



**Contribution to the European
Commission Consultation on the
Green Paper “Promoting healthy
diets and physical activity: a
European dimension for the
prevention of overweight, obesity
and chronic diseases”**

14 March 2006

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

Throughout the world practitioners in the health and social care professions as well as housing providers are learning how contact with companion animals can improve the health and quality of life of people. There is growing interest in the human-companion animal bond (HCAB) both as a protective influence in the maintenance of good health and as a supportive adjunct in therapeutic situations.

There is increasing research evidence to illustrate that pet ownership impacts positively on physical health (e.g. reduced stress, lower blood pressure, fewer minor health problems) psychological and social well-being. The evidence also shows that there may be particular health benefits from companion animals for different groups in society (e.g. children, older people).

Attached (**Appendix 1**) is a bibliography of the key research findings. It is the view of Pets in Europe (PIE) that the human-companion animal bond can play an important role in promoting a healthy lifestyle, including increased physical activity. Pets can also play an important therapeutic role in recovery from illness or assistance with particular physical, psychological or social needs, through animal-assisted therapy – these therapy programmes include an animal that meets certain criteria as part of the treatment programme for an individual. Such programmes have assisted children with emotional and behavioural difficulties, people with cancer and people with cardio-vascular disease.

IV.3 Health across EU policies

- **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?**

(a) Working from the premise that the HCAB confers many health and social benefits, specific policy to support and encourage greater activity involving the HCAB would include such measures as:

- Adopting positive pets in housing policies - allowing everyone to benefit from the health benefits of interacting with and exercising with companion animals.
- Encouraging physical activity with pets in the community, for example through programmes such as Petercise launched by the Pet Health Council in the UK (See **Appendix 2**).

- Improve areas for exercise. Many people, although living in rural areas, are very limited about where they can exercise as there are few or no paved areas around their village/home. This makes walking very dangerous. It would be of great benefit if farmers/foresters could be paid to create safe pathways for people within fields or woodlands so that people can safely exercise off the roads - and get from A to B without fear of being run down by a vehicle. These would mostly run parallel to roads, but could also take more scenic routes if desired. The newly introduced measures in the UK to allow the public access to hills and moorlands are very welcome and successful measures. Similar legislation could be introduced throughout Europe.
- Provision of exercise areas that are landscaped to provide attractive views of the natural world - the inclusion of a diverse range of plant species, with changing interest through the seasons. Such environments are now known to have intrinsic therapeutic value.

(b) Improved access to areas where dogs can safely be exercised; include the provision of dog waste receptacles as well and include provision to exercise with horses - bridle paths.

- **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?**

See IV.3 **(a) & (b)** above

As already outlined, existing research demonstrates a positive association between human-animal interaction and health. However, further research in this field would provide greater understanding of the health benefits of the human-companion animal bond and would allow specific interactions to be devised for particular individuals and groups.

IV.4 The Public Health Action Programme

- **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?**

Raise awareness amongst this group of the benefits of pet ownership for human health through:

- pet awareness days;
- dissemination of information/leaflets;
- seminars for key target groups; and
- PR/plan emphasising benefits of pet ownership.

Encourage the adoption of pet-friendly practices such as The Blue Cross Take Your Dog to Work Day and practice of allowing staff members to bring their dogs into work each day.

Encourage participation in programmes such as Petcercise launched by the Pet Health Council.

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

Awareness of the link between pet ownership and human health should be targeted at two main audiences 1. health and social care professions 2. general public. Dissemination channels might be quite different for these two groups.

For health and social care professions this might include focus groups, seminars which present key evidence for the link, and/or leaflets and pamphlets outlining the key evidence and referral services for clients (e.g. where to adopt a pet, how to take care of pets, pet sitting services etc.).

For the general public, a PR campaign might emphasise activities that people could undertake with their pets, in order to enhance their health and well-being (e.g. Petcercise).

Leaflets providing information on how pets can help with health and well-being, including how to ensure healthy pets and healthy people (preventative medicine, routine care etc.), would also be valuable.

V. 2 Consumer Education

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

Key messages/information might include:

- “Healthy people – healthy pets”; and
- How your best friend (pet) can enhance your well-being.

V. 3 A focus on children and young people

- **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 could be encouraged to include animal care and responsible pet ownership in their syllabus in a way which makes the links between human health and pet health and preventative health care for people and pets.

Ideally, provisions could be made at schools to allow visits from owners/educators and their pets to emphasise these points. An example of such a programme is the The Blue Cross children's education programme.

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

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

A measure increasingly adopted by commercial organisations is to permit the presence of dogs in the workplace. The presence of the dogs has therapeutic value – it reduces stress because dogs are a calming influence and act as a social catalyst promoting positive social interactions between people. Physiological and biochemical responses to the presence of dogs include:

- Lowered blood pressure;
- Reduced heart rate;
- Increased levels of neurotransmitters - oxytocin, serotonin etc; and
- Reduction in stress hormone cortisol.

Where dogs are in the workplace they require exercise at lunch break - an opportunity for all staff, not just the dog owner to take purposeful exercise.

