

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

Mouscron, 15 March 2006

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To whom it may concern,

The *Servicio de Nutrición* (Nutrition Service) "*Familias del Mundo*", which is currently being set up as an *Asbl* (non-profit-making organisation) and is domiciled at Rue de Moulins 28, B-7700 Mouscron, Belgium, thanks the Commission for inviting it to participate in the consultation process on the Green Paper. We are delighted at the opportunity to make the views of families and the community heard at the Commission.

We are responding to the consultation in the hope that we can contribute to promoting healthy diets and physical activity.

Our response is founded on our personal, professional, family and community experience acquired through dietary assessments, action and monitoring and workshops for discussion, awareness-raising and guidance for families, groups and communities on diet, physical activity, health and dietary education for children and throughout life, nutritional and dietary counselling for families of diabetics or families with complaints such as obesity, cancer, hypertension and other chronic diseases on which diet and physical activity have a bearing.

We hope that our participation will be useful.

Yours faithfully,

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Issues raised during the consultation process:

IV.3 The Commission would like contributions on questions relating to health in EU policies.

- **What are the concrete contributions which Community policies, if any, should make towards**
 - **the promotion of healthy diets**
 - **and physical activity**
 - **and creating environments which make healthy choices easy choices?**

With regard to **health policy**, it is important to:

- **promote the use of interdisciplinary paramedical services** offered by, say, nutritionists, dieticians, psychologists, physiotherapists, osteopaths, etc. who are specifically qualified to provide health education in terms of diet and physical activity.
- promote the formation of interdisciplinary units for treatment and prevention and support for rehabilitation in the treatment of chronic degenerative diseases.

It is imperative to give priority to these **key areas of education** when helping to get patients back onto a healthy diet and physical activity regime.

To this end, **environmental** policy should be supported promoting

- protection of biodiversity,
- preparation of compost and
- its use in backyard gardening, helping to promote physical activity on a regular basis and consumption of home-grown fruit and vegetables.

Economic policy has highlighted the extent to which poor diet is directly linked with a low socio-economic status.

- the cheapest foods are the least healthy
- the healthiest foods, such as fruit and vegetables, are unaffordable
- the food industry has disrupted the balance in the market, distorted information by its economic bias and damaged health.

Cultural policy is an important tool for human development, health and identity in a multicultural European environment.

- Through cultural policy, dietary identity can be used to preserve a healthy, traditional food culture, as in the days before the industrial and global era.
- All the civilisations in the world, and particularly in Europe, flourished thanks to their dietary culture which gave us the opportunity to get to where we are today. However, our health is now very poor as a result of the regimentation of industrial marketing and consumption patterns.
- This does not mean that the food industry's influence is entirely negative, but a balance has to be struck to enable Europeans to go back to their roots and rediscover their health and physical fitness.

Labour policy should provide more opportunities for physical activity and less stressful working times.

- Harassment at work, strain and unpaid overtime are factors which exacerbate chronic occupational stress.
- They disrupt emotional, psychological and family health and lead to fatigue and make it difficult for the family to live together in a healthy manner to ensure that couples' and other family members' basic needs for affection, harmony and social interaction are met.
- The damage wrought by pressure and stress at work is a severe constraint on physical activity, preparation of healthy food and family meals which are indispensable for training children to have a healthy diet.

Family protection policy. This policy is closely linked to others, the most important of which is labour policy. The aims of family protection policy should be to

- promote health in family communication, togetherness and emotional health in couples and children, and emotional stability in couples, in order to ensure that they take time to prepare family meals
- promote a healthy lifestyle in families within society.

Policy on **gender** and health in the family.

Diet and physical activity are much more than the simple act of consuming, buying, preparing and eating food. Food, nutrition and physical activity have social, psychological, cultural and other dimensions above and beyond the biological and economic ones. The dimension of gender policy therefore takes on a very important role which is widely used in marketing and advertising to change consumers' behaviour. Here, gender policy should be used to shape healthy behaviour which is incompatible with consumption.

