

Brussels, 31th March 2006

CIAA COMMENTS ON THE COMMISSION'S GREEN PAPER: "Promoting healthy diets and physical activity: towards a European strategy for the prevention of overweight, obesity and chronic diseases" – COM (2005) 637 final

GENERAL COMMENTS

The Confederation of the food and drink industries of the European Union, CIAA, supports the Commission's initiative to launch a public consultation for the development of a European strategy for the prevention of overweight, obesity and chronic diseases, and welcomes the transparent and participative approach taken by the European Commission on the consultation process. Improving the health of Europeans through better diets and greater physical activity is crucial to preventing a range of non-communicable diseases and improving quality of life for millions of people.

CIAA recognises that the increasing prevalence of obesity is a challenge for society and is committed to working responsibly and constructively with other stakeholders and Authorities to help find solutions to the complex issues surrounding obesity.

CIAA agrees with the Commission description of the multifactorial nature of diseases linked to unhealthy dietary habits and physical inactivity, and the call for a multi-stakeholder response needed to address them. In this context, CIAA has supported the Commission's initiative on the European Platform for action on diet, physical activity and health as a forum for stakeholders to share best practice and develop action plans to tackle the increase of health problems and, in particular, of obesity.

Tackling the multifactorial aspects of the obesity issue will require multiple strategies and the sustained efforts of many players.

There is increased recognition of the importance of taking into account the context in which the person lives, the family, the school and wider social contexts such as the community when implementing preventive strategies targeting lifestyles. Local-community-based interventions that are monitored on efficacy and effectiveness should be the focus of any Community policy. Policies that focus solely on food and food marketing will not be effective in addressing all the different causes and factors related to overweight, obesity and chronic diseases.

CIAA believes that any Community strategy for the prevention of overweight, obesity and chronic diseases should be established in a way that respects:

- Free and informed choice for all consumers in Europe.
- Dietary diversity and cultural identity in the Member States and regions of Europe.
- The need for a strong scientific basis for all policy development.
- The need for EU policy to give added value over and above what is developed by the Member States.
- The principle of proportionality.
- The need for all policy options to be evaluated to determine whether they are meeting the health goals set out for them.

The Green Paper focuses on the factor of food (diet) for the prevention of chronic diseases, overweight and obesity; however, a broader approach is needed that takes the underlying network of multiple factors into account.

CIAA emphasises that policy areas within the responsibility of Member States, and local initiatives, play the decisive role in solving the problem. The decisive factor in any solution's success is whether the solution offers a possibility of reaching people directly. Ultimately, each consumer is responsible for ensuring that his or her own lifestyle is a healthy one.

Parents have a similar responsibility for their children. These individual responsibilities cannot be removed. On the other hand, consumers and parents can be supported in fulfilling them. And efforts in two policy areas in particular – namely, education and health - can play a role in providing such support. These are key areas, because all citizens can be reached via schools and the health-care system. Data on the prevalence of overweight indicate that segments of society with low educational levels tend to be particularly prone to overweight. As a result, the challenge is to adapt educational programmes to the needs at. Segments of the population who are particularly affected or particularly at risk can also be reached via suitable efforts in the health-care system.

In addition, it seems increasingly clear that initiatives at the local level tend to be more successful. At the local level, a wide range of areas of life (nurseries, schools, transportation system, sports associations, local press, food sector, health-care system, etc) can be interconnected in effective and visible ways. The EPODE project validates such an approach and it has been a demonstrable success.

In this context, we also wish to address the issue of physical activity, to which the Green Paper does not assign suitable importance with regard to the prevention of chronic diseases and to maintenance of mental health. There is increased recognition of the importance that moderate physical activity levels in daily life play in preventing obesity. The figures given in the Green Paper are, in this regard, quite significant in emphasizing that only about one third of schoolchildren appear to be meeting physical activity recommendations. CIAA urges intervention strategies to increase the level of physical activity in children, adolescents and adults, in particular in the school environment.

The voluntary commitments undertaken by CIAA accelerate, deepen and widen the ongoing efforts of the food and drink industry to promote healthy diets and physical activity. To be successful in improving public health, CIAA emphasizes that any public policy intervention must be evidence-based. Most of the areas for action raised in the Green paper are consistent with what our members are already doing. However, we consider it essential to establish a firm science base for any recommended policy. We believe that the Green Paper is partially evidence-based and robust evidence is lacking to show the relative weight of certain areas for action raised in the Green Paper in contributing to preventing overweight, obesity and chronic diseases. We thus believe that there is scope in the Green Paper to include a section dealing with encouraging scientific substantiation/review of the scientific gaps in understanding.

CIAA would like to highlight that effective self-regulation and voluntary cooperation with stakeholders is the most effective way to bring together resources and forces to be successful in the promotion of healthy diets and physical activity.

CIAA also welcomes the role addressed to the European Network on Nutrition and Physical Activity in analysing the feedback to the Green Paper since certain issues fall primarily under the competence of the Member States (e.g. education, etc).

COMMENTS ON SPECIFIC SECTIONS AND PARAGRAPHS

(Please note that CIAA comments are in blue).

I. State of play at European level

The Green Paper begins with the statement that “*unhealthy diets and lack of physical activity are the leading causes of avoidable illness and premature death in Europe, and the rising prevalence of obesity across Europe is a major public health concern*”. CIAA would like to underline that there is no conclusive scientific evidence supporting the assumption that obesity threatens the life expectancy of the younger generations. For example, a recent study by Olshansky SJ et al¹ has calculated the life-shortening effect of obesity in the US (depending on BMI, race, gender) as between 0.21 and 1.08 years only, which contrasts with the frequent claim that obesity shortens life by 9 years.

