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National Heart Forums response to the European Commission's Green Paper on "Promoting healthy diets and physical activity: A European dimension for the prevention of overweight and, obesity and chronic diseases" (COM (2005) 637 final)

General points

The National Heart Forum congratulates the European Commission for publishing the green paper and on the other activities in this area that it has recently embarked upon.

Avoidable chronic diseases are the major killers and forms of morbidity and damage the societies and economies of the EU. The tragedy is that it is almost entirely preventable as we now have sufficient knowledge to rectify the situation for current and future generations.

The seriousness of the consequences for not investing in prevention will set back the progress towards the goals of the EU enshrined in the Lisbon Agenda. Given the demography of the EU the implications for younger generations of EU citizens is of even greater concern.

Within Europe considerable progress has been made in tobacco control, smoking prevention and smoking cessation. It is now very timely to prioritise action of food and health and promoting physical activity. There are a lot of lessons to be learnt from the effectiveness and failures of 30 years of anti smoking measures. Hopefully much more rapid progress can be made on nutrition and physical activity.

Any strategy to realistically address the issue must be proportionate, radical and mainstream and not consist of low level piecemeal initiatives. A comprehensive and competent long term strategy is needed free of the vested interests that perpetuate the situation. By this we mean significant upstream measures at the EU and national levels that have impact across whole systems. In Europe we need to move towards a health promoting economy that will ensure the health dividend in Europe and give the EU competitive advantage in the future. This includes making healthy choices the easy choices for the whole population and not just the privileged.

The key dimensions of the EU strategy should be around:

- Promoting a health promoting food and activity culture: making healthy choices the easy choices.
- Developing a health promoting economy

- Improving access to those most in need
- A focus on a life course approach and prioritising the health needs of children

The UK government has made excellent progress in developing a national policy framework for nutrition and physical activity. We commend these strategy frameworks.

Specific questions

What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity and toward creating environments which make healthy choices easy choices?

The NHF believes that all EU policies and programs should be routinely assessed for their health impact. This analysis should be presented to all policy decision making forums at EU level and actively shared with Member States when making similar assessments. This should be undertaken in a transparent way by independent experts. All regulatory impact assessment should contain health impact assessments. These assessments should evaluate the short and long term implications for EU citizens and involve careful modelling of scenarios and their consequences.

In particular the following policies have a profound influence on people's choices and behaviours and the nature of the EU's internal market and should be scrutinised for health implications accordingly:

Information and media policy

It has been firmly established that advertising of 'unhealthy' food and drink products have an impact on children's consumption patterns. If the Television without Frontiers Directive were amended to prohibit advertising of such products to all children and young people and if advertising of 'healthy' food and drink products, such as fruits and vegetables, were broadcast instead, it could have a considerable impact on promoting healthier diets. Health Impact Assessment models could easily quantify the health outcomes of shifts away from high-calorie/no nutrient value products to increased consumption of fruits and vegetables. Likewise we do not support the new proposal to allow product placement.

Regional policy/Structural funds

The EU's regional policy aims to redress the economic imbalance between the wealthiest and poorest regions of the Union. Regional policy is financed by the European Funds - the Structural Funds and the Cohesion Funds. These Funds account for over one third of the European Union budget and are used to tackle regional disparities and support regional development through actions including developing infrastructure and telecommunications, developing human resources and supporting research and development.

The EU's regional policy embraces a large number of EU policy areas including, transport (see also below), environment, employment, tourism and culture. There is no mentioning of public health in the policy areas considered by the EU's regional policy DG.

There is a growing evidence base to support changes to the environment which stimulate activity, such as building cycle lanes and walking trails, and improving the quality of parks and green space. Therefore, structural funds aimed at developing/improving infrastructure can have a favourable impact on promoting physical activity. Indeed many major regeneration programs in poor areas do not take account of the need to build a permanent health creating environment. This should be clearly brought out in the list of policy areas considered by the EU regional policy and stipulated as an EU standard.

The EU needs to ensure that the urban sprawl which has significantly contributed to chronic diseases in the US does not take hold in the EU.

Transport policy

The EU's transport policy already recognises that shifting the balance of modes of transport will involve taking measures at national and regional levels in other policy areas, including social and education policies. It should also recognise the impact that shifting modes of transport may have on promoting physical activity. Integrated health promoting transport policy should be the overarching framework and in addition be part of regeneration policy. Again a clear area for EU planning standards as is developments in the training and development of transport planners.

