

Strategy plan 2000-2003

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1. INTRODUCTION

The National Council on Nutrition and Physical Activity (also known as the NCNPA) was established on 1 March 1999. The NCNPA has evolved from the National Nutrition Council and thus continues a long tradition of work to improve the diet of the Norwegian population. The National Council on Nutrition and Physical Activity is a professional and administrative body under the Ministry of Health and Social Affairs which is responsible for matters regarding nutrition, physical activity and health. The Council is to be the leading authority within the fields of nutrition, physical activity and health and a source of reliable information. A primary objective is to give expert advice and produce evaluations for public authorities, research environments, health and social services, schools, places of employment, voluntary organisations, the catering trade, the food industry, the grocery trade, the media and consumers. In accordance with its mandate, the NCNPA is also responsible for collaboration on international issues.

Research and experience from measures to promote better health show that physical activity combined with a wholesome diet has great significance for health. The purpose of this strategy plan is to shed light on the challenges facing the NCNPA and to describe the institution's areas of priority. The objectives and work of the NCNPA are described in more detail in the annual activity plans.

2. PARAMOUNT OBJECTIVE

To improve the health of the population through increased physical activity and a healthier diet.

3. STATUS, CHALLENGES and RESOURCES

Status – nutrition and physical activity

Nutrition

A healthy diet can reduce the risk of a number of diseases. The incidence of cardiovascular disease has been reduced significantly during the past two decades. This coincides with a reduction in the fat content of the Norwegian diet from 40% to 35%, combined with an increase in the consumption of fruits and vegetables. However, in recent years this favourable trend has bottomed out. The food we eat still contains too much fat, particularly saturated fats, and not enough fruits and vegetables. The consumption of margarine and butter has been reduced. There has been a sharp increase in the use of reduced-fat milk and a corresponding

reduction in the use of full-fat milk. At the same time, there has been an increase in the consumption of yoghurt and cheese. Meat intake is higher than ever, while the consumption of fish is below desired levels. The consumption of potatoes has decreased sharply in recent years. The intake of salt is about double the desired level in the population. Among children and some youths the consumption of sugar is high, in part due to a sharp increase in recent years in the consumption of carbonated soft drinks containing sugar. The greatest challenge for the future will be to achieve a further decrease in the consumption of fats, while the intake of fruits, vegetables and potatoes should be doubled from today's levels.

Physical activity

Both Norwegian and international studies have shown that physical activity can reduce the risk of many diseases, such as cardiovascular disease, type 2 diabetes, osteoporosis and certain types of cancer. The risk of dying of cardiovascular disease is twice as great among those who are sedentary as among those who are active, even after adjusting for other risk factors such as high blood pressure, high blood cholesterol levels and smoking.

Musculoskeletal diseases are among the afflictions that affect the greatest number of people and take the largest toll on the national health budget, and they are often related to physical inactivity. Physical activity also has a favourable effect on mental health. The Norwegian population is less active than previously. Motorised transportation, automation and mechanisation have resulted in a substantially lower level of everyday physical activity. A distinct gap appears to be developing in the population between those who regularly pursue physical activity in their leisure time and those who are sedentary. This means an increased risk of disease in some parts of the population, as well as an increasing degree of overweight. The reduction in physical activity among children and youths gives reason for particular concern. For instance, the average weight of 18-year-old Norwegian males increased by 3.1 kg from 1983 to 1999. The percentage of sedentary children and youths appears to be on the rise, and many children have motor problems. The challenge facing us is to foster increased everyday activity through both structural measures and information.

A changing society

Lifestyle-related health problems are a result of interplay between a number of different factors, deriving from both the individual and parameters of a political and socio-cultural nature. A number of these parameters are closely related to changes in society, both nationally and internationally. These changes may have substantial impact on the health situation in the years to come, and will also play a part in determining the framework for preventive health efforts. In this section we highlight three considerations which appear to be particularly relevant for the period at hand, and which are thereby significant for the formulation of the NCNPA strategy plan for the next three years. *Social, cultural and economic disparities* in the population represent a significant challenge for efforts to promote good nutrition and physical activity in Norway. Norwegian public health information has traditionally been presented in a manner that is appropriate for a relatively homogeneous population which has considerable confidence in public authorities and a high level of knowledge about preventing disease.