- This policy should be brought to bear more precisely on the lifestyle of today's European men and women with its unhealthy social, occupational, family, cultural and economic modes of interaction.
 - Gender policy should identify and promote the needs of men and women in creating healthier behaviour in society.
- **What kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?**
- Production of fruit and vegetables in family gardens, which would encourage people to eat local varieties, protecting and promoting natural biodiversity.
 - Producing these in the family enables people to take regular physical exercise, eat home-grown fruit and vegetables and care for the environment and biodiversity in the wider framework of sustainable development.
- **On which areas related to nutrition, physical activity, the developments of tools for the analysis for related disorders and consumer behaviour, is more research needed?**

The way the question is formulated suggests that it does not really belong in the field of health. Using expressions such as “consumer behaviour” shows that it addresses the

economic market. “Consumers” is a restrictive term and reflects a bias in favour of the economic and financial interests of the food industry rather than a genuine interest in the health of European citizens in terms of nutrition and physical activity.

As it stands, the question focuses entirely on the economic issues. Health and marketing are aspects that are geared to the operation of the food and health industries, and, in the light of Annex 2 of the Green Paper (Relationship between diet, physical activity and health), it would be useful to consider a different type of consultation with a more ethical and effective approach to health, in view of the critical state of health of the European population.

The question could be rephrased as follows:

In which areas related to nutrition and physical activity

- is there a need to develop tools for the analysis of related disorders and
- is more research needed on the behaviour of European citizens?

The question is not very clear. I understand it as attempting to integrate various avenues of research.

Fields of interaction:

Mental health: effects on nutrition and physical activity.

Social health: the influence of globalisation on consumption patterns.

Occupational health: effects on nutrition and physical activity.

Environmental health: there are no pedestrian or cycle paths or social facilities for walks. Social prestige is defined by marketing and people who have a certain type of car have high social status.

Economic market: effects on nutrition and physical activity. Advertising and marketing: television advertising encourages inactivity and increased consumption.

Family health: the family unit has been broken up, journeys to work are long, work loads are heavy, the working environment is hostile and there is unemployment, economic insecurity, stress, etc.: effects on nutrition and physical activity.

Couples’ health: sexual promiscuity is promoted by marketing, advertising and subliminal messages. Effects on nutrition and physical activity.

Diet is one of the manifestations of all previous states of health.

Any analysis must take in the gender dimension. The gender dimension in women and men establishes the lifestyle.

IV.4 The Commission would like to have contributions in relation to 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 socio-economic distribution of this condition?**

The Commission does not appear to be aware of the existence of health professionals such as nutritionists and dieticians as it does not mention them once. They could produce an anthropometric database on obesity using new technologies, into which other professionals could also input information, drawing a multidimensional picture of this chronic disease.

- **How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk of chronic diseases among decision-makers, health professionals, the media and the public at large?**

The Public Health Action Programme requires committees or platforms to be set up in each of the Member States to assess the political impact and to be spokesmen to the Commission.

They would facilitate contact with

- Political decision-makers
- Health professionals
- The media
- Public opinion
- Associations
- Academics
- Workers in the field.

through debates, fora, training and campaigns to exchange local community, professional and institutional experience.

On many occasions, people (like us) who are interested cannot participate for reasons of geography, the cost of travel or representativity problems (if we do not belong to an institution qualifying us to participate in discussion platform) and it therefore remains an elitist subject which is virtually inaccessible to those who are interested.

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

The same communication media and advertising techniques which have been used to produce the lifestyle which creates obesity.

- The media. The general public
- Subjects to be covered in schools
- Hospitals: clubs for diabetics and people suffering from hypertension, and for walking and gym
- Campaigns for social, local or community action on subjects such as physical activity for pleasure or food culture
- In associations, etc.

V. Consumer information, advertising and marketing

This section should include the same question from a more genuine health point of view.

