

Judith Wood
Policy Officer
CCPR
Francis House
Francis Street
LONDON
SW1P 1DE

Tel: 020 7854 8532
Fax: 020 7854 8501

Web www.ccpr.org.uk

CCPR Response to the European Commission Green Paper: Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases.

Introduction

CCPR (the Central Council of Physical Recreation) is the UK umbrella body for 270 national organisations for sport and recreation. The CCPR protects, promotes and provides for the interests of sport and recreation and works closely with the UK Government to maximise the potential of sport and recreational organisations. CCPR believes that sport and recreation has a positive role to play in improving the health of citizens and promoting physical activity, and welcomes the opportunity to respond to this consultation.

CCPR has been engaged with the health and physical activity agenda for a number of years and has been working to raise awareness of the benefits that increased physical activity can bring amongst policy makers, the health sector and sports organisations. As well as designing and piloting the '2Move' physical activity programme for pre-school children, CCPR was also a founding member of the National Coalition for Active Ageing which seeks to raise understanding of the benefits of physical activity amongst older people and to persuade decision makers to consider the physical activity needs of older people in policy development.

CCPR is also actively involved in European sports policy and is a member of ENGSO (the European Non-Governmental Sports Organisations umbrella group).

CCPR firmly believes that the promotion of physical activity should be central to a European strategy to combat obesity and associated illnesses as a combination of all factors affecting weight gain and nutrition that a solution to the problem of obesity in Europe will be found.

Questions

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?*

European policy needs to lead the step changes from reactive to preventative healthcare. Whilst many national healthcare policies still focus on the treatment of illnesses and care of patients, the Community should create a precedent and focus on programmes and actions that will prevent EU citizens from becoming overweight, obese or suffering from related diseases.

It is also essential that all DGs are engaged with the health agenda, to ensure that working, educational and physical environments are also made more conducive to promoting healthy lifestyles.

Furthermore, it is important to ensure that all EU policies and legislation make it easy for sport and recreation to occur. In recent years a minority of EU Directives have threatened to cause difficulties for sports organisations, namely the Services Directive which could have reduced vital lottery funding for sport in some Member States and the Water Bathing Directive, which if successfully amended in Parliament could have limited access to river and waterways for recreational purposes.

A concrete action for the Community should be to introduce pre-legislative scrutiny on all Directives to ensure that they will not negatively impact the delivery of physical activities.

- *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?*

The CCPR believes that the sport and recreation sector would be better enabled to meet the needs of individuals and contribute to wide-scale health improvements if there was more detailed research into:

- ❖ why people stop participating in physical activity
- ❖ the main barriers to physical activity
- ❖ what sports/activities are most attractive to people not currently engaged in physical activity

At the European Commission 'Managing Expectations' meeting in June 2005 a request was made from the attending experts in sport and recreation for funding for more research into health and civic action – CCPR supported that request and believes that it will be essential in defining future policies and work programmes.

IV.4 The Public Health Action Programme:

- *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?*

The CCPR is delighted that the Council of Europe and the European Commission have begun to investigate the issue of health and physical activity in the EU and welcomes initiatives that will raise awareness amongst national governments for the need to address rising obesity rates. However, the CCPR is disappointed that the sport and recreation sector has not been at the heart of the programme to date. Although representatives from sport-for-all organisations are involved in the Diet and Health Platform and the expert group, they are in the minority. The UK Department of Health states on its website that “regular physical activity decreases the risk of coronary heart disease, stroke and diabetes, and the associated risk factors such as hypertension and obesity”¹, this supporting the need for greater engagement with the sport-for-all sector in Europe.

Whilst the UK media has focussed on obesity, there has been little constructive dialogue on how to change habits and foster greater public interest in healthy lifestyles. The sport and recreation sector has played a role in promotional programmes and schemes, such as the Sport England 'Everyday

Activity' campaign²; however, it is essential that campaigns direct people straight to local classes and organisations where advice and opportunities to participate are immediate.

CCPR would advocate a large scale EU campaign that raises awareness of the risks of obesity and provides a central point of information which people can contact to gain advice. This must then be linked with national programmes which provide immediate support. The 'click2quit'³ anti-smoking campaign is an ideal example, as is the obesity awareness campaign in France.