Agriculture policy

The Common Agriculture Policy (CAP) does not take explicit account of the need to produce foods that promote healthy diets. In Europe as a whole there should be a switch in production from animal-based products such as meat and dairy to plant-based products – in particular fruit and vegetables but also cereals. This would – all other things being equal - lead to a reduction in the consumption of fat, particularly saturated fat and other desirable changes to nutrient intakes. To ensure this, there needs to be a detailed investigation of how different aspects of the CAP influences consumption patterns and a subsequent realignment of agricultural subsidies to ensure that the food production system facilitates rather than mitigates against healthy eating. For example school milk subsidies should be extended equally to skimmed milk as much as full fat milk. Children in the UK get 23 % of their daily saturated fat intake from full fat milk. This could be greatly reduced if subsidies to low fat milks were improved as their would be a switch in the system to lower fat milks. The current situation needs review and the anomalies removed.

Health should be the central objective of future reforms to CAP from 2008-2013. The foundations to this policy development need to be constructed now.

Fiscal policy- Taxation and Subsidies

The EU has a key role in influencing and harmonising fiscal policies. To move towards a more health promoting economy there needs to be analysis and modelling of taxes and subsidies on food and drinks especially sugary drinks and alcohol and car and public transport usage to promote healthy choices and encourage industry and public service changes. For example particular taxes such as VAT which could be developed utilising health criteria and the development of CAP reform. The National Heart Forum and Royal College of Physicians are currently reviewing the taxes and subsidies and would be happy to share this work with the EC.

Consumer policy

The proposed EU regulation on nutrition and health claims, which stipulates that in order for a food product to bear a nutrition and health claim, it has to have a certain nutrient profile (e.g. maximum levels of nutrients such as fat/saturated fat, sodium and sugar), is an example of a concrete contribution to promote healthier diets. EU legislation making nutrition labelling mandatory and in a format that can be understood by consumers is also an example of a concrete practical contribution to the promotion of healthier diets. Moreover, it would be possible to measure the health outcomes that such EU policies may have through models that analyse the impact of lower intake of fat/saturated fat, sodium (salt) and sugar on weight, blood cholesterol and blood pressure at a population level and thus on for instance CVD and diabetes and other linked avoidable chronic diseases.

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

The simplification of the fruit and vegetable common market organisation in the EU presents an opportunity for inter-sectoral approaches to offer benefits to consumers and farmers alike, while improving the nutritional health of the European population. In order to achieve public health gains there are key issues that the review of the fruit and vegetable COM should tackle, including:

- The fruit and vegetable regime should promote the reduction and eventual phasing out of withdrawal compensation. This could lead to falling prices which would stimulate purchase and consumption of fruit and vegetables.
- In the short term, any withdrawn produce should be used for human consumption. It should particularly aim to target those who eat less fresh fruit and vegetables, such as children and low income groups.
- The single farm payment scheme should be extended to include fruit and vegetables.
- Review of marketing quality standards to put nutritional quality above criteria for the use of colouring and flavouring additives which provide fruit effects in non fruit containing foods.

- Efforts to promote fruit and vegetables should be coordinated between the health and agricultural sectors to maximise impact.

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?

Research is needed on the impact of upstream policies especially those at national and EU level that shape the obesogenic/cardiogenic etc environment and those that would help to stimulate a more health promoting economy. These include all of the policy areas that the EU has control of or influence on mentioned above of Community policies.

One clear role for the European Commission is to commission research into methods of health impact assessment – particularly in relation to its own policies – consumer, media, agricultural etc. and then to use those methods to model potential changes to those policies.

The NHF would like to see the EU invest in sophisticated qualitative and quantitative modelling of chronic diseases.

Many transport policy interventions constitute natural experiments, in which effects on population health – through the promotion of physical activity - could and should be evaluated using well-designed prospective (and, where appropriate, controlled) studies. Assessment of the economic impact of redirecting transport from cars to cycling and walking should include an impact on health. Very little research has been undertaken in this area.

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?

There is already a considerable knowledge about the health benefits of a healthy diet and the promotion of physical activity amongst the groups listed. Therefore, it is more relevant to ask how you *raise the awareness of the measures needed* to support and promote healthy diets and physical activity. For this, information on effectiveness of measures/policies/interventions is needed.