IV.3. Health across EU policies

Questions on which the Commission invites contributions include:

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

CIAA strongly believes that improved public health education on nutrition and healthy lifestyles is urgently needed in order to tackle current health problems. This would assist consumers to make healthy choices. It will also be the basis for understanding and making use of product information provided by the industry. Education should also include information on the role of physical activity in the context of a healthy lifestyle. In this context, the promotion and support of public education, healthy lifestyles and physical activity programmes in the Community should be encouraged.

Education at early ages (which should be integrated in the curriculum) is needed. More insight on motivational aspects of behavioural change will be needed and applied to achieve the goal (for that, programmes like Ville Santé and EPODE give indications that community involvement is a key element of success in the long run).

Nutritional needs can be met by an infinite number of different food combinations. Furthermore, dietary traditions vary between Member States. Any European action on the establishment of dietary advice must respect these traditions.

In the Commission’s view, the Community has “a clear responsibility” with regard to the issues the Green Paper addresses. For this perspective, it cites Art. 152(1) EC Treaty, noting that that provision “requires that a high level of human health protection be ensured in the definition and implementation of all Community policies and activities”. It must be emphasised that this provision does not establish any original jurisdiction for the Community. Instead, it is oriented to the regulatory content of a measure that was issued on the basis of regulatory competence within the framework of one of the Community policies being addressed. In addition, it must be noted that the principle of limited individual empowerment (Art. 5(1) EC Treaty) acquires special weight with regard to any regulations in the area of nutrition and

¹ Olshansky SJ et al. (2005) « A potential decline in life expectancy in the United States in the 21st century » New England J. Medicine. 352: 1138-1145.

physical exercise. According to this principle, all of the competences that the EC Treaty does not expressly assign to the Community remain with the Member States.

If Community policies are to benefit the whole of the EU Community, and take account of the principles outlined above, any recommendations developed at Community level will necessarily have to be very broad, with guidelines designed to promote a healthy balanced diet and lifestyle rather than the attainment of specific quantitative targets.

Important tasks remain for the Community since problems such as overweight affect all Member States to similar degrees, in particular, the Community could support research into successful strategies and help ensure that measures in Europe are carried out more efficiently. As the Green Paper reveals, the EU lacks sufficient data regarding many relevant individual aspects. Certain types of data are required before suitable solutions can be developed. On a basic level, there is also a lack of Community criteria for the collection of prevalence data, as well as of surveys of general eating habits that could lead to comparable bases for assessment and, thus, for decisions. The real factors behind the high prevalence of overweight in children, adolescents and adults are still not really understood. Strategies for counteracting the problem of overweight, if they are to be successful and lasting, must be based on a better understanding of such factors.

There is a need for greater understanding of all the obesity-related factors, the determinants that affect food choice, factors leading to insufficient physical activity in every-day life, and what the effective solutions are. Understanding consumer motivations and barriers and researching approaches to empowering consumers to adopt new behaviours and change others will be imperative to the success of initiatives going forward. In addition, a better understanding of how stress can impact consumer behaviour is important to developing a holistic approach that truly benefits and serves the consumer effectively. Stress at an individual level can result in the development of less desirable eating practices and at the family level can reduce the time and energy required to implement good healthy lifestyle practices for adults and children.

The availability of playgrounds and physical activity spaces, traffic control for safe areas for children to walk or play, changes in school curricula to include physical education and nutrition education, etc... are some of the interventions to be considered at Community level.

There is much evidence that such interventions should not only be about nutrition and physical education but about adopting healthy communities, e.g. urban planning to encourage exercise, TV campaigns to inform the public of the importance of adopting healthy lifestyles etc.

Additionally, there is a shortage of dieticians/nutritionists who can not only undertake the work but also train other health professionals in nutrition. The Commission could encourage schemes that educate health professionals in nutrition.

Some of the objectives of the Green Paper are of relevance as far as health care spending is concerned. However, there is no evidence that the specific policy options to reach these objectives will entail significant improvements in the field of obesity/overweight prevention. An impact assessment could be of use to ensure their feasibility and effectiveness.

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

fruits and vegetables?

CIAA believes that there is adequate scientific consensus to support the statement to encourage consumption of fruit and vegetables. However, CIAA considers that there is no evidence within Europe that inadequacies of supply of fruit and vegetables are the reason for poor consumption of these foods. CIAA believes that before implementing increased production there is a need to do an assessment of need and demand. Otherwise resources will be wasted, producing food that will not be eaten.

Resources to promote the benefits of eating fruit and vegetables should be supported at Community level. National and local promotion activities are required to encourage demand for these foods by consumers.

The food industry is specialised in the conservation of perishable foodstuffs and the improvement of their availability. These technologies could be improved for the preservation of fruit and vegetables and their nutrients in concert among stakeholders.

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

CIAA considers that there is a huge gap on information/evaluation of effective interventions. As previously mentioned, there is a need for greater understanding of all the obesity-related factors and what are the effective solutions to address them.

It is essential that more comprehensive high quality data be gathered on current nutrient intake within the EU population along with some measure of the health status of the population, such as blood pressure. Without this it will be impossible to track whether policy measures have had the desired effect on consumption patterns. There is little good data on what drives consumption behaviour; this must also be a priority research area.