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

Aside from consumers, it is vital that national policy makers and practitioners are aware of the facts relating to obesity and related diseases so that they can introduce successful and targeted campaigns and programmes. Professional and regulatory bodies are in an advantageous position to inform specialised sectors and to train their practitioners in new techniques which focus on combating obesity.

V.2 Consumer education:

- *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?*

The most important messages are:

- A combination of improved nutrition, decrease in food intake and exercise is the most effective way of controlling weight, improving health and ensuring a longer and healthier life
- Exercise can take the form of a variety of different activities; including walking, dance, yoga, competitive sport and play. There is something for everyone and most activities can be found close to your home.
- Small changes can have big effects, such as just 30 minutes of exercise five times a week and small changes to your diet – which can be easily incorporated into your existing lifestyle.
- More regular exercise will not only help your physical health but can also improve your mental health by reducing stress, providing social interaction and improving your personal confidence.

To ensure the maximum reach of healthy living messages a number of organisations must be involved, including: the EU, national governments, local healthcare providers, commercial fitness sector, professional and national sports team, local sport and recreation clubs, the educational sector, food retailers and both print and broadcast media.

Government sponsored public information campaigns on healthy lifestyles has already resulted in a decline in sales of unhealthy food⁴ in the UK, and popular television programmes in the UK, such as 'Jamie's School Dinners', 'You are What you Eat' and 'Celebrity Fit Club' have added to public awareness.

V.3 A focus on children and young people:

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

² <http://www.everydaysport.com/>

³ <http://www.click2quit.co.uk/?bbcam=adwds&bbkid=anti+smoking+campaign+uk&x>

⁴ *The Independent* newspaper, 3 March 2006, reported the necessary closure of 25 MacDonald's restaurants in the UK due to falling sales and cited an AC Nielsen report that more UK supermarket shoppers are buying fresh fruit and vegetables.

In the UK the Government has pledged two hours of physical education a week for every secondary school pupil by 2008, with some schools offering up to four hours when including after school activities. Whilst the CCPR understands the pressures on the school curriculum and teaching staff, we strongly believe that the importance of school in fostering lifelong physical activity habits requires all children to receive daily physical education.

Furthermore, it is vital that the standard of physical education on offer in schools is of the highest quality, offering a range of activities to suit all children and encouraging them to continue their activities in their own time.

CCPR supports the opinion of our colleagues in the physical education sector that **physical literacy**⁵ should be given equal consideration to numeracy and reading and writing in our schools, due the importance it plays in developing strength and coordination that enables individuals to complete everyday tasks competently and free of pain or restriction.

However, it is not just within schools that young people should be encouraged to be more physically active. Leisure time is also vitally important and parents should be encouraged to involve their children in local sport and recreation clubs. Evidence⁶ from the UK has indicated that club membership encourages more children to remain physically active as adults and can also contribute to better nutritional and lifestyle habits. ENGSO Youth⁷ campaigns for greater involvement of young people in sports clubs and as a European body run by young people for young people would be a valuable source of further information and advice.

V.4 Food availability, physical activity and health education at the work place:

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

There are a number of small and inexpensive changes that workplaces can make to encourage staff to take more physical activity. For example:

- Providing showering and changing facilities on site
- Encouraging staff to speak face to face rather than send emails around the office
- Allowing longer lunchtime and flexible hours to enable staff to exercise during the working day
- Encouraging the use of stairs rather than lifts in office buildings
- Providing discounts on local gym membership for employees
- Ensuring that office catering is healthy and removing vending machines which sell junk food
- Providing 'mileage' expenses for staff that cycle to meetings instead of taking taxis or driving

Case Study

CCPR firmly believes in leading by example and has a number of office policies that encourage staff to be more physically active.

The office has a shower room and secure space is provided for staff to store their bicycles during the day.

CCPR pays a bursary of £150 per annum towards staff sports club or gym membership fees.

CCPR funds and supports a staff netball team (approximate annual cost of £1000) in which all members of staff are invited to play.

Team away days always incorporate recreation and a healthy lunch option, including fruit, is always provided for meetings. The staff are offered up to six 'volunteering' days a year and many chose to volunteer in sports clubs.

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⁷ <http://www.engso.com/youth/Wc54f9fb2e05b0.htm>

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?*

There is concern in the UK that healthcare is too reactive rather than preventative. Whilst schemes such as GP referral have been in place for sometime, they have not been widely used and patients are often unaware of the 'exercise prescriptions' that are available to them. CCPR advocates greater use of local voluntary sports and recreation clubs by GPs and Primary Healthcare Trusts, particularly where the clubs have specialised skills for dealing with older people or those with medical conditions.