Where possible, the dogs should be walked to and from work - again this exercise need not be limited to the dog owner. The presence of the dogs will also improve safety for those accompanying - some people are reluctant to exercise due to feelings of vulnerability. The presence of a dog can help them to overcome this fear.

An example of a successful programme is The Blue Cross Take Your Dog to Work Day.

V.5 Building overweight and obesity prevention and treatment into health services

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

The inclusion of animal-assisted therapy in treatment programmes within the NHS and Independent Healthcare facilities in the UK offers a unique approach

which yields many health benefits (see **Appendix 1** for bibliography of key findings).

V.6 Addressing the obesogenic environment

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

We refer again to policies permitting the presence of dogs in a suitable work environment.

However, first there is a need to raise awareness of the link between human health and pet ownership, perhaps through including relevant facts on animal products (e.g. food, toys), as well as selected products for humans.

Could also encourage dog walking events, dog walking services for those people less able (e.g. older people), emphasising the health benefits e.g. take your dog for a walk and burn xxx calories!

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

We refer again to policies permitting the presence of dogs in a suitable work environment.

Promote the message that exercising with dogs can be fun e.g. Petcercise programme.

Ensure that there are adequate facilities to exercise dogs, e.g. proper paths, adequate space, waste bins.

V.7 Socio-economic inequalities

- **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?**

We encourage the adoption of humane education (see V11 **(b)**) - in teaching preventive medicine. We have enjoyed success with this approach working with at-risk communities suffering poor health. There was much interest and positive feedback from people of all ages.

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

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

The benefits of healthy diets and physical activity need to be understood by all and particularly the benefits associated with pet ownership. Education in this regard is imperative. Those identified as having the greatest risk would need to be prioritised.

V.11 Other issues

- **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?**

(a) The role of the human-companion animal bond and contact with nature in maintaining and improving health is not referred to in the Green Paper. People have benefited from animal companionship for over 100,000 years and the relationship we have with companion animals is symbiotic i.e. mutually beneficial. It is however, only recently that scientific studies have begun to elucidate the benefits conferred by such relationships (as referred to earlier in this document). It is already clear from such studies that people who have a companion animal enjoy associated health, psychological and social benefits. Perhaps this is not surprising given that until very recently in our history we enjoyed much closer relationships with nature and animals. It is postulated that our more recent loss of such contact is having an adverse effect on human health.

(b) We would also draw the European Commission's attention to the potential of **humane education** as a method through which to effectively engage the interest of both children and adults in learning about preventive medicine - including nutrition and exercise. Humane education teaches students to understand and value others - other people, plants, animals and our shared environment. The teaching of animal care and welfare is usually a starting point, leading to wider issues relating to people and the natural environment. Students generally find this approach quite absorbing. Parallels are provided relating the basic preventive health requirements of people and animals - which are very much alike. The veterinary profession holds similar concerns about obesity in pets and this approach provides the opportunity to address both problems together. Important concepts can thus be delivered in a memorable, non-threatening and easily understood way. We would therefore encourage the European Commission to evaluate the potential of humane education as a means to deliver the health education message.

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

See V11 **(a) & (b)** above

Appendix 1

KEY REFERENCES

1. Allen, K.M., Blascovich, J., Tomaka, J. and Kelsey, R.A. 1991. Presence of human friends and pet dog moderators of autonomic responses to stress in women. *Journal of Personality and Social Psychology* 585-589.
2. Allen, K.M. 2001. Dogs ownership and control of borderline hypertension: A controlled randomised trial. Presented at the 22nd Annual Scientific Sessions of the Society of Behavioural Medicine in Seattle, WA.
3. Allen, K. 2003. Are pets a healthy pleasure? The influence of pets on blood pressure. *Current directions in Psychological Science* 12(6): 236-239.
4. Anderson, W. P., Reid, C. M. and Jennings, G. L. 1992. Pet ownership and risk factors for cardiovascular disease. *Medical Journal of Australia* 157: 298-301.
5. Bolin, S. E. 1987. The effects of companion animals during conjugal bereavement. *Anthrozoos* 1 (1):26-35.
6. Brickel, C. M. 1980. A review of the roles of pet animals in psychotherapy and with the elderly. *International Journal on Aging and Human Development* 12: 119-128.
7. Corson, S. A. and Corson, E. O. 1978. Pets as Mediators of Therapy. *Current Psychiatric Therapy* 18: 195-202.
8. Corson, S. and Corson, E. O. 1981. Companion animals as bonding catalysts in geriatric institutions. In *Interactions Between People and Pets*, ed. B. Fogle. Springfield. IL: Charles C. Thomas.
9. Corson, S. A., Corson, E. O. and Gwynn, P. 1975. Pet-Facilitated Psychotherapy. In *Pet Animals and Society*, ed. R. S. Anderson. London: Balliere-Tindall.
10. DeShriver, M. and Riddick, C. 1990. Effects of Watching Aquariums on Elder's Stress. *Anthrozoos* 4 (1): 44-48.
11. Fick, K.M. 1993. The influence of an animal on social interactions of nursing home residents in a group setting. *American Journal of Occupational Therapy* 47(6): 529-534.
12. Friedman, E., Katcher, A.H., Lynch, J. and Thomas, S. 1980. Animal companions and one-year survival of patients after discharge from a coronary care unit. *Public Health Reports* 95(4): 307-312.
13. Friedmann, E., Katcher A.H. and Thomas, S.A. 1983. Social interaction and blood pressure influence of animal companions. *Journal of Nervous Mental Disease* 171: 461-465.
14. George, M. H. 1988. Child Therapy and Animals. In *Innovative Interventions in Child and Adolescent Therapy*. ed C. E. Schaefer. New York: John Wiley and Sons.
15. Hasselmar, B., Aberg, N., Aberg, B., Eriksson, B and Bjorksen, B. 1999. Does early exposure to cat or dog protect against later allergy development? Department

