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RESPONSE FROM THE BRITISH NUTRITON FOUNDATION

Promoting healthy diets and physical activity: towards a European strategy for the prevention of overweight, obesity and chronic diseases

Thank you for the opportunity to comment on the Green Paper. The British Nutrition Foundation (BNF) is an independent registered charity, which promotes the wellbeing of society through the impartial interpretation and effective dissemination of scientifically based nutritional knowledge and advice on the relationship between diet, physical activity and health. It works in partnership with academic and research institutes, the food industry, educators and government.

BNF believes that it is essential that any initiatives that aim to prevent overweight, obesity and chronic disease tackle nutrition and physical activity levels in tandem, and to ensure effectiveness initiatives should involve all stakeholders.

BNF is a partner (I am a workpackage leader) in several EU-funded FP5 and FP6 projects that are of direct relevance to the issues addressed in the Green Paper – obesity and its co-morbidities, namely Ob-Age (QLK6-2002-02288) and Lipgene (Food-CT-2003-505944). We are also a partner (and lead two workpackages) in EuroFIR (Food-CT-2005-513944), an FP6 project which has the central aim of developing and integrating a comprehensive, coherent and validated databank providing a single, authoritative source of food composition data for Europe. Such a databank is an important prerequisite for reducing the difficulties currently experienced in pan European nutrition and health research.

As projects such as these progress, they will hopefully expand the evidence base that can be drawn upon. Within Lipgene, the economic consequences of obesity are being explored alongside modelling of the impact in economic terms of introducing various nutrition interventions (see www.lipgene.tcd.ie and www.nutrition.org.uk/lipgene). Within another workpackage a dietary intervention study in eight European cities is being conducted to establish diet-gene interactions,

using specially designed diets that differ only in their fatty acid profile, particularly in relation to the *n*-3 polyunsaturated fatty acid and the monounsaturated fatty acid content. Other project partners are investigating ways in which animal husbandry practices can be modified so as to improve the fatty acid profile of meat and milk, with the goal of an economically viable method of production for such foods. Plant biotechnology is also a feature of the project; researchers are endeavouring to incorporate into plants used for oil seed production the enzyme systems necessary to synthesize the long chain *n*-3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) which are only found in large amounts in fish oils (like humans, fish cannot synthesise these fatty acids but gain their supplies in the wild from eating plankton that do have the synthetic ability). Others within the team are focusing on whether consumer acceptability barriers exist.

As indicated below, we believe that schools have a key role to play in helping to tackle obesity prevention (e.g. via a whole school approach to food, nutrition and physical activity) and address this within our education programme (see www.nutrition.org.uk and www.foodafactoflife.org.uk for details). BNF has worked with the UK government departments covering health and education to help establish a Food In Schools programme, relating to the provision of food and drink and delivery of key learning objectives in the school curriculum, and the associated Food In Schools Toolkit available in both hard copy and CDROM formats (www.foodinschools.org). BNF is also currently conducting work in preschool settings.

BNF has also established several Task Forces in recent years to address obesity and related issues. The report from the Task Force on Obesity was published in 1999 and in 2005 we published a Task Force report on emerging aspects of nutrition and cardiovascular disease (which included information on the role of physical activity). We are currently finalising the manuscript for a report on nutrition and healthy ageing (which again addresses physical activity) and are set to establish a new obesity Task Force later this year.

Health across EU policies

We believe that the Commission can usefully provide a context for action by member states and can be a source of support for dissemination of best practice. We have not as yet had the chance to engage directly with the European Network on Nutrition and Physical Activity, although we would welcome the opportunity to do so.

There is already a considerable body of evidence that demonstrates that positive evidence-based dietary messages are more readily adopted than negative ones (see Buttriss et al. 2004 for a summary of a BNF report commissioned by the Food Standards Agency on factors affecting food choice). Furthermore, such messages need to be supported by practical information showing how

they can be accommodated within a healthy balanced diet, for instance suggestions on how vegetables and pulses can be incorporated in popular everyday meals. Similarly, recommendations concerning physical activity need to be relevant to modern lifestyles, practical and achievable, and need to be developed alongside a multi-stakeholder engagement targeting infrastructure and an environmental supportive of increased activity levels, including town planning and transport provision. Success has been reported, for example, in campaigns that have encouraged walking via achievement of daily targets for extra steps, which can be readily monitored by the individual using a step counter.