More information is needed to better understand:

- Consumer motivations and barriers to adopting new healthy lifestyle behaviours and changing existing less desirable ones
- What is best practice in prevention of obesity, especially in childhood?
- Are weight loss programmes successful, if so what are the key elements?
- What role does physical exercise play in the development and prevention of obesity over and above the simple effect on the energy in/energy out equation
 1. How does a non-sedentary lifestyle or physical activity affect the prevalence and severity of diseases and conditions related to abdominal obesity?
 2. How does increasing energy expenditure through increasing physical activity levels impact eating behaviour and appetite control?
 3. How does increasing energy expenditure through increasing physical activity levels impact the quality of the diet?
- How can people better understand the food they eat and its link with their health – how does this relate to their motivations and desires to change?
- How can people best understand nutrition labels, nutrition and health claims – will this result in the desired changes in behaviour – what other initiatives need to be in place to facilitate this?
- How can the impact of stress on the development of obesity be better

- understood and managed or reduced?
- How can specialists in behaviour be utilised better in the overall treatment of obesity – should dieticians have better training in this area – would this approach be effective?

IV.4. The Public Health Action Programme

Questions on which the Commission invites contributions include:

- 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?

CIAA fully supports the activities taken under the Public Health Programme aimed at putting in place a comparable set of indicators for health status, including in the area of dietary intake, physical activity and obesity. Efficient monitoring, data analysis and collection of dietary intake (Pan-European dietary intake surveys) are urgently needed to assess the nutritional status of EU citizens.

Consideration of the relevance of types of adiposity and how this may relate to risks of disease development should also be considered. Abdominal fat deposition does give rise to greater risks. In addition; there needs to be agreement of measuring BMI in children so that data can be compared. Currently there is no agreement among the professionals. There is also a need to ensure that data for height and weight in adults is collected in the same way to ensure comparison.

CIAA also welcomes the acknowledgement that certain population groups are more exposed than others. CIAA would like to emphasize that eating behaviour is not determined solely by physiological or nutritional needs. There are other factors that influence food choices (economic determinants such as income, education, culture, attitudes or beliefs, etc). Food choice follows an extremely complex pattern, and interventions, therefore, need to be geared towards identified high-risk population groups taking into account the multiple factors influencing their decisions on food choice. The prevalence of obesity is higher in certain population groups, as for instance those with low income or low social status. The Green paper acknowledges such a problem and therefore actions for certain population targets should be prioritised. It is also important that interventions should not increase unhealthy attitudes to body weight. Several eating disorders are a public health threat as important as obesity. To be successful in improving public health, public policy interventions must be both evidence-based and scientifically sound, and must also involve all relevant stakeholders and public authorities in a coordinated, multipronged approach with special focus on risk groups.

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

CIAA supports the work made so far under the Public Health Programme in supporting programmes/projects aimed at promoting healthy lifestyles including both healthy eating and physical activity. Shape Up, Participatory Project for the Prevention of Childhood Obesity, has been selected for funding within the Call for Proposals 2005 to implement the priority actions defined in the Work Plan 2005 of the European Commission's Public Health Programme. The goal is to develop, test, document and evaluate effective

empowering strategies for involving children and young people in initiating health-promoting changes in relation to food. The initiated changes could be at the level of school, local community or lifestyle and should address individual, social, environmental and cultural aspects of behaviour relating to diet and physical exercise. Initiatives that understand how to motivate the consumer to adopt healthier behaviours and remove barriers to these changes should be the foundations of any health programmes.

CIAA encourages the EC to continue supporting similar programmes at the Community level.

Similarly, healthy lifestyles public information campaigns may help to raise awareness with individuals, and children in particular, of the steps that can be taken to improve their diet and to increase physical activity levels, so as to achieve and/or maintain a healthy weight and lifestyle. In this context the CIAA has proposed the development of a social marketing campaign on healthy lifestyles in Europe, as a common commitment in the framework of the EU Platform for action on diet, physical activity and health. The Public Health Programme may consider evaluating such proposals and giving support for their development.

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

Existing evidence needs to be communicated in ways that are easily understood and individuals should be free to heed them or not. The messages should be linked to nutrition and physical activity, and they need to be tailored nationally.

Schools, general practitioners, newspapers, magazines, television, radio, etc are valuable channels to disseminate information.

IV.5. European Food Safety Authority (EFSA)

- IV.5.1. The European Food Safety Authority can make an important contribution to underpinning proposed actions on nutrition (e. g. on recommended nutrient intakes, or on communication strategies aimed at health professionals, food chain operators and the general public on the impact of nutrition on health) with scientific advice and assistance (*on the role of EFSA in the establishment of food-based dietary guidelines, cf section V.9 below*).

CIAA recognises and welcomes the role given to the European Food Safety Authority in providing scientific advice and assistance. As regards the need for the development of dietary guidelines, these should take into account the cultural context of the population for which they are developed. Patterns of food consumption vary considerably from one country to another.

A change in the nutrient content of the diet cannot be made on the basis of scientific guidelines alone, although it is clear that each country should develop scientific guidelines suitable for its population.

It must also develop effective food-based dietary guidelines to achieve the goal of effectively solving health problems. This is best done by integrating health considerations and dietary goals when forming such scientific guidelines and by developing effective partnerships among the many sectors that influence food supply and food selection.

Guidelines need to promote a healthy balanced diet for all rather than the attainment of specific target goals by populations as a whole.

V. Areas for Action

The food and drink industries have a long history of collaboration with public authorities, as individual companies or through their associations and sectors, to promote healthy eating and physical activity. (A representative sample of food and drink industries activities was sent to the EU Platform along with the CIAA commitments).

CIAA shares the Commission's views that specific areas of action should be addressed, in particular 'education', 'physical activity' and 'consumer information'.

CIAA considers that it is important to also address the 'obesogenic environment' and 'socio-economic inequalities'. Programmes to promote healthy eating and physical activity can only be effective when underlying social factors are also taken into consideration: lack of family mealtimes, food preparation and eating habits, insufficient means and timing for physical activity in schools, city planning, etc).

