

Green paper: "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic disease", COM (2005) 637 final

Response from the European Network for Public Health Nutrition; Networking, Monitoring, Intervention and Training; Project number 200 3320

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PREFACE

The EU funded project *European network for Public Health Nutrition; Networking, Monitoring, Intervention and Training* consists of academics and experts within five taskforces; Breastfeeding, Fruits and Vegetables, Monitoring, Physical Activity and Training. Each taskforce has worked independently to identify community strategies to prevent obesity and promote health within their area of expertise. This is the joint support and commentary to the green paper from three of the task forces (Monitoring, Breastfeeding and Training).

The network recognizes the importance of the issues raised in the green paper. A number of issues relevant to the network are raised in the following text. Breastfeeding promotion, monitoring of and training in public health nutrition are all areas that are closely related to obesity prevention. Firstly, breastfeeding practice has shown to have a strong positive impact on human development and obesity prevention and would benefit if best practice could be supported on a European level. Secondly, European public health development relies on population statistics, which demand the development of common data assessment methods. And lastly, education of consumers, school children and the public will be at risk of not being based on good practice and evidence, if the trainers and informants are not properly trained in public health nutrition. A community prerogative should be to increase the mobility and employability of public health nutritionists, by supporting initiatives to develop a European workforce of public health nutritionists.

On behalf of the Network

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Huddinge, Sweden March 15th, 2006

Network response to the Green paper: "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic disease", COM (2005) 637 final

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The European Network

The European Network on Public Health Nutrition brings together European scientists and public health professionals in order to

- link nutrition and physical activity in health promotion to optimise their combined impact
- co-ordinate and integrate ongoing work in Monitoring, Intervention and Training

The Network integrates representatives for the new Member States and NGO's in the activities and puts emphasis on aspects of excess weight and obesity in the population. Furthermore, the network aims at the long term development and implementation of sustainable evidence-based coherent training and promotion strategies on nutrition and physical activity.

The Network comprises 5 task forces on *Breastfeeding*, *Fruits & Vegetables*, *Training*, *Physical Activity* and *Monitoring*.

Breastfeeding task force

The breastfeeding taskforce is made up of experts and academics in public health and breastfeeding. The group has a leading role in the promotion of breastfeeding in Europe and worldwide.

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Integration of breastfeeding into the green paper

The starting point for these comments is the question in the box under V.11: “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?”. The answer is yes: the issue not addressed which needs consideration is **infant and young child feeding, including breastfeeding and nutrition in pregnancy and lactation**.

The rationale for breastfeeding

Why does this issue need consideration? For several reasons. Among them:

- The Green paper itself mentions breastfeeding as a factor that may lower the increasing burden of obesity (Annex 2.8).
- The importance of infant and young child feeding, and more specifically of breastfeeding, has already been recognised in EU Council resolutions¹ and public health projects.¹
- The protection, promotion and support of breastfeeding is already included as an objective in some of the national plans mentioned in Annex 3, Reference 9 (e.g. France, UK).
- The importance of maternal nutrition before and during pregnancy, of exclusive breastfeeding for six months and appropriate complementary feeding, and of early infant and young child nutrition in the prevention of noncommunicable diseases throughout the life course has been recognised in global strategies that have been fully endorsed by the EU and from which the Green Paper draws inspiration.^{2,3}
- The protection, promotion and support of breastfeeding and of appropriate complementary feeding are identified among the effective strategies to prevent overweight and obesity by many other bodies and institutions, some of them referred to in the Green Paper.⁴⁻⁶

The protective role of breastfeeding

Why should infant and young child feeding, including breastfeeding and nutrition in pregnancy and lactation, be integrated into the Green Paper? Because:

