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Dr. David Byrne
European Commissioner for Health and Consumer Protection
European Commission
Directorate-General Health and Consumer Protection
Rue de la Loi 200 / Wetstraat 200
B-1049 Bruxelles / Brussel - Belgium

Reflection Process on EU Health Policy

Dear Dr. Byrne,

I am delighted to see the European Union recognizing the central importance of health and putting such an emphasis on health by striving to enable good health for all, seeing good health as a shared responsibility, and recognizing that health generates wealth.

I am a German citizen who has been in higher education and in the workforce in the United States in the area of international health promotion for about ten years.

While I don't have time to respond as extensively as I would like, I would like to share some thoughts in regard to the questions raised in your paper. First of all, I would like to commend you for the participatory process of encouraging and enabling institutions and citizens to give input into your strategy paper. This will most likely increase ownership of the strategy.

I think the EU can and should do more than disseminating evidence on health's impact on economic growth and on the financial burden of ill health. I think the EU should provide policies and environments that promote good health. For instance, creating policies for smoke-free workplaces, for healthy food choices to be offered in schools and workplaces, and for more campaigns that promote a healthy lifestyle. Here in the United States the popularity of the Atkins diet, for instance, has led many fast food chains and restaurants to alter their menus to offer more healthy choices.

In regard to working on AIDS, education is essential for prevention. I think focus should be on the countries with the highest infection rates, which are mainly in Eastern Europe. The agency where I work, Health and Human Development Programs at Education

Development Center, Inc., has been involved in teacher training and curriculum development for HIV/AIDS prevention in Africa, and we have had encouraging preliminary results. I have also co-authored a paper, currently in press, on preventing HIV/AIDS among young intravenous drug users, which seems to be also a problem in Eastern Europe. I would be happy to share more information and possibly collaborate with you if you are interested.

In regard to tobacco, I would encourage you to follow the Irish example and ban smoking in public places. Some states in the United States, including Massachusetts, where I live, have done that as well, and smoking has declined in response to comprehensive efforts. Of course price increases, primarily through tax increases, has been recently identified in a WHO report as “the single most effective measure to reduce short-term consumption.”¹

In regard to nutrition and obesity, I think more can be done than legislation for quality and safety of food products, awareness raising and dissemination of good practices. I think environmental interventions are critical in that aspect, meaning that more healthy food choices would be offered and less choices with “empty calories.” As there is legislation that require establishments to offer at least one beverage cheaper than the cheapest alcoholic beverage, legislation would be conceivable that requires establishments to offer at least one healthy food choice (e.g., that follows national nutrition guidelines) at a cost of no more than the cheapest less balanced choice. Media campaigns that promote healthy food choices might also help; as might putting advertising restrictions on energy-dense foods.

In regard to health impact assessment systems, maybe annual or bi-annual surveys could be instituted. The United States have a Youth Risk Behavior Surveillance System that bi-annually monitors priority health-risk behaviors among young people. Data of these surveys show trends and are used to make decisions for health interventions.

I agree that health needs to be “at the very heart of policy making” at different levels and at the entire scope of policies. How can this best be practically achieved? Could EU legislation require an inclusion or consideration of health issues in all policies and then review and check random samples of policies regularly?

I think there might be advantages to creating new health research structures in Europe to assemble best practice, such as an equivalent of the National Institutes of Health in the United States. On the other hand, it could also be considered to create a EU clearinghouse of the research that is already being conducted in the various EU countries and to determine which additional research is needed and if existing institutions could carry it out.

In regard to your “view of the future,” I would like to see prevention having a more central role. The first six paragraphs of that section focus mainly on health care, while “good health” is addressed only in one or two paragraphs. I think the “good health” paragraphs should come first and be expanded. For instance, in the Europe of the future, I

¹ World Health Organization. (2004). *Building Blocks for Tobacco Control. A Handbook*. Geneva: WHO

could see people eating less high-fat and processed foods and more natural and healthy foods and being more physically active. A decreasing number of people would be overweight, smoking or using drugs or engaging in risky sexual behavior. Schools would teach on mental health issues to help youngsters develop healthy self-esteem and coping skills, etc.

I am attaching my resume for your reference and for my “qualifications.” Most of my publications can also be downloaded from the Internet.

I would be happy to correspond with you further if that would be helpful to you.

