West Midlands Regional Health Partnership response to:

Commission of the European Communities' Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases - Briefing Paper

BACKGROUND TO REGIONAL HEALTH PARTNERSHIP

The West Midlands Regional Assembly Health Partnership's vision is that the "West Midlands Region becomes a healthier region by 2020, by improving health, prosperity and opportunity". Embracing the promotion of healthy diets and physical activity as well as preventing obesity and its associated chronic diseases is vital to it's endeavours to achieve this vision.

The Health Partnership is a multi-sectoral partnership, bringing together a variety of public, private and voluntary sector groups and representatives. It's core functions include focusing on reducing health inequalities in the broadest sense, identifying, measuring and making recommendations in regional policy development, supporting regional research and best evidence policy making and disseminating good models of practice. It is clear to us that our vision will only be achieved through promoting work across organisational boundaries to enable us to address the social determinants of poor health and mental ill-health. The partnership welcomes the support offered through the strategy to increase the coherence of actions in the health and particularly non-health policy sectors in Member states and at the Community level and the proposals for the development of information and knowledge on mental health, all of which are wholly in line with its own pursuits.

The current activities of the Partnership centre on a number of aims:

- Increasing Regional Participation in activity by 50,000 people per year, including raising the publics understanding of the ameliorating effects of physical activity on mental health and well-being e.g. the use of exercise in the treatment of mild and moderate depression (NICE guidance 23,2004), exercise on prescription schemes, green gyms and the Mental Health Foundation report Up and Running (2005)
- Improving the access to healthier lifestyles and health services including working with regional transport planning process to inform issues around accessibility and promote an 'active' lifestyle.
- Supporting regional measures to encourage more active forms of travelling such as walking and cycling
- Input to regional strategy consultations e.g. Regional Housing Strategy – access to healthy food

Potential areas for development

- Children and Young people
- Older people.

These Regional Health Partnership activities identified in its food and nutrition and physical activity workplans are addressing some of the key concerns raised in the EU Green Paper, especially through its partners and allied stakeholders.

The Partnership is currently engaged in producing a 5 year Regional Health Strategy which will bring together all the above action to support the achievement of it's vision for 2020.

QUESTIONS POSED IN THE CONSULTATION

What are the concreted 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?

It is important that not just health policy but all policies are "obesity- proofed" so as not to encourage obesogenic environments.

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

At a community level the common agriculture policy could be reviewed to look at the pricing policy and subsidies for fruit and vegetables. This could be on a similar footing to the Framework Convention on Tobacco Control. The WHO has stated in its global strategy on diet, physical activity and health that "member states need to take healthy nutrition into account in their agricultural policies"
It is expected that only rice production is expected to decrease significantly as a result of the 2003 CAP reform. The result will be falling prices on the EU market and more energy available at lower prices. Article 152 of the Amsterdam treaty states that public health should be promoted by all EU policies. The current discussions on the reform of the fruit and vegetable sector are crucial to do this.

At a national level, schemes such as the school fruit and vegetable scheme and the 5 A day initiatives could be promoted.

5 A Day Scheme

The 5 A Day programme promotes the message for people to eat five portions of fruit and vegetables everyday. The DH has designed a logo to indicate on all fresh or frozen produce how many portions they contain. Work is being progressed on using this logo with composite foods.

In 2004/05, 66 Primary Care Trusts in England set up an array of 5 A DAY schemes that will make it easier for families on low incomes to access fruit and vegetables.

These 66 local 5 A DAY initiatives were informed by the learnings of the five Department of Health funded 5 A DAY pilot initiatives which were set up to test the feasibility and practicalities of evidenced based community approaches to improving access to and increasing consumption of fruit and vegetables.

National School Fruit & Vegetable Scheme (NSFVS)

The NSFVS is one aspect of the 5 A Day programme and provides a free piece of fruit or a vegetable to children aged four to six years, each school day throughout England. The Department of Health have been funding the scheme since April 2004.

