

Position

regarding the Green Paper of the Commission of the European Communities
"Promoting healthy diets and physical activity: a European dimension for the prevention of
overweight, obesity and chronic diseases" - COM(2005) 637 final

30 March 2006

I. Presentation of the BLL

The Bund für Lebensmittelrecht und Lebensmittelkunde e. V. (BLL) is the leading association of the German food sector. In this role, it represents the food sector throughout the entire production chain, "from farm to fork". Its membership includes some 90 associations, representing the areas of agriculture, food trades, food industry and food sellers; 100 individual members and 300 companies – ranging from mid-sized firms to international corporations.

The BLL's tasks include facilitating the development of German, European and international food laws and actively supporting the relevant scientific fields. It carries out its work on a solid scientific foundation. In addition, the BLL functions as a partner for dialogue with political, administrative and scientific sectors, with consumer organisations and with the media, relative to the areas of food, food production, quality and safety, food laws and consumer protection.

In the BLL, lawyers and scientists work together interdisciplinarily. The BLL reinforces its expertise through cooperation with scientists – in particular, the BLL's Scientific Advisory Board, which advises the BLL in both legal and scientific issues.

The BLL highlights the food sector's responsibility to support the health of all sectors of society and to provide a safe, diverse and high-quality range of foods. The food sector understands "responsibility" to include being aware of the problems arising in connection with imbalances between caloric intake and caloric consumption and helping to deal actively with such problems via highly promising initiatives. For this reason, the BLL is active, as a founding member, in the German initiative "**Plattform Ernährung und Bewegung**" (peb; **Platform on Diet and Physical Activity**), an initiative aimed at preventing overweight in children and adolescents¹. Together with its own members, the BLL supports the development and implementation of the peb's programme of work, and it supports and promotes all of the peb's efforts.

The BLL is convinced that overweight is such a complex problem, with such large impacts on all of society, and with such a wide range of different, yet interrelated causes, that it can be solved only through a concerted effort involving societal organisations from all areas relating to the living environments and situations of children and adolescents – including such areas as the political sector, food sector and other economic sectors, the medical and public-health sectors, the education sector, families, parents, city planning, etc. – and only on a national level, via coordinated application of financial and human

resources. Overweight is a problem that must be attacked at its roots. Furthermore, the most important step in bringing about lasting results is to improve the living and educational situations of certain segments of society. The BLL stands ready to provide relevant ideas and to help develop solutions, on behalf of the food industry, to this highly sensitive, multi-layered problem. Consequently, we welcome the opportunity to communicate a position, from the perspective of the German food sector, regarding the aforementioned Green Paper.

Central statements:

1. Overweight is caused by a wide range of different factors. Any approach to solving this problem must take all of these factors adequately into account. Policies that focus only on sales of foods are not effective.
2. The German organisation Plattform Ernährung und Bewegung e. V. (peb; Platform on Diet and Physical Activity) brings together all relevant resources and searches for comprehensive solutions. It seeks to encourage parents and children to act responsibly. It works through societal consensus.
3. Art. 152 EC Treaty does not establish any original jurisdiction for the Community in matters relating to health. The EU has no competencies with regard to the issues addressed in the Green Paper.
4. The policy areas that can contribute to a lasting solution of the problem – especially education and health care – are not Community policy areas. The Community can play a supportive role, however.
5. Decisions regarding specific measures can be taken only on a national, regional and local basis.
6. The Green Paper focuses on the factor of food/(diet). For prevention of chronic diseases and overweight, however, a broad approach is needed that takes the underlying network of multiple factors into account.
7. The Green Paper is only partly evidence-based; some of its statements and claims do not hold up – at least not for Germany.
8. The Green Paper does not assign suitable importance to physical activity with regard to prevention of chronic diseases and to maintenance of mental health.

II. General remarks

The food industry is participating actively in the search for solutions

Increases in the prevalence of certain chronic diseases are being seen worldwide. Overweight is seen as one of the causes of such increases. In particular, the increasing numbers of overweight children and young people represent a trend with far-reaching impacts for those affected and for society as a whole. The BLL thus welcomes the broad debate initiated on the national and international levels regarding the causes and prevention of, and effective solutions to, the problem of overweight.

Apart from just a few exceptions, solutions tried to date have not brought any resounding success. The reasons for this are various, and they lie, to some extent, in the multi-factorial nature of the problem and its resulting complexity. This is why it is not easy to find any lasting solutions. In the BLL's perspective, if any real impact is to be achieved, all influencing factors must be taken into account appropriately, within the framework of an overall strategy.

Ultimately, the BLL views the Green Paper within the same context as the European Commission's "EU Platform for Action on Diet, Physical Activity and Health". Within concern, we note that efforts relative to this platform, at least efforts to date, have concentrated on food and marketing of foods. A discussion aimed especially at the food industry, and carried out under political agendas, has focussed largely on issues such as the contents of products, and advertising for and marketing of foods.

The question of evidence-based action strategies has been completely overshadowed, as have key aspects apart from the issues of food products and diet. In so doing, the EU Commission has chosen an emphasis that makes no lasting contribution to solving the problem. The food sector is cooperating, on various levels, on work toward solutions. It is fulfilling its responsibility via a range of initiatives designed to inform consumers, highlight the broad range of available foods and generate interest in exercise. The range of information now provided by the food sector, and the variety of available products, are both greater now than ever before. From 2001 - 2004 alone, the German food industry provided over 15 million euros for measures to enhance nutritional awareness and to encourage people to be more active.

