation so that it is no longer a major cause of disability and premature death. BHF engagement in public health is broad-ranging, and we are working to prevent CHD through a variety of initiatives, for example by funding a number of organisations at the forefront of the debate including the BHF Centre for Physical Activity and Health at the University of Loughborough, the BHF Health Promotion Research Group at the University of Oxford and the National Heart Forum (NHF). We are also active members of the European Heart Network, and due to take over chairmanship of this body later in 2006.

The BHF estimates that unhealthy diets are the cause of 30% of CHD deaths<sup>1</sup>. We believe that a change in people's behaviour so that they chose to eat less fatty, sugary and salty foods and more fresh fruit and vegetables is long overdue. The World Health Organisation confirmed the importance of tackling our increasingly sedentary lifestyle when in 2002 it published figures showing that lack of physical activity accounts for over 20% of coronary heart disease in developed states<sup>2</sup>.

### **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?***

---

<sup>1</sup> [www.heartstats.org](http://www.heartstats.org)

<sup>2</sup> World Health Organisation, *The World Health Report 2002: reducing risks, promoting healthy life*, 2005. See <http://www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=24&codcch=2002>

### Advertising and marketing

The BHF believes that the advertising of food and drink of poor nutritional value to children contradicts efforts to encourage a healthy diet and lifestyle. We therefore urge the European Commission to lead the way in banning such activity, by amending the Television without Frontiers Directive to prohibit the marketing of unhealthy foods to children.

### Labelling

In the UK, the Food Standards Agency (FSA) has consulted with relevant stakeholders and announced its recommendations for a system to signpost the levels of fat, saturated fat, sugar and salt in food products with a front of pack label (the system chosen is a 'Multiple Traffic Light' model which signposts food's fat, sugar and salt content as 'high', 'medium' or 'low'). However this labelling will not be mandatory and a number of food manufacturers and retailers have already announced proposals for their own labelling systems (see below). The BHF believes that such unilateral action will damage efforts to promote one uniform, clear model which consumers can recognise and utilise to make healthier food choices. We believe the European Commission should make nutrition signpost labelling mandatory and that individual national governments should develop a single recommended model which all members of the food industry should adopt.

### Agricultural policy

We would support mention in the Common Agriculture Policy of explicit reference of the need to produce foods that promote healthy diets and a greater focus on the promotion of fruit and vegetables, which are an essential part of a healthy diet.

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

A variety of national measures could encourage people in the UK to improve their consumption of fruits and vegetables. In particular, ensuring that fresh fruit and vegetables are more financially appealing may help to increase their general attractiveness to the consumer. Individual Governments should work with the food industry to ensure that the cheapest food options in supermarkets are not always items of poor nutritional value, and that healthy foods like fruit and vegetables feature more strongly in promotional offers. For example in 2005 a National Consumer Council report detailed the extent to which supermarkets promoted fatty and sugary foods over fruit and vegetable options, with one supermarket allocating only 7% of in-store promotions to fresh fruit and vegetables and four times as much to fatty, sugary foods<sup>3</sup>. All but one of the nine supermarket chains surveyed had at least double the number of promotions for these unhealthy foods as they did for fruit and vegetables. The BHF would like the European Community to place pressure of the industry to change the nature of promotional offers.

National governments could also sponsor individual programmes directed at society's most vulnerable groups. For example the UK's School Fruit and Vegetable scheme currently aims to provide a free piece of fruit or portion of vegetables to every child aged between 4 and 6. Because of the school setting this scheme has the potential to reach every child, especially if the age range were extended, which could be particularly beneficial to those children living in poorer households.

---

<sup>3</sup> National Consumer Council, *Healthy Competition: how supermarkets can affect your chances of a healthy diet*, 2005. See <http://www.ncc.org.uk/food/healthycompetition.pdf>

BHF suggests that one role for the European Community could be to provide best practice guidance or funding for national initiatives such as the School Fruit and Vegetable scheme.

#### **IV.4.3 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 socio-economic distribution of this condition?***

The work of the Working Party on Information about "Lifestyle and Health Determinants" funded within the Health Information Strand of the Public Health Action Programme should be better resourced and integrated more fully with the work of the Commission.

We would also suggest that the Strategy on European Community Health Indicators should include reference to the potential benefits of using Geographical Information Systems (GIS) to interrogate health data<sup>4</sup>.