Although we can assume that the level of knowledge and interest in health, nutrition and physical activity remains high in Norway, this is not necessarily the case for all segments of the population. Growing cultural and language diversity as a result of immigration in recent years means that the NCNPA's ability to be heard can no longer be taken for granted. Socio-economic differences within the population mean further differentiation, increasing the risk that certain groups which are particularly vulnerable to lifestyle-related health problems may be in danger of not being reached by preventive measures. The health impact of social disparities may be further intensified by the increasing deregulation of the grocery trade, as the transfer of responsibility from authorities to consumers favours resourceful individuals who are able to keep themselves informed in a market teeming with information.

Internationalisation and deregulation of the grocery trade and legislation have significant consequences for access to various foods in Norway, as well as for monitoring and information in terms of the nutrients and foreign substances in foods. Reduction of border inspection and customs barriers means that the responsibility for a diet composed of healthy, safe food is increasingly transferred from the authorities to the individual consumer. This may limit Norwegian authorities' latitude in implementing nutrition policy measures based on legislation and regulations governing the foods available on the market. At the same time, the significance of Norwegian influence in international fora such as the Codex Alimentarius and the importance of participating in work to influence EU regulations becomes more evident. Functional foods, enriched foods, genetically modified foods and novel foods appear to be part of the future grocery trade. The latest expertise is required to give scientific advice on the development of regulations governing food and to furnish reliable information to both the industry and consumers. *Not having enough time* seems to be an increasingly important reason for priorities affecting both daily exercise and eating habits. Time-saving technological advances for transporting both people and information allow us to carry out most tasks without much physical effort, and as a result our lives become more sedentary. Many people today associate physical activity with organised exercise. For many, not having enough time also means less time for food preparation, which means a shift of the work of preparing food from the private sphere to the market. As a consequence, we become increasingly dependent on prepared foods, and the food market becomes even more commercialised. Another possible consequence is that basic skills in food preparation may be lost, which may make certain groups in the population more vulnerable to health problems caused by an unhealthy diet.

The need for knowledge and resources

The NCNPA shall work to reduce the scope of health problems and health disparities that are related to diet and the level of physical activity in the population. It is particularly important to establish a scientific basis for assigning priorities to target groups and measures that result in best possible realisation of the paramount objective. More differentiated knowledge about factors related to health, physical activity, dietary habits and nutrition in various groups of the population is a prerequisite for long-term strategic priorities. Several decades of preventive health work have given the NCNPA organisational and practical experience which is relevant both nationally and internationally. The NCNPA will actively exploit its experience in making initiatives in international fora and vis-à-vis Norwegian development assistance authorities, and in bilateral co-operation with individual countries. The experience the NCNPA has reaped through its council structure – a constructive co-operation between independent researchers and government authorities – is of great interest for countries which do not currently have a public policy in the fields of nutrition and physical activity. Development of the specialist council for physical activity as a new priority area will be a particular challenge during the period 2000-2003. It is vital for the NCNPA administration to keep abreast of developments within the fields of nutrition, physical activity and health. There will also be a need to accrue further expertise within international co-operation and information activities and on the use of structural measures. The enhancement of good administrative routines and financial management will be continued.

4. PRINCIPAL OBJECTIVES for THE period 2000-2003

Based on the status of nutrition and physical activity in the population and the scientific knowledge that is available at present, the NCNPA will focus on the following three principal objectives:

Principal Objective 1: Thirty minutes of physical activity a day

In modern society, the amount of physical activity required in daily life has been drastically reduced. In order to avoid increased incidence of a number of diseases, the entire population is encouraged to exercise regularly. There are no official Norwegian recommendations for

physical activity as yet. The NCNPA has appointed a working group to draw up Norwegian recommendations during the course of the year 2000. American guidelines recommend that everyone should be physically active for at least 30 minutes a day. Recent research in this field shows that this activity does not have to be «working out» in the traditional sense. For instance, walking briskly for 10 minutes three times a day represents a significant health gain in relation to a sedentary lifestyle. A total of at least a half hour of physical activity a day may reduce the risk of incurring a number of diseases and physical ailments. Work among children and youths should be given priority, to help them establish lasting good habits. At the same time, it should be pointed out that many of the elderly and those in need of care will be able to live on their own much longer through increased physical activity .

