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

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ABOUT HEART OF MERSEY

Heart of Mersey (HoM) is a coronary heart disease prevention charity primarily funded by the 10 primary care trusts (PCTs) and six local authorities (LAs) across Greater Merseyside. HoM works in partnership with a wide range of partners to achieve its aims. HoM aims to co-ordinate a strategic approach to preventing the high rates of heart disease and associated inequalities in Greater Merseyside. Heart of Mersey is working to achieve its aim through advocacy, campaigns, information and research.

Heart of Mersey warmly welcomes the publication of the Green Paper and sees this as an important first step to developing comprehensive strategies on diet and physical activity across the EU.

IV.3 Health across EU Policies

1. **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?**
 - The Common Agricultural Policy should be reformed to take into account public health priorities thus addressing other Community issues such as high levels of coronary heart disease amongst member states and rising levels of obesity and diabetes.
 - Policies governing food procurement: the procurement process for Small and Medium Enterprises needs to be simplified to make it easier for smaller food producers to supply large public sector institutions such as hospitals and schools. There are several benefits to be had from this including a reduction in food miles, fresher and more nutritious food due to less time between production and consumption and wider benefits such as creation of local jobs. A simple action to support this would be the creation of a single unified Pre-Qualification Questionnaire to make things simpler for SMEs.

- Contracts and service level agreements for health care providers should include a revised definition of 'value for money' which includes factors such as improving workplace and population health and environmental impact, to support the provision of healthier and more local produce by public sector organisations.
- 2. Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?**
- The Common Agricultural Policy should provide subsidies which support the transport (rather than destruction) of fruit & vegetables from producers in southern Europe to countries in the northern Europe, instead of paying for their destruction to maintain artificially high prices. Subsidies should also be made available to support beef and dairy farmers to switch to fruit, vegetable and cereal growing instead, to promote an increase in consumption of fruit, vegetables and other healthy produce within the EU.
 - Subsidies and support to promote the **accessibility and affordability of fruits and vegetables** with the distribution of excess produce/produce deemed not fit for commercial sale to be disposed off at cheap costs to charitable bodies such as schools and hospitals, as is currently the case with milk.
 - The Commission should look at ways in which excess produce can be dispersed using existing commercial distribution mechanisms to the charitable bodies mentioned above.
- 3. 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?**
- Tools must be developed which can support the analysis of the impact of other Community policies on the health and consumer behaviour with respect to nutrition and physical activity.
 - Research around food should focus on the diet of young people as this is key to affecting long term change. This should include looking at whether children affect parent's behaviour around food, and investigating safe upper limits for children's consumption.
 - Research around physical activity should focus on the built environment and its impact on encouraging physical activity e.g. slower motor vehicular speeds enables walking and cycling to be safer and reduces the amount of fatal accidents.

IV.4 The Public Health Action Programme

- 4. How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?**
- The Commission should promote one standardised method for assessing obesity in children. The Commission develop a standard protocol for the measurement of obesity among children in the EU e.g. at the age of 5/6 – during the first year of entry to school in the UK.
 - EU level support for the introduction of monitoring systems to measure mortality and morbidity, attitudinal, lifestyle, social and environmental factors, consistently across the EU and within member states.
 - The EU should promote one standardised method for assessing obesity in adults at the individual level. Waist measurements are currently becoming more widely accepted, and these should be endorsed. It is an easier measure for the population to gauge their waist measurement rather than BMI which can be quite abstract.
 - The focus of the EU strategy seems to be on treating obesity rather than targeting overweight population and preventing them from becoming obese. The Commission must ensure that it refocuses on a population approach rather than just a high risk individual approach in tackling obesity.
 - EU level support for the introduction of monitoring systems to measure people's access to healthy food and the identification of food desserts should be provided.

5. 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?

- By developing an over-arching strategy with clear targets and commitment by all EU member states.
- By recognizing published evidence that coronary heart disease deaths could be halved by modest improvements in diet.¹
- Provide support and funds to strengthen community-level health and consumer organizations who are involved in raising awareness of the role of healthy dietary habits and physical activity in prevention of chronic diseases.
- Provide support for the development of effective tools which can be used to assess the impact of interventions which increase healthy dietary habits and physical activity on reducing chronic diseases. With particular focus given to cost-benefit analysis.
- Provide funding for research to help build up the evidence base on the most effective interventions to help people change their behaviour, and support the development of a database on evidence-based good practice.

