



EuroHealthNet response to European Commission Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases” COM (2005) 637.

Introduction

EuroHealthNet is the EU organisation networking the agencies responsible at national and regional level for health promotion policies and practices. EuroHealthNet national and regional members are submitting individual responses to this important Green Paper directly or via national channels.

All are involved in national approaches in this field (some are included in the Green Paper text and annexes) and many have submitted a number of current actions to the baseline database of the relevant EU Platform, to which we will be pleased to continue inputs.

The EC co-funded project “Closing the Gap” coordinated by EuroHealthNet and BZgA Germany, is developing a web portal www.health-inequalities.org that increasingly contains evidence based national approaches to healthy lifestyles of “vulnerable groups of people” that may be drawn on as good practices, including actions on diet, physical activity and health.

Partner networks such as the European Heart Network have published food and health studies and recommendations; IUHPE has published evidence of effective health promotion approaches. Much evidence of “concrete and evidence based” actions exists: systematic application is needed.

This response is therefore simply a request for the EC to play its full part in applying such actions, and a short summary of key strategic points from a health promotion perspective. It does not seek to comment on all aspects of the consultation that are being better submitted by other experts.

Welcome

EuroHealthNet unequivocally welcomes the publication by the EC of a systematic appraisal of the situation concerning diet, nutrition and physical activity in the EU, together with a public consultation on strategies to address common problems, taking up the Council invitation to act.

The conclusion regarding the seriousness of the situation and the importance of integrated action is also welcome. All EU member states have to some degree recognized this and the WHO attention at global and European levels is increasingly well focused, notably on approaches for children.

Therefore the critical added value of the EU lies less in its supporting role in health and education but more in its social, economic and political levers of power in its given competences. As an initial basis it should at least do no harm. But regrettably that is not the case.

Priorities

If the contents of TEU Article 152 concerning protection of health in all policies are to have real substance, it is inconceivable that EU strategies should not include reforms of the Common Agricultural Policies in favour of healthier lifestyles, and use where necessary of regulatory market powers.

Empowerment is a key concept of effective health promotion. It is important not to blame individuals for burdens of disease, but to use policy measures and incentives at all levels to encourage and sustain healthier behaviours. Providing information and “choice” is insufficient, not least as evidence shows that increases health inequalities.

While strategies needed to address the obesogenic environment go beyond the period of the Lisbon goals, attention to healthy life years indicators are an important component of the competitiveness and cohesion objectives.

Eurohealthnet recognizes resource and capacity limitations within the European Commission and therefore calls for a realistic, incremental approach in strategic responses to this Green Paper. In particular, when Member States need EC support and input in this field, the Council must make appropriate resources available and ensure coherent measures are put in place across policy competences.

For example, the current reform of the sugar sector is potentially more harmful to health and could exacerbate health inequalities as it reduces market prices. For the next reform diversification of subsidies into health and environment “goods” and use of market regulation should be brought forward. Until that type of process happens the EU will struggle for credibility in the nutrition and healthy lifestyle strategies the Council apparently seeks, as it did in the tobacco sector until the current century.

Knowledge of economically viable alternatives exists in the public health field. Eurohealthnet urges the EC to draw on this, to facilitate authoritative impact assessment studies of all CAP sectors before the next review and to ensure effective dissemination to EU and national policy makers. This is an entirely justifiable role within A152 and the economy of scale is appropriate in terms of subsidiarity.

Meanwhile reforms due soon to COMs such as for fruit and vegetables and wine should include transparent (not internal) health impact assessments and

coherent measures on which health experts should be consulted as much as producers.

EC Programmes

Over the past decade the public health content of EC programmes has greatly improved. The Green Paper rightly mentions various co-funded projects in public health and research programmes, for example. While the planned new EC health portal and EFSA should help to address accessibility of data, too often innovation and evidence is not sufficiently well communicated.

National health promotion agencies often have responsibility for carrying out programmes but have little capacity for monitoring many new developments internationally. Dissemination is often poor by projects; knowledge is lost. It should be a requirement of all project awards that evaluated outcomes are communicated effectively (not just on the huge Europa site) to the competent national authorities – and to relevant international bodies such as the WHO, who often know little of EU work.

The national agencies, some of which help to run or participate in emerging national platforms, can then be effective instruments of dissemination, analysis and use, increasing EU added values and cost effectiveness.

But the importance of an integrated approach is crucial. The EC and other EU institutions should resist calls for a return to vertical programmes, which were poorly evaluated leading to the current public health programme. There is substantial evidence of the need for holistic approaches to health improvement.

