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

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All three organisations welcome the Green Paper and support the commission in recognising the importance of this issue.

Comments:

– 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 first and most obvious would have to be a review of the impact of the common agricultural policy (CAP) on the obesity agenda. This would have to be far reaching and long term to look at the best way of replacing the subsidies for high fat meats and dairy products and introducing a more localised approach to farming and consumption. This point is central to all of the nutrition questions posed by the green paper.

Secondly it would be to review the impact of transport related policies and there dominance of the car first as an economic model. Obesity is not simply about nutrition and activity but also about the interplay of these two factors within the everyday environments of our citizens. There are many social factors that help to fuel the obesity epidemic that go unrecognised and the right level of debate and understanding of these factors has not happened yet.

Making a clear distinction between the rights of individuals to make choices but also to be supported by relevant legislation to help those choices to be positive ones. The council has strong powers to protect consumers and these should be applied more rigorously in identified areas that impact significantly on the obesity agenda. Start slowly and build on early success. There is a real danger at the moment in the UK that increased personal choice is simply used as a mechanism by Government not to engage in difficult and complex debates around the many causes of obesity. Too much choice confuses and encourages apathy amongst consumers.

A core message needs to be adopted that obesity is going to take at least 2 generations to slow and possibly 3 or 4 to effectively control. Like drink driving, smoking and many other large public campaigns it will take time and only be accepted when it becomes broadly socially unacceptable to engage in the behaviour. Obesity is a cross party, cross border issue that threatens to undo many of the public health successes that have been achieved by member states and the community over the last 2 decades.

– Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?
Education measures aimed at improving consumer knowledge about what is good for them. The dominance of the supermarkets in certain areas can lead to consumers becoming ill-informed about the right sort of diet to maintain and the advent of a once a week or fortnight big shop means that many essential fresh fruit and vegetables are not bought and consumed on a regular basis. Shop local and seasonal should be the message. Shopping regularly and in smaller quantities would open the potential to shop by alternative modes of transport instead of the car as well.

Education within schools should be better focused on locally grown seasonal fruit and vegetables. This should be backed by subsidies for public sector environments to attract them to purchase these food stuffs as a priority.

The dominance of the food sector in certain quarters means that more effective public private partnerships should be considered that create win-win situations for the consumer, the long term health of member states and the private food companies.

– 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?
Much more research is needed around social marketing and understanding the changing habits of today's consumers. Big business does it very well and consequently can serve their customers much better yet in public health we seem to operate with such small budgets and information in comparison. More research on prevention as opposed to intervention.

We know little about the efficacy of different forms of long term interventions in physical activity and the role of the environment in changing behaviour patterns. Much more work is needed to understand how to research physical activity at a population level. We also know relatively little about how to market a life course approach to physical activity to consumers and the impact of doing this.

We need to encourage more 'real time' and 'real world' research instead of simply producing academic papers that seem to have had little influence on how we tackle and motivate populations to be more active. Too many practitioners seem unaware of the research that currently does exist and see little useful to their current situations that encourages them to adopt it en masse. There is not enough research at the population level.

At a population level then everyday walking has to be the best investment for immediate return at all levels. We need more information about how to best encourage and get more people walking more often within their everyday environments.

– 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?
There needs to be precise, accepted and standardised definitions and measurements for obesity to be used on a larger scale. In this day and age is BMI acceptable? Obesity and overweight should be recorded as co-morbidities of other factors as well yet all too often high blood pressure or high cholesterol may be recorded but not obesity. If obesity contributes towards some other chronic disease state then this should be identified and recorded. This should then be a trigger to any potential intervention for a patient as well.

Precise and validated questions need adding to national data surveys with an understanding of what the information will be used for. This should also extend to the impact of changes in community policy as well such as the CAP. Other issues such as the links between environmental footprints and obesity need considering –for example where a city has a large waste component a significant proportion of this waste will be food waste. Increased food waste is linked to increased food miles etc. The interplay between these factors is not well understood or recognised and yet it is precisely these small links that have helped fuel the obesity agenda as they have gone unrecognised.

The obesity issue needs considering as a much wider set of data that needs connecting like the use of Health Impact Assessments in the UK all major policies need to be considered with a potential view on obesity. This will require investment in creating the right sort of support mechanisms. A specialist centre should be tasked to bring some of this together in a combination of research, policy, practice, and commercial impact.

