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COMMISSION OF THE EUROPEAN COMMUNITIES

GREEN PAPER

“Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”

Q1 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?

Policies need to recognise that to alter poor lifestyle choices behaviour change needs to be affected and this is a long term proposition.

Lifestyle choices are also linked to socio-economic issues, deprivation and spatial planning and it will be important that all departments are aware of their impact on health.

Q2 Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

Measures could include

- Social marketing of nutrition and physical activity across the wider community - including that relating to family nutrition as to often target groups are seen as individuals not as supporting social groups or families.
- Support for allotments, urban farms.
- An advertising ban on high fat, high sugar, high calorie food and drink.
- Subsidised rates for advertising healthier food and drink options.
- Taxation on unhealthy food stuffs (fat tax).

Q3 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 required in to how unhealthy lifestyle choices are ‘set’ or accepted by individuals as a norm, and how best to unlock and ‘reset’ for healthy lifestyle choices.

Q4 How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution on this condition?

National health audits required of 10% of Pop^N following National Pop^N Profile. Socio-economic data can be derived with UK from postcode data and IDM2004 assessment.

All need to verify data re measurement, eg controversy of BMI against waist measurements.

Q5 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?

Continued social marketing and a full emphasis on the promotion of healthy lifestyle choices from nursery through mainstream schooling and beyond.

Q6 Which are the most appropriate dissemination channels for the existing evidence?

NICE
DoH
Food Standards Agency

Q7 When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?

Fat
Saturated Fat
Sugar
Salt
Additives eg Azo dyes
Children's foods/snacks/drinks
Ready meals
Alcohol/soft drinks

} As major health impacts linked to over consumption.

} Either vulnerable group or as going consumption

Q8 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?

Pictorial or diagrammatic - good for children, the elderly with poor eyesight and those with English not as a first language.

plus

coupled with a high profile, social marketing campaign and media campaign to mainstream the message.

Q9 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?

Voluntary codes satisfactory if they have necessary components and if implemented.

Should self-regulation fail then mandatory standards must be enforced via regulation.

Q10 How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credibility

and lacking media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?

Effectiveness of messages, labels etc can be gauged during product trials against a mixed panel of individuals.

Implementation and monitoring via recognised independent consumer body eg the Food Standards Agency.

Protecting vulnerable groups can be achieved by banning the advertising of perceived “unhealthy” products.

Q11 How can consumers best be enabled to make informed choices and take effective action?

- Starting at an early age and building into nursery and mainstream education - this normalises the behaviour. It also allows the message to be changed as the child develops.
- Making labels clearer to understand.
- Educating the public on “whole body health” and that healthy food need not be boring.
- Illustrate via popular medias eg television soap operas healthy lifestyle choices.
- Building a culture where catering and culinary skills are looked on as a valuable life skill not an add on, or as a career for lower achievers.

Q12 What contributions can public-private partnerships make toward consumer education?

Significant work could be achieved via the social marketing of health by public-private partners.

Q13 In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by who should they be delivered?

Message	How?	Whom
Family Exercise	Media	National/Local Government
Family Eating	Media	National Government
Continued 5 A Day	Media/Schools	National Government/DoH
Physical activity is not solely linked to exercise + gyms etc it can be leisure walks, gardening etc	Media	National Government/Local Government
Portion size and portion control	Media/Schools Heartbeat Award	National Government/ Local Government
Sensible eating/Balance of good	as above	National Government/

health

Local Government

Q14 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?

- Improved communication from health services through schools to parents eg newsletters.
- Opening schools to parents to try tasty, nutritionally balanced meals.
- Offering parents and children the opportunity to both attend after hours cooking clubs.
- Information re healthy lunch boxes.

Q15 What is good practice for the provision of physical activity in schools on a regular basis?