of Paediatrics, University of Goteborg, Goteborf, Sweden, *Exp Allergy*, May 29(5): 611-7.

16. Headey, B. 1999. Health benefits and health cost savings due to pets: preliminary estimates from an Australian national survey. *Social Indicators_Research* 47: 1-11.

17. Headey, B., Grabka, M., Kelley, J. 2002. Pet ownership is good for your health and saved public expenditure too: Australian and German longitudinal evidence. *Aust Social Monitor* 4:92-99.

18. Headey, B. 2004. Pets and human health in Australia, China and Germany: Evidence from three continents. Abstract of a paper presented at IAHAIO 10th International Conference on Human-Animal Interactions, Glasgow.

20. Hearne, G.L., McBride, E.A. and Horn, S.A. 2004. Animal Facilitated Therapy: the provision of service in English Healthcare Institutions. Poster presentation at the IAHAIO 10th International Conference on Human-Animal Interactions, Glasgow.

21. Jorgenson, J. 1997. Therapeutic use of companion animals in health care. *Journal of Nursing Scholarship* 29(3): 249-254.

22. Lee, D. 1984. Companion Animals in Institutions. In *Dynamic Relations in Practice: Animals in the Helping Professions*, ed. P. Arkow. Alameda, CA: Latham Foundation.

23. Letitzki, B. and Reiter, S. 1998. Home Care for Geriatric Patients based on social preventive, therapeutic and rehabilitative principles – domestic animals as co-therapists. *Proceedings of the 8th International Conference on Human-Animal Interactions, Prague*.

24. McNicholas, J. and Collis, G.M. 1998. The role of pets in early stage bereavement. *Proceedings of the 8th International Conference on Human-Animal Interactions, Prague*.

25. McNicholas, J., Collis, G.M. and Morley, I.E. 1993. Psychological and Physical Effects of Enforced Pet Loss on Older People Entering Residential Care in *Journal of Companion Animal Studies* 5(4).

24. McNicholas, J., Collis, G.M. and Seghal, J. 2004. Beneficial effects of pet ownership on child immune functioning. *Presentation at IAHAIO 10th International Conference on Human-Animal Interactions, Glasgow*.

26. Melson, G.F. 1998. The role of companion animals in human development. In *Companion Animals in Health*. Eds. C.C.Wilson, D.C.Turner, pp219-236. Sage Publications. Thousand Oaks, CA.

27. Messent, P. R. 1983. Social facilitation of contact with other people by pet dogs. In *New Perspectives in Our Lives With Companion Animals*, eds. A. H. Katcher and A. M. Beck. Philadelphia: University of Philadelphia Press.

28. Montague, J. 1995. Continuing care-back to the garden. *Hospitals and Health Networks* 69(17) 58,60

29. Nicholson, J., Kemp-Wheeler, S. and Griffiths, D. 1995. Distress arising from the end of a guide dog partnership. *Anthrozoos* 8(2):100-110.

30. Raina, P., Waltner-Toews, D., Bonnett, B., Woodward, C. and Abernathy, T. 1999. Influence of companion animals on the physical and psychological health of older people: an analysis of a one-year longitudinal study. *Journal of the American Geriatric Soc* 47(3): 323-9.
31. Serpell, J. A. 1991. Beneficial effects of pet ownership on some aspects of human health and behaviour. *Journal of the Royal Society of Medicine* 84: 717-720.
32. Siegel, J. M. 1990. Stressful life events and use of physician services among the elderly: the moderating role of pet ownership. *Journal of Personality and Social Psychology* 58: 1081- 1086.
33. Vidovic, V.V. Stetic. V.V. and Bratko, D. 1999. Pet ownership, type of pet and socio-emotional development in school children. *Anthrozoos* 12(4): 211-17.
34. Walsh, P., Mertin, P., Verlander, D. and Pollard, C. 1995. *Australian Occupational Therapy Journal* 42: 161-166.
35. Wilson, Cindy C. 1991. The Pet as an Anxiolytic Intervention. *Journal of Nervous and Mental Disease* 179(8): 482-489.

FURTHER SUGGESTED READING

- Robinson, I. 1995. *The Waltham Book of Human-Companion Animal Interactions*. Oxford: Pergamon Press
- Wilson, C. and Turner, D. (Eds). 1997. *Companion animals in human health*. USA: Sage Publications.

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.