Best regards,

Carmen Aldinger

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PROFESSIONAL EXPERIENCE

06/98–present **Education Development Center, Inc.**, Newton, Massachusetts, USA
Associate Project Director, Health and Human Development Programs (10/01–present)
Research Associate, Health and Human Development Programs (11/99–9/01)
Research/Development Assistant I + II, Health and Human Development Programs (6/98–11/99)

- Manage and coordinate ongoing projects and contract details, staff, budgets, reports and team meetings for our global work in health promotion; supervise a research assistant
- Consult and provide technical assistance to a successful health-promoting schools project in Zhejiang Province, China
- Wrote major school health papers for U.N. agencies that synthesize research and provide guidance for a worldwide audience (see Publications below)
- Directed the development of Web sites for school health representatives from the world's largest countries and for school staff in the United States with concepts and examples of comprehensive school health programs
- Assisted in planning, facilitating, and recording a global meetings for school health representatives from the world's largest countries (Mega Countries)
- Conducted and analyzed global surveys and field reviews of documents on school health issues among United Nations agencies and other international organizations around the world
- Prepared module on nutrition for teacher training, assisted in developing a briefing package on skills-based health education and life skills, and participated in planning and instrument development for Rapid Assessment and Action Planning Process (RAAPP) to assess capacities for school health in Indonesia

05/97–08/97 **World Health Organization**, Headquarters, Geneva, Switzerland
Intern, Division of Health Promotion, Education and Communication

01/97–05/97 **Yale University Health Services**, New Haven, Connecticut, USA
Student Researcher, Department of Health Education and Preventive Medicine

01/96–06/96 **Baltimore County Department of Health**, Towson, Maryland, USA
WIC Community Nutrition Assistant

EDUCATION

Lesley University, Cambridge, Massachusetts, USA
Candidate for Ph.D. in Educational Studies

Yale University, New Haven, Connecticut, USA
Master of Public Health (MPH), 1998

Concentration in International Health

Thesis: Global Advocacy for Healthy Nutrition in Schools, *With Distinction*

Towson University (formerly Towson State University), Towson, Maryland, USA

Bachelor of Science, *Summa Cum Laude*, 1996

Health Education, Concentration in School Health and Community Health

Kaufmaennische Berufsschule, Waiblingen, Germany

(Commercial Vocational School)

Buerokauffrau (Office clerk with business training), *With Honors*, 1987

PUBLICATIONS

World Health Organization. (**Aldinger, C.**). (In press). *WHO Information Series on School Health. Alcohol use prevention: An important element of a Health-Promoting School*. Geneva: World Health Organization.

Xia, S.-C., Zhang, S.-W., Xu, S.-Y., Tang, S.-M., Yu, S.-H., **Aldinger, C.**, Glasauer, P. (2004. In press). Creating health-promoting schools in China with a focus on nutrition. *Health Promotion International*, 19(4).

Economic and Social Commission for Asia and the Pacific / United Nations Office on Drugs and Crime. (**Aldinger, C.**, Rosati, M.) (2003). *Adolescent Substance Use: Risk and Protection*. Bangkok: United Nations.

Glasauer, P., **Aldinger, C.**, Yu S.-H., Xia S.-C., Tang S.-M. (2003). Nutrition as an entry point for health-promoting schools: lessons from China. *Food, Nutrition and Agriculture*, 33. Rome: FAO.

World Health Organization. (**Aldinger, C.**, Vince Whitman, C.) (2003.) *WHO Information Series on School Health. Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School*. Geneva: World Health Organization.

World Health Organization. (**Aldinger, C.**) (2003). *WHO Information Series on School Health. Family Life, Reproductive Health and Population Education: Key Components of a Health-Promoting School*. Geneva: World Health Organization.

Vince-Whitman C., **Aldinger C.**, Levinger B., Birdthistle I. (2001). *Education for All 2000 Assessment: Thematic Studies: School Health and Nutrition*. Paris: UNESCO.

DeBernardo R.L., **Aldinger C.E.**, Dawood O.R., Hanson R.E., Lee S.-J., Rinaldi S.R. (1999). An E-Mail Assessment of Undergraduates' Attitudes Toward Smoking. *Journal of American College Health*, 48(2), 61–66.

World Health Organization (**Aldinger C.**, Jones J.T.). (1998). *WHO Information Series on School Health. Healthy Nutrition: An Essential Element of a Health-Promoting School*. WHO/HPR/HEP/98.3. Geneva: World Health Organization.

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