V.1. Consumer information, advertising and marketing

CIAA welcomes the acknowledgement made in the Green Paper regarding the importance of providing relevant consumer education, along with nutrition information, to help consumers make informed dietary choices.

One of the most effective contributions that the food and drink industry can make is to provide consumers with clear, consistent nutrition information about its products. This includes information about the nutrient content of food and beverage products (nutrition labelling), as well as relevant science-based nutrition and health claims. Nutrition labelling and nutrition/health claims can help the consumer assess the role of individual food products, within the context of a balanced diet that meets specific needs and lifestyle preferences.

Nutrition information, whether on or off pack, is not sufficient, by itself, to achieve changes in eating patterns. Nutrition education must be the cornerstone of strategies to combat obesity. Education is essential to help consumers of all ages understand the relevance of nutrition information that is available on labels, and from other sources, such as newspapers, magazines, the Internet, word-of-mouth, etc. Whilst consumer education is primarily the responsibility of public health authorities, it will be most effective when carried out with multi-stakeholder involvement. The food and drink industry as represented by CIAA is prepared to contribute to this effort, where appropriate and feasible.

Under the CIAA commitments to the EU Platform for action on Diet, Physical Activity and Health, CIAA recommends its members:

- Provide responsible and helpful communication about their food and drink products, in order that the consumer can readily assess the role of a specific food product in the context of a balanced diet. This can take many forms, including provision, either on or off pack, of information about the nutrient content of a product. CIAA has also developed a set of scientific reference values for presentation of Guideline Daily Amounts (GDAs), should manufacturers wish to include GDA information in labelling or other communications.
- Increase the use of other consumer information tools, such as websites, helplines, in-store leaflets and brochures.
- Make efforts to raise awareness among consumers of the existence and usefulness of nutrition labelling and other more general nutritional information tools.
- Use science-based, truthful and not misleading nutrition and health claims.
- Increase co-operation with public authorities in devising strategies to improve consumer understanding, and work with other stakeholders to ensure the availability of clear nutritional information.

CIAA welcomes the work that is underway to harmonise the EU rules on nutrition and health claims. Establishing a science-based, proportionate regulation will foster consumer understanding on the relationship between diet and health and will stimulate R&D initiative to produce a wide array of health-focussed products.

CIAA emphasises that efforts aimed at reducing the prevalence of obesity and related diseases must focus both on reducing calorie intake from the total diet (calories coming from all nutrients in general) and increasing physical activity in those who need to make this adjustment. Within this context, it is CIAA's view that dietary solutions should focus on energy intake and expenditure, rather than on the intake of specific nutrients. The figures given in the Green Paper are, in that regard, quite significant. Thus, the Green Paper's Annex II, paragraph 14, the EU Commission states that "*weight gain in an individual is the result of an excess of energy consumed as food over energy expenditure*" and, further in paragraph 16, that "*a 2003 Eurobarometer survey showed that around 60 % of Europeans (EU 15) had no vigorous physical activity at all in a typical week, and more than 40 % did not even have moderate physical activity in a typical week. Europe-wide, only about one third of schoolchildren appear to be meeting recognised physical activity guidelines*".

Questions on which the Commission invites contributions include:

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

CIAA recognises that nutrition information, including nutrition labelling, is a useful tool that can help consumers make an informed choice.

Research indicates that many consumers are confused by nutrition labelling; available research should be reviewed, and perhaps new research commissioned, to find out how the European consumer will best understand nutrition labelling.

Many companies provide nutrition information on their products on a voluntary basis, despite the absence of nutrition claims. Based on the prevalence that already exists, CIAA is working towards the development of a simple, relevant and feasible nutrition labelling scheme.

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

Labels cannot be used as a substitute for consumer education. Labels can only be used to highlight some aspects of nutritional properties in a brief manner (e.g. nutritional amount, short messages in the form of claims). There is insufficient space for longer explanations on nutritional dietary guidance for specific population groups.

Educational strategies on how to understand and use nutrition information should come from all sectors, with primary responsibilities taken at the government levels. Measures could include education programmes, school curricula, grocery packages, brochures, TV and other media. Collaboration with the food and drink industry should be sought, where feasible and appropriate. Although industry is willing and does play its part in educating consumers, national governments have the ultimate responsibility (as recognised in the WHO Global Strategy for action on diet, physical activity and health).

In recognition of the importance of education, CIAA is developing an educational brochure aimed at informing consumers on how to

interpret/understand nutrition information, whether on or off pack. The brochure will provide a common framework that can be adapted by the food industry at national level.

More comments addressed under section V.2. Consumer education.

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

Instead of narrowly addressing the obesity issues with nutrition-related measures and, in particular, measures related to specific nutrients and/or foods, the main focus should be put on nutrition education and physical activity.

Advertising to children, in particular, is extensively regulated by national and European legislation. In addition to extensive regulation, advertising is also governed by extensive industry self-regulatory systems.

Advertising stimulates brand competition and awareness, and CIAA and its members work to ensure that all advertising is conducted responsibly. CIAA recognises that advertising must be careful not to exploit the relative inexperience of children; rather it must be conducted with special sensitivity.

In addition, CIAA adopted in February 2004 a set of principles of food and beverage advertising, which are being incorporated into national self-regulatory codes of conduct across Europe. The principles are designed to ensure that food and beverage advertising is conveyed responsibly by, for example, not encouraging over-consumption or unbalanced diets and lifestyles, not undermining parental authority or guidelines on healthy eating. They include a number of provisions specifically on children’s advertising. These principles have been endorsed by the International Chamber of Commerce and are currently being implemented in national codes of conduct across the EU.

Furthermore, CIAA adopted new Principles on Food and beverage Product Marketing Communications to complement the above principles in October 2005.