- Systematic reviews on the association between breastfeeding and obesity show that breastfeeding acts as a protective factor in a dose-dependent and causal fashion.⁷⁻⁹
- Though the odds ratio or the relative risk may be low (probably in the order of 1.1 to 1.3), the fact that:
 - breastfeeding and appropriate complementary feeding can be universal, i.e. the exposure to the protective factor may have an impact on the whole population; and
 - there are large margins of improvement just by closing the gap between EU countries with lower and higher breastfeeding rates (initiation, exclusivity, duration), let alone the gap with current international and many EU national recommendations;makes the protection, promotion and support of breastfeeding one of the interventions with the largest potential impact.
- Scientific research shows that breastfeeding protects not only from overweight and obesity, but also from specific diseases (diabetes, breast cancer) mentioned in the Green Paper (Annex 2).^{10,11}
- Scientific research shows that many biological factors associated with obesity and chronic diseases may be programmed very early in life or even during

¹ http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/nutrition_report_en.pdf

pregnancy, hence the importance of ensuring not only adequate breastfeeding and complementary feeding to infant and young children, but also adequate maternal nutrition (energy, proteins, micronutrients) during pregnancy and lactation.^{12,13}

- The protection, promotion and support of optimal infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, have the potential to greatly reduce health inequalities, as shown by disparities in breastfeeding rates among countries (e.g. Norway vs Ireland)¹⁴ and within countries, by social class (e.g. surveys in Italy and UK).^{15,16}
- The protection, promotion and support of optimal infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, is one of the public health interventions with the best ratio of benefit to cost.¹⁷

Community breastfeeding strategy

Where and how should the protection, promotion and support of good infant and young child feeding, including breastfeeding and nutrition during pregnancy and lactation, be integrated into the Green Paper? In our opinion, the integration could take place in the following sections, in order of priority:

- V.5 because health services play a special role, especially with the implementation of evidence-based programmes like the WHO/UNICEF Baby Friendly Initiative, both in maternity and paediatric hospitals and in the community.
- V.4 because it is important to emphasise the need to protect and support breastfeeding, adequate complementary feeding and good nutrition in pregnancy and during lactation among women in the workforce.
- V.3 because changing the attitudes of school children in favour of breastfeeding will help these future parents to regard breastfeeding as the normal, natural and optimal way of feeding infants and young children.
- V.2 because consumer education is needed to move toward a more “breastfeeding friendly” culture and to ensure that complementary foods are based on healthy family foods (rather than on inferior commercially marketed products) that will lead towards a less obesogenic environment for consumers, as advocated in the Green Paper. Changes in information, education and communication provided by institutions, associations and the media are necessary to achieve results.
- V.8 because an intersectoral and interprofessional approach, involving a multitude of different stakeholders, is needed to bring about the required changes at all levels.
- V.1 because of the role the industry can play in complying with:
 - the International Code of Marketing of Breast milk Substitutes and subsequent relevant World Health Assembly resolutions, all endorsed by the EU;
 - revised EC Directives that will bring current EU legislation in line with the International Code;

- new EU Directives on commercial promotion of foods for children, including a ban of or a limitation to health claims.
- V.10 because the issue goes beyond EU borders with the potential for collaboration with similar initiatives implemented in North America, Australia, New Zealand and many other countries worldwide, including the countries covered by the European office of WHO.

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Training task force

The training taskforce is made up of experts and academics in public health nutrition. The training taskforce works to identify strategies for quality development in the training of public healthy nutrition and ways to facilitate mobility of students and teachers. The training taskforce is also involved in research of nutrition and public health.

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Introduction

The training taskforce has identified the following crosscutting theme to underpin the community strategy to promote healthy diets and physical activity; *To support training of public health nutritionists with a view to ensure the development of an evidence-based foundation for information and education of consumers and relevant informants in regards to updated knowledge on nutrition and health as well as a current scientific basis for the effectiveness of interventions in public health nutrition. Furthermore, to integrate and adopt relevant theoretical framework in strategy development and planning into public health nutrition training.*

Public health nutritionists are directly concerned with the issues raised in the Green Paper and work to prevent diet related diseases and the promotion of optimal health.