On the other hand, in the Plattform Ernährung und Bewegung e. V. (peb; Platform on Diet and Physical Activity) we see an approach that, based on experience to date, can make a successful counter-strategy possible. peb's work is based on the insight that overweight is a problem that affects society as a whole and that must be attacked coherently on many different levels. At the same time, it appears that relevant efforts are concentrated on preventing overweight, rather than on treating it. This approach is based on the observations that overweight manifests itself in pupils who are just beginning their schooling, i.e. in very young people, and that overweight children have an increased risk of overweight in adulthood. The Platform brings together a range of different societal resources, and it functions both supra-regionally, in a coordinating role, and locally, via the efforts of its members. The Platform seeks to help parents and guardians create environments that are conducive to children's health, as well as to motivate both parents and children to act responsibly. The Platform works through a network that includes scientists, representing a wide range of different fields; experts who deal with the issue on a day-to-day basis; parents; and other important relevant segments of society. It works through societal consensus. The approach taken in Germany, via the establishment of peb, is certainly a worthy model for other Member States. At the same time, it features aspects of interest for the EU Commission's work.

Mindful of this background, the BLL views the Green Paper's publication as somewhat surprising. Obviously enough, the EU Commission wishes to act early, without awaiting additional results of its Platform work, to prepare further legislative action. At the same time, the Green Paper's orientation to food and the Platform's orientation are nearly identical; an orientation to society as a whole, as is really required, is hardly apparent at all. The importance of exercise, which is universally recognised as a key to good health, is not taken into account adequately. This must be clearly highlighted as a shortcoming.

No original Community jurisdiction in matters of health, pursuant to Art. 152 EC Treaty

There is no question that the Community can play an important role in helping the Member States to meet the challenge of overweight. In this regard, we call attention to the remarks below.

At the same time, the EU Treaty establishes clear limits for the EU Commission's efforts in this area. In the EU Commission's view, the Community has "a clear responsibility" with regard to the issues the Green Paper addresses. For this perspective, it cites Art. 152 (1) EC Treaty, which "requires that a high level of human health protection be ensured in the definition and implementation of all Community policies and activities". To begin with, it must be clarified that this regulation does not establish any original jurisdiction for the Community. Instead, it is oriented to the regulatory content of a measure that was issued on the basis of regulatory competence within the framework of one of the Community policies being addressed. Art. 152 (1) thus concerns a question of "how" rather than one of "whether".

In the EU Commission's view, a number of the Community's policy areas have to do with nutrition and physical exercise. The EU Commission has not elaborated on this in detail. At any rate, the EU Commission's current activities in this area cannot be viewed as "Community policies" within the meaning of Art. 152 (1) EC Treaty.

In addition, it must be noted that the principle of limited individual empowerment (Art. 5 (1) EC Treaty) becomes especially significant with regard to any regulations in the area of nutrition and physical exercise. According to this principle, all of the competencies that the EC Treaty does not expressly assign to the Community remain with the Member States (no competence-competence for the Community).

Furthermore, the subsidiarity principle, as set forth in Art. 5 (2) EC Treaty, is of special importance in this regulatory area, which is largely left up to the Member States.

Original empowerments for the Community arise via Art. 152 (2 through 4) EC Treaty. They are confined to legally non-binding measures for promotion and coordination. Special importance in this connection results for Art. 152 (4 c) EC Treaty, which expressly prohibits harmonisation of legal and administrative regulations in the health-care sector and which thus expressly rules out any issuing of relevant directives or regulations. As a result of this legal situation, Art. 152 (4) sentence 2 simply specifies that the Council may issue recommendations at the EU Commission's proposal.

On the whole, it is clear that Art. 152 EC Treaty can play only the most minimal of roles in any instrumentalisation of the Green Paper. Binding measures, therefore, can be enacted only on the basis of Art. 95 EC Treaty. In this regard, the requirements of Art. 95 clearly limit relevant possibilities, because there is no sign of the Single Market relevance (trade barriers, trans-boundary measures) or distortion of competition² that would have to be present to justify the measures in question.

As explained below, the Community would still retain many tasks, in the fight against overweight in Europe, that conform to the competencies set forth in the Treaty.

The Green Paper is only partly evidence-based (Annex II)

Annex 2 of the Green Paper, which provides the scientific basis for the Green Paper, indicates that the Green Paper concentrates on the factors of foods and diets. The dietary statements made in No. 7 and No. 12 of Annex 2, pointing to increases in caloric densities of foods, in consumption of fats (including saturated fats) and in serving sizes, and to reductions in consumption of complex carbohydrates, dietary fibre and fruits and vegetables, cannot be substantiated – at least not for Germany. The nutritional situation in Germany shows positive trends, although there is still room for improvement: Consumption of fruits and vegetables has increased³, the relative proportions of macronutrients in Germans' diets have improved⁴, the average proportions of calories obtained from fats have decreased⁵, consumption of sugar is stable^{6,7}, consumption of polysaccharides has increased slightly⁸, and there is virtually no correlation between children's dietary patterns and BMI.

Annex 2 gives very little attention to the *dramatic reduction in everyday physical activity* seen in the population as a whole, and it completely ignores reductions in average amounts of time spent in physical activity. In all age groups younger than 51 in Germany, average caloric intake lies below the relevant reference values; at the same time, the reference values are oriented to adequate levels of physical activity that the majority of the population does not achieve. The representative 1998 German National Health Interview and Examination Survey (GNHIES, Bundesgesundheitsurvey) found that nearly one out of every two persons in Germany engages in absolutely no recreational sports whatsoever⁹. A study carried out by Bös, with a generational comparison of 10-year-old children in Germany, showed that motor skills had worsened by 10 % to 20 % within 20 years. Throughout the same period, numbers of overweight children, expressed as a percentage of all children, increased from 16 % to 31 %¹⁰. Evaluations carried out in the framework of a "movement check-up" ("Bewegungs-Check up"), from 2001 to 2003, also showed a marked decrease in physical fitness in children from the ages of 9 to 15, in terms of anaerobic endurance, coordination and strength¹¹. Increasing the amounts of time people spend in physical activity, in both their everyday routines and leisure periods, is an important health-policy aim, especially since physical activity is known to help prevent chronic diseases, enhance skeletal and muscular systems and posture and promote good mental health (by counteracting anxiety and depression).

In addition, the problem of overweight is not differentiated sufficiently with regard to the population as a whole. It is known that *socially disadvantaged* people are disproportionately affected, for example. Efforts to prevent overweight can have a chance of succeeding only if they address the wide range of underlying causes, if they are tailored to their specific target groups – i.e. are also *gender-specific* - and, most importantly, if they offer a range of options that are in line with modern consumers' preferences.

