RESPONSE BY THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION TO THE GREEN PAPER OF THE EUROPEAN COMMISSION:

Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases [COM (2005) 637]

INTRODUCTION

This response has been prepared on behalf of the European Regional Committee of the International Union for Health Promotion and Education (IUHPE). IUHPE is a democratically constituted, global membership, non-governmental organisation of individuals, associations and institutions, committed to improving health through the advancement of health promotion and health education. Founded in 1951, based in France, and comprising around 2000 members, its goals are to advance theoretical knowledge, professional skills, effective practice, and high quality research in health promotion.

One of six IUHPE administrative regions across the globe, the European Region (IUHPE/Euro) is geographically defined by the boundaries of WHO/EURO. IUHPE/Euro organises the European region-based work of IUHPE's 300+ European members, through elected regional officers and a regional committee. The IUHPE has members in all 25 EU member states.

IUHPE and the US Centers for Disease Control and Prevention (CDC) have recently established a Global Alliance for Physical Activity (GAPA), to co-ordinate and provide strategic orientation to the activities and actions in this field that are being developed by international and national NGOs and other members of civil society. GAPA's priority areas for its evolving work programme are: advocacy; partnerships; capacity building & training; and surveillance.

Further details of IUHPE's mission, organisation and activities - including major projects on health promotion effectiveness undertaken in partnership with the European Commission - can be found at www.iuhpe.org and at www.hp-source.net

WELCOME

IUHPE applauds the Commission's response to the Council's invitation to take action on the major and growing problems of overweight, obesity and chronic diseases in Europe. We unequivocally welcome the Commission's initiative to publish a Green Paper on the European dimension of this important subject, including possible strategies to promote healthy diets and physical activity, and to hold a public consultation on the Green Paper.

In responding to the Commission's invitation to comment, we wish to associate the IUHPE wholeheartedly with the response submitted by EuroHealthNet, an organisation with which we increasingly work together on issues of mutual interest and concern in the field of health promotion. Therefore, rather than go over again the ground covered by EuroHealthNet, the IUHPE response deals mainly with those specific questions - among

the questions on which the Commission has invited contributions - which are of particular concern to our organisation and which we consider that we are qualified to answer.

GENERAL

The IUHPE agrees with the Green Paper's analysis of the links between dietary intakes and insufficient physical activity, with the consequent widespread and growing problems of overweight, obesity and chronic disease across the EU. We also consider that EU institutions have important roles in helping to resolve these problems, and in this respect we endorse the many points about EU roles contained in the EuroHealthNet response.

STRUCTURES AND TOOLS AT COMMUNITY LEVEL

The IUHPE strongly agrees that preventing overweight and obesity requires an integrated approach to fostering health (IV.3.1, page 6). We would lay additional emphasis on the need to formulate and implement policies that are powerful enough to reverse the social and economic inequalities which have been increasing in many member states for some years. Without such actions, investments in promoting healthier lifestyles are likely to make very little difference, and thus lead to the wasting of resources

Questions, page 6

- Concrete contribution: see EHN response
- Community or national measures:
  At national and sub-national levels, there is a plethora of innovations within EU countries, such as consumer food co-operatives, retired persons' self organised activity clubs, wide-scale radical improvements of school lunches, etc; these will doubtless feature in many responses to the Green Paper. The future challenge is to ensure i) that apparent successes are identified on an ongoing basis across the EU, ii) that apparent success is independently and critically evaluated, according to rigorous scientific criteria, and iii) that a body of best policies and practices is created, sustained, disseminated and made accessible in all member states
- More research needed:
  In all the mentioned areas, but particular attention should be given to: i) researching across the EU, the extent to which local-community-level health and other staff are both sufficiently informed about nutrition &/or physical activity, and are also sufficiently able communicators, to be able to work effectively with local people; and ii) comparative research to identify the factors (and their relative impacts) that make for much higher levels of physical activity in some member states than in others

Questions, page 7

- Raising awareness:
  Doing this in the traditional ways of issuing official advice, whether from Brussels, Luxembourg, Strasbourg or national or regional Ministries, would have little impact. On the other hand, the programme could make a strong contribution, by drawing together appropriately experienced health promotion experts from a range of member

states, with the purpose of formulating models to achieve coherent, effective and efficient communication of the desired messages to the specified audience groups.