A set of core competencies and skills have been developed by the training taskforce in the network for Public Health Nutrition. A consensus of the core courses within a European Master Programme for Public Health Nutrition has been developed within the early years of the project. Public health nutritionists would clearly be the most relevant workforce to train the informants who educate consumers and to provide consultation to industry. The network recognizes the need for a community strategy to increase the mobility and employability of public health nutritionists, by supporting the network and initiatives to develop a common core of competencies in public health nutrition. The

European Commission has directives that promote the mobility and employability of some health professions (GPs, nurses, midwives). Similar support systems should be developed for public health nutritionists.

Definition of Public health Nutritionists

For the clarity of this response, public health nutritionists are defined as professionals with a qualification in public health nutrition. The public health nutritionist work to prevent diet related diseases and for the promotion of optimal health. The scope of public health nutritionists practice may vary in different settings and imply a variety of functions. The training of a public health nutritionist includes master's level training, building on a three year bachelor training in biosciences and nutrition, leading to a specialization of two years on master's level in public health nutrition, including competencies dealing with for example methodology for assessment of public health nutrition and monitoring, health promotion theories, framework and strategies, media training, biostatistics and epidemiology, the European dimension and policy development. The European Master Programme further includes a master thesis with a European angle.

The obesogenic environment

The environment is a major determinant of physical activity and dietary habits. Large stakeholders analysis and health impact assessment are needed in all policy planning. There is a consensus that the skills and competencies of public health nutritionists includes health impact assessment of other polices, such as infrastructure planning².

Socio-economic inequalities

The training task force recognizes that socio-economic status is a major determinant to food choice and the development of obesity and overweight. Therefore training should foster knowledge about the economical, political and social aspects of food choice and health promotion initiatives³.

The promotion of healthy diets and physical activity

Training should essentially center on principles of nutrition, physical activity and health promotion. Public health nutritionists need to be trained in skills and competencies that are essential to prevent diet related diseases and to promote optimal health.

This implies clinical nutrition; nutrition and physical activity assessment, food safety, marketing skills, management and leader skills, policy-making and decision-making in a political setting. Public health nutritionists should be able to understand the factors between policy, socio-economic status, culture and food habits.⁴

² Competencies for effective public health planning: a developing consensus. Public Health Nutrition. 7(5):683-691, August 2004. Hughes, Roger.

³ Appendix I

⁴ Appendix I

Recommendations for nutrient intakes and for the development of food-based dietary guidelines

The training taskforce emphasizes the importance of evidence-based use of methods to monitor nutritional intake and their limitations:

Food based dietary guidelines are already available in some EU-countries (i.e. D.A.CH-reference values). However, they are largely unknown among the public and need to be communicated by a skilled workforce.

Training courses should be offered on a community basis. The EU Commission could assure funding for successful training courses and regular feed -back.

Consumer protection programmes

Consumer protection programmes should be accessible to a large number of people. TV-programmes, strengthening of public health issues, action plans on various levels, education programmes starting at the earliest ages and involving the parents should be promoted. Also, the national insurance companies should be encouraged to focus more on prevention than on treating results of unhealthy dietary habits.

These efforts and programmes should be developed with the assistance of public health nutritionists to guarantee a qualified outcome and a clear message about the positive aspects and values of alteration of the peoples' previous lifestyles.

Consumers should be informed and trained in such a way that they can distinguish between serious and unbiased information and product advertisement. Such programmes and education should be established on a long term basis and not only during short life campaigns.

Finally, each person seeking information should be in a position to know where to get appropriate advice and counseling at a reasonable price or even free of charge. Good quality website including pertinent information could be quality-assessed by the European Commission in regards to evidence-based and sound information.

A focus on children and young people

Schools are indeed a key setting. Therefore, health promoting interventions should be a must in every school. Attractive training programmes on healthy lifestyles and the promotion of physical activity should be offered. School policies should be supported that focus on the control of school meals and canteen food. Unhealthy food should not be supported in schools and other official institutions. Staff in schools, responsible for teaching nutrition and health, preparing or serving food should undergo relevant training and pertinent updates in public health nutrition.