***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?***

Numerous research studies have made clear the benefits of healthy diets and physical activity for reducing the risk of chronic diseases such as heart disease<sup>5</sup>. In the UK the government, health professionals and the media are all aware of the growing obesity crisis and the role that sedentary lifestyles and poor nutritional choices play in contributing to overweight and obesity. Healthy eating and physical activity messages need to permeate society however we believe that direct awareness raising aimed at members of the public should be led by individual governments.

Instead we suggest that the European Commission's Public Health Action Programme could play a leading role in identifying and disseminating good practice with regards to successful interventions and projects which are already showing good results.

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

Data should be presented to Member States and also to other relevant stakeholders such as non-governmental organisations working in the health field.

#### **V. Areas for action**

---

<sup>4</sup> An exploration of the potential of GIS to transform health data into meaningful decision support information is available from <http://www.ij-healthgeographics.com/content/3/1/1>

<sup>5</sup> For example Department of Health: Chief Medical Officer report, *At least five times a week: evidence on the impact of physical activity and its relationship to health*, 2004. See [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4080994&chk=1Ft1Of](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4080994&chk=1Ft1Of)  
World Health Organisation, *Diet, Nutrition and the Prevention of Chronic Diseases: Report of the joint WHO/FAO expert consultation*, 2003. See <http://www.who.int/dietphysicalactivity/publications/trs916/download/en/index.html>

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

Fat

This should include separate categories for saturated and trans fats. Over consumption of these fats can lead to overweight or obesity and higher LDL ('bad') cholesterol, which are risk factors for the onset of heart disease.

Sugar

Products should signpost non-milk extrinsic (NME or 'added') sugars as well as total sugars as excessive consumption of sugars can lead to overweight and obesity. BHF feels it is particularly important to limit the sugar consumption of children and young people, who are targeted disproportionately by poor lifestyle messages, as recent BHF-funded research has shown that even a small amount of extra body fat during youth may increase the risk of heart disease<sup>6</sup>.

Salt

31.7% of men and 29.5% of women in England suffer from high blood pressure, which is also a risk factor in the onset of heart disease<sup>7</sup>, and high salt consumption contributes to this problem. Processed foods currently account for approximately 75% of our salt intake<sup>8</sup>, so it is essential that consumers understand how much salt a product contains, and what proportion of the Guideline Daily Amount (GDA) this is.

***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 multi-faceted public education campaign will be needed, including advertising and promotional activities and an accompanying education programme provided in a variety of settings, including schools, hospitals and GPs surgeries and supermarkets.

Essential elements to educating consumers about food labels will be to communicate the basic principles of healthy eating and the effects of various nutrients (such as fats and sugars) on the body, and explaining principles such as GDA and 'per portion'.

Research undertaken by the FSA on signpost labelling highlighted the importance consumers place in trusting the 'authority' behind any labelling scheme. This would support the need for the government or one of its agencies to take a leading role in providing education and information about food labelling<sup>9</sup>. However, BHF believes healthy living messages must also be supported and delivered by a range of stakeholders, including health and education professionals as well as the not for profit sector, to ensure that the message permeates across society.

***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?***

The BHF believes that inevitably, the food industry has a vested interest in continuing to promote products which, if excessively consumed, may adversely affect efforts to encourage healthy diets and lifestyles.

---

<sup>6</sup> Whincup P, et al (2005). *Arterial Distensibility in Adolescents: The Influence of Adiposity, the Metabolic Syndrome, and Classic Risk Factors*. *Circulation* 112: 1789-1797

<sup>7</sup> Food Standards Agency, see [http://www.salt.gov.uk/blood\\_pressure.shtml](http://www.salt.gov.uk/blood_pressure.shtml)

<sup>8</sup> Food Standards Agency, see <http://www.food.gov.uk/healthiereating/salt/saltprogressstatement/>

<sup>9</sup> <http://www.food.gov.uk/multimedia/pdfs/signpostqualresearch.pdf>

In the UK several food manufacturers and retailers pre-empted the announcement by the FSA of its preferred signpost labelling model. For example, Tesco announced and is publicising its own nutrient signposting system, whilst the Biscuit, Cake, Chocolate and Confectionary Association (BCCCA) has launched 'Be treatwise' which it describes as a 'consumer education initiative'. The 'Be treatwise' scheme encapsulates the problems posed by individual programmes of action. The model will include a logo which refers consumers to the back of packets for nutritional guidance as well as nutrition panel colour coding. Additionally, in February 2006 five further major food manufacturers (Danone, Kellogg's, Kraft, Nestle and PepsiCo) announced details of their own front of pack labelling scheme, which will introduce yet another signposting system into the UK's supermarkets. BHF does not believe the consumer will benefit from a glut of separate signposting models, and we believe these examples show why relying on voluntary consensus is not a suitable approach.