III. Detailed remarks

Chapter 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?

Since overweight is caused by a wide range of different factors, and since population segments with lower social status tend to be more frequently affected by this problem, any adequate, efficient solution must apply all available political and societal resources to the problem in a coordinated way. As a result, other policy areas not only can play an important role – in some respects, they can even play a leading role. The policy areas in which this is the case include

- General and vocational training and education
- Health
- Youth
- Cultural affairs
- Sports
- Research, technological development and innovation and
- Transport.

Each consumer is responsible for ensuring that his or her own lifestyle is a healthy one. Parents have a similar responsibility for their children. These individual responsibilities cannot be removed. On the other hand, consumers and parents can be supported in fulfilling them. And efforts in two policy areas in particular – namely, *education and health* – can play a role in providing such support. These areas are key areas, because all citizens can be reached via schools and the health-care system. Data on the prevalence of overweight indicate that *segments of society with low educational levels* tend to be particularly prone to overweight. As a result, the challenge is to adapt educational programmes to the needs at hand (this challenge is similar to that seen in other areas of life). Segments of the population who are particularly affected or especially at risk can also be reached via suitable efforts in the health-care system. The key is *to work as early as possible*, in child-rearing and education, to help affected segments of the population develop more healthy lifestyles.

In light of the socio-economic and activity-related roots of the problem, the policy areas of youth, cultural affairs, sports and transport have a particularly important role to play. In these areas, efforts need to be made to support the development of contexts conducive to healthy lifestyles.

The decisive factor in any solution's success is whether the solution offers a possibility of reaching people directly. This also holds for national policies in the areas of families, health and education. It seems increasingly clear that initiatives at the local level – i.e. carried out where people actually live – tend to be the most important ones. At the local level, a wide range of areas of life (kindergarten, schools, the workplace, health-care system, transportation system, infrastructure, sports associations, food sector, local press) can be interconnected in effective, visible ways. The *EPODE project* carried out in France has proven the validity of such an approach in a special way. This project, one among many relevant initiatives, have achieved documented success. In Germany, a competition

of the Federal Ministry of Food, Agriculture and Consumer Protection (BMELV), entitled "Eat better. Get more exercise." ("Besser essen. Mehr bewegen."), is aimed at projects with local networks. Clearly enough, success is most easily achieved in frameworks in which many partners work together locally, with a real-life orientation, and apply a range of different measures toward the same goal.

On the whole, it is clear that policy areas through which a lasting solution to the problem could be achieved are not Community policy areas.

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

There is no doubt that fruits and vegetables are an important part of healthy diets. First of all, the question as posed implies that the German and Community populations are not eating enough fruits and vegetables. At the same time, it must be emphasised that consumption of fruits and vegetables has increased continuously in recent years: Since 1995, fruit consumption has increased by about 2 kg per capita and year, while consumption of vegetables has grown by an average of 1.6 kg per capita and year. In spite of these positive trends, average consumption – with the exception of that of people over 51 years of age – still has not reached the daily recommended amounts of at least 400 g of fruits and vegetables¹².

The reason for this, in our perspective, does not have to do with any lack of available or affordable products, however. Throughout all Europe, such products are now available and affordable for all segments of the population. What is more, children and adults alike now tend to be well aware of the fact that fruits and vegetables are an important part of healthy diets.

The reasons why such products are not being eaten in sufficient quantities nonetheless have to do with *individual preferences* and with the *dietary examples* being set within families. *Convenience aspects* also play an important role. It is thus necessary to emphasise that the food sector has developed ranges of products that meet consumers' demands in these areas. Campaigns such as "five a day" also help promote healthy diets.

Changing the eating habits of individuals can hardly be achieved through EU measures – what is needed instead are highly specific efforts that reach families. As a result, programmes are needed that reach children early, in kindergartens and schools, as well as and efforts to raise awareness among expecting parents.

Finally, we also wish to emphasise again that even increased consumption of fruits and vegetables cannot by itself solve the problem of overweight. Once again, therefore, we wish to stress that a wide range of factors are responsible for the problem.

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?

The real factors behind the high prevalence of overweight in children, young people and adults are still not really understood. Strategies for countering the problem of overweight, if they are to be successful and lasting, must be based on a better understanding of such factors. The relevant research requirements are the same for all Member States. Logically, then, the Community should coordinate its efforts in this area.

One area in which coordinated efforts are needed, for example, is the development of *socio-epidemiological theories and models* that can plausibly explain the connections between social class and overweight. Findings from such research can then prepare the way for inquiries into what approaches are best suited for preventing overweight in relevant social classes. The issue of gender-specific approaches also needs to be studied.

Another question that requires major study is how all groups of society can best be encouraged to increase their *daily levels of activity*. After all, studies have shown that participation in recreational and leisure-time sports is rarely able to compensate for reductions in everyday activity levels.

Very few of the approaches tried to date in the area of prevention have been successful. At the same time, the Member States have launched countless numbers of initiatives and campaigns without any certainty that such efforts can succeed. Evaluations in this area are difficult to carry out and generate high costs. The Community could support the search for successful strategies and help to ensure that measures in Europe are carried out more efficiently. It could do this by identifying and developing best practices – for example, within the framework of Community research.

In the area of basic biochemical research, additional study of *hunger-saturation mechanisms*, and of *genetic influences* on overweight, is also needed.

Chapter 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?

Much of the data available in Europe is based on *information provided by study participants themselves*. Still other data has been generated via measurements of body height and weight. The resulting data provides no basis for comparison: People tend to overestimate their weight and underestimate their height. In a large majority cases, BMI is measured, waste and hip sizes, are also relevant, however. In the framework of *EU* health-sector reporting, therefore, standardised criteria for determining and describing overweight and obesity – as well as for underweight and normal weight – need to be defined and implemented.