V. Information for the population, promotion of correct diet and health marketing

European Union citizens are the main players in health. I believe that their human rights require them to be informed of the rules of the game as regards their health. A different type of consultation should be created which addresses citizens and not consumers and also empowers citizens to take a stand on consumption.

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

I understand this question to be addressed to operators in the food chain, especially from the corporate sector. However, it requires a response from citizens.

The question should therefore be rephrased:

- **When providing nutritional information to citizens what are the major nutrients and categories of products to be considered and why?**

The above question would need to be reformulated again in terms of usefulness.

Usefulness: what use is it to the European population to know the nutrient contents, even if they are of excellent quality?

The main actors (the beneficiaries or victims) have no basic information or terms of reference for assessing foodstuffs and nutrients. They see the information they receive as being highly scientific and because it is biased in favour of consumption of, say, protein and they think that this is more healthy, they tend to consume too much of it, which leads to cardiovascular, renal and other diseases.

The information which the European population needs most is not nutritional information but general guidance on diet and this guidance should be based on foodstuffs and not nutrients (see V.9). The first requirement is a European dietary guidance policy providing that information.

Nutritional information should be offered to citizens in compliance with European standards and policy on correct dietary guidance for the population as announced and promoted by the WHO (see V.9).

- **What kind of education is required in order to enable consumers to fully understand the information given on food labels and who should provide it.**

First of all, a European dietary guidance policy and programme is required. This can be used to promote the characteristics of a correct diet.

Dietary guidance campaigns for citizens should be health-based avoiding the consumption-based bias of an economic/financial approach.

Training could be given by dieticians and other health professionals acting in accordance with the dietary guidance policy.

- **Are voluntary codes (and “self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What are the alternatives to be considered if self-regulation fails?**

As long as European citizens have not become aware and do not have any guidance on correct diet without an economic bias, self-regulation, with the best will in the world, will not have any sustainable impact on health.

- **How can effectiveness in self-regulation be defined, implemented and monitored? What measures should be taken towards ensuring that the credulity and lack of media literacy of vulnerable consumers are not exploited by advertising, marketing and promotional activity?**

- Information and awareness training on consumption will be provided as part of the programme promoting more healthy lifestyles. Here, tools will be developed enabling citizens to take preventive action against the effects of advertising.

Advertising, marketing and promotional activities were designed to construct a western lifestyle where needs depend on social, emotional, sentimental, occupational, environmental, family, motivational, occupational, economic and other roles created by the consumer society in which diet and physical activity are just two contributing factors in the group of health determinants.

- The role of Community policies in support of diet and physical activity.

Vulnerability and credulity depend on the healthy or unhealthy state of the other health determinants. For this reason, the first question in the Green Paper is the keystone in the whole structure of multicausality.

In the vicious circle of chronic degenerative diseases caused by the western lifestyle, a neutral dietary guidance policy is a *sine qua non* to provide society with a frame of reference which is based on a gender perspective.

V. 2 Consumer education

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

This question should be reworded to be addressed to citizens and not consumers.

The term “consumers” indicates that this is a question from the Green Paper on the nutrition and physical activity market and does not comprise a genuine search for alternatives in terms of lifestyle, diet and physical activity. There is an inherent bias in favour of economic interests.

Through programmes for dietary guidance based on foodstuffs and not on brands or messages on nutrients, it will be possible to establish terms of reference providing guidance on health. See V.9.

- **What contributions can public-private partnerships make towards consumer education?**

Once again, this question should be reworded to identify the main players: citizens and not consumers.

It should read: how can public-private partnerships contribute towards the education of citizens?

Public-private associations have a key part to play in health education on diet and physical activity and other health determinants.

In the private sector, there is greater freedom to provide guidance and education on diet and physical activity without a bias in favour of economic or financial interests and their consequences, as long as there is no connection with the food and pharmaceutical industry.