It is also vital that the specialist health and consumer NGO and professional organisations are provided with sufficient core strategic capacity where necessary through state funding to act as policy development and advocacy organisations and be a countervailing force to the excesses of some industries. These organisations can contribute enormously to the mandate for social change that comes from public and professional debate. They need to be actively monitoring and reporting publicly on industry activities. They are a valuable part of the social marketing mix and can work productively in

partnership with the statutory authorities as they have a shared public interest agenda.

Increasingly investment in high quality social marketing by independent authoritative credible organisations is key to engineering change in the public interest in modern democracies. We mention this in more detail in response to questions below. Learning the lessons from tobacco control, smoking prevention and cessation is key.

Evidence and promulgation of effective interventions

In some instances there is already considerable evidence for the effectiveness of particular measures/policies/interventions but it needs to be assembled in a systematic and transparent way by an authoritative body. The European Commission could be that body and act in a similar way to the National Institute for Health and Clinical Excellence (NICE) in the UK, or the Centre for Disease Control (CDC) in the US in doing so. Assembling the evidence for what is currently known about the effectiveness of interventions/measures and is the first step in assessing the gaps in that evidence. It is likely that there will be many gaps. The European Commission should, of course, help to fill the gaps in co-operation with national and international bodies. (It should be noted that NICE will produce a systematic review of the evidence on obesity prevention and treatment on 16 March. This will become definitive guidance for the NHS in November 2006)

Investment in public health progress should also be based on plausibility. If sufficient evidence is not yet available but the prospect of reducing public health damage and creating public health benefit as calculated by independent experts is thought to be high and the measures are supported through public dialogue and through securing a public mandate.

Added to this analysis investment in qualitative and quantitative modelling is required. This is currently being taken forward by the UK Government in its Foresight project on Obesity.

The FP7 research framework program should invest heavily in prevention research and co-ordination and in policy research especially on upstream impact of policies at national and EU and Global levels.

Health and education professionals should have chronic disease prevention as a mandatory core component of their basic and post basic training.

In addition once the evidence for the effectiveness of different interventions has been assembled then communication and advocacy skill is needed for health professionals; enhanced communication skills, for example in media relations, are needed for NGOs. The public health action programme can co-fund, training seminars, information meetings, etc.

Social marketing

For the public at large there should be an investment in high quality social marketing. There is a lack of investment in social marketing in the physical activity and nutrition areas. There is a good literature of what is effective built up mainly from antismoking and sexual health campaigns. There are a number of systematic reviews being undertaken and in the UK the National Consumer Council has been commissioned by the department of Health to establish a social marketing centre. Health Scotland has a long and distinguished record in social marketing.

The most effective social marketing initiatives are integrated with front line service changes and supported by major upstream measures. They are also free of vested commercial interest. The National Heart Forum and Royal College of Physicians has recently produced an expert review and report which identifies the key components of effective social marketing effective and the optimal relationship with the consumption industries. This is available upon request.

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

The establishment of a network of NICE (public health evidence) type organisations on prevention and health promotion is key. This will ensure best use of resources and expertise and prevent unnecessary duplication. There is clearly EU added value. Such arrangements do not exist but could easily be assembled.

The National Heart Forum also believes that the establishment of a global link equivalent to that on tobacco would be vital to linking real time information between researchers, policy makers and activists. The NHF has developed a feasibility study proposal to help establish this network which we believe could be self sustaining in a very short period given some initial start up investment. The NHF would be happy to share their ideas with the European Commission.

Utilisation of European umbrella organisations such as the European Heart network and Eurohealth will also help ensure further dissemination amongst their national member organisations.

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

The NHF considers that at EU level there are six key nutrients relevant to public health. These are: energy, saturated fat/transfats, salt, but also total fat, added sugar and dietary fibre. NHF recommends that information about these six nutrients should be mandatory on all products. This information should be provided in conjunction with energy and information about the number of portions of fruit and vegetables.

It is important that people can make comparisons both between and within product categories. NHF therefore considers that when providing nutrition

information to the consumer all categories of processed food products should be considered.

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?

There is extensive research (reviewed by the European Heart Network) demonstrating that the current format for nutrition back of pack labelling - as prescribed by the EU directive - is almost impossible to understand, even for a well educated consumer or nutrition professional.