Studies undertaken by the European Commission^{2,3} point out that advertising self-regulation ‘seem[s] to be especially successful with respect to the application of rules on advertising and the protection of minors’.⁴

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

Self-regulation is a misunderstood term, as in reality it does not mean that an industry is left to regulate itself, but that a group of industries exercises joint

² See e.g. ‘Study on the impact of advertising and teleshopping on minors’, INRA / Bird&Bird 2001, available on http://www.europa.eu.int/comm/avpolicy/stat/studi_en.htm#3.

³ A study to identify best practice in the use of soft law and to analyse how this best practice can be made to work for consumers in the European Union, by Lex Fori for the European Commission (DG SANCO – Public Health and Consumer Affairs), published in October 2002, concludes that: “*Certain sectors, such as the financial sector (financial markets, banks, insurance) or sales (advertising, very strongly established throughout the world, EASA, European structure including, among others, BVP in France, the ASA in the UK or the Jury d’Ethique Populaire in Belgium) are choice areas for soft laws... The EU should play a role in encouraging and supporting the development of soft law, e.g. catalyser, facilitator, supporter, organiser, negotiator, legislator (establishment of a framework for soft law)*” http://europa.eu.int/comm/consumers/policy/developments/enfo/enfo02_fr.pdf

⁴ European Commission Communication on ‘The Future of European Regulatory Audiovisual Policy’, COM(2003)784, p.23

oversight. Advertising self-regulation does not replace statutory regulation, but complements an existing framework of law to provide robust and proportionate consumer protection.

Industry is currently investing much effort and resources into strengthening self-regulatory systems across Europe with regard in particular to increasing the level of stakeholder involvement and providing a legal backstop where necessary. In addition, industry is actively monitoring compliance with its codes of conduct, with a view to achieving the highest possible level.

Advertising, particularly advertising to children, is strictly regulated, at EU level and at national level. The European Commission's own research on the effectiveness of the EU broadcasting Directive has concluded that the provisions on the protection of minors are effective in ensuring a high level of protection.

Self-regulation is not intended to be, and does not work as a substitute for regulation. The two are complementary: while regulation sets the broad framework, defining what is legal, truthful, not misleading etc, self-regulation sets down the more detailed rules. The symbiosis between framework legislation and self-regulation in the field of advertising is also being increasingly recognised at EU level.

V.2. Consumer education

Questions on which the Commission invites contributions include:

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

Individuals should be encouraged to take responsibility for their own health, but to do so they need to have appropriate skills and ready access to information and wide range of food and health choices. Education plays an important role in helping European consumers to meet their physical activity needs and dietary requirements in a safe and responsible manner. Understanding the consumer, their motivations and barriers to adopting healthy behaviours is imperative to ensuring that education is effective. Otherwise, the consumer may understand more about what is a healthy lifestyle but not have the motivation or know-how on how to make these changes and maintain them.

Member States should be encouraged to pursue and strengthen nutrition and physical activity education programmes (and include it in the school curriculum) in order (to start from the early ages, where habits are formed) to help consumers make informed choices regarding healthy diets and lifestyles.

CIAA believes that guidelines, backed by a strategy for implementation, including effective health promotion and education programmes for healthy eating and healthy lifestyles, could make a significant contribution towards promoting better health for all citizens of Europe.

In addition CIAA would like to highlight the following issues:

- Nutrition information should be *directed at the final consumer*, not at nutrition professionals. It should reflect consumer needs, be familiar to them and be sufficiently clear and simple to avoid information overload, and most important to be useable in daily life.
- Community programs for the promotion of healthy diets, healthy lifestyles and physical activity should be conducted.
- The *full spectrum of communication channels* should be considered

when evaluating how best to provide consumers with information about diet, nutrition and health: for example on-pack labelling, in-store posters and scanners, the Internet, consumer carelines.

- Individuals should be encouraged to take responsibility for their own health, but to do so they need to have appropriate skills and ready access to information and wide range of food and health choices.

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

The food and drink industry values collaboration with public authorities to establish partnerships for the formulation of consensual solutions to diet- and physical activity-related issues.

Of particular importance are multi-stakeholder initiatives that bring together public authorities, industry, consumer organizations and other relevant stakeholders in a single forum. Recent examples include: The German Platform on Nutrition and Physical Activity, The Spanish Strategy for nutrition, Physical Activity and Prevention of Obesity (NAOS), The Dutch Obesity Covenant, the Irish Nutrition and Health Foundation. In this context, the CIAA has also welcomed and supported the creation of the EU Platform for action on diet, physical activity and health.

The food and drink industry, both at national federation and company level, has developed and supported a wide range of health and nutrition education and promotion programmes.

Moreover, as part of the CIAA commitments under the framework of the EU Platform for action on diet, physical activity and health, CIAA has proposed work on several joint commitments to promote healthy eating and physical activity:

- a) To build on the successful experience of the Fleurbaix-Laventie programme in France, on which the **EPODE programme** is based, and to establish similar programmes throughout Europe. The French programme is one major initiative with community involvement, which has successfully – over a 13-year period – stemmed the growth in childhood obesity rates in two communities, whilst the obesity rates in neighbouring communities have more than doubled.
- b) Another programme has been recently identified for promotion across Europe: the **Shape Up project**, a participatory project for the prevention of childhood obesity. “Shape Up” seeks to assess and influence the behaviours and social environmental conditions related to food, nutrition and physical exercise by designing and proposing real actions to promote the conditions for healthy habits and to prevent child obesity in a sustainable way. This project, involving direct participation of children, has recently received the support and financial contribution of the European Commission under a call for proposals under the Public Health Programme 2003-2008.
- c) To work with other stakeholders to design and promote implementation of a **healthy lifestyles public information and advertising campaign** aimed at raising the awareness of individuals, and children in particular, of the steps that can be taken to improve their diet and to increase physical activity levels.