Allowing voluntary codes to replace concerted, mandatory measures by national governments and the European Community will delay further the action necessary to halt the over consumption of nutritionally poor foods. It is essential that delays do not occur as 440,000 more children become obese every two years<sup>10</sup>.

Clear legislation from the European Union prohibiting the advertising and marketing of food to children is crucial. The food industry in the UK has until 2007 to adopt voluntary standards on the promotion of food to children. In an upcoming consultation the BHF will be calling on Ofcom (the communication industry regulator) to take a strong line on pre-watershed advertising to children on television.

Additionally, we believe that in light of the Internet's increasingly common use as a marketing tool, a regulatory body such as Ofcom should have the Internet in its remit. A recent *Which?* report highlighted more than 40 methods used by the food industry to publicise products to children, and offers an insight into the ways in which the industry may get around an advertising ban limited to television – for example by using Internet or text message promotions<sup>11</sup>. Children need to be protected from aggressive marketing and the European Community and individual governments must work hard not only to end this where we know it already exists but to take pre-emptive action against future growth areas such as the Internet.

***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 BHF does not believe self-regulation can be effectively defined, implemented or monitored.

## **V.2. Consumer education**

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

---

<sup>10</sup> Sustain, *The Children's Food Bill: Why we need a new law, not more voluntary approaches*, July 2005

<sup>11</sup> Which?, *Child catchers: the tricks used to push unhealthy food to your children*, January 2006. See [http://www.which.net/campaigns/food/kidsfood/060131childcatchers\\_rep.pdf](http://www.which.net/campaigns/food/kidsfood/060131childcatchers_rep.pdf)

Consumers can best be helped by an integrated approach to promoting and enabling healthy lifestyle choices. This should include mandatory, standard food labelling to provide basic nutritional information; a public health education campaign which empowers consumers with the knowledge necessary to utilise food labels; financial incentive to choose healthier foods, for example through an increase in the number of deals offered in supermarkets; and enabling safe and pleasant access to local parks, cycle paths and youth centres in order to encourage physical activity.

All these elements would help consumers to make informed and hopefully healthier choices, but they are by no means the only steps that could be taken. Both the European Commission and individual governments should promote healthy choices in an holistic manner, establishing an ever growing menu of initiatives and support.

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

If every partner involved has the same goals and works with transparency, public-private partnerships could be useful in providing pooled funding resources and expertise and in exploiting every available avenue to reach consumers. However, a defined common purpose is essential.

***In the field of nutrition and physical activity, which should be the key messages to give consumers, how and by whom should they be delivered?***

The government should have the ultimate responsibility for delivering key messages – in the case of the UK, this responsibility may be split across a number of departments such as the Department of Health (DH), Department for Education and Skills (DfES), Department for Transport (DfT), Department for Media, Culture and Sport (DCMS) and the Office of the Deputy Prime Minister (ODPM) which collectively have responsibility for a variety of areas affecting public health – from the education of children and young people and the delivery of food during school hours, to promoting and maintaining all aspects of healthcare to overseeing local planning and transport strategies.

The key messages to deliver are the importance of a healthy diet and regular physical activity, and information about the support available to achieve these goals – for example grants to local authorities to improve neighbourhoods or cycle paths, funding to set up and participate in ‘5 a day’ school schemes.

Care needs to be taken to ensure that key messages are culturally appropriate and relevant to high risk populations. This underlines the importance of involving these populations in both the identification of messages and their design and delivery.

### **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?***

Rigorous nutrient-based standards should be enforced for school meals. In Scotland these have been in place since 2003, whilst schools in England and Wales will have to meet mandatory nutritional standards from September 2006<sup>12</sup>. The BHF welcomes the

---

<sup>12</sup> For more information on the full standards outlined by the School Meals Review Panel see <http://www.dfes.gov.uk/consultations/conDocument.cfm?consultationId=1319>

introduction of such standards but urges the government to make sure they are being met through regular inspection. We also believe that sustained, appropriate funding is essential to the improvement of school meals.