Crosscutting community strategy

The Network proposes the following community *crosscutting* strategy to tackle the above mentioned problems:

- Continue to support the initiative of a European master in public health nutrition

- Provide support to initiatives that clearly have the objective to develop the vocational training of public health nutritionists
- Support networks that act for a European academic and professional standard for public health nutritionists
- Support the employability of public health nutritionists within a European context
- In general, support research within the area of public health nutrition, and especially regarding the effectiveness of interventions in public health nutrition

Monitoring task force

The *Monitoring task force* comprises of experts in the population level assessment, documentation and reporting of food intake and physical activity and integrates the results of the project *Monitoring Public Health Nutrition*, above all defining further the data and information needs, data and indicator definitions, quality development of data collection, processing and storage at EU level, including quality assurance, analysis, advice, reporting, informing and consulting, and mechanisms for the exchange of data and information, promotion and disseminating the results.

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General remarks on the Green Paper

The network identified a number of recent Health Monitoring projects with relevance to the contributions asked for by the Green Paper.

European Health and Nutrition Report

The description of dietary habits, nutrient and food intake, and health status of people of the participating countries was not the only aim of the European Nutrition and Health Report. It should also be a basis for other projects or assessments, which will be accomplished in the future. Concerning the outcomes of the presented data, the most prevalent inadequacies in health and dietary lifestyle are:

- A too low availability (and in some countries intake as well) of fruits and vegetables, despite an increasing supply of these food groups.
- A too high supply and availability of meat and meat products.
- A generally too high intake of fat, especially of saturated fatty acids.
- A generally low intake of complex carbohydrates and, consequently, a low intake of dietary fibre.
- A relatively high proportion of sucrose in carbohydrate intake in most population groups and countries.
- A generally inadequate intake of some vitamins (especially vitamin D and folate).
- A generally inadequate intake of some minerals (e.g. calcium, iodine, and iron in women).
- A generally too high intake of sodium (particularly in the form of table salt).
- A generally high intake of alcohol, particularly in men.
- An alarming high prevalence of overweight and obesity.
- A low amount of exercise and low proportion of people doing regular exercise in some countries.

In order to obtain comparable data for future European nutrition and health reports, the following goals should be considered for further assessments:

- Standardised methods for the assessment of nutritional status, including food and nutrient intake, should be used (e.g. according to the suggestions of the EFCOSUM group).
- For the assessment of overweight and obesity a consistent method should be considered (preferably measured data should be used).
- For children uniform cut-off points for the definition of overweight and obesity should be chosen.
- A standardised method for the assessment of physical activity should be used (e.g. International Physical Activity Questionnaire²).
- Uniform age groups should be used.
- Uniform educational levels should be used.

- Reference values for nutrient intake valid for whole Europe should be updated also including aspects of health promotion and disease prevention.

DAFNE projects

The Data Food Networking (DAFNE) initiative is aiming at the utilization of the dietary data collected in the nationally representative household budget surveys (HBS), for the creation of a cost-effective nutrition monitoring system, based on compatible and comparable data.

The currently running DAFNE V project is aiming at establishing this nutrition monitoring system in five new EU Member States (Cyprus, Latvia, Malta, the Slovak Republic and Slovenia), thus contributing to a better understanding of food habits in these countries, their changes over time and their socio-economic determinants. To accomplish this, the project is post-harmonising the food and sociodemographic data of the HBSs of the five Member States, according to the standard DAFNE procedures. The developed datasets will be integrated in the operating DAFNE databank, which will be expanded to allow nutrition monitoring among 21 European countries.¹

Some recent results include:¹

- The differences in the fruit and vegetable consumption previously identified between Mediterranean and Northern European countries seem to be leveling out, particularly in relation to fruit consumption.
- Pulses, however, still characterize the diet of the Mediterraneans.
- Straying from their traditional food choices, Mediterraneans recorded high availability of unprocessed red meat, while Central and Northern Europeans preferably consumed meat products.
- The household availability of beverages (alcoholic and non-alcoholic) is generally higher among Central and Northern European populations.
- Principal component (PC) analysis led to the identification of two dietary patterns in each of the 10 countries. The first was similar in all countries and indicated ‘wide-range’ food buyers. The second was slightly more varied and described ‘beverage and convenience’ food buyers. PC1 was common among households of retired and elderly members, while PC2 was common among households located in urban or semi-urban areas and among adult Scandinavians living alone.