The evaluation of the scheme has demonstrated that:-

- children ate significantly more fruit while participating in the scheme
- there was some evidence of increased knowledge of healthy eating, particularly in children from deprived areas.
- the combined fruit and vegetable consumption of children eating school dinners was greater than those who had packed lunches
- children who had packed lunches ate more snacks and desserts than those who had school dinners
- living in areas of high deprivation was associated with lower fruit and vegetable intake and higher consumption of snacks and desserts
- girls (but not boys) ate slightly more vegetables after the introduction of the SFVS
- over the lifespan of the evaluation, fruit and vegetable consumption of children declined at home and increased in school.

There was some evidence to suggest that the scheme had a positive impact on the attitudes, knowledge and awareness of pupils. The scheme had encouraged children to try fruit and vegetables previously unfamiliar to them.

On accessibility, various pieces of work have been carried out on how access fruit and vegetable are but what is missing from the evidence base is what to do to change this.

The National Consumer Council collaborated with Staffordshire County Council to develop and test a “food access radar”, a piece of software that uses Geographical Information Systems (GIS) to overlay and interpret a range of commonly held socio-economic and demographic data in order to identify areas likely to be experiencing food access difficulties. The tool can help stakeholders to prioritise and direct resources more effectively to tackle infrastructure, transport, trade and economic factors that may be determining people’s efforts to eat a balanced diet). Unfortunately, there is not currently an agreed definition by which “adequate access” to healthy food can be measured.

In Staffordshire, once the areas likely to be experiencing food access difficulties were identified, further research was undertaken via a survey of local shops to assess the range, price and quality of food in these shops compared to that available in a town-centre supermarket. The research revealed that people who need to shop locally due to mobility or transport difficulties are currently let-down. Local shops were found to be over-priced and low on choice and quality. In high-risk areas the lowest priced items in local outlets are, on average, 37% more expensive than equivalent items available in a town supermarket. A “healthy diet” (based on the Food Standards Agency’s Balance of Good Health”) could be up to 88% more expensive. Local food outlets were found to have a disproportionate amount of shelf space

devoted to foods high in fats, sugar and salt and their fresh produce is more likely to have detectable pesticide residues. The research also found that, on the whole, local food outlets have a very poor choice of organic foods and specialist foods for allergy sufferers and for different cultures. Access to healthy food is about much more that the geographical location of stores. Factors such as choice, affordability and life skills can determine whether or not areas are classified as "access poor". The government must commit to improving access to food for the most vulnerable in society by providing local agencies with the resources necessary to tackle local problems and by drawing up national policies that will bring healthy, affordable food within reach of all.

On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders and consumer research is more research needed?

Food access – snapshot of current research

This snapshot is based on a DH literature search, a trawl through the websites of Sustain Food Poverty Network; Local Food Works; Regen WM; Healthy Living Centres – the Lottery's evaluations and ODPM Neighbourhood Renewal reports on NDCs and Neighbourhood Renewal activities.
The findings of the 5 A DAY community initiatives and AWM research on Local Food Initiatives were also considered. The main findings are:

- Food access mapping is now becoming more refined, with techniques and software, which are becoming more available at a local level.
- A number of local agencies are keen to understand and improve local food access. It is particularly linked with area regeneration tackling poverty and social exclusion and for reducing inequalities in health. Health based area initiatives such as HAZs and Healthy Living Centres provide funding to tackle food poverty but are not sustained or mainstreamed.
- Most of the food access projects are at the sharp end of delivery and mostly receive short-term support from a wide variety of agencies. These projects are community based and typically volunteer-led. Examples are breakfast clubs; fruit/vegetable delivery schemes; food co-ops; lunch clubs; home delivery services; cook and eat sessions; fruit tuck shops for schools and referral schemes for identified needs.
- The research is predominately urban based with rural-based research less well developed.
- Very little funding for food access projects comes from EU, national or devolved governments.
- There is very little research on the relationship between strategic-level partnership working and practice-level operational working. Few studies have evidence on 'what works' in improving food access such as structural factors, wider economic determinants (farming crisis, community retailers, supermarkets and small grocery chains) and transport networks [the PAT 13 work remains largely untouched]
- There is limited research on the effects of selling basic goods below cost price or with added incentives to communities with food poverty and the dynamics of local competition on households with limited incomes. What is available is contradictory and influenced, in some cases, by vested interests (eg supermarket chains).

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?