CIAA looks forward to discussing the best means to develop nutrition communication/education programmes that would involve relevant stakeholders. CIAA is willing to contribute the know-how and expertises of

its members in a collaborative effort to improve further the health and well being of Europe's consumers.

- 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 delivered?

There is a need for a scientific study to improve the understanding of what kind of educational messages promoting balanced diets and healthy lifestyles might be most effective in influencing consumer behaviour so as to maintain/restore a balanced diet and lifestyle.

As part of the CIAA commitments under the framework of the EU Platform for action on diet, physical activity and health, CIAA has committed to promoting consumer research to improve the understanding of what kind of educational messages will best promote balanced diets and healthy lifestyles.

Educational messages should be delivered by trusted organizations and credible bodies (government, schools, parents, consumer associations, scientific bodies, famous chefs, sports personalities, etc)

Evidence suggests that consumers accept positive messages rather than negative messages. Messages that offer practical advice such as “Eat more fruit and vegetables” or “Drink enough throughout the day” or “Remember to have breakfast” or “Keep moving”, etc may be more useful than negative “Don't do or reduce...” messages. Eating is not only a need but also a social activity for most European cultures.

V.3. A focus on children and young people

Questions on which the Commission invites contributions include:

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

Government should be the driver to try and instil good nutritional habits at an early age when moulding dietary choices are more likely to be successful: it has a duty to specify the nutritional standards that it wishes to deliver for school lunches and other school food.

Children will learn about how to balance their diet if they receive positive consistent messages from a variety of sources and occasions in schools. Parents also need to be taught how best to feed their children and to encourage balanced eating habits.

The principles of healthy eating are simple, but putting them into practice at home is sometimes difficult. Education must be more than book learning, but include hands on practical efforts. Such practice should begin at the earliest stages in schools, and be brought back to the families via the children. The Fleurbaix Laventie experience has shown that such practices are effective.

Some approaches to be considered:

- Children can obtain nutritional information in school and at the school canteen. Foods can be colour coded, for example, in order for children to understand what a structured 'rainbow' lunch is.
- Children can be rewarded, for example, for the variety of foods they choose or the number of fruits and vegetables they take in over a consume week.
- Other efforts can be brought into play. Television cookery programmes

can feature healthier meals. Femin press can be encouraged to include more nutritious recipes and menus.

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

There is increased recognition of the importance that moderate physical activity levels in daily life play in preventing obesity. The figures given in the Green Paper are, in this regard, quite significant in emphasizing that only about one third of schoolchildren appear to be meeting recognised physical activity guidelines. Intervention strategies are urgently needed to increase the level of physical activity in children, adolescents and adults, and in particular in the school environment.

Schools are an important point of entry for developing good physical activity levels. It has to be more regular and all inclusive. More focus needs to be given to physical education as a lifestyle skill.

A consideration of primary-school pupils' total amount of physical movement shows that children spend an average of nine hours per day lying down, nine hours sitting, five hours standing and one hour in physical activity, with 15 to 30 minutes of the activity falling into the category of "intensive" activity⁵.

The two-year evaluation of the ICAPS programme⁶ demonstrates the feasibility of implementing a multilevel physical activity intervention programme in adolescents and indicates its effectiveness in improving the physical activity patterns of adolescents and preventing overweight.

Physical activity (environmental/social and policy) interventions have to:

- Ensure that facilities exist, or are re-established,
- Ensure that the environment is conducive to activity.
- Make physical activity a fun time, with less emphasis on professional or competitive sports and more on moving for pleasure and health.
- Create networks with other schools in the community, country or in Europe to practice/compete/etc.
- Involve parents and families.

- What is good practice for fostering healthy dietary choices at schools, especially with regard the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?

CIAA emphasizes the need to take broader measures at school level, such as nutritional education and promoting physical activity, as well as encouraging schools to make sure that parents fully understand the need for their educational message to be consistent with that which is conveyed within the school environment.

⁵ Obst F und Bös K (1997): Akzeptanz und Wirkung zusätzlicher Sportsunden in der Grundschule. Sportpraxis 2:4-48.

⁶ The Intervention Centred on Adolescents' Physical Activity and Sedentary behaviour" programme was established to reduce weight gain and cardiovascular risk in 12-years-old adolescents of eastern France by promoting physical activity with an emphasis on recreational and daily-life physical activity, with a lifelong perspective. ICAPS is a controlled, ongoing field trial, initiated in 2002 and designed to last four years. It is conducted in middle-school's first-level students.

⁷ Koletzko, B. et al. (2004) : Nutrition in children and adolescents in Europe : what is the scientific basis ? Introduction. BJN, 92 (Suppl. 2), 67-73.

⁸ Schneider R. et al. (1999) : Zusammenhang zwischen der Zucker, Energie-, und Fettaufnahme sowie der Verbreitung von Übergewicht ; Ernährungs-Umschau 46 :292-29 und 330-335.

⁹ Janssen, I. Et al. (2005) : Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. Obesity Reviews, 6 (2), 123-32.

Schools should adopt a consistent approach including aiming for the widest possible choice in choosing the products on offer, regardless of the channel through which these are sold: canteen, vending machines or other means.

There is no conclusive evidence that either specific nutrients are the cause of weight gain or that the intake of energy dense foods and/or drinks at schools are the cause of obesity in children. Dietary surveys have shown that only a minority of children consume certain selected products excessively. Various studies have shown there is virtually no correlation between children's average eating habits and the average weight status^{10, 11, 12}. Overall energy dense snacks provide a very small amount of energy intake to the diet and should not be the focus; instead the whole diet should be looked at with regards to this particular issue.