Paediatricians should regularly monitor and evaluate small children's weight and height increases, as part of check-ups, also with an aim to quickly identifying children who are at risk. Consequently, *mandatory check-ups for children and adolescents* play an essential role. Such check-ups must apply *standardised criteria*, and their results must be linked within the framework of a suitable *network*. The most important medical check-ups in this regard are those for children of all ages (the "U1" through "U9" series of physical exams),

check-ups for children just entering school and those for young people at the age of 18 (relative to military service, entry into the workplace).

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?

The Community's Public Health Action Programme can promote and facilitate cooperation between Member States and dialogue with all relevant parties, including non-governmental organisations (NGOs), institutions, associations and health-sector organisations. It is not enough to focus on diet and physical activity alone, however. Most importantly, awareness of what constitutes a healthy lifestyle must be promoted. This is an area in which the programme can make an important contribution.

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

As explained in the introduction above, the most successful approach to date has involved large numbers of *regionally and locally aimed efforts* to promote awareness in parents, kindergartens and schools and to reach affected segments of society. Training of key groups such as midwives has also played an important role. Such efforts can play an important role in disseminating findings available to date. In short, the only way to make many people well aware of current findings is to use a large variety of channels, including the media. In the process, all relevant segments of society must be involved in communicating findings.

Efforts to reach children and adolescents must be oriented to *specific target groups and settings*. Approaches must thus vary in terms of context and specific aims. Targets groups must be approached in ways that fit with their practical, everyday circumstances. In general, high-profile measures such as TV commercials, radio programmes and print campaigns reach large numbers of people and play a valuable role in raising general awareness and communicating certain key messages. Such high-profile measures must be combined with more intensive approaches, however, i.e. with additional efforts that detail and explain what people are hearing in campaigns and help them to act accordingly. It is thus vital that *multipliers* – especially *parents* – be involved. Success can come only when all relevant areas work together in communicating information, convictions and positive examples to the relevant target groups. In the process, suitable methods, language and communicators must be chosen. Efforts to reach children and parents in groups at risk must differ, in terms of the underlying methods and theories, from efforts aimed at children from high-income families. Consequently, no one channel can be "most effective" by itself. In any given case, the most suitable channel will be most effective, and all channels are important overall.

The German Platform on Diet and Physical Activity (Plattform Ernährung und Bewegung e. V.; peb), for example, carefully orients its efforts to specific target groups. For kindergartens, the peb is developing a special work module, presented in a print-out version, to guide and support local experts. The Platform's "risk groups" project carries out workshops designed to promote intensive dialogue between persons who work with risk groups, in order to explore ways of directly reaching socially disadvantaged citizens. The Platform's efforts for children include indirect work - provision of suitable learning and play modules for kindergarten teachers – and direct approaches, via TV commercials. Working in cooperation with the market's leading provider of children's programming, the peb develops special TV shows that entertain children as they communicate messages about

living healthy lifestyles, getting plenty of exercise and eating a balanced diet. The shows are broadcast daily, and the relevant station reaches some 0.19 million children per year.

Chapter V.1: Consumer information, advertising and marketing

Chapter V, 1.2 focuses especially on food advertising and marketing. Needless to say, advertising and marketing must not be aimed at misleading consumers – especially children. Both lawmakers and companies must give attention to this concern. At the same time, claims to the effect that advertising and marketing contribute significantly to prevalence of overweight *have never been substantiated*.

Neither has it been shown that – conversely – prohibitions on relevant advertising have a positive impact on prevention. In the Canadian province of Québec, for example, certain types of food advertising aimed at children have been prohibited since 1980. Sweden has outlawed all food advertising aimed at children under 10 years of age. Nonetheless, Québec's children have no less prevalence for overweight than do children in other Canadian provinces that have no comparable advertising prohibitions, and Sweden's ban on advertising has had no impact on children's overweight.¹³

Furthermore, a study carried out by a special research group on institutional analysis (Sonderforschungsgruppe Institutionenanalyse – "Sofia"), commissioned by the Federal Ministry of Food, Agriculture and Consumer Protection (BMELV), found that "food advertising is seldom aimed directly at children; what is more, in contrast [to advertising for toys], such advertising rarely violates the [German Advertising Council's advertising] rule no. 5", which prohibits direct calls for purchase or consumption".¹⁴

In both the European Union and the Member States, advertising is *comprehensively and adequately* regulated. In addition, the advertising sector has developed a *voluntary code* of practice. Since 1972 in Germany, the German Advertising Council (Deutscher Werberat) has mediated conflicts between members of the public and advertising firms. Two years ago, the CIAA, the Confederation of the Food and Drink Industries of the EU, developed recommendations for companies in Member States that lack comparable guidelines. With regard to specific issues of advertising and voluntary commitments, attention is called to the position provided by the German Advertising Federation (Zentralverband der deutschen Werbewirtschaft e. V. - ZAW).

Ultimately, the draft proposal for a regulation on nutrition and health claims made on foods must also be considered in the same light. *Efforts to assign "blame" to individual products*, to divide foods into "good" and "bad" foods and to solve the problem of overweight with prohibitional regulation will not be of any real use. At best, they will distract attention from the steps that are truly needed to solve the problem.

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

In terms of the underlying factors responsible for overweight, only the total caloric content of products and servings is relevant. Nutrients play no overarching role in this regard, and thus do not need to be considered separately in this context. Studies show that consumers understand little of the labelling that is currently required. *As a result, "less" may well be "more" in cases of any doubt.*

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?

It is important that *efforts to educate consumers begin early*, in pre-school, kindergarten and school, and that they be aimed at helping consumers understand and use the information provide via food labels and other channels. At the same time, it must be remembered that even suitably simple and clear food labels and relevant publications will fail to reach significant groups of consumers.