It would be useful to have a common definition of obesity across member states. The Department of Health has recently issued guidance on how to measure childhood obesity "Measuring Childhood Obesity: Guidance to Primary Care Trusts". It provides advice on how to measure the height and weight of children aged between 4 and 11 years.

Body Mass Index (BMI) is a well-recognised measure for assessing obesity and overweight. There is still discussion as to the appropriateness of BMI as a measure of overweight and obesity, especially in children. [BMI is calculated by dividing weight in kilograms, by the square of the height, in metres]. At the level of an individual child a single BMI measure is difficult to interpret and needs to be used in conjunction with other findings. A number of sources defined children as overweight and obese if their BMI falls above the 85th and 95th centile respectively of the reference curve for their age and gender. This cut-off is derived from the UK National BMI Classification which uses 1990 reference population. The International Obesity Task Force developed a classification of BMI based on an international population with BMI cut-offs extrapolated back from the adult cut-offs of 30kg/m^2 and 25g/m^2. This is suggested as the best definition to use when making international comparisons. Clinicians tend to use the 91st and 98th centile when dealing with individual children.

Nationally there are surveys carried out and more recently, data is being collected in primary care by general practice. A common standard would be useful on BMI and waist measurements.

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

Social marketing campaigns aimed at specific target groups – such as children and their carers – that make behaviour changes easier and communicate clear messages are a possible way forward

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

Evidence can be shared through networks for examples through the European networks for the regions, national networks and the European public health alliance.

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

We should highlight the amount of salt, fat, saturated fat and added sugar as a proportion of the daily recommended intake. The total calories of the product should also indicate how much they contribute to an average daily intake.

The potential health benefits of fruit and vegetables should be vigorously promoted and increasing their consumption.

Which kind of education is required in order to enable consumers to fully understand the information given on food labels and who should provide this? Are voluntary coded ("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?

Basic health literacy should be taught across all age groups and in a variety of settings – as part of promoting wider improvements in literacy and numeracy across the population.
Currently, the English Government is negotiating with the food and drink industry on the advertising and promotion of these foods with the adoption of an agreed code. If this is not agreed or not observed in practice, it is likely that legislation will be used to regulate advertising – as with tobacco products.

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

As with tobacco products, the measures to be taken depend on the media of advertising used and its location, as well as frequency. Associating well known celebrities with certain products should also be restricted, as should promotion at major sporting events and in stadia.

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

Clear labelling of food is important. The environment in which they live is essential the community needs to promote physical activity and access to healthy choices easy. Obesogenic environments should consider what action they could take.

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

Private companies have a much larger advertising budget than governments they could promote some of the key messages with their products and also work with the consumers on which messages are best heard.
This should include portion sizes and 'Buy One Get One Free' similar type promotions of less healthier items.

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

Eat a balanced diet, five portions of fruit and vegetables a day; limit fat and salt in the diet and take at least 5 x 30 minutes of exercise a week

Messages need to start from birth, Pre School to parents, part of the education system, health professionals, workplace health, older persons centres etc.

What are good examples of improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?

The Food in Schools Toolkit (www.foodinschools.org) was developed in response to rising levels of childhood obesity and diet related conditions and introduced a series of resources that will enable schools to implement healthier eating and drinking throughout the whole school day (except schools meals, because nutritional standards for school means are currently being set by the Schools Meals Review Panel and schools' compliance to these new standards will be monitored from September 2006 onwards as part of revised OFSTED inspections).

The Jamie Oliver website provides a user-friendly source of advice to parents; through from advice about ways to find out what their children are eating and what is and what is not healthy food, information to empower parents to persuade schools that it is in their interests to ensure that the children eat well and about preparing children for change and ideas to help parents convince their children that fresh nutritious food tastes better, makes them feel happier and is fun to prepare. The website may be accessed at: http://www.channel4.com/life/microsites/J/jamies_school_dinners/do_something/index.html

The 5 A Day website (www.5aday.nhs.uk) website provides an excellent source of information for everyone about: why it is important to eat at least five portions of fruit & vegetables a day, what counts as fruit & vegetables and portion sizes as well as a range of simple to make, nutritious recipes, together with a series of downloads and resources and "fun and games" section.

The Food Standards Agency has an "eat well, be well" website (www.eatwell.gov.uk) which provides a whole host of information about a healthy diet and food related health issues as well as advice about understanding labels on food packaging.