We also note that the 'School Fruit and Veg' initiative has had some success in changing children's behaviour so that they eat more fruit and vegetables at home. An evaluation survey showed that nearly half the parents whose children attended schools taking part in the scheme had become more aware of the importance of fruit in a healthy diet, whilst 26% felt their children ate more fruit at home as a result<sup>13</sup>. This shows the potential of the scheme, particularly if the knowledge gained by children and parents at schools is supported by initiatives to improve the affordability and accessibility of healthy foods.

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

From April 2006, the joint physical activity in schools PSA (Public Service Agreement) target shared by the Department for Education and Skills (DfES) and DCMS (Department for Media, Culture and Sport) will increase to "85% of 5-16 year olds spending at least 2 hours on high quality PE and sport (within and beyond the curriculum) by 2008, with every partnership achieving at least 75%". This expands on an existing target to ensure 75% of this age group spent two hours engaged in high quality physical activity. However, a recent report by the Department of Health (DH) shows that only 62% of children in School Sports Partnership schools are achieving the 2 hours good quality physical education and sport that the joint DfES and DCMS PSA target calls for<sup>14</sup>. The BHF believes that schools, Local Education Authorities and the government should keep pushing for these targets to be met.

However, above and beyond the provision for structured activity made by schools, free and unstructured play is also very important for children and there should be time for this in school hours, especially as there are now extended school opening hours. Recent research has shown that play is the main source of most physical activity undertaken by children<sup>15</sup>.

Schools should also undertake measures to encourage pupils to feel safe walking to school, for example by adopting a School Travel Plan (see below). Evidence suggests that children aged 12-13 use more calories in a week walking to and from school than during two hours of regulated PE lessons<sup>16</sup>.

### ***What is good practice for fostering healthy dietary choices at schools, especially as regards to the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?***

Schools should operate a whole-school approach to health promotion, in which food should play a critical part. An holistic, integrated approach to food should be enshrined

---

<sup>13</sup> Department of Health, *A Study into Parents and Teachers Views of the National Fruit Scheme*, October 2003. See

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4090218&chk=c6lhvf](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090218&chk=c6lhvf)

<sup>14</sup> Department of Health, *Tackling Health Inequalities: status report for the Programme of Action*, August 2005, page 50. See <http://www.dh.gov.uk/assetRoot/04/11/76/98/04117698.pdf>

<sup>15</sup> Mackett, Roger (2004). *Making children's lives more active*. Centre for Transport Studies, University College London

<sup>16</sup> Mackett R.L, Lucas L, Paskins J, Turbin J, *The health benefits of walking to school*, paper presented to the Sustrans National Conference, September 2003

within a School Food Policy which should look at all the foods and drinks consumed on site.

These policies should include guidance relating to on-site vending machines. A recent BHF-funded survey found that 95% of the foods and drinks contained in school vending machines were unhealthy<sup>17</sup>. BHF believes that all food sold in schools should contribute to a healthy diet and therefore that vending machines should offer healthy options such as fruit, nuts and seeds, water and other non-carbonated drinks. We support the recommendation of the School Food Trust that the food industry should be prohibited from selling unhealthy foods in vending machines.

Schools can compliment a whole-school/Healthy School approach to food promotion with an accompanying programme of education, built into the curriculum so that children understand the context of healthy eating, which will also inform the food choices they make at home with their parents. BHF believes that all children should leave school equipped with knowledge but also basic cooking skills (including an understanding of healthy eating principles, how to budget and plan menus, how to safely handle and store food and how to cook healthily for themselves and others) so that they can participate in making healthy food choices. A recent consultation with young people carried out on behalf of the Food Standards Agency confirmed the importance of basic food knowledge and skills, with young people themselves saying they wanted to know about the effects of food on the body and nutritional values, as well as how to plan and cook meals<sup>18</sup>.

BHF's recent Food 4 Thought campaign highlighted the importance of ensuring nutritious food is affordable, accessible and appealing for children – and the importance of children and young people actively participating in solutions to help them adopt healthier diets and lifestyles so that they can take ownership of their food choices.

***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 that regard?***

The media and relevant sectors of the food industry should refrain from delaying progress by agreeing not to target children with the marketing of unhealthy foods and the promotion of sedentary activities such as playing video games. Arguably, the media has the potential to be a force for good, by assisting with the promotion of healthy living messages.

Equally, public-private partnerships may also have a role to play in enabling children to make good on these messages by encouraging the take up of extra-curricular activities, such as those provided by the School Sport Partnerships. Recent studies have shown that 60% of young people who were not involved in school clubs failed to reach recommended activity levels, compared to 44% of those who attended clubs on three or more occasions a week. Attendance at clubs operated for local communities shows a similar positive impact on physical activity rates, with 59% of those regularly meeting in these clubs achieving targets compared to 37% of those with low levels of involvement<sup>19</sup>.