6. Which are the most appropriate dissemination channels for the existing evidence?

- The media, pan-European organizations and individual member states. In addition all stakeholders should be encouraged to evaluate public health nutrition interventions and programmes, and publish their results.

V.1 Consumer information, advertising and marketing

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

- *Saturated fat*: biggest single risk factor for coronary heart disease and ischaemic stroke, which are the biggest killers in Europe. Average intakes in all member states exceed the maximum recommended levels of <10% energy² and ideally <5% would be preferable. Saturated fat also contributes to excess calorific intake and obesity.
- *Total fat*: increases the energy density of foods and major factors in the obesity epidemic in the EU. Intake levels in all countries in the EU for total fat are above the ideal levels of <30% of energy for sedentary populations, when actually intake levels of <25% would be preferable.²
- *Sugars*: a key factor in the consumption of excess calories and resulting obesity. Also play a major role in development of dental caries, which are highly prevalent in children in deprived communities.
- *Salt*: Over 75% comes from processed foods. Salt intake levels in most EU countries are far too high, and it is a major factor in cardiovascular diseases – the leading killers in Europe.
- *Processed foods, snack foods (crisps, chocolates, biscuits, pizzas, takeaways etc), fizzy drinks* – These are the biggest contributors to the population's excess intakes of fat, salt and sugar in the EU. Excessive and cynical marketing by industry has led to phenomenal growth in this sector, reflecting a huge increase in consumption of these unhealthy foods across the EU over the last two decades.
- *Unhealthy foods specifically targeted at children*: children are vulnerable, and must be protected if their future health is to be secured. What children eat influences their development of obesity and dental caries in the short term, and chronic diet-related conditions such as coronary heart disease, stroke, diabetes and cancer in the longer term.

¹ Unal Et al. 2004. Explaining the decline in coronary heart disease mortality in England and Wales between 1981 and 2000. *Circulation* 109: 1101-1107.

² University of Crete 2002. EURO DIET Core Report: Nutrition & Diet for Healthy Lifestyles in Europe Science & Policy Implications.

8. 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?

- The Commission should support the development of clear, simple labeling for consumers which consumers at all levels of literacy can understand to help them make healthier choices. These labels should include information on saturated fat, total fat, salt, sugar, dietary fibre and energy. The traffic light labeling system developed by the UK's Food Standards Agency was found to be a clear simple system by consumers. Heart of Mersey strongly supports this system.

9. 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?

- No, because as the International Association of Consumer Food Organisations notes: "voluntary codes of advertising practice are based on the ICC International Code of Advertising Practice. The ICC Code does not: prohibit the advertising of any specific product type; prohibit or control advertising aimed at any particular age group; control the frequency/volume of advertising, or the time of advertisements in children's programming."³
- Furthermore, voluntary codes have the following limitations: they do not take into account the cumulative effects of advertising; they are limited by a lack of sanctions; they are a retrospective control measure rather than being based on pre-vetting of advertisements.
- The sad history of tobacco control shows how ineffective voluntary controls have been.
- Heart of Mersey therefore strongly feels that self-regulation is inappropriate, especially for children in particular. Mandatory legislation should be introduced to children from the harmful effects of inappropriate advertising which are currently manifesting themselves in the alarming obesity levels across Europe.

10. 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?

- As stated above, self regulation is not effective. Heart of Mersey recommends that the Commission does not go down this route.

V.2 Consumer education

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

- Key messages have little importance if the surrounding environment (largely influenced by European and national public policies) is not supportive of them.
- Through the support of consumer support organizations. The Commission should therefore provide support to such organizations in the EU to support them with this role.

12. What contributions can public-private partnerships make toward consumer education?

- The food industry's first and foremost priority is profit. As such, it can never be in a position to provide fully impartial advice on food products. Public-private partnerships will only be helpful if they send out the same key messages and agree not to send out conflicting messages.