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

The schools sports partnership programme was launched – by the Department for Education and Skills and the Department for Culture, Media and Sport – in September 2000. The programme brings together families of schools to help deliver for pupils a two hour entitlement, per week, to high quality physical education (PE) and school sport within and beyond the curriculum.

The programme has six strategic aims and objectives:

- raising standards – supporting schools to review and develop their PE and school sport programmes to enhance the quality of provision;

- strategic planning – enhancing PE and sports development through development plans;

- primary liaison – establishing and developing PE and sports programmes for primary and special schools (particularly targeting children aged 7 – 11 years)

- school to community – building and supporting school/club links;

- out-of-school-hours activity – developing and supporting out-of-school-hours sports programmes (including inter and intra school competitions); and

- coaching and leadership – developing leadership, coaching and officiating programmes to help pupils gain skills to enhance their future role with the sporting community.

The Local Education Authority (LEA) identifies an experienced teacher, normally within a Specialist Sports College (SpSC) to support and manage the development of local school sports partnerships. The teacher is taken off teaching timetable for(normally) 2 days per week and is known as the Partnership Development Manager (PDM) each PDM works with 4 to 6 partner Secondary schools (depending on local circumstances) and within each of these an experienced teacher co-ordinates and drives the development in the school and an associated family of primary schools. The teacher is taken off teaching for 2 or 3 days per week and is known as the School Sport Co-ordinator (SSCo) each SSCo works with up to 5 Primary schools and within each of these schools an experienced teacher ensures that the programmes are planned and delivered and that links are built with other schools and organisations across the partnership area. This teacher is taken off the teaching timetable for approximately 12 days per year and is known as a Primary Link Teacher (PLT)

The School Sports Co-ordinator initiative, now principally based in Specialist Sports Colleges (although this was not the only model) aims to develop the quality of delivery of physical education in schools and particularly the links between key stages 2 and 3 (the gap between primary and secondary provision) in addition to achieving the government's target of two (2) hours of PE for every child per week (75% by 2006 - currently about 42%). The links made by Programme Development Managers (PDMs) and School Sports Co-ordinators with Primary link teachers are designed to achieve these targets.

Don’t forget early years providers too and also those excluded from mainstream education and looked after children.
Encouragement should also be given to extending further use of education facilities as a community resource for sport and physical activity, especially out of hours and during holidays.
Schools can support parents and carers in promoting physical activity.

What is good practice for fostering healthy dietary choices at school, especially as regards to excessive intake of energy dense snacks and sugar – sweetened soft drinks?

The Food in Schools Toolkit (www.foodinschools.org) which addresses issues about healthier eating and drinking throughout the school day has a particular focus upon healthier tuck shops, healthier vending and water provision. The toolkit provides a step by step plan to start a healthier tuck shop or modify an existing tuck shop to become healthier, as well as suggested healthier tuck shop menus and practical ideas about running a healthier tuck shop. The healthier vending guidance can help secondary schools establish a healthier, effective and profitable vending service to promote balance and variety in the food and drinks offered. The water provision

guidance will support schools in reviewing and improving current provision and in promoting water consumption.

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?

Supporting health promoting endeavours of schools (see FiS above) that would require financial support, volunteers and good in kind eg designer's time to improve dining environment; older people and growing clubs.

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

The Faculty of Public Health and the Faculty of Occupational Medicine have produced a "Creating A Healthy Workplace" which provides practical ideas to support employers to improve health and wellbeing in the workplace. With regard to healthy eating, it includes five simple steps which have been shown to be highly cost-effective and can make a real difference to the employing organisation and its employees. More detailed information is available in "The Guide for Occupational Safety and Health Professionals and Employers booklet. Both resources are available from: www.fph.org.uk and www.facoccmed.ac.uk The key messages are:-

- ensure that eating facilities are clean and attractive, to encourage employees to take a break away from their workstation and to eat in a hygienic area
- make sure that vending machines contain low-sugar drinks, water and fruit, rather than just high-sugar soft drinks, chocolate and crisps. Experiment with pricing of vending items – for example, subsidising the healthier ones and increasing the price of less healthy ones
- *If in-housing catering facilities:-*
- make sure you provide a range of healthy foods and drinks and that portions are not too large. Remove salt from tables; provide it on demand instead.
- identify the healthier options on menus – for example with simple labels, or with a traffic lights or logo system. Provide information on food content
- provide information on healthy eating and support "healthy eating weeks".