Research by the UK voluntary and medical sector has found that many people are often unwilling or unable to attend gyms due to a lack of confidence or dislike of the gym environment⁸. In such instances, and often at a lesser cost, a local club may prove more suitable. Individuals, regardless of their ability or health problems, will only be encouraged to participate regularly in activities which they enjoy, and therefore it is essential that patients are offered a variety of exercise options. Furthermore, local voluntary clubs can provide more than just exercise; by their nature they encourage social interaction and can often provide friendship and social networks which aid mental health and improved lifestyles.

A recent announcement by the UK Government suggests that in the future everyone in the UK will have access to a healthcare technician who will monitor diet, exercise and lifestyle and help people to lead healthier lifestyles. CCPR supports this more holistic approach to healthcare but again advises that the voluntary sector should be fully integrated into the programme to ensure maximum success.

V.6 Addressing the obesogenic environment:

- *In which ways can public policies contribute to ensuring that physical activity be "built into" daily routines?*

Public policy has a dual role to educate and enable people to lead healthy lifestyles. As well as providing people with the knowledge of how and why they need to eat well and be physically active, public policies should also investigate how physical activity can be made more accessible to all sectors of the community. In order to build activity into daily routines, public policies must change unavoidable activities, such as transportation.

Public transport must be made the 'cheaper alternative' to private modes of transport for both long haul and short journeys. Good examples from the UK are the 'walking bus' a local initiative to walk children to school in groups, providing a safe, enjoyable and healthy alternative to being driven by car⁹ and the British Heart Foundation campaign¹⁰, which encourages people to get off the bus a stop early and walk the extra distance to and from work. However, both are community and voluntary sector initiatives and

⁸ For example, research by the Women's Sports Foundation into the physical activity habits of women indicates that many do not like the atmosphere of gyms and prefer activities which involve social engagement.

⁹ www.walkingbus.com

¹⁰ www.bhf.org.uk

more support is needed from national government policy makers to ensure that good examples such as these are adopted more widely.

Schools are vital in promoting physical activity. Apart from physical education lessons children should also be encouraged to make use of sport facilities at breaks and pre and after school activity clubs should be established. Similarly, care homes for the disabled and the elderly should be required to offer physical activity classes and there are a number of UK bodies, for example Extend¹¹, which offer special courses.

Suggestions for the workplace are addressed elsewhere in this response.

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

There is criticism in the UK that the design of new buildings and towns prevents easy navigation by foot and public transport. More walkways, cycle tracks and better use of public spaces for recreational purposes is needed if the population is to be encouraged to take more physical activity.

New buildings and refurbishments should under planning guidance be obliged to provide easy communication via stairs or lifts and, if possible, to incorporate space for physical activity. Furthermore, new sports facilities should be situated near hard to reach communities and on public transport links.

Despite many UK cities possessing large parks and open spaces, very few are used for regular organised physical activities. A more concerted effort by city administrations to make use of parks and public squares to promote recreation would be beneficial to local communities and would be a cost effective way of using existing resources. Rural areas must also not be forgotten, especially as rural communities in the UK are often under resourced and have fewer recreational facilities. The countryside must be opened up for recreational activities, particularly those that don't involve walking, such as cycle tracks, boating and team sports.

V.7 Socio-economic inequalities:

- *Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?*

In the UK there is great disparity between the level of physical activity amongst people of different sex, age, race and social class. The reasons for individuals not participating in physical activity are numerous, however some key factors cross all groups. Cost and access are the two of the greatest barriers to participation in the UK, followed by time, cultural barriers and then enjoyment.

Cost and access can be addressed by national governments ensuring that all members of the population are within a reasonable distance from a sports facility (the UK's current aim is to have all members of the population within 20 minutes commute on foot in urban areas and by car in rural areas) and that the facility is low cost or free to the most deprived. National governments should enable local/regional authorities to provide low-cost gyms and also reduce taxes on grassroots sports clubs, providing them with funding for facility development and training so that they can provide quality services for the local community.