– 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?
Similar to the last answer the interlinking elements of obesity need spelling out for all concerned public, policy makers and practitioners. The public health message is a difficult one to sell sometimes because it's only in the longer term that people begin to show symptoms of a poor lifestyle. Better education about early warning signs and more emphasis on prevention through practice and not simply education would undoubtedly pay dividends.
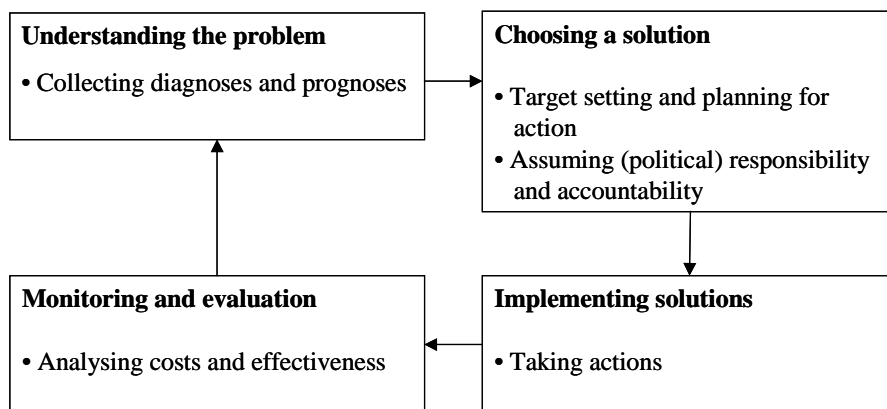
Programmes that can combine both education information with practical action would probably stand a better chance of engaging with the public. A good example in the UK is

the promotion of short daily walks in local everyday environments through a branded leaflet that uses the same layout for each area. The choice of walks combined with the activity information helps users to become informed and also carry out a desired outcome through the same medium. Please see www.urbanwalks.co.uk for more information.

At the policy level there should be training and guidance that make it much easier for policy makers to make sense of the potential implications of wider social policy decisions on the obesity issue. Currently we do not have easy access to such information and few networks exist that actively bridge the gaps and share information across sectors and policy areas.

– Which are the most appropriate dissemination channels for the existing evidence?
The existing evidence needs sifting so it can be understood who it has been produced for in the first instance. As mentioned previously many academics know of each others work but many practitioners do not. We need to make sure that people undertaking research are aware of how their efforts will feed into the policy development cycle thus:

Understanding the problem • Collecting diagnoses and prognoses	**Choosing a solution** • Target setting and planning for action • Assuming (political) responsibility and accountability
Monitoring and evaluation • Analysing costs and effectiveness	**Implementing solutions** • Taking actions

And the impact of it at the level of the practitioner, consumer and the public at large.

– 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?
What ever is used it should be generic like the European computer driving licence (ECDL) award or Microsoft Windows. Once you can navigate Windows you can find your way around most computer applications. A European labelling system should operate on the same fashion so consumers are clear and everybody uses the same standard.

If possible the legislation should come from the EU itself and be adopted at the highest levels within each member state. Time would need to be allowed for a system to come into place but the quicker this happens then the quicker an education programme could follow that would mean consumers are protected and better informed.

– 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 - the food sector has a massive role to play in the way that it has systematically targeted consumers in purchasing energy-dense and micronutrient-poor foods and the sheer proliferation of these can only be damaging to health. To date it has not shown that is has a well thought out strategy to tackle this issue and start to remove unnecessary foodstuffs from its portfolio, if anything they seem content on producing more and more variations. Similarly the drinks industry and bars and clubs should be brought to task on this issue as well. The so called 'alco-pop' drinks have been thought to be implicated in many under age alcohol related problems and binge drinking issues in teenagers in the UK.

The EU needs to act now and recognise that this issue is only a small part of the obesity equation as well.
– 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?
Self regulation is probably more difficult to control in the longer term than biting the bullet and legislating now on behalf of consumers. The direct linking of energy-dense and micronutrient-poor foods to children's programmes and well known characters shows how the food sector have sought to influence the consumer. Targeting children and pester power through advertising, the use of sports stars, and positioning in supermarkets have all led to increased sales for food companies and increased health issues for member states.

The use of trans fats in foods highlights how the food sector views its product - as a bottom line - as trans fats aid in processing, increase the shelf life and reduce costs whilst also targeting the consumer who recognises the fat and wants more (as we are programmed to). The fact that there are no safe levels for trans fats shows a disregard for safety of the consumer and also we know that these products are generally consumed more in lower social economic groups.