---

<sup>17</sup> Mathews A, Devi A, Rayner M, British Heart Foundation Health, Promotion Research Group, Department of Public Health, University of Oxford, *Survey of Vending in Oxfordshire Secondary Schools*, February 2006. See <http://www.dphpc.ox.ac.uk/bhfhprg/vendingreport/vendingsurveyreport>

<sup>18</sup> National Children's Bureau report for the Food Standards Agency, *Getting to Grips with Grub consultation*, 2003. See <http://www.food.gov.uk/multimedia/pdfs/ncbgrub.pdf>

<sup>19</sup> Health Development Agency, *HSBC Briefing: Physical Activity and Young People*, draft report, 2004



#### **V.4. Food availability, physical activity and health education at the workplace**

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

The European Commission and national governments could provide support to employers wishing to provide healthier food in canteens by issuing guidance on a range of practical issues – for example demonstrating sample healthy menus, providing advice on how to establish and oversee a catering policy, helping to find suitable caterers, or giving tips on how to publicise and encourage the workforce to react positively to the new options.

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

The BHF is leading the way in efforts to promote and improve the health of people in the workplace. We produce a 'Think Fit' workplace activity toolkit which offers a variety of practical tips on encouraging activity in the workplace.

BHF is also managing the Well at Work pilot projects (funded by the DH and Active England) which will offer a variety of interventions to encourage better workplace health<sup>20</sup>. These include an education and awareness strand which promotes the use of posters, signs, and advice leaflets; programmes and services such as lunchtime walks and runs or encouraging workplace activity teams; providing environments which are conducive to encouraging physical activity such as improving shower, locker and storage facilities; and developing a workplace physical activity policy to set out everything that is being done.

#### **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?***

Guidelines from the National Institute for Clinical Excellence (NICE)<sup>21</sup> recommend that primary care professionals should advise people to undertake 30 minutes of moderate activity at least five times a week as part of daily life, and that this advice should be supported by written information and follow-up appointments to help people to build their activity levels. The guidelines further recommend that local policy makers and healthcare service commissioners identify target groups who would benefit from advice about physical activity in order to address health inequalities.

NICE are also in the process of developing guidelines for healthcare professionals on the prevention and treatment of obesity and on physical activity, both of which we anticipate will contain clear and consistent reference of diet and exercise.

BHF supports the idea of integrating basic messages concerning the importance of healthy diets and regular physical activity into the day to day work of health service professionals. We believe that it is critical that interventions and programmes provide all the information people need to be empowered to make healthier lifestyle choices, and that this information should be available from as many sources as possible.

---

<sup>20</sup> <http://www.bhf.org.uk/thinkfit/index.asp?SecID=1590&secondlevel=1593>

<sup>21</sup> National Institute for Clinical Excellence, *Physical Activity Interventions: draft guidance*, January 2006

## V.6. Addressing the obesogenic environment

***In which ways can public policies contribute to ensure that physical activity be 'built into' daily routines? Which measures are needed to foster the development of environments that are conducive to physical activity?***

The BHF would suggest that there are a raft of public policies which could contribute to embedding physical activity into daily life, and that these are too numerous to cover comprehensively in this response. Examples include: providing safer and more pleasant environments in which to walk, run and ride bicycles – by funding cycle paths, improving road and park maintenance and undertaking urban regeneration projects; taking steps to calm traffic around schools – by providing assistance to children crossing roads and imposing speed limits in local areas; providing 'walking bus' and 'cycling train' schemes to encourage walking and cycling to school; and funding and giving guidance to individual schools to establish their own Travel Plans<sup>22</sup>.

For further guidance on the full range of public policies which can affect healthier lifestyle choices we refer to the European Heart Network's Children and Obesity project which is supported by the European Commission. The project recently engaged in a policy analysis exercise designed to establish consensus statements in each participating country on how to tackle childhood obesity. As part of this process over 150 potential policy options were drawn up<sup>23</sup>.

## V.7. Socio-economic inequalities

***Which measures, and at which 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?***

An estimated 4 million people in the UK suffer from food poverty in as much as they lack consistent access to high quality, fresh, healthy food and therefore do not have a diet appropriate for current healthy standards<sup>24</sup>. This lack of access can be defined as physical, financial or skills/information based.