¹¹ <http://www.extend.org.uk/>

A shortage of time is often cited as a reason for not taking part in physical activity. According to a recent report by the TUC UK workers have the longest hours in Europe¹², furthermore, many low socio-economic groups are often employed in shift work and are therefore unable to access sporting facilities during opening hours. To combat this problem it is vital that facilities are open for longer hours and as already discussed, employers enable workers to be physically active during the working day.

Cultural barriers are often the hardest to find solutions for and particularly affect minority ethnic communities and women. Problems such as the need to wear traditional dress at all times, to be in single sex environments and to avoid playing sports on religious days can all be overcome if sports facilities and local clubs work jointly with diverse communities. However, a UK court has recently ruled that a local swimming pool was in breach of equality law by offering women only hours¹³. In spite of this, single sex activities can still be provided by voluntary sports clubs, and indeed, schemes which are run for communities by communities are often more successful, such as walking clubs for Asian women.

Finally, the measure that will have the greatest impact upon an individual's willingness to participate in physical activity is enjoyment. Regardless of cost or location, if people do not enjoy physical activity then they will not take part, and that is why it is vital national governments put more funding into developing local community clubs and organisations as they will offer the breadth of activities needed to sustain diverse communities. With increased funding for training and facilities, local clubs will be able to offer specialised activities and cater more effectively with increased demands.

Case Study

Extend runs classes specifically designed for over 60s men from the Sikh community.

Mr. Singh is a 70 year old man who settled in the UK after the Second World War. He was very active when young and has tried to lead a healthy lifestyle throughout his life.

Mr. Singh has experienced arthritis and a variety of joint problems since he was fifty. He has also experienced pain and some deterioration in mobility since his early 60s. The main aim of the Extend sessions is to help to improve mobility, manage these conditions and improve his confidence and general well being.

Prior to attending the Extend sessions he had a health check. He is not overweight, but his blood pressure before the course was a little high and should be managed through safe and effective exercise. He is a vegetarian, does not smoke or drink alcohol and eats healthily.

At the start of the course Mr Singh was very cautious and would only do the minimum amount of exercise (5 minutes) while standing, as he was concerned it might increase his pain. However he loves music (particularly 'Country and Western') and he says that the music and fun –as part of the class - has motivated him to move. He has accomplished progressive sit-to-stand exercises which resulted in walking, resistance, balance and coordination exercises. He now exercises for 30 minutes standing.

He has steadily progressed over a period of 6 months and feels that he is more independent and confident. He enjoys gardening and he feels he has more stamina, strength and a wider range of movement to enable him to accomplish his own physical goals through the functional based exercises within the Extend programme.

At his last blood pressure check his blood pressure had come down and although he still had arthritis he had gained greater mobility and could play with his 5 grandchildren and take them for walks without feeling restricted. He is maintaining his exercises at home and shares them with his family.

¹² http://www.tuc.org.uk/work_life/tuc-11408-f0.cfm

¹³ <http://news.bbc.co.uk/1/hi/england/bristol/4639892.stm>

V.8 Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity:

- *Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?*

A single agency, government or voluntary organisation will not be able to sufficiently reach enough people to radically improve health and fitness in Europe. However, a collective approach involving a number of agencies working towards a common goal, under a single banner, has a far greater chance of success.

The key players will be:

- ✓ The European Union
- ✓ National Governments
- ✓ Public Health Agencies
- ✓ Education Sector
- ✓ Sport and Recreation Sector
- ✓ Voluntary Health Sector (including charities)

The most important elements will be:

- ✓ A co-ordinated campaign with European and national Funding
- ✓ Cross-agency collaboration at EU and National level
- ✓ Engagement with the Voluntary Sector to advise and deliver programmes

- *Which role at national and at community level?*

There must be a national level strategic agreement between the key agencies and stakeholders. This will involve joint working to develop the programme, funding, priorities and to ensure that it has a nationwide scope. At community level, local government and the voluntary sector (including local sports clubs and commercial facilities) must be engaged and sufficiently funded so that they can deliver the actions set at national level.

The majority of people participate in physical activity within their local communities; either through membership of a local sports club, use of local authority facilities or being active within the local environment. Community policies should recognise the importance of providing areas and facilities for physical activity that are safe, good quality, affordable and accessible. Policies should also encourage and support local recreational groups and organisations, through providing funding (either directly or through local tax cuts) and providing information on the local activities available.