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

The Choosing Health "Choosing Activity: a physical activity action plan" recognises that the workplace provides a significant opportunity to promote healthy lifestyles and also that the workplace is an important setting for addressing health inequalities. Employers, the Government and trades unions all have a role to play in establishing environments that support healthy choices across a range of behaviours including better diet and encouraging activity. In-house policies that encourage employees to integrate activity into their lives through flexible working practices should be encouraged, building design to promote active choices such as the provision of secure cycle racks and showers, information on local facilities and walking maps and simple changes such as signage to suggest the stairs rather than the lift.
The UK Government will lead by example and, in conjunction with business partners, establish a Healthy Workplace Award to promote awareness and recognise

the positive work companies are already doing to improve the health and well-being of their employees.

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- encourage employees to walk or cycle to work
- encourage employees to be more active in their work schedule and during their breaks
- make the stairwells more attractive, and use signage to encourage use of stairs rather than lifts
- provide information on the benefits of physical activity
- consider negotiating discounted membership of a local gym for employees and supporting activity or sports programme in and outside the workplace.

The British Heart Foundation has published the "BHF Think Fit! Workplace Activity Pack" which is designed to raise awareness of the benefits of physical activity in people's busy lives and help workplaces make physical activity a productive and integral part of the working day. The pack can be used by anyone with an interest in the health and well-being of the workforce. Details of how to obtain the pack are available from www.bhf.org.uk

Which measures and at what level are needed to ensure a stronger integration aiming at promoting healthy diet and physical activity into health services?

The Choosing Health "Choosing Activity: a physical activity action plan" recognises that the NHS and Department of Health have a pivotal role to play in providing leadership in the promotion of physical activity through ensuring greater awareness and understanding of the role activity plays as part of a healthy lifestyle. It is essential that health professionals and the NHS workforce also understand the relationship between health and are themselves supported to lead more active lives, through supportive workplace practices and policies. The action plan also indicates that a simple patient activity questionnaire is being developed to support NHS staff and others to understand their patients' level of physical activity and assess needs for interventions such as exercise referral.

Workplace initiatives such as those developed by the Faculty of Public Health and Faculty of Occupational Medicine suggest practical ways to do this and these may be adopted easily by health services.

The White Paper "Our Health, Our Care, Our Say – a new direction for community services" will introduce the new NHS "Life Check", which will help everyone take charge of their own health and well-being. The Life Check will be a self-assessment and, if the results show an individual to be at risk of poor health, they will be able to talk to a Health Trainer about how the help available from local services, specialist services, referral for further medical advice and a Personal Health Plan. The White

Paper will also promote local projects that encourage people to exercise, eat healthily and combat mental and physical health problems. Healthy living services will be available in many different settings including: local surgeries, pharmacies, voluntary organisations, leisure and community centres, sheltered housing, children's centres and schools.

Key messages around promoting physical activity and health choices could be included in training of all staff, together with standard questions to ask at consultation with doctor/nurse.

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

Physical activity or obesity proofing of the formal policy making process, especially the planning of open spaces and physical activity.
Give priority to pedestrians and improve provision for cycling that is attractive
Making public spaces and the countryside more accessible and attractive
Encourage modal shift (especially in commuting) to 'active travel' rather than relying on cars
Improve access to countryside by those living in inner city areas

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

See above – advice on planning applications will be crucial

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

Social marketing of small changes in behaviour – drinking one less can of fizzy pop and walking a few more steps each day can have health benefits in the long term.

How can the "clustering of unhealthy habits" that has been frequently been demonstrated for certain socio – economic groups?

The 'Our Health, Our care, Our Say' White Paper states that a NHS 'Life Check' will be developed, with appropriate support if the initial assessment is of a risk of poor health.

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

Just that – the policy areas need to cross refer with each other.

Which role at national and at Community level?

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?

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

How can dietary guidelines be communicated to consumers?

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

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

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

The link between diet and mental health and the wider evidence to support this is underplayed in the Green Paper, particularly in relation to behaviour.

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