A recent study by the FSA showed an association between low incomes and diets high in fat and lacking in fruit and vegetables<sup>25</sup>. The BHF believes that there are a number of things that key stakeholders should do to make sure everyone can make good on their right to access foods which are key to a healthy diet. For example, as discussed above, we believe supermarkets should provide more special offers focusing on fruit and vegetables, so that there is less financial incentive to buy a greater quantity of cheaper but unhealthy products.

Efforts to reduce food inequalities are currently being led by Primary Care Trusts and interventions such as Sure Start, using health promotions specialists to deliver projects

---

<sup>22</sup> <http://www.teachernet.gov.uk/wholeschool/sd/managers/travel/STAtoolkit/stp/>

<sup>23</sup> <http://www.ehnheart.org/content/itemstory.asp?level0=1456&level1=1552&level2=1553>

<sup>24</sup> Gordon D et al, *Poverty and social exclusion in Britain*, Joseph Rowntree Foundation, 2000. See <http://www.jrf.org.uk/knowledge/findings/socialpolicy/930.asp>

<sup>25</sup> Food Standards Agency, *Do food deserts exist? A multi-level, geographical analysis of the relationship between retail food access, socio-economic position and dietary intake*, May 2004 <http://www.food.gov.uk/science/research/researchinfo/nutritionresearch/foodacceptability/n09programme/n09projectlist/n09010/n09010r>

such as '5 a day', carry out community development work and offer training and advice in food issues. However a recent FSA study highlighted the worries of some staff delivering these programmes that the fluctuating budgets and the lack of a comprehensive national strategy for alleviating food poverty are hampering efforts<sup>26</sup>. BHF would support a national strategy to define goals and the measurement of outcomes, as well as sustained and secure funding for these programmes.

The Healthy Schools Programme<sup>27</sup>, like the previously mentioned School Fruit and Vegetable scheme, also presents the opportunity to reach children from lower socio-economic groups with healthy living messages and interventions. School based interventions, particularly when they are generic and wide-reaching (for example providing all children with healthy school meals) are a promising way to reach children without the risk of social stigma that can be attached to initiatives which target poorer children specifically – such as free school meals which have an unacceptably low take up. The National Healthy Schools Programme relies on a whole-school approach to health promotion and has a four-fold mission statement, aiming to reduce healthy inequalities, promote social inclusion, raise achievement and promote healthy behaviours. Local Education Authorities could support this work by helping to fund Breakfast clubs, local sports facilities or other projects which encourage children to eat and live more healthily.

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

Applying the recommendations outlined above will begin to address the unhealthy choices and habits of all sections of society. However, we repeat our desire to see the food industry actively supporting access to healthy foods by abandoning tactics which offer financial incentive to choose unhealthy options. We also believe that national governments should commit to fund local authorities who provide targeted schemes such as breakfast clubs and food poverty reduction projects, on a sustained basis. Local authorities can also provide timely and affordable public transport to ensure all people have access to suitable shops and leisure facilities.

However, some of the solutions to addressing 'unhealthy habits' go well beyond public health measures. Socio-economic inequality is an extremely important predictor of 'unhealthy habits' and a blight on progress which can only be tackled as part of a committed, well resourced and co-ordinated cross-governmental poverty reduction strategy. To this end we suggest the European Commission may wish to take its lead from the World Health Organisation's Commission on Social Determinants of Health, a body recently set up to spearhead action on the social causes behind ill health.

## **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?***

The European Commission may want to consider specific strategies which prevent illness and promote the health of older people, for example active ageing and inter-generational programmes.

---

<sup>26</sup> Food Standards Agency, *Review of existing UK work on food and low-income initiatives*, 2003. See <http://www.food.gov.uk/multimedia/pdfs/lowincomefinalreport.pdf>

<sup>27</sup> [http://www.wiredforhealth.gov.uk/PDF/NHSS\\_A\\_Guide\\_for\\_Schools\\_10\\_05.pdf](http://www.wiredforhealth.gov.uk/PDF/NHSS_A_Guide_for_Schools_10_05.pdf)

BHF is an original member of the National Coalition for Active Ageing (NCAA) and we refer the European Commission to the separate Green Paper response submitted by NCAA.

For more information please contact Alex Callaghan, Policy Officer, on 020 7487 7164, or email her at: [Callaghana@bhf.org.uk](mailto:Callaghana@bhf.org.uk)

**Betty McBride**  
**Director of Policy and Communications**  
**British Heart Foundation**

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.