For example, diet is often influenced by emotional factors, notably in adolescence. Thus the strategies emanating from the mental health green paper need to be coherent. Gender sensitive approaches are important, as are alcohol abuse strategies.

But disease specific programmes based on burdens are less appropriate at EU level where direct actions are necessarily more complex, and should be avoided. This is clearly the way forward to help address the “clustering of unhealthy habits” in certain socio-economic groups, on which EuroHealthNet attentions are constantly focused.

Consumer Information

EuroHealthNet increasingly values participation in the innovative EU multi-stakeholder Platform. Globalisation and market developments present significant challenges for established health promotion approaches and health equity. Unregulated information via new media sources affects health inequalities. However new approaches are emerging that offer progress, and the Platform offers opportunities to develop them in new partnerships.

In particular, new methods of developing health literacy and social marketing for health – moving beyond commercial promotion techniques to include

gathering of information, targeting and presentation – are worth careful exploration.

Eurohealthnet recalls that in previous consultations the view of national experts was that health education should be carried out as near to the citizen as possible, public sector lead and must be culturally appropriate. That still largely holds true.

But demographic changes, not least cross border movements and access to new technologies, plus the realities of low capacity of local and national public bodies in most cases, mean that such certainties should be revisited in this new century. In that respect the Platform process is helpful in challenging tenets.

But caution is necessary in emerging EU wide education campaigns and commercial involvement in mass media or key settings such as schools. EuroHealthNet is bringing forward exchanges that could contribute towards better understanding of new methods, including transferability concepts, health literacy ideas, evidence tools and cross sectoral partnership actions on social and economic determinants. We will participate in forthcoming initiatives to monitor and improve communications in private / public partnerships.

But such moves must be lead by public health rather than commercial values if the obesity problem is to be properly addressed. We remain skeptical that self-regulation is adequate and urge the EC to bring forward proposals on food labeling and media regulation, particularly for children and adolescents, if there is not early evidence of real lasting change in commercial behaviours.

Physical Activities

The increased attention to this dimension is particularly welcome given its low priority in previous EC programmes. In addition to initiatives with sporting bodies, role models, and physical education programmes, EuroHealthNet members are engaged in cross sectoral work on spatial planning, transport, social capital and other measures which are expected to improve environments conducive to increased physical activities that will have multiple benefits.

The EC is urged to support such measures, not least in its role in the use of structural funds in Member States. In our response to the consultation on guidelines for such programmes we urged involvement of health experts in planning and implementation of infrastructure and community initiatives.

Providing alternatives to vehicle use, safe walking environments, sports and recreational facilities and encouraging workplace involvement can all be incorporated in the main EU spending instruments.

Conclusion

In the above few key points EuroHealthNet has referred in an integrated way to the majority of questions contained within the Green Paper. National

members and partners are separately submitting examples and specific responses.

The overall contention is that, if actions match intentions, significant action is achievable by the EU in partnership with national and international bodies. Some national actions, on media advertising, reformulation and labeling, plus certain market trends, suggest that public awareness is growing of the risks and expect support, clarity and coherence. A “tipping point” may be imminent where a window of opportunity for previously unachievable action is available – as has happened in the case of smoking.

The status quo is an unattractive option for authorities and individuals. Policymakers can clearly support this increasingly receptive mood and ensure that a European agenda is not just to become more competitive but also cohesive and healthy. Our studies, supported by EC DG EMPOL funding, demonstrate the clear links and imperatives of prioritizing health and wealth.

We have indicated how the three greatest powers of the EU - to organise its market, to harness its spending instruments locally, and to develop agricultural sustainability - can be brought to bear for health gain within the coming decade. Its supplementary role in health and research cooperation can be used to channel and inform those major changes.

We have confirmed the Green Paper contention that the EU has a clear role, and that this network and many others are addressing how we can best be supportive given limited resources compared to the vast sums that are being spent creating the problem.

Clearly that takes political will at many levels and some courage in the face of considerable vested interests. But just as environmental change has become established as a successful EU remit, so can health improvement. And many policies that affect health most are not directly health driven. Given the needs of citizens, it could be an approach that would contribute to an empowering, supportive EU welcomed by the public.

History shows public health epidemics require a blend of practical measures and vision to be overcome. We urge the EC to be confident in its actions to address the obesity “epidemic”, and anticipate next steps eagerly.

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NB: this response represents a summary of views expressed by national and regional members of the EuroHealthNet network. It does not necessarily include all national views, which may be submitted separately.