The confusing array of mixed messages and issues (like trying to position certain foodstuffs as healthy alternatives when in fact they may be low in fat but high in sugar or salt) does not present a balanced perspective to the consumer. One only has to think of the Sunny D drink that was represented as healthy until consumer power collapsed the myth and the brand was eventually sold off.

Again a Europe wide labelling system with consumer protection administered by the council would offer the right level of protection to the consumer. This would be the right way forward even if it is not an easy one to begin.

– How can consumers best be enabled to make informed choices and take effective action?
By providing them with the right level of information to help support better choices. This will involve regulation and standardisation.
By creating the right sort of environment that allows them as consumers to easily make those choices.
By reinforcing and supporting continued choice.

By giving the consumer information in a way that supports action. E.g. the Urbanwalks leaflets provide activity information but they also allow the translation of the message into immediate action making them more meaningful than simply an information leaflet. Any such campaign or information flow needs to have strong branding so that consumers recognise it for what it is. Currently there is much media focus on the negative side of the obesity agenda such as targeting 'junk food' or 'coach potatoes' but there are not enough messages about the positive side of the agenda. A more balanced perspective needs to be given along with simple steps that consumers could make immediately that would make a difference.

– What contributions can public-private partnerships make toward consumer education?
As one market closes another one opens and we should be looking to work with more progressive companies towards consumer education. In the UK with smoking cessation the NHS is strongly supported by nicotine replacement therapy companies producing supporting literature as their own market share has increased partly due to NHS supported smoking cessation services.

Certain food companies will lobby hard against changes to CAP and other legislation but in the end consumers changing needs will move the market on. I think that the EU should be bold in its steps before we are seized by the obesity epidemic like the USA has been.

Public private partnerships have a significant role to play in tackling the crisis and they should be fully explored. The complex interactions of culture, society and environment need a better understanding before we can say what type of partnerships may be best. They are vested interests and rewards to be gained by all as we cannot continue in the same way we have been and the changing demographics and expectations in society will not allow conditions to remain the same. People will and are starting to demand more prevention and support instead of waiting for the well understood consequences of leading a poor lifestyle.

– 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?
You don't get fat overnight small changes in both activity and nutrition will accelerate the process. Reliance needs to shift from a pill to cure all ills to more support for people to understand and then take action on behaviour change towards nutrition or activity.

Population level messages need to emerge and these need reinforcing. Day time TV and popular soaps offer an easy way to portray sensible messages and public broadcasting should begin to tackle some of the public health issues on a regular basis.

If the small things make the difference then it's the small things we need to do in local environments that would encourage people to eat better and move more. This has to be more than simply telling people they ought to do something but also provide the opportunity to immediately translate any intention to action. Again this is where something like the **Urbanwalks** short walks leaflets would prove a useful resource.

– 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?

– What is good practice for the provision of physical activity in schools on a regular basis?
Schools should focus on promoting physical literacy and seek to develop a wider set of skills that would enable children to make better choices throughout their life course. Children should also be given information about the likely changing nature of their activity habits through life and shown how to adopt behaviours to compensate for this. More research is needed in schools. The University have conducted a unique 7 year longitudinal programme into increased physical activity and self esteem and body image that we would be happy to share with the commission. Our findings have been used to support and influence national policy in the UK. Please contact me for more information.

– How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?
The portion of employers who offer canteens is small and although this is important it should not replace the need to engage with those who work in companies with no canteen provision. Again the role of the CAP needs to be explored in relation to food choice. The provision of information and education to employees could be tackled through standard recommendations for all company canteens.

– What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?
The provision of short local walking maps (Urbanwalks) that provided simple easy to use functional information that allowed people to be active within their everyday environments. In the UK the average lunch break is 28 minutes; this leaves precious little time for anything else. Companies should be encouraged to take their breaks and make best use of them. As most of the workforce is employed in small, medium, enterprises then more work needs to be done to support these employers and their employees to be able to access information as they are unlikely to have dedicated human resource and health and safety staff.

Tax breaks for activity incentives wider than cycles or leisure club memberships needs considering. Employers should be encouraged to offer staff activity and nutrition information at least on an annual basis. Subsidised preventative health checks should also be considered.