Principal Objective 2: Increased consumption of fruits and vegetables

The consumption of fruits, vegetables and potatoes is below recommended levels. Average intake is about the same as in the other Nordic countries but significantly lower than in a number of other European countries. Estimates indicate that an increase in the consumption of fruits and vegetables can reduce the incidence of cancer by 20 % in the long term. Since 1996, the National Council on Nutrition, now the NCNPA, has redoubled its efforts to increase the consumption of fruits and vegetables. "Recommendations for the increased consumption of fruits and vegetables", based on a thorough review of scientific documentation, stipulate that consumption should be doubled, and that a minimum of five 150-gram servings daily ("5 a day") is the desired level. After these recommendations were published in 1996, the conclusions were confirmed in the comprehensive report "Food, Nutrition and the Prevention of Cancer: a global perspective" from the World Cancer Research Fund and the American Institute for Cancer Research, published in 1997.

Principal Objective 3: Reduced intake of fat to 30-energy %

For many years Norwegian health authorities have promoted a reduced intake of fat. In Report no. 32 (1975-76) to the Storting, known as the Nutrition Report, the objective was to reduce the percentage of energy from fat from 40% to 35%. The current recommendations for a nutritious diet stipulate that the energy-% from fat should be reduced from the present 35% to 30%. In particular, the intake of saturated fats should be reduced. The NCNPA recommends a shift towards low-fat milk, lean meats, an increased use of fish and reduced consumption of margarine and butter. A high intake of fruits, vegetables and grains also indirectly tends to result in lower fat-energy levels.

Secondary objectives are presented in the next section.

***The NCNPA målstruktur inn her (som i VP)* [GAK1] 5. Strategies**

The two main NCNPA strategies are "Documentation" and "Measures":

I. Documentation

During the three [GAK2] -year period, the NCNPA will:

Secondary objective: · Draw up recommendations based on scientific studies of the correlation between physical activity, nutrition and health

Recommendations to the population on nutrition and physical activity must be based on extensive scientific documentation. New Nordic nutrition recommendations were published in 1996. A Norwegian version was published in 1997. Work on a new version of Nordic recommendations will be initiated in 2000. Revised recommendations for infant nutrition will be published during the course of the year 2000. The NCNPA has appointed a working group to draw up Norwegian recommendations for physical activity. They will be presented in the year 2000. The NCNPA will help strengthen and co-ordinate research on nutrition, physical activity and health, in part through co-operation with the Research Council of Norway.

Secondary objective: · Collect and systematise documentation on the level of physical activity, eating habits and health in various groups in the population, and monitor developments in the population as a whole

We know too little about activity levels in the population. The NCNPA will establish a system for monitoring the activity level, physical fitness and attitudes towards physical activity in various segments of the population. Within the field of nutrition, the NCNPA will maintain and evaluate the system for monitoring developments in the Norwegian diet. In particular, the NCNPA wants to obtain more accurate information on the diet of infants, children and youths and immigrants. The work of monitoring the composition of foods and analysing the nutrient content of foods will be carried out continually. A new edition of the food composition table will be published in 2000. Another objective in the present three[GAK3] -year period is to attain better insight into the correlation between diet, physical activity and health in relation to social, cultural and economic disparities in Norway, to propose strategies for more systematic monitoring and to take such considerations into account in concrete preventive measures. We need more information on eating and activity habits among various groups and changes in such behaviour over time. The NCNPA will gather information on behaviour among population groups which it has proved difficult to reach with information and acquire available documentation on reasons for variations and changes in the behaviour of particularly vulnerable groups.

II. Measures

During the period 2000-2003, the NCNPA shall:

Secondary objective: · Help create favourable conditions for a lifestyle that promotes good health by influencing the parameters for physical activity and nutrition

The NCNPA will intensify its efforts directed at decision-makers such as politicians and leaders in business and industry. Emphasis will be placed on influencing structural factors of significance for diet and physical activity .

The NCNPA will encourage both children and adults to walk or bicycle to work or school, work for a satisfactory network of walking and hiking paths, and promote safe routes for children on their way to and from school. School grounds, housing areas and public arenas must foster physical activity through zoning and the preservation of outdoor recreation areas. Recent studies of inactive individuals show that most of them want to be physically active, if favourable conditions are established through organised activities which have a low threshold for participating. The NCNPA will promote healthy food and opportunities for physical activity at the workplace. Co-operation with employees' and employers' organisations will be given priority. Employers are urged to provide opportunities for their employees to work out during working hours, to financially support or by other means facilitate physical activity.