There needs to be radical revision of the prescribed format to make it simpler for all consumers to understand and more relevant to the major health problems in Europe (avoidable chronic diseases). This will involve developing a harmonised front of pack health signposting system to signal the levels of key nutrients in foods. We commend the new system developed by the Food Standards Agency in the UK (March 2006) which we believe could be extended across the EU with modifications for the different health needs of different countries. However the system would need extending in terms of more macronutrients as set out above to cover all the health needs of EU citizens which will vary from Country to Country. It is important to develop a common universal system in the context of the single market and to positively influence best public health practice around the rest of the world.

We strongly recommend that the EU take look to develop a front of pack labelling system when reviewing the EU labelling directive in 2007.

The NHF believes that the case for consumer friendly front of pack labelling can be made on human rights consumer rights basis and need not depend upon notions of evidence based health protection and health promotion alone.

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?

Self regulation is a completely flawed concept for a highly competitive commodity based globalised industry which works on thin profit margins. The growth in the avoidable chronic diseases is in large part a consequence of market failures which need to be regulated. The marketing budgets of processed food producers are many times greater than the production costs and producers profits are hugely dependant upon the marketing investment and the current total unfettered freedoms to operate will not be given up easily. Current regulations are not fit for purpose. Basically within the EU processed food producers have licence to market how they like with no real sanctions that would make compliance likely. Given these dynamics the voluntary regulation route is highly unlikely to yield effective results. Also like tobacco we are likely to enter into years of prolonged procrastinated debate while the damage to health of EU citizens gets considerably worsen. The

debate about controls needs to be across the whole marketing mix/spectrum and otherwise controls in one area will lead to investments in other areas of marketing.

Also Voluntary codes (“self-regulation”) are not an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods. This is because they do not address, and appear to be incapable of addressing, the quantity, location or emotional power of advertising and marketing but only focus on the content of individual marketing campaigns judging whether these are truthful and not offending.

Voluntary codes within the food and drink sector have been poorly followed by industry and monitoring and enforcement ineffective.

Statutory regulation would favour the responsible sections of industry that otherwise have to risk giving away competitive advantage to less scrupulous operators. This would provide an even playing field for all companies. We believe the food companies would accept this approach. The biggest opposition would come from the marketing and communication/media industries.

The priority should be to ban all marketing of foods high in fat, salt and sugars to children and young people across the EU. There is huge public support for such measures in the UK.

How can effectiveness in self-regulation be defined, implemented and monitored?

It cannot as the whole application is inherently flawed. Please see above. However we believe it is vital that the food and marketing industries activities and impact are carefully and independently comprehensively monitored to ascertain how they are behaving and reacting to forms of regulation.

Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable consumer are not exploited by advertising, marketing and promotion activities?

Strong consumer protection as set out above especially for children and young people.

Restricting spurious health claims by industry

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

The NHF believes that the food industry could contribute funding towards social marketing campaigns and programs provided that the funds are independently governed and administered and the campaigns are not in any way utilised to promote brands or products.

The processed food industry should not be distracted by public relation exercises but focus on addressing its core business and address investment in product reformulation to ensure their products do not damage public health. They should also diversify their product portfolios so that they can transfer learning about healthy products across all product lines and have a stake in promoting health. Longer term this will give the EU food industry a competitive advantage in the global food market.

In the field of nutrition and physical activity, which should be the key messages to give consumers, how and by whom should they be delivered?

The key scientific and social marketing messages should be provided by an authoritative independent public health body that is trusted and respected by the public, media and professionals.

The key messages should be part of a fundamental change to more health promoting food and activity culture. The link between the key messages and a supportive decision making environment is vital to shaping a health promoting economy and supporting healthy behaviours. Hence easy choices become the easy choices.

What are good examples for improving the nutritional value for school meals, and how can parents be informed on how to improve the nutritional value of home meals?

The NHF strongly recommends the work of the English School Foods Trust and the Scottish diet and health action plan as exemplars of a whole school approach. The Scottish diet action plan has now been independently evaluated and shown very encouraging results. These programs of work cover school meals, vending machines, tuck shops, curriculum developments, breakfast clubs, after school clubs, packed lunches etc.

We also commend the nutritional based school food guidelines produced by the National Heart Forum and Caroline Walker Trust (2005) which were adopted by the UK government for national consultation and will probably form the basis of standards all school meals and food provision in schools in England.