³ IACFO. 2003. Broadcasting bad health. Why food marketing to children needs to be controlled. A report by the International Association of Consumer Food Organizations for the World Health Organization consultation on a global strategy for diet and health.

13. 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?

- Halve your intake of: saturated fat, sugar, salt
- Halve your consumption of meat & dairy products – because these are the main contributors to the excess saturated fat intakes.
- Eat twice as much fruit, vegetables, fish, nuts, pulses, bread and cereals, and stanol fortified foods.
- These should be delivered by independent bodies or governments who do not have a vested interest, using social marketing techniques. The messages can also be delivered by the Commission and its member states taking concerted action to make the food industry reduce levels of harmful saturated fat, total fat, salt and sugar in foods, and setting limits on these ingredients in foods specifically targeted at vulnerable groups such as children (e.g. for breakfast cereals / cartoon yoghurts). This will also send a message to the consumers that these ingredients are harmful.
- These should be delivered by health and consumer organizations, schools, health professionals, workplaces (occupational health). The Commission should provide support to enable these bodies to perform this important job.

V.3 A focus on children and young people

14. 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?

- Member states must be encouraged and supported to introduce comprehensive nutritional standards for school meals, accompanied by adequate resources to pay for good quality ingredients, staff and equipment. In addition, they should also be encouraged to provide resources to support the monitoring and evaluation of the nutritional quality of school food provision at local, regional and national level.
- Similar principles apply to food in kindergartens for younger children.
- Restricting choice on menus – as is the case in Finland and other member states, is an effective way of ensuring a high nutritional standard of school meals.

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

- Legislation restricting the availability of unhealthy options, including energy-dense-snacks and sugar sweetened soft drinks is the only way in which healthy dietary choices can be fostered at school. For instance, the borough of Knowsley in Merseyside, UK has effectively removed all vending machines from its schools. These should instead be replaced with healthy options e.g. water, fruit juice, and skimmed-milk based drinks. Heart of Mersey is currently supporting a trial in Merseyside; this has shown that children will drink skimmed milk and water from vending machines if these are the only options available. Another trial, led by 5-A-Day has successfully piloted fresh fruit vending machines in schools.
- The National Healthy School Programme in the UK is an excellent initiative which aims to improve food provision and education in schools such as those mentioned above.

16. 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 this regard?

- Legislation to reformulate food products by industry so that they are much lower in saturated fat, salt and sugar, will help a lot.
- Relevant sectors of industry, this includes media, should abstain from targeting their commercial communications/marketing of unhealthy food and drinks to children/young people in schools as elsewhere.

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

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

- By consulting and involving staff in the development of corporate food policies. By adopting a healthy approach to the provision of all food (e.g. through cooking practices) as opposed to providing unhealthy options along-side healthy options. Measures that have been shown to work include:
 - Substantial, progressive reduction in fat content without the consumers' knowledge
 - Competitive pricing of healthier foods
 - Promotion & changes in placement of healthier options
 - Healthy options in vending machines
 - Training of catering staff on nutrition
- As mentioned previously, simplifying policies governing procurement to make it easier for smaller food producers to supply large public sector institutions such as hospitals and schools will help.

V.6. Addressing the Obesogenic Environment

The commission should note that that an environment that does not support healthy diet is equally as obesogenic as one that does not support physical activity.

18. In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?

- We need healthy transport policies which: promote public transport by trains and buses, encourage cycling and walking, and penalize car use.

19. Which measures are needed to foster the development of environments that are conducive to physical activity?

- To ensure that physical activity is part of people's daily routine, measures needed include the development of an integrated transport strategy that emphasizes walking/cycling.
- Policies should focus on the built environment and reducing vehicular speeds in urban areas to make physical activity safer.
- Preserving, developing and enhancing green space in urban environments should be a priority to enable formal and informal physical activity through sport, play and active transport.
- Healthy transport policies need to: promote public transport by trains and buses, encourage cycling and walking, and penalize car use.

V.7 Socio-economic inequalities

20. Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socioeconomic categories, and enable these groups to adopt healthier lifestyles?