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

- The messages should be based on WHO/FAO recommendations i.e. dietary guidance based on foods and dishes from the region or locality.
- The messages should be delivered from a social gender perspective.
- Dieticians and nutritionists, whom the Green Paper completely disregards, as if their professions did not exist, are also available, yet nutrition is handled by doctors who do not have the requisite professional skills. But we should mention too that many dieticians and nutritionists are heavily influenced by the food industry and pass on biased information to their patients.
- Be that as it may, a reference institute for nutrition is needed for Europe. The EFSA (European Food Safety Agency) is responsible for regulating the food market. An institution is required which is responsible for citizens' (and not consumers') health needs, where professionals offer guidance free of economic and financial bias, and have the option of striking a balance which supports human development within a reasonable commercial framework in order to reshape lifestyles so that they are geared to sustainable health and human development.

The messages must be in line with the standards incorporating policy on food guidance, physical activity and lifestyle.

V. 3. 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 meals at home?

Improving the quality of school meals involves two target groups: schoolchildren and the people responsible for the planning and preparation of school meals.

Ideally, school curricula should be extended to include classes on dietary guidance, dietetics, recultivating a taste for fruit and vegetables, creation of menus, rediscovery of one's cultural food identity, growing of vegetables and fruit, social skills and repatterning of behaviour at mealtimes in canteens.

In school catering, the menu programme needs to be evaluated and preparation and consumption monitored to assess aspects such as balance, variety, non-conduciveness to chronic degenerative diseases (obesity, diabetes, hypertension, etc.) and other relevant variables. The nutritional state of school populations should also be assessed, monitored and evaluated at the beginning, during and after the assessment process.

How can parents be informed of the best way of improving the quality of their daily diets.

- More competent action is required in relation to aspects directly related to social gender and health in the family.
- As regards meals at home, social gender aspects have been severely distorted by the new western lifestyle and the economic crisis where two salaries are required - whereas one of the parents needs to be there all or part of the time to prepare meals and create a sense of togetherness and communication during mealtimes –

and the family is subject to stress and pace of life, etc. **Work needs to be done on the gender dimension aspects of food and physical activity in the family.**

Attention should be focused on the roles of men and women and how they complement each other, learning by imitation in young children, continuation of that learning process and survival, etc.

In activities with families, a multidisciplinary team is required for private consultations.

- I personally work as a consultant on diet and physical activity for families and call upon the services of psychologists, physiotherapists and sometimes other specialists where the need arises.
 - My work is based on assessing the nutritional state in anthropometric and dietetic terms, including gender dimensions, awareness, proposals and active participation by the members of the family in seeking alternatives.
- **What is good practice for the provision of physical activity in schools on a regular basis?**

Physical activity has to be a pleasure and any physical activity which is pleasant and fun is positive.

Dance, walks, sports such as volleyball, basketball, squash, tennis and gym, and cultivating allotments or gardens.

Schools offering at least one hour of physical activity a day could receive recognition for this.

- **What is good practice for fostering healthy dietary choices at school, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks.**

As regards health policy

The energy-dense snacks and sugar-sweetened soft drinks that are consumed to excess are actually the most economical and convenient things to give children to take to school. They are modern and fit in with the new western lifestyle.

This way of life or lifestyle has been promoted by the food industry to earn money and has proved an effective way of generating profit through investment in research and creation and production of advertising to change the behaviour of the population.

I believe that, as far as good practice is concerned, the example provided by the case of the tobacco industry will have to be followed, since the target population concerned is made up of innocent children who come under the protection of the law.

At schools

The Dutch section of the “Frères maristes” school in Mouscron, Belgium, awards a symbolic prize to children who have brought fruit for their snack during the school week. This is a means of supervising and monitoring health care recommendations.

- **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?**

Add:

And the health professionals for nutrition and physical activity?