AREAS FOR ACTION

Section V.1 on consumer information, advertising and marketing appears to be limited in its scope to the manufacture and retailing of packaged foods. However, since a growing proportion of EU citizens' diets is derived from cafes, restaurants and other food service outlets - increasingly provided by large commercial chains - the challenges of informed consumer choice in this sector also need to be addressed by policy-makers. Because a number of the chains operate on a large scale at supra-national level in Europe, an EU-level response is required.

Questions, page 8

- Consumer education about food labels:
  As with other public health measures, public authorities carry the primary responsibility for effectively communicating with the public. The 'right' mix of communicators and communications channels depends on the subject area, as well as on cultural, social and political traditions. In this case, a viable mix is often likely to be: basic education in schools, plus regular public information announcements via expertly selected media, plus statutory point-of-sale information in shops, supermarkets and food service outlets. In any case, the choice of messages and channels of communication should be made on the same basis as all effective health promotion activities: choosing the type of intervention on the basis of accepted health promotion theories and models; using techniques of known effectiveness; and conducting appropriate evaluations - formative, process and outcome - at the relevant stages of the intervention.
- Physical activity key messages:
  Communicating consistent and coherent key messages to the public is a core component of any public health action. For physical activity, the scientific evidence supports the recommendation that regular moderate-intensity activity should be undertaken on most days of the week. This key message is recognised and supported by many national governments (e.g. the USA, UK, Australia, New Zealand, Finland), by scientific and professional associations (e.g. American College of Sports Medicine), by the non government sector (e.g. IUHPE, British Heart Foundation), as well as by WHO.

  National guidelines outlining the specific recommendations for adults (30 minutes on at least 5 days of the week) exist in many but not all countries in Europe, but fewer countries have adopted and communicated key messages for children (60 minutes on every day of the week) and for older adults. These are important population groups that should receive further attention. In addition to the core, key message on physical activity, there are other elements, also supported by the scientific evidence that warrant inclusion in communication with the population in Europe. These include: recognition of the benefits of doing any activity during daily living; the benefits of more intense (vigorous) activity; and the benefits of muscular strength training (for

example in the prevention of falls). As with all public health communication, the public authorities carry the primary responsibility for effectively communicating with the public. For physical activity, there are many health agencies with a specific interest (heart, cancer, diabetes, falls prevention), and it would be desirable and possible to achieve collective and co-ordinated public communication actions. The exact mix of communicators and communications channels depends on the cultural, social and political traditions. With few exceptions, the communication of key messages on physical activity in member states in Europe has thus far lacked consistency and priority. IUHPE welcomes the focus that the Green Paper brings to this issue.

Despite the weakness of the evidence that important lifestyle choices which pre-determine health risks in adulthood are made during childhood and adolescence, the recommendations in Section V.3 are sound. Young people - in their own right - are entitled to a health promoting environment, and, although in isolation their effect on long term health-related behaviours is likely to be limited, health promoting schools - as universal social institutions - are an important part of coherent and comprehensive measures to promote health at local community level.

<u>Questions, page 9</u>

- <u>Improving nutritional value of home meals</u>: Parents can be reached by the use of modern communications techniques familiar to health promoters. Subject to the usual rigour (see above response 'Questions, page 8, Consumer education about food labels'), an appropriate range of communications channels, communicators and messages can be selected and evaluated
- <u>Provision of regular physical activity in schools</u>:
  Key areas for action are: the school physical education curriculum (both content and frequency); school playground facility (availability and design); school policy on physical activity; school-community links (shared facilities, programmes); teacher and other staff training; pre-school and after-school provision; school design; and school transport arrangements.
- <u>Fostering healthy dietary choices in schools</u>:
  Provide attractive choices, of **only** healthy food, with menus evolving daily over a three to four week period. School authorities should also be advised of their need to make and enforce informed decisions about whether health damaging products such as energy-dense snacks and sugar-sweetened soft drinks should be allowed - let alone sold - on school premises. Students and parents should be consulted, and kept well informed, about the rationale of the school's nutrition policy.
- <u>How can others help to support health education in schools</u>:
  Public health measures, of which health education in schools is a typical example, are the responsibility of public authorities, and these authorities must always take the lead, and carry out their responsibilities with due professional and managerial rigour. The contribution of others to the formulation, acceptance and implementation of public health measures may have the potential to enhance their impact. However, those contributions should be based on fully evaluating offers or the responses to

solicitations to contribute. Particular attention needs to be paid to controlling possibly undue influences from powerful players.