- 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?

By applying a cohesive, evidence-based strategy, led by governments and involving the food chain, relevant stakeholders and relevant government departments.

By establishing credible and consistent health messages, such as those portrayed by Fleurbaix-Laventie, EPODE and Shape Up projects aimed to curb the progression of childhood obesity and to influence the determinants of childhood obesity¹³. All these programmes are based on a School-Community collaboration, involving the whole community in shared reflections/activities about healthy living conditions and lifestyles with the involvement of different stakeholders. All these programmes are supported by the food and drink industry.

There is a need to improve the media reporting of industry support for activities in schools. Clearly they need to be controlled regarding acceptable practice but if such activities are reported negatively industry will be reluctant to offer substantial support.

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

Questions on which the Commission invites contributions include:

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

The food and drink industry also plays an important role as the employer of more than 4 million Europeans. The workplace is an important setting for the development of initiatives to promote healthy lifestyles and balanced nutrition.

The effect of these initiatives is multiplied when transmitted through families and friends.

Many companies choose to take a proactive role in encouraging their employees to stay fit and eat well, providing them with exercise opportunities

¹⁰ Koletzko, B. et al. (2004) : Nutrition in children and adolescents in Europe : what is the scientific basis ? Introduction. BJN, 92 (Suppl. 2), 67-73.

¹¹ Schneider R. et al. (1999) : Zusammenhang zwischen der Zucker, Energie-, und Fettaufnahme sowie der Verbreitung von Übergewicht ; Ernährungs-Umschau 46 :292-29 und 330-335.

¹² Janssen, I. Et al. (2005) : Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. Obesity Reviews, 6 (2), 123-32.

¹³ <http://www.villesante.com/flvs/>, <http://www.villesante.com/epode/> and <http://www.shapeurope.net>

and information on maintaining a healthy lifestyle.

- What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?
 - The presence of fitness facilities, including showers, or alternatively, subsidising external fitness subscriptions.
 - Individual employee evaluation. Employees could be invited to take part in an overall check-up of blood pressure, cholesterol, glucose, smoking habits, BMI etc. They could then be coached in measures to be taken to improve their health situation if necessary. This offers the advantage that the employees could be followed up to see which programmes are successful. This could lead to knowledge about best practices and further efficiencies.
 - Challenges could be proffered. The building wants to lose 'X kilograms by Christmas' or competitively – “Department Y will achieve their desired weight before Department Z”.
 - Seminars on nutrition physical activity and healthy lifestyle could be offered.
 - Prompting messages strategically placed, for example, a “take the stairs” message placed by the elevators, or a “don't forget the fruit” message at the canteen could be helpful. Better lighting in the stairwells, greater distances from the employee car park would all make small contributions to physical activity.

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

The Green Paper falsely induces the reader to consider overweight and obesity as one single equivalent problem, whereas obesity therapy and overweight prevention cannot receive the same answers.

Questions on which the Commission invites contributions include:

- Which measures, and at what level, are needed to ensure a stronger integration of interventions aiming at promoting healthy diets and physical activity into health services?

Regular physical activity provides many physical and psychological health benefits, including reduced risk of cardiovascular disease, weight gain, etc. The increased prevalence of obesity is attributed to increased sedentariness. Most people are not regularly active and the challenge remains as to how it would be feasible to encourage more people to be more active on regular basis. The barriers to increasing physical activity to recommended levels are numerous (individual, social, environment, etc). The awareness about the consequences of a sedentary lifestyle needs to be increased. Development and dissemination of effective strategies and approaches, at population and at individual or community levels, will require coordinated efforts and extensive networking at European level. This will also require sufficient funding in the long-term for lifestyle-oriented disease prevention.

V.6. Addressing the obesogenic environment

Questions on which the Commission invites contributions include:

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

CIAA fully supports appropriate efforts to facilitate greater levels of daily moderate physical activity where needed. The promotion of physical activity in daily life has to be encouraged and promoted at national, regional and local level. Programmes pursuing such an aim have to be supported by public policies, for example:

- Policies involving urban planning (availability of playgrounds and physical activity spaces) and transport.
- Traffic control for safe areas for children to walk or play.
- Changes in school curricula that have eliminated physical education, etc.
- Reducing stress or helping the individual to better deal with stress and family life (e.g. more time).

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

[See comments above.](#)

V.7. Socio-economic inequalities

Questions on which the Commission invites contributions include:

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

Socio-economic determinants are one of the factors that influence eating behaviour and specific targeted measures have to be taken to promote healthy diets and physical activity. The prevalence of overweight and obesity varies sharply by social class¹⁴, ¹⁵, ¹⁶, ¹⁷, ¹⁸.

Measures addressed to raise education knowledge and awareness about the detrimental effects of obesity and lack of physical activity along with appropriate, targeted and tangible initiatives are needed. The concerns that lower socio-economic groups have are often short term rather than long term. The importance of physical activity may be poorly understood and considered as something for those who can afford to go to the gym. The education around physical activity and the importance that it has for obesity as well as health in general is not properly communicated.

There is a need for better understanding of the means to address the obesity issue in such specific population groups.

- How can the “clustering of unhealthy habits” that has frequently been demonstrated for lower socio-economic groups be addressed?

¹⁴ Langnäse K, Mast M, Müller MJ (2002): Social class differences in overweight of prepubertal children in northwest Germany. *International Journal of Obesity*, 26, 566-572.

¹⁵ Hurrelman, K. et al. (Hrsg) (2003): *Jugendgesundheitsurvey – Internationale Vergleichsstudie* Im Auftrag der Weltgesundheitsorganisation WHO. (The adolescent health survey - a WHO collaborative study) Weinheim.. Juventa.

