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## **Green Paper: ‘Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases’**

### **Comments from the European Nutrition for Health Alliance**

#### **INTRODUCTION**

The European Nutrition for Health Alliance is an independent non-profit network that aims to help raise awareness of the importance of malnutrition and ensure that this important issue is not forgotten in policy discussions about nutrition. The Alliance seeks to achieve this by ensuring that malnutrition, in all its facets, is recognised as a disease and as a public health issue in its own right. It calls on all stakeholders to take responsibility as well as action to address this issue.

We propose that malnutrition as such must be on equal par with obesity and a central pillar of all policy discussions and proposed actions related to nutrition.

#### **GENERAL COMMENTS:**

The Green Paper focuses primarily on the prevention of obesity and the avoidance of weight gain. It suggests that the only manifestation of an unhealthy or poor diet is obesity and equates good nutrition with mere caloric intake.

We would suggest that focusing solely on weight gain or caloric intake oversimplifies the issue of nutrition. Good nutrition is not simply about not being overweight. One can be obese and malnourished, just as one can be thin and well-nourished. By neglecting these multiple facets of good nutrition, the Green Paper does not address the main problem of poor nutrition, which is lack of appropriate nutrients in the required quantities to meet individual physiological and functional needs.

Malnutrition, in particular, is a forgotten side of poor nutrition. In Europe, the clinical implications and economic and social burden of malnutrition are as challenging as those of obesity, particularly with respect to the older population.

Yet malnutrition is often poorly recognised; this renders the condition under-detected and under-treated, both in the community as well as across all clinical settings. This situation was recently recognised in the United Kingdom in particular with the publication by the National Institute for Clinical Excellence of specific Guidance on nutritional support for Adults.<sup>1</sup>

We would therefore urge all future EU actions and programmes to be more balanced and take into account the importance of good nutrition, and the prevention of all forms of poor nutrition, including malnutrition, based on the outcomes of this Green Paper consultation.

#### **ANSWERS TO SPECIFIC QUESTIONS:**

#### **Section 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?*

- Community policies may make specific contributions if a concrete implementation of such policies is enacted at national, regional and local levels. Public health promotion and activities must be translated and adapted to local cultures and norms. Solutions must be setting as well as target group specific. Partnerships between EU and national/local stakeholders are essential.

*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?*

- More research is needed with respect to the target risk groups for different forms of poor nutrition as well as the effectiveness of specific interventions applied to those groups. In the case of malnutrition, effective screening tools already exist. Part of the problem is lack of awareness of the existence, implementation and evaluation of the use of these instruments across different settings and target groups. This is particularly true in the community setting as well as in relation to patient management between the community, hospital and/or nursing home settings.

#### **IV.4. The Public health Action Programme**

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<sup>1</sup> The full guidance may be obtained at: National Institute of Clinical Excellence (2006) *Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition*, Weblink: <http://www.nice.org.uk/pdf/CG032NICEguideline.pdf>

*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?*

Better data on what drives individuals' behaviour are needed – and these data must be derived from individuals themselves. Tools that provide tailored information and are also adaptive and responsive to individuals' feedback are needed. Evaluative criteria that may help assess the impact of different actions should be built into programmes and based on criteria defined by the target groups themselves.

*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 disease amongst decision makers, health professionals, the media and the public at large? What the most appropriate dissemination channels?*

- Public health programmes have not been very successful until now at ensuring that health promotion messages surrounding nutrition reach those most at risk. Communication clearly needs to be more interactive; messages should be adapted to the needs, preferences and culture of specific target groups, especially older people.
- The critical challenge is to ensure that the European agenda addresses the risks of poor nutrition and low exercise in a balanced way, i.e. including both obesity as well as malnutrition. With this objective in mind, the European Nutrition for Health Alliance has developed the concept of 'well-nutrition', We define *well-nutrition* as 'achieving the right quantity and quality of nutrients to meet one's individual physiological, psychological and functional needs on a daily basis.' (ENHA) We aim to develop communicative tools which support European citizens to help them make well-nutrition a core part of their well-being.
- In the same way that the WHO defines health as more than the mere absence of disease, the Alliance recognises the social, psychological and health dimensions to nutrition.
- This definition recognises the individuality of nutrition and individuals' relationship to food and eating and the importance of somehow allowing flexibility in proposed solutions to empower individuals to take ownership for their '*well-nutrition*'.
- We would welcome the opportunity to share our ideas with respect to the concept of 'well-nutrition' with the Commission.

### **V.2.1. Consumer education**

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

- Health promotion efforts need to dispose of built-in enabling mechanisms which may help different cultural and socioeconomic groups feel empowered to take on nutrition and physical exercise. This may only be achieved by encouraging setting-specific interactions developed by the targeted individuals themselves.

- Interactive communication tools may help empower communities to take ownership for their situation and act accordingly. Such tools allow individuals to really ‘own’ the information they receive and act on it in a way that is adapted to their own circumstances.

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

- The sphere of nutrition spans across a wide range of sectors. Therefore, any solution or activity will require a multi-stakeholder approach. Effective partnerships are needed across different sectors to create the appropriate enabling mechanisms within society, and the European Nutrition for Health Alliance can be considered such a partnership. These enabling mechanisms must be far reaching, taking into account different players ranging from commercial food manufacturers to national governments, the EU institutions, regulatory bodies, professionals, and public services.