Apart from all issues of information scope and channels, the question arises of whether the flood of available information is not demanding too much of consumers. This question is especially pertinent in that the segments most prone to overweight tend to be less-well-educated segments who are normally not reached by conventional informational efforts. Over the past 25 years, there has been a trend – also in the food sector – toward provision of more and more comprehensive, detailed, specific and highly complex information on labels, in brochures and via other information channels. The most likely result of this trend is that today's consumers feel less well-informed than ever before. This is directly opposite to what has been intended. This result is consistently reflected in results of surveys carried out by beuc (European Consumers' Organisation) and EUFIC (European Food Information Council) showing that consumers want information that is easy to understand. In short, the surely well-intended efforts to ensure that food is labelled comprehensively are likely to be counterproductive, even if such an insight is difficult to communicate politically. This also has to do with the important question of nutrient-oriented labelling: It seems that consumers appreciate and understand straightforward calorie information more readily than extensive lists of specific nutrient information.

A first step in this area would thus be *to simplify labels*. The challenge in this regard is to describe individual foods and their ingredients in a simple, correct manner with regard to diet in general. Discriminatory tactics must be rejected, since any food item can be part of a balanced diet. What is more, studies show that positive messages are more effective than negative ones are.

In addition, nutritional information does not have to be confined to labels. It can also be provided via the *new media*, especially in light of the popularity of such media with consumers. Many manufacturers already routinely provide additional information via the Internet. The German food sector respects consumers' ability to learn and decide for themselves. For its part, it works, on a voluntary basis, to enhance information available to consumers, and to help consumers enhance their own awareness, in issues of food and diet. Food sector companies are highly familiar with the needs and demands of the consumers they serve, and they continually strive to adjust their information provision to consumers' specific requirements. Consequently, companies' voluntary initiatives and information-provision efforts should also be seen as part of a societal learning process, and companies should be permitted to shape and design such initiatives and efforts in keeping with their own judgment and discretion.

Furthermore, numerous publications are now available, for multipliers and the interested public, that explain how food labels should be read. In future, such explanations will be provided by a range of different societal groups. Relevant groups include state organisations, consumer organisations and the food industry itself.

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?

In this context, we again emphasise that advertising plays only a minor role in prevalence of overweight (see above). We also wish to recall that diets do not have to be completely free of certain products in order to be healthy; instead, all foods can be part of healthy diets.

Additional regulatory measures that go beyond existing regulations thus will not contribute to solving the problem, and thus no additional regulatory measures are needed.

How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?

To answer these advertising-relevant question, we call attention to the detailed position provided by the German Advertising Federation (Zentralverband der deutschen Werbewirtschaft - ZAW), which we endorse in its entirety. We include the text of the ZAW's position with our letter.

It must be emphasised that advertising is adequately and comprehensively regulated in the European Union and its Member States. The Green Paper's questions express the premises that food advertising in Europe is subject to virtually no regulation and that, therefore, such advertising will have to be regulated in future via state or self-imposed provisions. These premises, then, are wrong. In addition to the numerous European and national regulations that contain detailed provisions on food advertising, and that reflect the special need to provide adequate protection for children, the food sector has established EU-wide systems of self-regulation in advertising (see also the remarks relative to Chapter V, I). If the intent behind the question is to introduce additional, more extensive systems of state regulation and monitored self-regulation, then we reject such an intent. Such systems, which are normally referred to as "co-regulation" systems, lack the component of voluntary participation that real self-regulation systems always have. And relevant efforts could certainly not be termed "deregulation"; such efforts would seek to regulate areas that to date have been unregulated, for good reasons, and they would seek to bypass proper parliamentary legislative procedures in introducing such regulation. Such systems do not provide any discretionary realm that is free of state supervision, while still subject to the food sector's own responsible controls.

Demands calling for greater effectiveness in self-regulation are tantamount to a denial of the effective functioning of national self-regulation institutions such as the German Advertising Council (Deutscher Werberat). Such a denial is unjustified and unsubstantiated. Once again, it must be emphasised that there is no reliable evidence for the premise underlying the question to the effect that advertising and marketing play any significant role in prevalence of overweight.

Ever-more restrictive controls on advertising are certainly not the way to improve the media skills of children and adolescents. Instead, children and adolescents must be equipped in dealing with advertising – which is part of their everyday reality – and evaluating it properly. Ultimately, education and training are the only ways to enhance the media skills of children and adolescents. At the same time, it is important to remember that today's children and adolescents are often underestimated when it comes to media

literacy. Programmes such as "Media-Smart" can play an important role in enhancing media skills.

Chapter V.2: Consumer education

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

In answering this question, we first call attention to the general dietary situation in Germany. The Nutrition Report 2004 (Ernährungsbericht 2004) published on behalf of the Federal Government shows that the dietary situation in Germany has been moving more closely in line with relevant recommendations of the German Nutrition Society (Deutsche Gesellschaft für Ernährung - DGE). The *overall development is positive*, although there is certainly still room for improvement. The findings show that consumption of fruits and vegetables has increased, relevant ratios of macro-nutrients have improved, the average share of calories obtained from fats has decreased, consumption of sugar is stable and consumption of polysaccharides has slightly increased¹⁵.

The discussion about prevalence of overweight must not overlook the fact that "health" is only one of the motives at work in consumers' food choices. Similarly, a desire to make a "proper choice" is by no means always the primary motive behind such choices. "Food" is more than simply "nutrition". Price, taste and personal preferences play key roles in food selection. What is more, eating habits are socially acquired during childhood and youth. To learn to eat a balanced diet, people must thus acquire positive relevant experience at early ages.

With regard to school curricula, efforts must be aimed at establishing *broadly based health and consumer education* programmes. Conventional instruction in "nutrition" is not enough. The primary focus must be on imparting knowledge and skills in the area of *health maintenance (salutogenesis)* rather than on "disease prevention". Development and reinforcement of *budgetary and financial skills* must also play a prominent role. And relevant efforts must have a practical orientation; they must consider the real-life environments and needs of children and adolescents.