Monitoring Public Health Nutrition

The project *Monitoring Public Health Nutrition* recommended a comprehensive set of indicators for monitoring public health nutrition in the EU.¹ The indicators are listed together with their operational measure, the rationale for assessing them as well as their coverage in 17 European countries at the time the final report was issued.¹ A subset of these indicators has been included in the ECHI short list.

EURODIET project

The Eurodiet project was commissioned in recognition that the considerable body of scientific evidence on healthy nutrition and lifestyles needs to inform health policy. The **aims** were ambitious: “To enable a coordinated EU and member state health promotion program on nutrition, diet and healthy lifestyles by establishing a network, strategy and action plan for the development of European dietary guidelines, which will provide a framework for the development by member states of national food-based dietary targets”. EURODIET set out to define practical European guidelines for diet-related disease prevention and health promotion. Four working parties were created to evaluate the state of the art in terms of:

1. **Health & Nutrients:** the role of diet and lifestyles in health and disease patterns in Europe.
2. **Nutrients & Foods :** translating nutrient targets into effective food-based dietary guidelines (FBDG);
3. **Foods & People :** effective ways of encouraging health promoting changes in eating and physical activity patterns and
4. **People and Policies :** the opportunities and barriers posed by the broader policy framework

Each working party also considered what needs to be done and how – in terms of actions required to take the scientific recommendations forward and the added value of EU level policy and structures.

The extensive recommendations of the project can be assessed at the project’s website, which remains in operation.¹ Further recommendations are outlined below in answering the corresponding questions asked in the Green Paper.

Responses to specific questions in the Green Paper

The statements given below are based on published evidence and/or on the personal opinions of the scientist involved the task force. References to the evidence are stated, where appropriate.

IV.2. European Network on Nutrition and Physical Activity

The creation of the European Platform for Action on Diet, Physical Activity and Health is welcomed by the network. A similar structure has been in place during the EURODIET project. Likewise, representatives of the food industry, retailing, catering and advertising industries, and consumer organisations as well as health NGO were participating in the EURODIET project.

The network is seen as a good link between the political decision making at EU and national level as well as between political decision making and local public health work. The question remaining is to what extent this body will be involved in the decision making process or will its role be limited to the management at national level. The network supports the activities already started by EFSA to revise the nutrient based guidelines for the establishment of food based guidelines in the European Union.

IV.3. Health across EU policies

- *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?*

In general, more and better comparable data on the prevalence of physical activity and nutritional consumption patterns is needed. Furthermore, the longitudinal dimension of population based data should be initiated, to follow trends over time.

Especially in the following fields:

- Age specific and socio-economic patterns
- Different cultural levels (as for instance in migrant groups)
- Why do people behave and decide as they do?

The data available should be continued to be recorded and interpreted (as for instance the European Nutrition and Health Report 2004, including 13 member states). In parallel, the systematic creation of new data as well as the further unification of data assessment methods at national and European regional level needs to be fostered, especially including new member states and the newly arisen European Regions. That would help to avoid differences in published data.

Consumer behaviour and lifestyle modification should be targeted in future assessments, since it is the explanation for arising nutrition related chronic diseases (non-communicable diseases) and a solid background for future interventions.

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

Agricultural policy should also consider health issues.