We also commend the approach of using a celebrity chef to agendicise the issues at a national level. In the UK the celebrity chef Jamie Oliver was a significant stimulus to political action as he produced a TV program exposing the scandal of school meals in England. His actions have resulted in a major program of investment in school meals and accompanying reform of the whole school food system.

It is vital that pre- school settings are addressed in terms of nutrient based standards as well. This work is now being developed by the Caroline Walker Trust in the UK.

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

Expert reviews by the European Heart network recommend:

- Increase the number of hours devoted to physical education in the curriculum across the EU. There should be a statutory three-hour minimum per week dedicated to physical education in schools across the EU for all ages of young people, all the year round. In countries with no existing statutory minimum, an initial aim should be for a statutory two-hour minimum per week. Schools should be encouraged to go beyond these minimum levels.
- Facilitate an increase in the quality of physical education and training for dedicated physical education teachers, through standardised training packages for specialist physical education teachers and non-specialists, for all age groups.
- Promote opportunities and practices to build activity into the rest of the school day, not just during the physical education lesson.
- Develop the concept of the Health Promoting School, embracing all of the above, that takes a whole school approach to health, and ensures that physical activity is a core component.
- Establish 'safe zones' (20 MPH zones) around all schools where walking and cycling are prioritised and car travel is made difficult, and 'safe routes' to schools from neighbouring communities.
- Establish guidance and incentives for schools and local governments on improving the environment around schools to encourage walking and cycling. Consider guidance on establishment of locally-led networks of 'safe houses' on popular walk-to-school routes where children can go if in trouble from bullying etc.
- Provide safe parking places for bicycles within the school grounds.
- Establish the principle of schools as healthy living centres for pupils and for the wider community to increase the out-of-hours use of school sports facilities.

The school is not the only setting, which can influence children's activity levels; the community environment is a major influencer.

The NHF would also advocate the importance of active play as a key intervention.

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?

High sugar energy dense soft drinks and confectionery should not be available in schools. This should include drinks with artificial sweeteners. This is in line with the School Food Trust guidance on foods out-with school meals which is out for consultation (2006) and the guidance from the National Heart Forum and Caroline walker Trust on school food (2005).

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?

Schools should be commercial no go zones. The food industry must be kept out of schools as their current commercial interests are in conflict with promoting healthy lifestyles. Any commercial support should go through blind trusts.

Sponsored teaching materials should not be allowed nor any activity that allows brand or product promotion.

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

They can introduce nutrient based standards for food purchase and preparation.

They can subsidise fruit and vegetables and healthier meals.

They can provide nutrient and health information on meals and menus.

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

National Governments could introduce tax incentives for companies to encourage the use of bikes and leisure and recreational facilities.

Employers could pay a mileage allowance for the use of bikes in connection with work travel where appropriate.

The below-listed measures have some evidence for effectiveness as documented by the European Heart Network:

- Give decision prompts, i.e. signposting to remind people to take the stairs
- Switch support away from company cars to support for cyclists/pedestrians and provide bicycle shelters, showers
- Providing fitness-testing programmes and exercise facilities
- Host workplace sports and activity days
- Provide a free or subsidised company sports/health club
- Encourage managers and role models to set an active example

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

Higher taxes on petrol and road use for cars which would act as a disincentive for dependence on this mode of transport.

Congestion charging for cars.

Integrated transport policies which favour active choices

Bike carriage on trains to become friendlier

Bike parking and cycle lanes to be provided especially to schools, workplaces and shopping areas.

Free bicycles by Local Authorities or tax incentives to buy a bike

More recreation and leisure places for young people

More parks and leisure facilities in regenerated areas. Should be mandatory provision for large developments.

Stop the selling off of school playing fields for housing developments which is common practice in the UK

Invest in swimming pools and their marketing.

Public health personnel to be advisers to local authorities on promoting physical activity in all major planning applications and regeneration schemes.

Fiscal incentives to local authorities to encourage active transport

All of the above policies would need to be health inequality proofed and offer realistic choices for the groups of the population who are unable to walk and cycle.