Stronger support for in town without my car week and national walking day would send out strong messages. A move away from the car as the dominant mode of transport in many areas would force people to consider new ways of working and potentially open up new employment areas as well. Just think that 10 years ago few people really used the internet.

We need to engage better with the transport agenda so as not to be seen as anti-car but cars cannot be allowed to dominate as many agendas as they have in the past. There are many different mechanisms in member states and some really good examples of where the right transport policies have supported increased pedestrian access and

maintained economic growth as well. Again more research is needed as to the impact of tackling modal shifts in transport and the consequences of not doing so as well.

More work needs to done to understand the potential of the slow cities movement and the implications on many economic outcomes to see if they are a viable alternative to the 24 hour super city culture.

The Commission should be seen as leading from the front as well and take small but prominent steps that show and list the changes it has made to support its own staff to have increased choices and access to better nutrition or activity opportunities.

Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?
Lead by example.
Reward prevention.
Ration intervention, refuse certain drug treatments for mild diseases unless patients follow agreed guidelines.

– In which ways can public policies contribute to ensure that physical activity be "built into" daily routines?
There are many different ways that public policies can support more habitually active environments. The first mistake is usually to take the long view and get caught up in complex arguments and decisions about transport and economic arguments against focusing on simple short term and immediate gains within local environments. The long view does need to be taken but too often this paralyses and forces out many community based organisations input and the sheer complexity of these issues means that few feel engaged. It also focuses attention of large sums of funding and facilities as opposed to small and simple everyday changes that people could make with little effort.

The EU supports many large complex regeneration projects and these should all be physical activity proofed in some way to ensure that they meet other requirements such as disability access but also make the active choice the easy one where possible. This should then be reinforced by information and action post redevelopment such as the production of walking leaflets to promote an area.

For simple steps to move forward the Japanese *Kaizen* approach needs to be adopted with small steps making a difference over time. Most people become obese slowly with subtle changes to their lifestyles and the environments can help or hinder people. Small changes focus people's attention and would hopefully mean that any larger changes that are then planned are based on better practice than currently exists. Simply building new facilities does not automatically change behaviours.

There are a plethora of policies that can be harnessed to support more habitually active environments and these can be easily recognised. What has been missing in many policy agendas is how to translate intention to action on the ground. It can be quite easy to identify what's wrong but it is very hard top look at simple large scale cost effective interventions that can be adopted within the current resource structures. All too often the focus is on more funding for larger and grander projects and this detracts from what people can do to simply move more within existing environments. Again this is exactly

the situation that Urbanwalks was developed to address with large scale, congruent information that promotes short local walks as part of a wider framework. The Urbanwalks leaflets support many policy agendas from transport, health, social regeneration and they are easy to administer and produce bi-lingually and can be distributed to large population groups very easily.

The leaflets can then form the start point of wider and more in-depth consultation of environmental changes that may support more people to be more active. They have been used successfully to engage partners and attract funding to support activity. In a lot of cases they have allowed new partnerships to quickly form to deliver simple solutions that the partners would otherwise not have engaged in had a longer view been taken. We have piloted them with the Welsh Assembly Government where they were pushed through a transport agenda but they have enabled partners from health, local government, education and others to join forces. They have also been used to support civil servants in the English and Welsh governments to be more active in their workplace environments –they were commissioned to show others how easy it is to take action and to recognise that if Government is setting policy advocating others should do something it needs to highlight its own good practice.

– Which measures are needed to foster the development of environments that are conducive to physical activity?
Any measures need to be considered over the longer term. We have accumulated many problems by rushing into changing things without understanding the real nature of the problem. Obesity has arisen in part to a number of very subtle changes in our environments and policy frameworks - some deliberate and others not - that have combined to create the problems we have now. Any measures must start from the basis of working with the environments as they stand right now and looking at what can be achieved straight away. This then provides a strong platform for continued engagement and measured progress in looking at the effect of changes to the environment and what they might mean.

In certain areas the opportunity will exist to make large scale changes quite quickly and in others it may be more about preserving what already exists and limiting new developments to stem the breakdown of communities and local services and knowledge. Thought needs to be given to further exploration to the identification of sustainable cities and of the Slow Cities campaign to see whether these offer hope albeit for a selected group of areas to tackle obesity amongst other issues.

– 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?
At a population level traditional health promotion approaches tend to work well with those in least need of them. Community development takes time and changing habits and perceptions does as well. What is needed is a mulit-level assualut on the causes of health inequalities and the associated outcomes.