The German Platform on Diet and Physical Activity (Plattform Ernährung und Bewegung e. V.) is well aware that only a diversified approach will be able to promote healthy lifestyles and that no short-term measures can provide such an approach. This is why its current efforts, for example, include a comprehensive project for optimising diets and physical activity levels of kindergarten children and a project, in cooperation with the Federal Parents' Council (Bundeselternrat), for reaching out to parents. Such efforts apply knowledge in an effective, practical way. Efforts to help consumers make proper, healthy choices – in terms of both food and lifestyles – have to be carried out on all of the aforementioned levels. Relevant education must begin when children are still very young, and it must be reinforced via play (fun, games, etc.). At the same time, it is vitally important to enhance education in general, since only educated persons can understand imparted information, can apply positive encouragement and can develop an awareness for the need to act. Action begins with the will.

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

In public-private partnerships, the public sector cooperates with the private sector in carrying out public tasks. The two sides contribute their own separate strengths. An outstanding example of such a partnership is the Platform on Diet and Physical activity (Plattform Ernährung und Bewegung e.V. - peb)¹⁶. The Platform on Diet and Physical Activity brings together all segments of society that are working to promote healthy lifestyles for children and adolescents. Its aim is to reduce the prevalence of overweight. A joint initiative of the political sector, relevant associations and industry, peb has a network of some 100 members. It is unique in Europe. Linkages between individual measures and players create synergies. Consumers are addressed and supported via a range of different channels; this approach is more effective than single measures applied in isolation.

Problems that affect all of society must be attacked through cooperation between different segments of society – as in the case of the peb. Relevant segments include policy-makers, industry, parents, doctors, health-insurance companies and a wide range of other groups as well. In the framework of the Platform's efforts, public-private partnerships can also be established at the regional level. Such cooperative efforts can develop and carry out individually adapted solutions that provide an ideal framework for practical applications. One project in peb's action programme "Eat better. Get more exercise" ("Besser essen. Mehr bewegen."), an effort being carried out by the Federal Ministry of Food, Agriculture and Consumer Protection (BMELV), will highlight outstanding public-private partnerships that serve as models for emulation.

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

All relevant findings to date indicate that consumers respond best to messages *formulated in positive ways*. Such messages should emphasise the need for balanced diets with plenty of variety. In addition, consumers should be reminded of the value of regular meals involving the whole family and of the importance of setting a good example. *Simple messages* are needed that point consumers in the right direction and assist them in understanding the relationships between diet, physical activity and weight. In addition, in light of the great variety of institutions that are active in the food sector, it is important to ensure that messages are consistent and non-contradictory. Central organisations such as "peb" that are respected and known for providing suitable messages to consumers can enhance consumers' attentiveness to, and acceptance of, such messages.

peb ("Platform on Diet and Physical Activity") considers *motivational approaches* to be the key. Positive messages, rather than prohibitions, are the best approach. And such messages must begin reaching consumers when they are very young. A series of TV spots for children, for example, emphasises the following messages:

- Exercise, sports and games are fun and keep you fit
- Incorporate physical activity in your daily life in fun, creative ways
- Diet and physical activity have to be in balance
- A balanced diet is the key; foods are not "good" or "bad"
- Enjoy your food; take your time; share meals with others
- Remember to appreciate foods / meals
- Use movement games to promote body awareness
- Make time for resting, concentration, eating – and physical activity
- Messages should not be preachy or reprimanding
- Messages inspire people (both children and their parents) to follow a good example.

Messages should have a real-life orientation and should be easy to put in practice.

Chapter 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?

Children will eat food offered to them at school only if it tastes good. Clearly, therefore, all those involved in schools must be involved in relevant discussion. No single solution can perfectly meet the needs of all different types of schools, circumstances and situations. Individualised concepts have to be developed, with the help of experts. And what meals school cafeterias offer of course also depends on what budgets are available.

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

Measures to promote physical activity, at schools, play a central role in compensating for sedentary lifestyles of children and adolescents. The relevant areas in which physical activity can be encouraged include *children's commuting to school, school sports, breaks between classes and classes themselves*.

School sports are especially important; they need to be intensified and expanded. In the process, school sports programmes should be oriented not to athletic excellence but to children's own personal abilities and fitness. The key is to ensure that children have *fun* as they are engaging in physical activity. And no child should be excluded. While building on *basically positive orientations to sports*, physical activity programmes should promote joy in movement itself. They should be suited to children's development levels, and they should help children in acquiring both general and specialised motor skills¹⁷. Along with popular sports offered on a standard basis, such as swimming and soccer, physical education could include trendy sports such as inline skating¹⁸. Programmes providing at least 3 hours of school sports per week have been found to be especially effective in improving girls' motor skills¹⁹. In addition, *cooperation with sports clubs and associations* should be encouraged. This is an especially relevant point with regard to trends in the area of all-day schools.

And yet efforts to influence children's physical activity levels should not be limited to structured sports classes. Efforts should be made to reduce the amount of sitting that takes place during regular instruction and during breaks.

Children can also increase their physical activity levels by walking to school or by getting there by bicycle, skateboard or scooter. This is an area in which *city planning* can play a relevant role. At the same time, *teachers and parents must provide the necessary encouragement*, and children themselves must develop the necessary motivation.

For example, Lower Saxony's "moving school" ("Bewegte Schule") concept features many positive approaches, including ergonomic classroom layouts, special playground-area designs, close attention to teacher and pupil health and a rhythmic pacing of school days.

The "moving school" is designed to promote holistic learning, shape school life in positive ways and support pupils' development and growth.

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?

First of all, we wish to lodge the criticism that the presumption underlying the question – namely, that consumption of certain categories of products is associated with overweight – cannot be substantiated. To date, no evidence for "excessive" consumption of snacks and sugar-sweetened beverages has been provided for Germany. In considering results of studies carried out in the U.S., it must be remembered that dietary patterns in the U.S. differ significantly from those in Germany. For example, consumption of soft drinks is nearly twice as high in the U.S. as it is in Germany: According to figures of the USDA's Economic Research Service, in 2003 per-capita consumption of sugar-sweetened soft drinks amounted to 133.6 l, while per-capita consumption of diet soft drinks totalled 42 l²⁰. By contrast, per-capita sales in Germany of cola drinks, other soft drinks and carbonated juice drinks are at 76 l²¹. A current assessment of Dortmund's DONALD study shows that the amounts of soft drinks (including fruit nectar) consumed by boys are about 200 ml lower than the lowest average corresponding amounts in the U.S. reported in the literature, while the amounts consumed by girls are about 100 ml lower²².