IV.4. The Public Health Action Programme

- *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?*

The project *Monitoring Public Health Nutrition* recommended a comprehensive set of indicators for monitoring public health nutrition in the EU.¹ The indicators are listed together with their operational measure, the rationale for assessing them as well as their coverage in 17 European countries at the time the final report was issued.¹ A subset of these indicators has been included in the ECHI short list.

By using these recommendations on standardised methods, cut-off points and reference values at national and European regional surveys, the availability and comparability of data on obesity can be improved.

Furthermore, the project *DAFNE IV* recommended a food classification system for operationalising available household budget data in a comparable format.¹ Data for a large set of European countries can be assessed using the DAFNE SOFTWARE application.¹

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

Dissemination channels need to be chosen on a group specific dimension. As for instance, the elderly are better informed and reachable by radio or TV broadcasts, instead of using print media. On the other hand, younger age groups can better be reached by *Edutainment* tools (educational components in regular entertainment broadcasts). One

could benefit from the successful experience of the private sector, which provides the best example for their capacity of utilising various dissemination channels. Rely on informed media journalist by organising regular press releases.

IV.5. European Food Safety Authority (EFSA)

The network supports the starting activity on revisiting the nutrient based guidelines by EFSA.

V.1. Consumer information, advertising and marketing

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

The following information should be given to consumers:

- Energy value and density per serving
- Total fat and fat composition
(saturated, poly unsaturated, mono unsaturated fatty acids, trans-fatty acids)
- Dietary fibres
- Sugar
- Salt
- Calcium, vitamin D, foliates, iodine

– *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?*

The further development of nutrient profiles (nutrient profiling of food) can contribute to giving consumers better understandable and more visualised information of the food, therewith making it easier for consumers to make informed choices.

– *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. There is a conflict in self interest. An example provides the labelling of snack bars as “low fat” out of marketing reasons, but having high sugar content. In the end, the energy value is still high.

One alternative can be seen in *multi partner/stakeholder control*, which should include producer, retailer and consumer associations.

V.2. Consumer education

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

Consumers are being best enabled by neutral information, which is not generated by the food industry or retailers.

– *What contributions can public-private partnerships make toward consumer education?* Information should be balanced; consumer associations and independent scientific bodies should be involved.

– *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?*

In General, different consumer groups can be reached best with specific recommendations. General recommendations are misleading in many cases. Furthermore, there is no lack of information about which key messages to disseminate to consumers, rather the difficulty is to change the behaviour. To the present knowledge, changing behaviour can be better achieved by positively influencing the determinants of daily behaviour, such as the employment system, time schedules, urban environment etc., rather than consumer choices.

The key message outlined below should be delivered by every possible channel (media, school education, policy making bodies, etc.).

With respect to nutrition the key messages should comprise:

- Diversity in a balanced diet;
- More focus on plant food (increase consumption of fruits and vegetables);
- Energy intake should be adjusted to the energy expenditure;
- Less fatty food in general;
- Adjust fat composition
(saturated fat should be reduced in favour of unsaturated fats);
- Increase the intake of dietary fibres;
- Less sugar and salt (use iodinated salt);
- Increase the intake of calcium (for adults), vitamin D, foliates;
- Use alcohol in moderation;

With respect to physical activity:¹

- If you do not currently engage in regular physical activity, you should begin by incorporating a few minutes of physical activity into each day, gradually building up to 30 minutes or more of moderate-intensity activities;
- You are now active, but at less than the recommended levels, you should strive to adopt more consistent activity: moderate-intensity physical activity for 30 minutes or more on 5 or more days of the week, or vigorous-intensity physical activity for 20 minutes or more on 3 or more days of the week.
- You currently engage in moderate-intensity activities for at least 30 minutes on 5 or more days of the week, you may achieve even greater health benefits by increasing the time spent or intensity of those activities.
- You currently regularly engage in vigorous-intensity activities 20 minutes or more on 3 or more days of the week, you should continue to do so.

V.3. A focus on children and young people

– 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?