– How can the "clustering of unhealthy habits" that has frequently been demonstrated for certain socio-economic groups be addressed?

By the use of health impact assessments when planning any new policies or services to serve these areas or groups. Keeping the status quo will make little impact and we know that unless the cycle is broken these groups tend to foster an inter-generational dependence.

By the careful and balanced use of increasing individual choice versus legislating at the EU and local government levels to support change and protect the vulnerable. Increased consumer choice is only useful when people have the means to take advantage of this choice otherwise it is a false economy. The disenfranchisement of large portions of people from the main stream of society poses a threat in public health terms as people are often not supported in the early and preventable stages of disease but rather picked up at the later stages requiring more costly and less effective interventions of more advanced diseases.

The obesity issue has in part been socially engineered (although not consciously) there will be many factors to unpick in order to try to lessen the obesogenic nature of many urban environments. Many of these factors will include contentious issues such as possibly increased food prices in the short term but these would balance out in the longer term. Changing public opinion will be a long term programme that will also require short term gains to be sustained these also have to be balanced to ensure that certain demographic groups do not feel unduly targeted. This is about support not telling people what they can or cannot do.

– Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?
– Which role at national and at Community level?
Recognise the prevalence and importance of the main outcomes of these factors. High blood pressure, high cholesterol and smoking are the big 3 with physical inactivity recognised as a major risk factor for CHD. However, the population prevalence of physical inactivity should make it the number one priority but it is not. The other 3 do have pharmacological interventions and solid and in the main standardised treatment criteria whilst physical activity does not. Perhaps it's about time that this was reversed?

Tackling the promotion of this would require an integrated approach to message and action and it's the latter that causes the problem as there is a lack of data about effective solutions en masse. Overall the green paper should seek to inform action orientated outcomes and not more promotion focused initiatives. Direct, focused action can help to move people quickly forward with the right plan this can then help to move us to further sustained action.

– 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?
I think this should also be extended to identifying examples of poor practice where we know it has had a detrimental impact on other countries. There is a lot we could learn from America and Canada from a policy perspective where they have retrospectively been able to identify the impact of an earlier policy decision. Obesity is a complex issue and many policy agendas have been found to have a role to play in the issue. Too many analyses have only considered health and food policy in the unravelling of the epidemic

yet there are many more planning, education, social polices that have significant impacts on the epidemic.

Best practice examples should be considered that can be replicated en masse and where possible adopted by many member states. There have been too many instances of short term localised projects that have been proposed as examples of best practice that could never be adopted on other areas due to the particular nature and make up of the project environments or people.

Best practice needs to extend to training and research as well as action orientated projects. We lack coordinated and recognised training for physical activity practitioners across the union and not enough is offered to help to deal with obesity treatments through physical activity. There needs to be more emphasis on behavioural change within public health and recognition of the interplay of other factors such as the built environment and social marketing. There are few examples of best practice between different sectors coming together to really look art this complex interplay and what changes in one area potentially mean to another.

– 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?
I think that the role of the common agricultural policy needs highlighting. There should also be consideration of the role of the big supermarkets and the impact they have in changing diets and shopping habits of local customers once they open up in a new area. Their buying policies force farmers to grow particular crops and reduce diversity of choice. The lack of seasonal awareness of food stuffs presents a problem in educating consumers and getting them to help reduce food miles.

There must be a role for recognising the contributions of member states to the Kyoto Protocol for if green house gases are to be reduced then business and communities have a role to play. Less food miles, less car travel, reduced energy expenditure could all help the obesity issue as well perhaps this is where a more joined up policy lead is needed so that some of the more complex issues are not viewed as uni-dimensional.

There seems little recognition of the fact that obesity is not simply about nutrition and activity as individual components but the interplay of these within the environments that consumers find themselves living and working in. These social components probably have more of a role to play than just addressing food labelling issues, yet we do not understand them well enough to engage in a proper debate around these issues. It's very easy to point the finger at the food sector yet we have allowed the situation to build up to its current extent almost undetected and with little intervention. More focus must be given to presenting the information in a way that all public policy makers and practitioners recognise they have an input into the solution as much as they have (unwittingly) helped to fuel the epidemic as well. Currently I do not think that such information exists or is used widely enough to really make a difference.

– Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?
The main issues are:

Addressing the CAP and its implications to obesity.
Understanding the policy interactions that contribute to obesity.
Getting people walking more in their everyday environments.