In general, school settings are suited for teaching children about healthy lifestyles, since schools reach virtually all children. What is more, children learn patterns of diet and physical activity very early in their socialisation process. It is thus important to avoid any stigmatisation of certain foods; prohibitions are not effective. The key is to provide *positive messages* and approaches that make use of children's inborn *curiosity* about *all things new*, in playful ways. In school group settings, efforts should be made to offer children a balanced, highly diverse range of foods, especially foods that meet children's *sensory needs*. In addition, children should be encouraged to learn food-preparation skills that promote their interest in balanced, sensorially attractive meals.

The results of school-based intervention programmes have been compared in a range of different publications. Such comparisons can be useful in the search for exemplary approaches:

In their 2005 Cochrane Review of a total of 22 intervention studies, including 10 long-term studies, Summerbell et al. found that 5 of 6 long-term studies that combined dietary education and physical activity interventions "resulted in no improvement in overweight status between groups", while one "resulted in improvements for girls receiving the intervention, but not for boys" (Planet Health). Two other studies concentrated on physical activity. One was successful. Two other studies focussed solely on the factor of diet – and neither one led to any reduction in overweight problems²³.

In their review of 2006, Doak et al. concluded that 17 of 25 school-intervention programmes considered were "'effective' based on a statistically significant reduction in body mass index (BMI) or skin folds for the intervention group". A total of 4 studies were "effective in terms of both BMI and skin-fold measures"; of these, two "targeted reductions in television viewing" (Gortmaker et al – Planet Health²⁴; Robinson et al²⁵). The authors note that a number of studies also reported negative impacts – such as an increase in underweight prevalence. Future studies should take these results into account. The authors also recommend that interventions be tailored for their target groups with regard to ethnic background, age and gender²⁶.

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?

The food industry already provides a wide range of information materials for school instruction. Extensive use is made of such materials – since, clearly enough, they support schools in their instructional tasks. The Platform on Diet and Physical Activity (Plattform Ernährung und Bewegung e.V.), which has been referred to repeatedly in the present document, serves as a good example of a relevant public-private partnership.

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

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

The German Nutrition Society (Deutsche Gesellschaft für Ernährung - DGE) has developed a set of recommendations relative to nutrient intake (DACH, 2000). In addition, the DGE offers assistance for implementation of the recommendations in employers' facilities.

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

Employers have already initiated a wide range of measures for promoting physical activity in their companies. Relevant measures include encouraging employees to become members of sports clubs and setting up health-club facilities within companies themselves. At the same time, it must be remembered that availability of such programmes does not, in and of itself, automatically lead to employees' accepting and becoming involved in them. As a result, companies also need to have concepts in place for promoting employees' acceptance and enthusiastic use of such programmes.

Chapter 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?

Prevention of overweight and chronic disorders must target a range of different levels, as stated before. In this regard, it is important to remember that proper planning and implementation of measures is possible only with staff with interdisciplinary training in the health field. Interdisciplinary development and efficient implementation of suitable measures in the areas of companies, schools, the political sector and families are possible only when a combined range of specialised human resources is available. Since 1994, the University of Bielefeld's department of health-care sciences (Fakultät für Gesundheitswissenschaften) has been offering the country's first programme of studies leading to the internationally standardised "Master of Public Health" degree. The programme, which has an interdisciplinary, problem-focussed orientation, includes

development of targeted interventions in unfavourable living conditions in the areas of families, kindergartens, schools and youth centres and facilities. The programme is designed to promote close cooperation between the department and relevant players in the field, also with the aim of generating useful publicity. This approach ensures that issues studied are current ones and that specialists trained in the programme have a close orientation to actual practice.

Chapter V.6: Addressing the obesogenic environment

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

Measures are required on a range of different levels:

- Reinforcement of *Community research*, with a view to finding approaches that contribute to healthy lifestyles
- *Universities*. Integration of the importance of everyday physical activity in study programmes in the fields of architecture, city planning, traffic planning and teacher training.
- *Municipalities*: Identification and highlighting of the relevant problems, and study of the current situation; construction and expansion of bicycle paths, of paths also suited for trendy sports (walking, skateboarding, roller-blading, etc.; such facilities are more likely to meet with actual use), of parks and green areas and of adequate facilities for sports and recreation. Children need play areas that are free of traffic.
- *Employers, schools, children's day-care centres*: Ergonomically designed furniture, parents' initiatives, scout programmes at schools, health-insurance incentives for using "movement" to commute to work.

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

Here the reader's attention is called to the answers to the questions on pages 15 and 17.

Chapter 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?

Population segments with low socio-economic status are particularly prone to the problem of overweight, as well as to a wide range of other problems. Past experience has shown that such segments are also the most difficult to reach. To have any change of success, measures must be *"local"*, and must draw on regional *networks of resources from participants' own cultural circles*.

Since general life circumstances can also affect patterns of diet and physical activity, concepts – to be successful – must provide for measures that support *stress management*, help counter depression and help defuse tendencies toward aggression and violence.

Since family environments play a decisive role, especially during the first ten years of children's lives, in shaping children's food selections, physical activity levels and later lifestyles, *family interventions*, also in combination with *school programmes*, are an especially suitable way of promoting healthy lifestyles. One project carried out at three secondary modern schools / special schools in socially disadvantaged sections of the city of Lübeck provides a good example of this relationship. The participants in the efforts included the schools themselves, the relevant families, specialists such as nutritionists and athletic instructors, health-insurance schemes and municipalities²⁷.

Chapter 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?

Efforts to prevent overweight and obesity must include efforts to change lifestyles in fundamental, lasting ways. In the first ten years of children's lives, family environments have an especially pronounced effect on children's food selections, physical activity levels and later lifestyles. As a result, efforts to promote healthy diets and adequate physical activity need to begin during these formative years. And parents need to provide good role models. Furthermore, measures must begin early to support relevant efforts in kindergartens and schools.