More than token gestures are required if the obesogenic environment is to be changed. Policy makers at both national and European level have a key role in achieving this. The Commission could usefully encourage cross government/multi-agency action at national level within member states. Similarly, the Commission can encourage and support the food industry to continue innovation and development of healthier options, to improve nutrition labelling and to realign portion size, as is already happening in the UK, e.g. the front of pack labelling initiatives and industry's positive response to the FSA's salt campaign.

Although much is known about the aetiology of obesity, research is still needed to establish the most effective way to deliver obesity prevention programmes that are attractive but also evidence-based and which are based on healthy eating practices that can be adopted long term, unlike some of the popular celebrity-style diet books. The same applies to physical activity.

Public health action plan

Public attitude to obesity is a major contributor to the increased prevalence being witnessed, and the media must bear some responsibility for this. It would be a step forward if obesity was considered a public health problem rather than a cosmetic concern. Lack of awareness of obesity is not necessarily the issue and it is clear that the environment needs to be conducive if behaviour change is to be achieved. Many health professionals and nutrition scientists have devoted substantial time and effort to obesity prevention, yet rates continue to rise and the challenges ahead should not be underestimated. Perhaps the time is now right to pay more attention to the body of research that identifies ways in which behaviour can be changed through modification of the behaviours associated with obesity. For example, in children, these could include parental and family attitudes to diet and physical activity patterns and the priority that they attach to these behaviours in relation to health; the types of meals prepared (and level of cooking skills) and attitudes to snacking within the family; parental concerns about outdoor play; and school policies on diet, heath and physical activity. Identifying key drivers and hurdles is a difficult task but crucial for success.

We suggest that important dissemination channels are:

- Appropriately trained health professionals who are able to deliver behaviour change strategies alongside health education messages that are sound, consistent, affordable, easy to implement and sustainable
- Schools, with a focus on health promotion rather than disease prevention and incorporating a whole school approach which fosters ability to make informed choice, and carries the capacity for reaching out to wider communities.
- The media, with the emphasis on encouraging weight management approaches and lifestyle changes that are realistic, sustainable and evidence-based rather than gimmicky.

A key aspect within dissemination should be use of consistent, positive and clear messages, backed up by relevant practical advice and support that fits with modern lifestyles.

Areas for action

Consumer information

Chronic disease aetiology is multifactorial and this needs to be reflected in the nutrition approach adopted. For example, whilst fruit and vegetables are undoubtedly an important part of a healthy diet, emphasis on this food group in isolation will be of limited value in achieving the type of refocusing of diet required. Both energy density and micronutrient density are important for overall health and attention also needs to be paid to both fat and carbohydrate quality. Out of necessity, therefore, it is unhelpful if messages are too simplistic or limited in their scope.

In the UK, front of pack information (including calories in some models) is now appearing on a variety of product ranges. It will be important to monitor the impact of these developments on consumer behaviour. Another interesting development is the use of GDAs on products as these enable assessment of the amount of salt and energy-providing nutrients contained within a serving against a guideline daily intake. This approach together with supportive and relevant education that explains how to use the information, should again be properly evaluated.

Voluntary codes (self regulated) are a valid first step and can work well. The Ofcom recommendations on advertising to children, expected shortly in the UK, may offer a way forward.

Consumer education

Consumer education about healthy lifestyles should be a fundamental provision in schools (using a whole school approach through which non-curricular activities reflect healthy lifestyle information provided in lessons). Effective information provision at this stage enables children and young adults to make informed choices and also to take information on healthy choices home to

their families. Exposure to choice is likely to be a factor in developing such skills within the school environment. Having set the scene in childhood, subsequent messages and calls to action need to be practical and consistent, e.g. encouraging 'bite sized chunks' of opportunistic physical activity that can more readily be slotted into a busy lifestyle, bearing in mind that positive messages seem to be more effective that ones phrased in a negative manner (see Buttriss et al. 2004).