- The Common Agricultural Policy currently supports the excess production of beef and dairy in the EU. The high availability of these commodities, at cheap prices is significantly responsible for the excess consumption of saturated fat among EU citizens. This is especially true among those who belong to lower socio-economic categories, for whom these foods are the most affordable due to their low cost. The CAP must be re-formed (or abolished), in order to alternatively support foods which are conducive to good health, including more fruit, vegetables, fish and cereals for human consumption. The resulting rise in availability of these foods, will lead to lower price, and greater consumption among those from lower socioeconomic groups.

- As mentioned previously, EU level support for the introduction of monitoring systems to measure people's access to healthy food and the identification of food deserts will also assist with targeting households belonging to certain socioeconomic categories with limited access to healthy food.
- Ensuring that children are taught basic cooking skills within the educational system. This currently happens in Finland, but in some countries e.g. the UK, mandatory cooking is not compulsory for school children, leaving large numbers unable to cook a nutritious healthy meal for themselves and their families in future. This increases inequalities as those on lower incomes rely on cheap processed foods which tend to be high in saturated fat, total fat, sugar and salt.
- Transport policies should focus on access issues and developing built environments which support cycling and walking. Public transport options should be accessible by foot or by cycle.

21. How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?

- Unhealthy habits are clustered among lower socio-economic groups. The EU needs to introduce comprehensive strategies at EU, national and local level, which support the alleviation of poverty, and promote neighbourhood renewal and investment strategies for deprived communities which take account the promotion of health in the broadest sense (e.g. efficient transport networks to support employment, support for local food shops etc).

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

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

- The Commission should ensure health impact assessments on all new Community and economic policies developed at EU, national and local level are carried out and publicised.
- The Commission should promote population and community development approaches towards improving diets and physical activity – these have the biggest potential for impact compared to individual measures.

23. Which role at national and at Community level?

- Health promoting legislation at EU level will be particularly effective, benefiting ALL EU citizens. A healthier diet could HALVE deaths from coronary heart disease and ischaemic stroke.

V.9 Recommendations for nutrient intakes and for the development of food-based dietary guidelines

24. In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?

- Social and cultural variations and regional variations in dietary habits can only be successfully taken into account if in the first instance, a common methodology for the assessment of food intake is developed and agreed at European level. The European Food Safety Authority should take the lead in the development of such a methodology.
- The Eurodiet report⁴ highlighted the large variations in food intake patterns across the EU. It would therefore be wise that in the first instance, regional / national food based dietary guidelines (FBDGs) are developed

⁴ University of Crete 2002. EURO DIET Core Report: Nutrition & Diet for Healthy Lifestyles in Europe Science & Policy Implications.

within the specific food intake culture – and as the next step, the development of FBDGs across geographical regions with similar intakes within the EU.

25. How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

- The key foods responsible for the gaps in proposed targets and consumption patterns should be identified for individual populations as described above. These foods can then become the focus for action including product reformulation by industry, and consumer education initiatives.
- Research carried out by the UK's Food Standards Agency (FSA) found huge variations in the salt content of different foods (e.g. sausages). These results demonstrate that it is possible (and commercially viable) to lower the levels of the key nutrients which most affect public health: fat, saturated fat, salt and sugar in processed foods. The Commission therefore should require the development of statutory maximum permitted levels for these nutrients in processed foods such as sausages, pizza and ready meals, to assist consumers in reducing their intake of these harmful nutrients. The Commission could in the first instance, focus on foods specifically marketed to children, as a vulnerable section of the population.

26. How can dietary guidelines be communicated to consumers? – In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

- Consumers – especially those from deprived communities want clear, simple and comprehensible information on the healthiness of foods. The simple **traffic light labeling system** which was developed in the UK proved to be popular with consumers who don't have time to read labels in detail when out shopping – as a way of easily distinguishing between similar foods with different nutritional composition.
- In the absence of the development of statutory maximum permitted levels for the key nutrients of public health concern: fat, saturated fat, salt and sugar, the introduction of simple tools such as the 'traffic light' system which enable consumers to distinguish between foods are needed.
- As noted earlier, relevant sectors of industry, this includes media, should abstain from targeting their commercial communications/marketing of unhealthy food and drinks to children/young people in schools as elsewhere.

V.10 Cooperation beyond the European Union

27. 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?