In sum:

- Begin early
- Integrate families and relevant environments
- Promote good habits via a focus on education instead of a focus on information
- Tailor approaches to the groups who are supposed to be reached
- Emphasise fun and joy in all measures
- Promote a sense of individual responsibility

Which role at national and at Community level?

As noted above in considerable detail, no single solution, by itself, can solve the problem. Lasting success can come about only through a wide range of individual measures and campaigns – ideally, with a regional orientation and tailored to the specific area in question. As a result, the most important levels in solving the problem are the national and even regional levels. European standardisation or harmonisation of such measures seems neither called for nor useful. The EU's task in this area should be to provide for standardised data collection throughout Europe, with a view to producing bases for comparison. In addition, the EU can serve as a platform for exchanges of experience between Member States and regional projects, and it can support and facilitate Community research. Attention is called to pages 4 and 6.

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

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?

It seems highly doubtful whether a European food-based dietary guide could take proper account of such variations and differences. The differences in dietary patterns seen throughout Europe greatly complicate the task of creating such food-based guides. Ultimately, they would have to result in overly general recommendations that would be very difficult to implement in specific Member States or regions. A much more important aim in this context is to carry out a European dietary study; such a study could reveal the real dietary situation in Europe. Development of national food-based dietary guides is preferable to development of such guides at the European level.

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

Information, awareness and advising measures play an important role. Past experience has shown that such measures provide only partial success, however. The reasons for this are various:

- They do not reach the relevant target groups.
- The relevant target groups do not wish to be reached.
- The target groups fail to understand the information provided.
- The target groups fail to apply the information provided.

One highly promising approach, in our view, involves providing *comprehensive health and consumer education* – education that imparts both knowledge and skills, i.e. develops skills for solving the problem. Such education should begin in schools. At the same time, it must also be noted that it is unrealistic to speak of "overcoming" of "gaps" as in the question above. The key is to define and reach adequate goals. Here we also refer to our remarks on p. 15.

How can dietary guidelines be communicated to consumers?

Attention is called to the relevant remarks above.

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

In general, scoring systems designed to assess foods *cannot* help promote healthy diets. Scoring systems classify and stigmatise individual foods in unjustified ways. The German food sector thus completely rejects such scoring systems and their oversimplifying approaches. One necessary and useful way to promote healthy diets and healthy lifestyles is to inform consumers in comprehensive ways, with the help of clear and understandable information about the composition and caloric content of products.

After all, from a nutritional point of view, whether a person *eats a particular food* is not relevant. What is relevant is the entire group of foods a person eats over a period of time (medium-term) (= *diet*). So-called "nutrient profiles" or "nutritional profiles" are oriented to individual foods, however: for non-beverages, they normally focus on 100g units, while for beverages they usually focus on 200ml units. And yet people do not eat foods with reference to food-chemical or nutritional reference units such as 100g or 200ml, they eat *portions (serving sizes)*, in the context of their overall diets.

Assessment schemes such as scoring systems tend to classify foods in oversimplified ways – for example, according to whether they are "healthier", "semi-healthy" or "less healthy", etc. In our view, such an approach has no basis in evidence nor can it be considered useful with regard to the issues discussed in the Green Paper. Food chemists and nutritionists agree that individual foods, by themselves, are not "healthy" or "unhealthy"; in this context, those terms can be applied only to diets and lifestyles.

The *over 26 different scoring models* developed in the UK (developed by the Food Standard Agency, FSA) do not hold up to scientific scrutiny, since they ignore important nutrients, and since the scoring system is "contrived" and self-referential. To be of any use, a system should consider each individual food's nutritional role within the totality of entire diets, also with respect to serving sizes. Furthermore, a useful system would also take account of national and regional idiosyncrasies. "Nutritional profiles" cannot do that, since they do not consider what is actually eaten (what parts of foods, for example), and in what amounts.

Chapter V.10: Cooperation beyond the European Union

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?

In general, exchanges of experience should also be carried out with non-EU countries. On the other hand, standardisation is hardly possible at the European level, since successful processes in this area tend to be regional ones. Since eating patterns and lifestyles vary widely internationally, there can be no patent recipes for a single healthy lifestyle "for the entire world".

Chapter 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?

Any comprehensive assessment of diet and physical activity must also consider the issues of *eating disorders* in children, adolescents and young adults and of *nutritional deficiencies* among senior citizens. In addition, efforts to prevent overweight, if they are to avoid being counterproductive, must also take account of possible secondary effects on the aforementioned segments of the population. On page 19, we noted that some intervention studies on prevention of overweight also resulted in a higher prevalence of

underweight. Furthermore, comprehensive strategies for preventing eating disorders and nutritional deficiencies are needed.

At the beginning of our remarks, we emphasised that while physical activity levels have declined sharply in Germany the overall trends in dietary habits have been positive. Development of measures must take both of these aspects into account.

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

There is no doubt that the Community can play an important role in helping the Member States to meet the challenge of overweight and obesity. At the same time, the EU Treaty establishes clear limits for the EU Commission's efforts in this area. The most important policy areas that can lead to a lasting solution to the problem are education and health. While these areas are not Community policy areas, the Community can play a supportive role.

In addition, the European Union can make an important contribution in the area of *Community research*. After all, the real factors behind the high prevalence of overweight in children, young people and adults are still not really understood. Strategies for countering the problem of overweight, if they are to be successful and lasting, must be based on a better understanding of such factors. The relevant research requirements are the same for all Member States. Logically, then, the Community should coordinate its efforts in this area.

Efforts to learn how to reach those population segments who are especially prone to overweight and obesity are of overarching importance. Another question that requires major study is how all groups of society can best be encouraged to increase their daily levels of activity. After all, studies have shown that participation in recreational and leisure-time sports is rarely able to compensate for reductions in everyday activity levels.

Another significant area consists of use of EU-wide standardised criteria for defining overweight and obesity, as well as underweight and normal weight, and for compiling data from the Member States.

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