A community that offers a wide variety of physical activity opportunities and that has an environment conducive to physical activity will encourage its citizens to lead more healthy lifestyles. Furthermore, there must be an ability to set local priorities according to the health and physical activity levels of diverse populations. In the UK there is disparity between the age, race, wealth and activities of people in different geographical locations and any programme must be tailored to local needs.

V.10 Cooperation beyond the European Union:

- *Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?*

Cultural attitudes are central to both nutrition and physical activity levels. Whilst not all programmes and schemes are transferable to other countries, it is important that the EU shares best practice examples and information with non-EU countries. Furthermore, schemes from outside the EU will be helpful in designing initiatives to target minority ethnic communities in Member States.

Much of this exchange of information should occur at EU and national agency level, to ensure that it is incorporated in strategic planning. However, engagement between the voluntary sector in different countries is also important, and many charities and voluntary sector organisations already have close links and partnerships with operations in non-EU countries.

For example, CCPR as the lead for the national governing bodies of sport and recreation in the UK is a member of ENGSO – the European umbrella group for sport. 40 national sports organisations from Europe (including non-member states) are members of ENGSO and use the network and meetings to share best practice on a wide variety of issues. It is essential that organisations such as ENGSO are used as a tool for dissemination and the collection of ideas in any EU health and physical activity programme.

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?*

Point V3 focuses on children and young people; however, of equal importance are adults and particularly the elderly. Research¹⁴ has shown that even small increases in physical activity amongst elderly people can aid bone density, flexibility and balance, enabling people to live more independent lives and reducing healthcare costs.

Another overlooked group are the disabled and those with mental health problems. Disabled people in the UK have a life expectancy 20 years younger than able-bodied people and respiratory disease linked to excess weight and lack of physical activity is the number one cause of death¹⁵.

The decline in sport and recreation participation in the UK is most acute upon leaving formal education, either school or university, particularly amongst women. 60% of UK women take no physical activity once they have left school¹⁶, placing them at risk of obesity, heart disease and diabetes.

The Green Paper needs to consider further the special requirements of the following groups:

- ❖ Post education leavers
- ❖ Women
- ❖ The elderly
- ❖ The disabled

Furthermore, CCPR believes that the use of sport as a tool to address both nutrition and physical activity has not been sufficiently addressed. Already amongst UK Health agencies there is a growing recognition that involvement in sports activities and clubs not only encourages people to be more physically active but also contributes to their all-round health. Governing bodies of sport train coaches

¹⁴ Sipilä & Suominen Muscle Nerve 1993;16:294

¹⁵ Statistics provide at London Disability Sports Forum Conference – ‘My Time My Choice’, 2004.

¹⁶ 2004 research by the Women’s Sport Foundation

to not only focus on physical activity but also to give advice on diet and healthy lifestyles; achieving optimum performance and aiding personal health goals.

The UK Department of Health is now investigating how greater use of sports clubs could be used to promote a number of positive healthy lifestyle messages and CCPR supports a similar project at EU level.

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

Primarily it is important to develop an EU-wide strategy for promoting nutrition and physical activity and to devote resources to this important issue. No increase in nutrition or activity can be achieved without the understanding and support of individuals, and therefore the education and awareness building of the general public is also a top priority.

Issues such as the physical environment and employers attitudes will require a significant 'culture change' and in some instances legislation. Therefore, it should be accepted that whilst work in these areas should start immediately, the positive results may not be seen for a number of years.

No area relating to nutrition and physical activity can afford to be delayed or ignored, and therefore CCPR advocates that all issues are addressed with the majority of resources being spent on public education and funding for interventions.

Conclusion

Whilst CCPR welcomes EU level engagement with such an important debate, it must be recognised that real change will occur at local level, through the changes to an individual's lifestyle and their interaction with local health and physical activity providers.

An EU level strategy should act as a catalyst for encouraging national engagement and sourcing expert advice from both the health, nutrition and physical activity sectors, both governmental and voluntary. In addition, the EU must investigate the potential of using EU funding for large scale nutrition and physical activity programmes and in particular an EU-wide education campaign.

It is therefore vital to instil joined-up thinking across the EU DGs and with the wider voluntary sector. In particular, CCPR would advocate far greater engagement with sport and recreation both at an EU and national level. As outlined above, providing a choice of activities will be central to encouraging and retaining greater physical activity participation and therefore it is vital that the sport and recreation sector is included in the development of any strategic programme.

Judith Wood
Policy Officer
CCPR
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