The EURODIET project proposed the following recommendations with respect to nutrition in the school setting:¹

- Implement a curriculum for nutrition and physical activity education from pre-school to secondary schools;
- integrate school meals in the educational process;
- provide training for teachers: involve School Health Services in the planning and implementation of programmes to promote healthy eating and physical activity;
- create a friendly school environment which contributes to making healthy food choices and physical activity easily available;
- encourage family and community involvement in school nutrition education and physical activity programmes;

Furthermore, the Monitoring task force identified the following points to be considered:

- Learning by doing: children can be part of the educational process in their families, using knowledge that they gained at school. This applies especially to migrant households, where children have better language skill than the parent generation.
- Educate the educators: Educators are multipliers. A good example can be a concerted action between the school board, the parent associations and caterers to optimise the nutritional value of school meals, based on updated aspects of food based dietary standards for children (such as in Estonia, Slovenia, Germany, Austria).

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

In general, children are spontaneously as active as they need to be in the school setting. Nevertheless, children tend to be more inactive at home. Further scientific understanding is needed about what forces children to be inactive. If children are active in childhood, how active are they in older years? Are cities preventing leisure activity? One guided hour is suggested to children, but do parents find the time for that?

One example of good practice in this respect is the *close cooperation between sporting clubs and schools*, as for instance applied in the past in many Eastern European countries. There are two aspects to the problem:

On the one hand, schools often possess comprehensive school facilities. These facilities often can't be used by children after school hours, since a mentor or other persons are needed to watch for the children as well as to comply with health insurance demands. On the other hand, sporting clubs (such as jogging groups, football clubs, rowing clubs etc.) provide licensed trainers for a low yearly membership fee. Trainers often work as volunteers without salary beside their regular workplace. Nevertheless, sporting clubs face the difficulty in promoting themselves to children as well as their parents.

This gap in strength and weaknesses on both sides can be complementary filled by each other, as long as the organisational structure provides both sides with the necessary legal frame.¹

– *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?*

Food offered in school canteens or shops, including vending machines, should be predetermined by the school board and parent associations. This can be part of the contract between schools and the respecting school canteen or shop.

– *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?*

Principally, these are unequal partners. Concerted action between all these partners is needed. Ideally, all should be involved in the health education process. Nevertheless, the last word should be reserved for the school board.

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

The EURODIET project proposed the following recommendations with respect to the workplace setting:¹

- Employers should be encouraged and supported in developing interventions which include: management support; employee involvement; a focus on specific risk factors; tailoring to suit the needs of the work force; making best use of local resources; and which employ both population based, and individual initiatives.
- It also has a role in enabling breast-feeding women to return to work, if they wish to do so. Effective workplace interventions need to be supported by both employers and employees.

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

One example of good practise is from Austria and Germany, where caterers for workplace and school meals are accredited by independent and neutral bodies, such as the Nutrition Societies for a cycle of 8 weeks.

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

Making the work time flexible, which enables employees to walk or cycle to work. Additionally, consider long enough work breaks (at least 30 min).

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?*

Better utilise the potential of existing expertise in the form of nutritionists and dieticians. City Halls, Health Centres and Health units, rather than the hospitals, should be the places where advice on nutrition and physical activity should be given. Health service units are not associated with sickness, rather with healthy lifestyle. Furthermore, the health care system should follow the rules they recommend for the patients

The EURODIET project proposed the following recommendations with respect to health services:¹

- Provide training for health professionals in the skills and knowledge to develop and implement locally relevant interventions;
- Provide support at a national and professional level for health professionals to participate in broader community programmes which tackle the underlying determinants of health;
- Establish a European health professionals' forum to enable communication and co-ordination.

V.6. Addressing the obesogenic environment

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

See V.5. above.

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 socioeconomic categories, and enable these groups to adopt healthier lifestyles?*

Firstly, focus on schools, since children bring their knowledge home and can indirectly educate parents, especially in migrant settings, where parents might face language problems. Furthermore, the form of communication is important in a way that the wording needs to be adopted.