Children and young people

The experiences of Hungry for Success in Scotland and the School Food Trust recommendations on school lunch reform that will come into force in England from September 2006 could be considered a starting point with regard to school meals, although evaluation of these approaches is not yet available. The School Food Trust has also recently published, for consultation, its recommendations on foods (other than lunch) available in schools. These include blanket bans on confectionery and savoury packeted snacks. It remains to be established whether such measures are feasible in the current environment and whether there are unintended consequences, e.g. they result in increased truancy as children leave school to seek these foods elsewhere or they have an adverse impact on children learning the life skills required to make informed healthy choices outside a protected environment.

Interventions in different settings

With regard to workplace intervention, these have been shown to be a good environment for promoting behaviour change (e.g. good success with no smoking campaigns) and there is already a body of work that could be considered in identifying successful approaches (see Buttriss et al. 2004). Healthy eating policies could address the types of food offered in canteens, in vending machines and during meetings. There is certainly scope for more training of those who prepare or provide foods, i.e. training in healthy eating practices. The supportive environment provided in a workplace setting can be linked with other activities such as screening, risk assessment, use of peer support and nutrition assessment, which has the potential to engage interest and motivate behaviour change.

Similarly, some evidence already exists about successful approaches in health care settings, underlining the importance of inclusion of behaviour change therapy techniques as well as information provision. What is not yet clear is who is best to deliver such interventions, e.g. a dietitian or another health care professional, and what are the specific training needs (see Buttriss et al. 2004). Regardless of the mode of delivery, it is essential that information conveyed is scientifically based and up to date, and that it is consistent with advice being offered through other channels. A good example of effective multi-channel delivery of consistent messages is the

community-based intervention in Fleurbaix-Laventie, which has produced an impressive reduction in the incidence of childhood obesity (www.villesante.com).

Obesogenic environment

Provision of safe cycling and walking paths is an excellent idea but town infrastructure often can't accommodate such developments and local government can be resistant to major change because of the disruption and costs involved. Real progress is unlikely to be made until cross government initiatives are put in place that reinforce opportunities for behaviour change, e.g. in transport and urban planning.

Socioeconomic inequalities

Low social status is associated with poorer health prospects and there is evidence (in the UK at least) that the health divide is widening. There is plenty of evidence that lower socio-economic groups are more difficult to reach with health education and promotion, perhaps because of the competing priorities in their lives. For these groups, perhaps more than with others, action needs to be targeted and relevant. The government-funded Low Income Diet and Nutrition Survey currently underway in the UK may help inform such approaches. There is a substantial amount of evidence that a one-size-fits all approach is not usually successful (see Buttriss et al 2004).

Food based dietary guidelines

FBDG need to be culturally specific, socially acceptable and encompass relevant examples. It is hard to see how a single set of guidelines can work across Europe, unlike nutrient guidelines, although there is evidence that they can be useful if targeted. There is a need for realistic goals based on the achievement of small steps, and for working in partnership with industry to stimulate product innovation and better access to healthier choices. Bridging the gaps between nutrition targets and actual consumption patterns needs multi-stakeholder involvement, including industry, and a strategy that focuses on achievement of a series of realistic steps e.g. as adopted in the FSA (UK) salt campaign.

A number of dietary guidance models already exist such as the Balance of Good Health plate model in the UK. Experience shows that consumer awareness of such models increases when a number of communication channels are used, including use of the model in schools, by health professionals, and in magazine articles. The nutrient profile scoring model has been developed with a specific use in mind – food advertising to children (I was a member of the advisory group for the work). As such, it is not immediately applicable for other uses.

Co-operation

It is important that initiatives build on and extend existing networks such as the European Network of Health Promoting Schools and the established networks of the Council of Europe.

Priorities

Both diet and physical activity patterns need to be addressed but activity is arguably more pressing as a priority because diet is already attracting a lot of attention.

References

Buttriss J et al. (2004) Successful ways to modify food choice: lessons form the literature. Nutrition Bulletin 29 (4) 333-343

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