¹⁶ Delekat, D. (2003): *Zur gesundheitlichen Lage von Kinder in Berlin. Ergebnisse und Handlungsempfehlungen auf Basis der Schuleingangsungen 2001. Gesundheitsberichterstattung Berlin.* Hrsg.: Sernatsverwaltung für Gesundheit, Soziales und Verbraucherschutz. Berlin 2003.

¹⁷ Kuepper-Nybelen, J. et al. (2005) : Major differences in prevalence of overweight according to nationally in preschool children living in Getmany : Determinants and public health implications. *Arch Dis Child*, 90 (4), 359-63

¹⁸ Kolip (2004): Der Einfluss von Geschlecht und sozialer Lage auf Ernährung und Übergewicht im Kindesalter. *Bundesgesundheitsblatt* 47 (3), 235-239.

Education programmes tailored to specific population groups addressing the main barriers they have to adopt healthy lifestyles.

Industry and government could work more effectively in partnership to encourage active lifestyles and healthy diets. This requires constructive engagement by Government with industry stakeholders and a positive attitude to the contribution that the food and drink industry could make. Any information strategy to improve diet and health should also bear in mind any influence it may have on vulnerable groups. There is therefore a need to tailor messages and communication channels to the needs of different population groups.

Government should undertake and assess the results of projects addressing the health needs of socially deprived groups. It will also be necessary to address the food intake of people with more specialised dietary needs as well as socio-economic needs.

A competitive food chain is the best way of ensuring the availability of the widest variety of food and drink at affordable prices. In turn, policy makers should focus on the whole diets – and lifestyles – of different social groups, rather than individual foods.

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

Questions on which the Commission invites contributions include:

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

To be successful in promoting healthy diets and physical activity, interventions must be both evidence-based and scientifically sound, and must also involve all relevant stakeholders and public authorities in a coordinated, multi-pronged approach with special focus on risk groups.

Information, education, community involvement, social structures, etc, are just some of those key elements to be addressed.

Policy initiatives should be taken forward holistically, based on social, environmental and economic factors. To be effective, any such strategy requires consistent, positive messages in the context of the whole diet, rather than single issues. Government should facilitate co-operation with all relevant stakeholders.

- Which role at national and at Community level?

Most activities are best undertaken at local or Community level. Some require national government engagement.

See comments addressed under section IV.3. Health across EU policies.

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

Questions on which the Commission invites contributions include:

- 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?

See comments addressed under section IV.5. European Food Safety

Authority.

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

A change in the nutrient content of the diet cannot be made on the basis of scientific guidelines alone. Although it is clear that each country should develop scientific guidelines suitable for its population, it must also develop effective food-based dietary guidelines to achieve the goal of effectively solving health problems. This is best done by integrating health considerations and dietary goals when forming such scientific guidelines and by developing effective partnerships among the many sectors that influence food supply and food selection.

Guidelines need to promote a healthy balanced diet for all rather than the attainment of specific target goals by populations as a whole.

It should be understood that as physical activity levels remain lower and continue to decline the energy needs of an individual will decline as well. This makes it very difficult indeed for the individual to achieve a diet that includes all essential nutrients.

- How can dietary guidelines be communicated to consumers?

See comments addressed under section IV.4. The Public Health Programme.

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

CIAA believes that any attempt to assess the nutritional worth of a food using a nutrition profile scoring system, must not conflict with the basic nutritional principle that it is the combination of foods eaten and the amounts consumed that is important, not the nutrient content of those individual foods. In addition, such a scheme takes no consideration of individual requirements either for various nutrients, or of the portion size eaten and the frequency of consumption.

CIAA is of the opinion that before any nutrient profile scoring system is recommended, scientific research is conducted to establish the effectiveness in achieving its intended outcomes and also its indirect consequences. The approach must not subjectively label food as 'good' and 'bad'. This fundamentally conflicts with sound nutrition science.

More comments addressed under section V.1. Consumer information, advertising and marketing, related to nutrient profiles.

V.10. Cooperation beyond the European Union

Questions on which the Commission invites contributions include:

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

Conversations at a technical level with scientists in other parts of the world will add to the knowledge base on which more successful approaches may be based. Contact between policy makers may also be helpful but will be constrained by the differences in circumstances that pertain.

V.11. Other issues

Questions on which the Commission invites contributions include:

- 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?

There is a need to look more at what affects people's behaviour and what are the barriers to change. Reversing the causes is not the only way to deal with the issue.

More understanding of:

- All obesity-related factors to identify appropriate and effective measures for the promotion of healthy diets and healthy lifestyles
- The influence of television¹⁹,²⁰,²¹,²², computers, video games etc; holistic attitude to communities and families. Nowadays people are less active than 50 years ago.
- Evaluation of interventions to determine what works.

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

CIAA strongly believes that improved public health education on nutrition and healthy lifestyles is urgently needed in order to solve the current health problems. This would enable consumers to take responsibility for making healthy choices. It will be also be the basis for understanding and making use of product information provided by the industry.

¹⁹ Janssen, I. Et al. (2005) : Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. *Obesity Reviews*, 6 (2), 123-32

²⁰ Gortmaker SL et al. (1996): Television viewing as a cause of increasing obesity among children in the United States, 1986-1990. *Arch Pediatr Adolesc Med.*; 150(4),356-62. Review

²¹ Kalies H et al. (2001) : übergewicht bei Vorschulkindern – der Einfluss von Fernseh- und Computerspielgewohnheiten. *Kinderärztliche Praxis* Nr.4, S227-234.

²² Trembaly MS und Willms JD (2003): Is the Canadian childhood obesity epidemic related to physical inactivity? *International Journal of Obesity* 27, S1100-1105.