- Health professionals are also active at local level and are key players in that they need to become aware of their own lifestyles before they go on to treat their patients and target populations.
- The media are the main source of support for health campaigns. Health services and professional (nutritionists, dieticians, psychologists, physiotherapists and physical exercise professionals) can also help with diagnostic assessments, care, supervision and monitoring.
- Civil society through activities at family group and society level.
- The industrial sectors by financing motivational and action campaigns on dietary health and physical activity
- The role of public private associations should be to take action at local level through multidisciplinary teams to respond to concrete and specific needs of the population at individual, family, group and community level.

An example of support for health education efforts in schools.

Local community measures might take the form of the activities which we are pursuing in Mouscron in Belgium.

The Municipal Nature Development Plan is intended to protect and promote biodiversity in the region. Citizens activity groups have been formed to start up projects proposed by the community's own members, such as

- Gardening groups promoting the preparation of household compost using organic waste from the kitchen and garden.
- Tourism group to maintain the paths which people can walk or cycle along through the rural areas of the municipality
- Rural affairs group, addressing aspects of the production and processing of food from the farm to our plates.

We also decided to launch the **nature and health** project with the following objectives

- promoting food culture
- re-educating the palate
- the use of traditional medicinal plants from the region
- promoting physical activity through gardening or walking.

A campaign was also initiated in cooperation with the **Mouscron Folklore Museum** for grandmothers' recipes to collect traditional local recipes.

The folklore museum has in turn started up some interesting cultural heritage initiatives in school education on

- cultural heritage in the kitchen
- re-educating the palate and tasting of traditional foods (fruit, vegetables and local garden produce which are hardly eaten any more or are on the verge of extinction)
- there is also a project for exhibition allotments with various themes, such as traditional vegetables, antique vegetables, medicinal plants, aromatic herbs (excellent for treating hypertension) and others, all of which encourage people to use compost
- the Folklore Museum is in the process of refurbishing installations to start up activities related to cooking.

The community is actively involved in

- the group of composters, formed by the **IPALE** initiative
- the **Vie feminine** groups who helped to start up the grandmothers' recipe project through workshops for dietary guidance, which they themselves requested and which were given by Leticia Reyes Sánchez via the **Servicio de Nutrición (which is currently being formed as an asbl)**.

The Servicio de Nutrición offers private consultations and workshops providing

- anthropometric and dietetic assessments, assessments of the nutritional state of individuals, families and groups
- workshops for dietary awareness-raising and guidance. Nutritional care and activities for chronic degenerative diseases
- nutritional guidance, monitoring, raising awareness of the need to seek multidisciplinary care where necessary
- activities for the prevention and detection of chronic complaints such as obesity
- gender-sensitive workshops on education and family togetherness at meal times, lifestyle and diet, lifestyle and chronic food-related diseases, health in the era of globalisation, disruption of dietary patterns and obesity, social gender and health determinants and many others.

The Servicio de Nutrición's activities are geared to awareness-raising and education on health.

The contribution that the Servicio de Nutrición in Mouscron is making is to devise a dietary guidance model which translates national and European directives so as to promote consumption of traditional, local and regional dishes and foods and eschew the bias in favour of marketing and economic interests which causes such confusion through the food industry with the effects on lifestyle we are familiar with and is a contributing factor to chronic degenerative diseases such as obesity, diabetes, hypertension, etc. This provides an alternative form of dietary guidance where the beneficiaries participate in the activities themselves.

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

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

By raising awareness in and modernising the catering service, which would require an economic rethink (investments in health), and making the people who use the catering service more aware. Workshops and assessments of awareness-raising and guidance

measures for choosing foods. Permanent dietary guidance campaigns. Monitoring, and dietetic and anthropometric assessment.

Nutritional activities for assessing menu programmes, preparation, quality, variation, energy value, etc. Guidance and monitoring for the modification programme and periodic assessments for quality control.

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

Facilities for the practice of these activities. Flexible working hours and putting a stop to overtime. Adherence to the times for arriving at and leaving work, and avoiding harassment to pressure people into working hours that are not laid down in the contract of employment.

Facilitating access to the practice of physical activities by allowing clubs for jogging to be set up or providing areas for gym, showers tennis, dancing and other activities.