Such broad consortia can also play a role in ensuring that different stakeholders accept accountability for their role in reaching the objective: better nutrition for all.

### **V.3.2. A focus on children and young people**

- Whilst the focus on children is essential, older people are often neglected in health promotion campaigns – and this also holds true for nutrition. However, malnutrition (like obesity) is highly prevalent in older populations, as the risk of malnutrition rises sharply with age<sup>2</sup>. For example, the prevalence in institutionalised settings (hospitals and nursing homes) of malnutrition is reported as anywhere from 60-100%.
- The exclusion of older people from health promotion and public health campaigns contradicts recent repeated evidence that proper nutrition and physical activity may have a significant impact on healthy life expectancy and the risk of disability in older people.<sup>3</sup> Given how common the misconception is that it is ‘too late’ for health promotion messages to reach older people, we would urge the Commission to make an explicit call for health promotion efforts and activities targeting the older population.
- Also, the intergenerational nature of eating habits must be recognised: grandparents are playing a growing role as carers of their grandchildren and may be children’s main source of learning on nutrition and food. Consistency of messages is important. Messages conveyed within schools must be matched by messages communicated within the home.

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<sup>2</sup> European Nutrition for Health Alliance. *Malnutrition in an Ageing population: a Call to Action*. 2006. Available on [www.european-nutrition.org](http://www.european-nutrition.org).

<sup>3</sup> The reader is referred to the SHARE, HALE, SENECA and other European studies on ageing that support the fact that older generations of today are healthier than previous ones and that a healthy diet, smoking and exercise may have benefits throughout individuals’ lifecourse.

### **V.5.1. 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?*

- Health professionals have a significant influence on individual behaviour and play a key role in integrating efforts with the aim to promote physical activity and better nutrition into health services. GPs are the main source of information on healthy behaviours and individuals' health related decisions<sup>4</sup>. However, most health professionals, particularly GPs and primary care practitioners, receive little training and communication skills relating to nutrition (including malnutrition).
- A review is needed on how nutrition is introduced at pre- and post registration level into the curricula of health and social care professional education.
- The skill levels of all health and social care professionals involved in primary care across all settings need to be upgraded considerably if the endemic problems of poor nutrition and lack of exercise in today's society are to be improved upon. In particular, training of professionals in the community, where individuals may have their first 'point of access', is urgently needed. The Commission may play an important role in establishing training standards and coordinating training programmes across the EU.
- Integrated care may play a role here as well. One needs better integration from assessment to care programmes. Interventions need to span health and social care to be effective. Standardised protocols which may follow the patient/user across all settings of care, inside and out of the hospital, are needed
- Incentives also need to be aligned so that each stakeholder – professional, manager and policy-maker – sees the value and takes action to promote good nutrition. If clear definitions and data on cost-effectiveness of good nutritional interventions could be obtained, these may prove to be strong incentives for stakeholders to take responsibility.
- There is a clear message: *well-nutrition* is cost-effective. Therefore treatment options for malnutrition should be recognised as an integral part of the course of treatment. Similarly, clear policies on nutritional product positioning, regulation, and pricing and reimbursement are needed. These policies need to be clearly communicated to the various stakeholders, particularly at policy levels.

### **V.8. Fostering and 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?*

- Patient-centred care remains an abstract concept most of the time; it is rarely translated into concrete practice. Care and services need to be organised around the patient and his/her needs and better incentives should be created for health professionals to adopt this holistic care approach.

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<sup>4</sup> The reader is referred to the European Patient Survey conducted by the Picker Institute in 2004.

- What is needed is a realignment of policy objectives, incentives, performance indicators and resources. Somehow incentives need to be changed so that effectiveness is measured across the spectrum of care, not by individual service or provider.
- This should be done across all settings and across professional boundaries, to make sure that an integrated chain of care is delivered with clear accountability structures. Concretely, this would involve the creation of an overarching framework, similar to the National Service Frameworks, is put into place which creates alignment of objectives and sets out clear evaluative criteria to ensure that these objectives are met.

### **V.9. Development of dietary guidelines**

*How can dietary guidelines be communicated to consumers?*

Dietary guidelines need to be:

- interactive
- acknowledge that there is not 'one' consumer
- acknowledge the role of the various professionals

In other words, one size does not fit all.

### **V.11. Other issues**

In order to have a balanced approach, malnutrition should be included in current and future EU activities and initiatives in relation to nutrition. The priorities are the following:

- The economic impact of malnutrition: promote research on the value and cost-effectiveness of interventions;
- Raise awareness of the prevalence and burden of malnutrition;
- Identify target risk groups;
- Encourage standardisation of practice.

### **European Nutrition for Health Alliance**

The European Nutrition for Health Alliance is chaired by Professor Jean-Pierre Baeyens, President of the International Association of Gerontology (clinical section) and of the European Union Geriatric Medicine Society. Professor Claude Pichard, Chair of the European Society for Clinical Nutrition and Metabolism (ESPEN), is the co-Chair.

The Alliance includes representatives from:

- International Longevity Centre-UK
- Association Internationale de la Mutualité (AIM)
- Standing Committee for Hospitals in Europe (HOPE)
- De Friesland Health Insurance
- Former Members of the European Parliament and members of national parliaments
- Numico, a clinical nutrition company
- The European Nursing Directors' Association.

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