There is a body of research collected by the European Heart Network to support the below-listed measures:

- Develop an integrated transport strategy that emphasise walking/cycling
- Ensure that streets are safe and well-lit to encourage walking/cycling
- Provide and promote the use of local parks and green places
- Produce maps and guides of good places to walk/cycle
- Provide signs enabling people to measure the distances they walk/cycle
- Improve access to sports and leisure facilities for all section of the community by providing, for example, free crèches, discounted access for the unemployed, over 50s sessions and late-night sessions
- Stage 'taster days' for the non-exerciser at gyms and exercise facilities
- Ensure stairs are prominent, accessible and well-lit in new buildings
- Encourage town planners to provide facilities that can be walked to and around, such as local markets, town squares, pedestrianised areas

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

Statutory standards for planners, architects and builders for promoting physical activity choices in design of the built environment and spaces.

Mandatory basic and post basic training and development for all types of planners (transport, urban etc), architects and builders.

Pedestrian and child friendly road designs, neighbourhood design, policing and cleaning measures, traffic free streets, safe cycle routes. More signs saying ball games permitted. Clean secure parks, more playgrounds etc.

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

The key issue is ensuring healthy choices are the easy more attractive choices. This requires access to the choice and reliable friendly information to encourage the healthy choice. Health inequalities interventions require a mix of welfare support and poverty reduction measures to ensure that poor people have access to affordable healthy food and leisure and recreation facilities.

For example community and commercial planners should ensure that food desserts are reduced and the environment is supported by decent leisure travel and recreational facilities in situ.

Investing in early life prevention is key to prevent the intergenerational cycle of health inequalities. C.f. young@heart review by the national Heart Forum

Some specific measures that would be of benefit to underprivileged socio-economic groups include

- General (legislative) measures, such as health and nutrition claims regulation that requires respect of nutrient profiles and legible and understandable nutrition labelling with interpretative front-of-pack signposting schemes.
- Availability of inexpensive healthy food, such as fruits and vegetables.
- Easy access to well-kept and inviting recreation areas and to affordable activities in sports

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

The goal of a comprehensive and integrated EU food and nutrition strategy should be to address both the mean level of intake of certain key foods and nutrients and the distribution of intakes in the European population. In a similar way a strategy to promote physical activity should address both the mean level and the distribution of those levels

The 'clustering of unhealthy' habits that has frequently been demonstrated for socio-economic groups should therefore be addressed at a European level by comprehensive and integrated policies which take into consideration equity and not just efficiency issues. E.g. proposals for reform of labelling policy should take account of different levels of education in the European population and not just the education level of the average consumer.

Local programs should be targeted at those most in need. Where the greatest health gains are to be realised for the current and future generations.

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?

As stated above the National Heart Forum also believes that the establishment of a global link equivalent to that on tobacco would be vital to linking researchers, policy makers and activists. The NHF has developed a feasibility study proposal to help establish this network which we believe could be self sustaining in a very short period given some initial start up investment. The NHF would be happy to share their ideas with the European Commission.

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

In the context of a pan-European project on *Children, obesity and associated avoidable chronic diseases*, which is co-funded by the European Commission, EHN organised a consultation meeting on policy options in the fight against childhood obesity on 29 November 2005. The purpose of the meeting was to agree on priority actions amongst European/International health organisations that are active in policy formulation to combat childhood obesity.

Out of 20 given policy options, the eight organisations* that participated selected five priority areas for action of which four policy options were on nutrition:

* World Health Organisation; European Public Health Alliance; International Association of Consumer Food Organisations; International Obesity Task Force, European Association for the Study against Obesity; European Heart Network; International Paediatrics Association; EuroHealthNet

- Controlling sales of foods in public institutions: Controls on the provision and sale of fatty snacks, confectionery and sweet drinks in public institutions such as schools and hospitals
- Controls on food and drink advertising: Controls on the advertising and promotion of food and drink products
- Mandatory nutritional information labelling: Mandatory nutritional information labelling for all processed food, for example using energy density traffic light system
- Common Agricultural Policy reform: Reform of the EU's Common Agricultural Policy to help achieve nutritional targets/Subsidies on healthy foods: Public subsidies on healthy foods to improve patterns of food consumption

These issues should receive first priority at EU level.

Key References

- **young@heart Towards a generation free from coronary heart disease (2004).** www.heartforum.org.uk
- **Nutrient based school food standards (2005) National Heart Forum and Caroline walker Trust guidelines available from** www.heartforum.org.uk
- **Choosing a better diet (2005)** www.dh.gov.uk/publications
- **Choosing Activity (2005)** www.dh.gov.uk/publications
- **A Guide to Social Marketing** www.ncc.org.uk
- **The School Food Trust for England** www.schoolfoodtrust.org.uk

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