It would be more logical to promote physical activity at home as well, as a hobby or family activity to create harmony and strengthen family ties.

The European citizens who would benefit from this should be consulted.

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

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

In the Belgian health services, nutritional consultations are not considered a valid part of the social security programme, i.e. they are not reimbursed. Patients receive very little nutritional support and the services of dietitians are not reimbursed, which is quite absurd given the potential for prevention if these services were developed.

It is very rare for dietetic services to be available for outpatients in Belgium and this is only possible if a doctor provides a referral.

People are unwilling to consult dietitians as the costs are not reimbursed and regular appointments are required.

Given the many causes of obesity, preventive care for patients and citizens is, as a rule, multidisciplinary. This means that teams providing nutritional psychological physiotherapeutic and other specialist care have to be formed for the care and prevention of obesity and other chronic diet-related diseases.

V.6. Addressing the obesogenic environment

- **In what ways can public policies contribute to ensuring that physical activity is built into daily routines?**

Politicians can play a crucial part in facilitating human development and action to enjoy health and healthier lifestyles.

This question complements the practical aspect of the first question in the document.

- Labour legislation should provide space and time to practice physical activity and to support families' psycho-social wellbeing.
- Family legislation should promote opportunities for families to be together when meals are being prepared and eaten, which also promotes training for and practice of a healthy lifestyle at mealtimes.
- Labour legislation should regulate the pressure exerted on the working population to stop people working much longer hours than laid down in their contracts of employment.
- Economic policy should stipulate what measures are necessary to regulate fair trade at international level, preventing large reductions in pay.

One salary used to be enough for a family to survive, whereas today two salaries are not sufficient for family needs or for savings.

Labour legislation should reduce speculation and relocation of industry to reduce economic instability in employment in Europe.

Economic instability at family level produces crises which affect gender dimensions between couples such as social aspects, harmony, health, stress, emotional instability, anxiety, deterioration in self-esteem, propensity for conduct which puts health at risk and a vicious circle of chronic diseases caused by the western style of life in which obesity plays an important role as a cause and an effect.

– **What measures are needed to foster the development of environments that are conducive to physical activity?**

At present, urbanisation measures promote the use of cars over physical activity.

- Labour policy currently reduces the time available to promote individual and family physical activity
- Economic policy should be conducive to providing the resources for survival and enabling free time to be dedicated to leisure activities instead of seeking additional employment
- Policy to promote family togetherness, underlining the importance of the times for producing, preparing and eating meals
- Communication and health policy to regulate the advertising which promotes unhealthy lifestyles
- Creation of areas for families to practice physical activities
- Refurbishing of areas on public roads for the use of bicycles
- Showers at workplaces.

V.7. Socio-economic inequalities

– **What measures and at what level would promote healthy diets and physical activity in population groups and households belonging to certain socio-economic categories and enable these groups to adopt healthier lifestyles?**

- Promoting activities to raise awareness of and encourage saving (to counteract all the advertising persuading people to go into debt) and to use one's resources better.

- Providing interdisciplinary services for nutrition, psychology and physiotherapy at low cost for care and guidance.
 - Providing facilities, equipment and professionals to take care of this type of population.
 - Promoting the growing of fruit and vegetables wherever possible.
 - As regards food banks, avoiding donations of industrialised foodstuffs where the best before date is close or has already elapsed. People in insecure or disadvantaged situations consume what they receive from the bank since they do not have the money to consume fruit and vegetables. This predisposes them to obesity, hypertension and cardiovascular diseases because they consume large quantities of energy, sodium and sugar.
- **How can the clustering of unhealthy habits that has frequently been demonstrated for certain socio-economic groups be addressed?**

By awareness-raising and creation of Community projects.