Provide environments for physical activity for low budget that enable lower income groups to participate (see example of co-operation between schools and sport clubs under V.3.). Otherwise, money is not always the most important determining factor. Parents might be more important in supporting their children to adopt healthy diets and a more physical active life.

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?*

Again, parents need to be educated to form an integrated approach. One part of the parents, traditionally the mother, shapes and influences the daily life of the family, and therefore serves as a multiplier.

– *Which role at national and at Community level?*

There is no scientific evidence to answer this question with certainty.

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

The EURODIET project listed a comprehensive set of recommendations to support the development of public health nutrition strategies in EU member states, and has been supported by the EU itself. These include:¹

- Member countries should encourage the development, implementation and evaluation of nutrition and physical activity public health strategies which are tailored for the cultural and health needs of their populations.
- Both at EU and Member State level more research should be encouraged which will enable good quality data cost benefit analyses
- Monitoring systems are needed to measure mortality and morbidity, attitudinal, lifestyle, social and environmental factors, consistently across the EU and within member states.
- Encouragement should be given by Member States, and relevant sectors within them, to evaluate interventions and publish the results.
- Nutrition and physical activity strategies should be developed for specific population groups, particularly those that are vulnerable or hard to reach.
- Establish public health nutrition training networks and structures at both EU and member state level.
- The Commercial Sector is in a key position to contribute towards an environment that encourages and supports changes towards healthier eating patterns for example through pricing structures, product formulation, labelling initiatives, and partnership working with the health sector. It is urged to explore ways in which it can do this.
- Advocacy is a useful approach to bring about structural and social changes, and to raise issues on the political and media agenda, and needs to be supported.
- Local food projects are often an expression of the direct needs of the community, and should be encouraged. For them to succeed it is important to have national and local policies which are flexible enough to accommodate and support them; access to long term funds; relevant professionals need sufficient time, resources, flexibility and authority to work in genuine partnership with local people; there needs to be access to local and national networks, and to sources of training for both professionals and members of the community.

– 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?

Social and cultural variations can be considered by giving recommendations in ranges instead of cut-off points.

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

Firstly, a better understanding about the actual consumption patterns at population level as well as their determining factors needs to be built up.

Secondly, diet diversification is the key: The greater the food choice, the more probable is the health promoting potential of the food.

Finally, a tendency of an intake of more energy with less food items can be observed.

Here as well, food variety is a good promoting factor.

– *How can dietary guidelines be communicated to consumers?*

In form of food based dietary guidelines, rather than nutrient based guidelines.

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

Shortly, it is a good example

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?*

From the side of Monitoring Public Health Nutrition and Physical Activity, the following issues need to be addressed:

- More, but most of all, better comparable data needs to be assessed, in order to enable better ...
 - ... educated food and behavioural choices;
 - ... to characterise the underlying problems;
 - ... to formulate better policies;
 - ... to develop and test intervention strategies;
 - ... improving evaluation of interventions measures.

- Data needs to involve three dimensions, as indicated in the *Position paper of the Working Party on information about "Lifestyle and Health Determinants"*:¹
 - Summary of present scientific research
 - Public population knowledge levels
 - How good is the translation and dissemination of scientific data into public life?
 - How can consumers use this knowledge?
 - Consumption levels/ levels of physical activity
 - Examples of best practice

- Generating of data is necessary at the middle and longer term, not just examining existing data:
 - Existing data at national level is insufficient
 - Using unified instruments and methods to enable comparability between Member states

- Unifying national data assessing methods in order to make better use of already existing data generating activities
- Regular reporting activities, like the European Nutrition Health Report (done based on 14 member states before May 2004).¹
- A more extensive participation of scientific advice in policy development is recommended, since they can contribute a sound understanding of data and their interpretation.
- Eurostat module data should be accessible for analysis and comparison between countries in general.

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

Priorities are listed in their order anticipated by the Task Force:

1. Continuation and improvement of existing monitoring and reporting activities;
2. Development of better assessment methodology and their incorporation;
3. Evaluation of intervention programmes;

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