- A range of activities not necessarily linked to sport eg walking club, climbing, school allotments and gardening projects (link here to nutrition).
- Sporting and non-sporting physical activities to be provided at a range of hours eg pre-school, curriculum time, lunch, after school and weekend.

Q16 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?

- Include in lessons as part of Healthy Schools status.
- Eliminating sales of such in schools.
- Offering other alternatives.

Q17 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?

- Devise and sign up to a co-ordinated strategy which directly mirrors and supports school activities.
- Public/private partnerships can have an important role to play both in providing eg healthy vendors, or supplying local fruit and vegetables, or providing breakfast/after school cafes or clubs.
- With regard to physical activities local clubs could be allowed to come onto school property and provide “taster information” eg rambling clubs. This will help the clubs to increase membership whilst increasing pupil knowledge.

Q18 How can employers success in offering healthy choices at workplace canteens and in improving the nutritional value of canteen meals?

- By participating in projects such as the Heartbeat Award, including illustrating to staff which are health options.
- Offering free fruit and water throughout the day (would require some form of tax incentive/subsidy).
- Subtle changes in recipes over time eg gradual reduction in sugar, increasing use of wholemeal flour, oven baking rather than frying.
- Encourage breakfast clubs

Q19 What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

- Encourage work based sports clubs
- Provide cycle racks and changing rooms and showers.
- Make a corporate application to a local gym/leisure centre
- Establishment of measured routes/walks in localities so people know how far they have walked/cycled etc.

Q20 Which measures, and at what level are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?

- Giving GPs etc more information re leisure services, sporting/hobby groups, cookery/diet clubs in the area.
- Displaying information.
- Using patients who have succeeded as “Champions” to lead support groups.
- Expand and specialise exercise on referral schemes to include children etc. Also promote such as other activities eg rambling or horse riding on referral.
- Have staff from local leisure centres in the surgery/hospital.

Q21 In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?

In part of the policy planning stage there should be mandatory health impact assessments and also a duty to maximise health benefits in policies which deal with deprived areas.

Q22 Which measures are needed to foster the development of environments that are conducive to physical activity?

Play is a vital component of physical activity. We therefore need to develop safe, accessible and fit for purpose play and leisure areas eg parks. These need to be well controlled and policed.

Q23 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?

Basic behaviour change is a long term process and may need a raft of support mechanisms. With regard to diet and physical activity we will need to normalise within society that eating a healthy diet and taking regular physical exercise is normal. This would require extensive social marketing but also actual sales to the public of benefits and could include subsidising leisure, exempting healthy meals from VAT.

Q24 How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?

Using an integrated planning approach and actively involve the community.

Q25 Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?

- Involvement of all stakeholders.

- Involvement of communities.
- Prioritisation of issues.
- Sustained funding.
- Defined roles, responsibilities and leadership.

Q26 Which role at national and at community level?

Role exists at all levels, however needs clear definition of roles and responsibilities.

Q27 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?

Each regional, cultural and national cuisine needs assessing individually, and healthy versions promoted.

Q28 How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

Educative role essential, educating and raising awareness amongst the population will be critical.

Q29 How can dietary guidelines be communicated to consumers?

Via a comprehensive campaign, and including information on labels, recipes etc.

Q30 In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

This would be a good starting point.

Q31 Under which conditions should the Community engage in exchanging experiences and identifying best practice between the EU and non-EU countries? If so, through which means?

- The EU should enter into open dialogue with non-EU countries, especially with those who have large multi-national food businesses operating in the EU.
- EU best practice needs communicating via EFSA and should report in the UK via NICE on the Food Standards Agency.

Q32 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 feel it is important to look spatially at the provision of services which I feel has a huge impact on obesity, eg provision and access to leisure facilities and to outlets selling fruit and vegetables at affordable prices. This too requires an integrated approach and definitely one where a public/private partnership will be critical.

Q33 Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?

I feel all areas are important, however I would concentrate on areas of health inequality and deprivation, and also on interventions involving children and young people.

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