In Mouscron, we (the Servicio de Nutrición) have worked with disadvantaged populations to identify health determinants and their dynamics in lifestyles. The approach is based on a gender perspective. Health education workshops have been held to promote human development from a health perspective: diet, physical activity and their relation to mental health. The group (adult women weighing 100 kg or more and with chronic degenerative diseases) identifies its own needs and the alternatives to combat obesity/excess weight and their consequences. The beneficiaries play their own part in the activities together with various professionals (psychologists, nutritionists, doctors, physiotherapists, etc.).

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

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

The most important elements of such an approach are, in my view, healthy diet and physical activity in a modern lifestyle. The point of departure is the local and regional culture in conjunction with other variables such as:

- Promoting economic and social stability
 - Promoting emotional health amongst couples and, hence, children to encourage them to spend time together at meal times and during physical activities for pleasure and for work
 - Promoting environments which are conducive to such activities
 - Promoting health education and information without any bias towards profit.
 - Promoting areas at work encouraging a healthy diet and physical activity.
- **What role at national and at Community level?**

At national level Community initiatives contributing to healthier lifestyle must be supported.

In the specific case of Mouscron in Belgium, we are introducing an initiative at Community level on diet and physical activity which involves the Folklore Museum in

cooperation with the schools of Mouscron in conveying cultural identity in respect of diet, recultivating a taste for fruit and vegetables, growing produce in exhibition and school allotments for the pupils' parents, promoting the use of compost to encourage physical activity. Traditional dancing and agricultural activities are included in the cultural heritage.

In conjunction with the Mouscron nature development plan, activities are coordinated to promote and protect biodiversity and nature by cultivating traditional fruit and vegetables from the region which are on the verge of extinction, encouraging people to take care of their gardens and their natural fauna and flora, and go for walks in the country, repairing paths for pedestrians and cyclists in the country and maintaining green areas to encourage physical activity.

The Servicio de Nutrición vigorously promotes

- Community mobilisation to rediscover our dietary cultural heritage
- Nutritional analysis of the dietary culture and integration in the programme to be developed for dietary guidance based on regional foods and dishes
- Dietary guidance programme
- Promotion of the consumption of fruit and vegetables
- Promotion of the gender and family aspects of a healthy diet and physical activity
- Anthropometric and dietetic assessments of nutritional state, workshops on dietary guidance, monitoring and evaluation at the end of the programme.

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

- **In what way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at European level**

Dietary guidelines could translate into recommendations in each of the various dietary cultures, which is why a European dietary guidelines policy is important. It should be neutral, concise and precise, enabling it to be used and translated into the various regional and traditional diets of each population.

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

Proposed dietary proposals refer to nutrients, which is not a useful approach. Diet is based on dietary guidelines and, as the WHO recommends, must be based on foods and not nutrients in order to stop confusion being created and stop scientific messages being used for the purposes of making money.

The public also needs to take an active part to learn what its real needs are in terms of energy and foodstuffs and at the same time to understand what is on offer from the food industry, which operates according to the rules of the market, pushing up production and consumption levels higher and higher, making the profits anticipated and creating obesity as a result of over-consumption of the over-production.

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

Once again, the question needs to be reworded to ask how dietary recommendations can be communicated to European citizens, to which the reply is: on the basis of dietary guidelines based on a European dietary guidance policy.

- **In what way could nutrient profile scoring systems such as developed recently in the UK contribute to such developments?**

V.10. Cooperation beyond the European Union

- **Under what conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through what means?**

Through cooperation on development in accordance with the current concept of sustainable development on the basis of human development for health.

From the system of cooperation with Mexico, for example, we know that the Mexicans have just enshrined dietary guideline policy in the Constitution, a process which took several years. This experiment in Mexico is of great interest for Europe, since Mexico has multicultural diversity and a variety of climates, foods and ethnic populations.

The community initiative of Mouscron includes drafting a dietary guidance programme which is currently being promoted at the Servicio de Nutrición by private consultations for groups and families or at community workshops. Dietary guidelines are translated into the local food culture and its tastes, preferences and lifestyle.