- The EU should support the development of collaborative research and intervention projects involving countries both within the EU and outside of the EU. These are an effective way of promoting sharing of good practice and ensuring comprehensive dissemination of best practice across multiple borders.

V.11 Other issues

28. 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?

Common Agricultural Policy

- The Common Agricultural Policy is a major issue which is not addressed in the present Green Paper as the main driver for food production in the European Union. As previously mentioned, CAP currently supports the over-production of beef and dairy in the EU. This excess production is in turn responsible for the widespread availability of cheap processed burgers and other meat products, as well as saturated fat (in the form of

butter, butter milk, cheese and other by-products from cattle farming) in processed foods including biscuits, cakes, pizza etc.

- Subsidies which support sugar production also contribute to the widespread use of this cheap ingredient by industry to increase the palatability and add bulk to foods.
- Finally, the disposal system, which provides preferential subsidies for the disposal of calorie and fat rich whole milk to schools, as well as butter to the baking industry, further increases the availability and affordability of these foods, with negative impacts to health – particularly disadvantaged communities on low incomes.
- CAP must be reformed so that first priority is given to good nutrition within the food production system in the EU. This means providing subsidies for foods which the population should be consuming more of including fruit and vegetables.

Breastfeeding and infant nutrition

- The other major omission within the Green Paper is its failure to address the important aspect of infant nutrition – particularly with respect to breastfeeding and weaning. Low breastfeeding rates are a problem across the vast majority of member states. Breastfeeding must be included in nutrition strategies at all levels. Environmental and cultural changes are needed to support a cultural shift towards exclusive breastfeeding for the first six months of life, as per the WHO recommendation.⁵ Increasing uptake of breastfeeding would support the achievement of the major public health objectives around diet and nutrition including a reduction in obesity prevalence and high blood pressure in future generations. Measures needed include:
 - Legislation to stop formula companies from the unethical marketing of their products to health professionals, in hospitals and to new mothers
 - Including the provision of breastfeeding facilities in planning and development of public buildings and open spaces
 - Support for policy on women returning to work to enable them to continue to breastfeed. Current legislation only promotes ‘sufficient rest for breastfeeding mother’ but does not stipulate a minimum length of time to allow woman to express or breastfeed in the workplace. This is currently left to individual employer.
 - Promotion of the Breastfeeding Friendly Initiative in hospitals and community settings. There is a cost implication and needs to be supported both in policy and practice through relevant funding streams.

Food procurement

- The procurement process for Small and Medium Enterprises (SMEs) needs to be simplified to make it easier for smaller food producers to supply large public sector institutions such as hospitals and schools. There are several benefits to be had from this including a reduction in food miles, fresher and more nutritious food due to less time between production and consumption and wider benefits such as creation of local jobs. A simple action to support this would be the creation of a single unified Pre-Qualification Questionnaire to make things simpler for SMEs.
- Contracts and service level agreements for health care providers should include a revised definition of ‘value for money’ which includes factors such as improving workplace and population health and environmental impact, to support the provision of healthier and more local produce by public sector organisations.

⁵ WHO 2003. Global Strategy for Infant and Young Child Feeding. Geneva: WHO

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

- First priority should be given to the reform of the CAP to bring food production and availability within the EU in line with public health requirements around diet and nutrition. This will include the abolishment of subsidies for beef and dairy, and provision of subsidies for fruit, vegetable and cereal production.
- In addition priority should also be given to issues which address the reduction in consumption of total fat, saturated fat, sugar and salt. As such this includes:
 - Product reformulation by industry to reduce saturated fat, total fat, sugar and salt
 - Restrictions on the advertising and promotion of unhealthy foods by industry
 - Mandatory nutrition information labeling
 - Actions to improve food in the nursery and school environment – including investment and improving school meals, incorporation of cooking skills to the national curriculum

Green paper focus beyond obesity

While the title of the green paper states that it's about healthy diets and physical activity to prevent overweight, obesity and **chronic diseases**, there is a strong focus on obesity through the document. Obesity is a major problem in Europe, however, the paper would be strengthened if more references and linkages were made to cardiovascular disease as the leading killer in Europe, and other equally important diet-related diseases such as diabetes and cancer.

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