- Facilitation of physical activity in relation to work:
  IUHPE supports the inclusion of workplaces as important settings for the promotion of health, including healthy eating choices and physical activity. To date this has been a neglected area of research and there are few reported examples in the scientific literature of successful programmes. However, experience captured from workplace programmes, and other evaluations, indicates that a combination of behaviour support and encouragement is required, as well as environmental support, and fiscal and policy action. For transport to work, workplaces should: have a coherent policy that facilitates and supports ‘active transport’ (walking, cycling and using public transport); provide necessary facilities onsite (changing rooms, lockers, showers, bike storage); and initiate culturally, socially and politically appropriate strategies to encourage, recognise and support employees’ actions.

Questions, page 10

- Stronger integration of physical activity into health services:
  There is a sound body of scientific evidence demonstrating that interventions on physical activity in the health care setting can increase levels of participation. Health care professionals should assess and advise patients on physical activity as part of routine care. To assist the health care system to implement strategies around physical activity requires: new or modified assessment tools to screen patients; a health care workforce with skills and resources to use when advising patients; and appropriate links to community services, programmes and facilities.
- Public policies to build physical activity into daily routines:
  The influence of the policy environment on physical activity is recognised as important, but the specific policy actions that will produce the greatest impact are not yet known. It is evident that policies that encourage and support active transport (including urban planning, transport policy, fiscal policy), and policies related to urban planning (at local and regional level), which affect land use, zoning, open space, built environment and facility placement, will all be relevant.
- Conducive environments for physical activity:
  In addition to the policy work outlined above, the creation of environments conducive to physical activity requires actions from outside the traditional health sector. It will necessitate the building of strong partnerships within sectors such as transport, planning, and environment. Given that physical activity is not their main focus, this in turn will require the development of a shared understanding and agenda for action among sectors. There are examples of such partnership development and joint action, and efforts to share these experiences should be encouraged and facilitated.
- Measures to promote healthy diets and physical activity in disadvantaged population groups:
  Within an overall policy framework which is aimed at massively reducing social and economic inequalities (and thus requires multiple measures in many sectors), the health of disadvantaged local populations will benefit most by enabling them to take the greatest possible control over the underlying determinants of their health. Policies and their implementation should therefore be co-ordinated and directed to this end,

with national and local agencies working together, and with civil society organisations, in a co-ordinated fashion, in open partnerships with disadvantaged local populations, to address the latter's perceptions of their needs, including health, nutrition and physical activity. Skilled health promotion experts are essential to this process. Examples of possible best practice should be identified, evaluated, and - where confirmed – published and widely disseminated across the EU.

Questions, page 11

- Most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity:
  For optimum effect, it is important not to shower populations and intermediate communicators, such as schools and health professionals, nor the mass media, with a never-ending stream of disconnected health messages, one day on obesity, the next day on immunisation, then on road safety, then ageing and health, etc. Health promotion that avoids these pitfalls, and optimises limited resources, requires trained, skilled and competent health promoters, working with adequate resources of staff and materials, at different levels of society, but having their main focus and provision at local level. Very few EU countries have properly established and resourced the systems and institutions that are needed to achieve this; as a result the potential impact of health promotion on the health of the EU population is largely unrealised. Examples of possible best practice should be identified, evaluated, and - where confirmed – published and widely disseminated across the EU. The leaders of the originally EC- funded, continuing IUHPE-led projects, *Evidence of the Effectiveness of Health Promotion*, and *HP-Source*, would be willing to contribute to the necessary processes of identification, evaluation, publishing and dissemination.

Questions, page 12:

- First priority:
  Equity. Not only is the goal of greater equity in keeping with the high ideals of the European Communities (and at the heart of the WHO/Health Canada *Ottawa Charter for Health Promotion*), but it is also the case that the greatest gains in overall population health across the EU will be achieved by enabling the most disadvantaged members of society to take control over the determinants of their health.
- Less pressing:
  Measures which preferentially further empower already advantaged, 'health literate' members of the population.

NEXT STEPS

The IUHPE is looking forward to the Commission's response to the inputs from the consultation on the Green Paper, and offers to be of service in future stages of this important endeavour.

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