The health awareness-raising and education initiative on diet and physical activity requires this type of tool to consolidate healthy lifestyles which promote health in general. This is a participative and gender-sensitive approach.

V.11. Other questions

- **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?**

Citizens should not be called consumers in the European Union. Although it is true that citizens are consumers of food, “diet” is much more than the mere act of consuming buying, preparing and eating food. Food has a social, psychological, cultural dimension as well as a biological and economic one. The term consumer therefore restricts the vision and scope of policy and health protection of European Union citizens.

The consultation process under the Green Paper is mainly focused on the economic and financial market of the health industry.

Since the beneficiaries of this consultation are the main players, the consultation should be redesigned to restore confidence in and credibility to a commitment to Europeans’ health.

The marketing questions which are addressed to operators in the food chain should be addressed to citizens, giving them the tools they need to be able to decode advertising messages for the benefit of their health.

The responsibility is even greater in the case of school children, because children must be protected against activities which are detrimental to their health and which they cannot do anything about.

We hope that economic interests will not predominate again in the Green Paper on Mental Health and other health determinants.

- **Which of the issues addressed in the present Green Paper should be given top priority and which may be considered less pressing?**

The top priority is to reformulate the questions so that they are addressed to citizens and have a genuine health-based approach. The beneficiaries' contributions would improve relations between citizens, cooperation and the health market with a view to creating a fairer market and better health in the European Union.

The mechanisms for marketing and advertising the western lifestyle should be studied in relation to chronic degenerative diseases. Training should be carried out to enable citizens to develop tools to protect their health, especially family health, and the health of new-born and unweaned babies who are being deprived of breast-feeding and whose parents are pressurised into initiating their babies into the consumers market and obesity from birth.

Elderly citizens who develop obesity do not have reliable information on a healthy diet and physical activity and, like children, are regarded as consumers rather than human beings with full rights to access to health. Men and women need to be empowered with regard to the gender dimension, diet and physical health.

I would like to thank you for this opportunity to express my views and to participate in the consultation process.

Some background information

The Servicio de Nutrición “*Familias del Mundo*”, which is currently being established as an *asbl*, is a non-profit non-governmental association.

Task: Our task is to facilitate and promote human development in the spheres of education, culture and health and especially diet, nutrition, physical activity and other health determinants.

Our approach to this task is focused on and sensitive to the social gender dimension within families and communities.

One of the association's aims is to empower citizens, men, women and families in respect of diet and other health determinants in order to reinforce a healthy diet, physical activity and other health determinants, and give rise to healthier lifestyles. Through these activities we wish to promote independence and positive attitudes to health and to facilitate and promote sustainable human development of families and communities in various spheres of life.

The Servicio de Nutrición started up in 2002 through workshops to raise awareness of health behaviour and chronic diseases in disadvantaged Belgian populations and in immigrant populations with low incomes or amongst illegal immigrants, providing dietary education as an alternative for the care of chronic diseases, since in Belgium illegal immigrants have no rights nor access to preventive and curative health services for the care of chronic diseases.

The Servicio de Nutrición is managed and supported by families and is offered as an independent service offering diagnostic assessments of nutritional state, activities on behalf of and monitoring of populations interested in preventive and curative services.

The Servicio de Nutrición devises didactic material, multimedia, leaflets, etc. and tools for awareness-raising, education and activities.

Action to promote rediscovery of the taste for traditional and regional fruit and vegetables is being introduced with community participation through various groups such as Vie Feminine, Health and Nature, and Guides for composting at home, in collaboration with the nature development plan and the Folklore Museum. Work is also in hand to preserve the dietary cultural heritage and provide guidance on diet and physical activity for health.

The Servicio de Nutrición sets up networks participating in international and European events and associations such as European men's health, IAPO, participates in the strategy for health for Europe and uses information material produced in Latin America such as "Cuadernos de Nutrición" where dietary guideline policies have been developed and analyses are made of the various strategies for guidance in a dozen countries in the world.

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