

## Health and Social Services Committee

HSS(2)-03-06(p2)

**Date:** 16 February 2006  
**Venue:** National Assembly for Wales, Cardiff Bay  
**Title:** European Commission Green Paper: *Promoting Healthy Diets and Physical Activity: a European dimension for the prevention of overweight, obesity and chronic diseases*

### Purpose of the paper

This paper relates to the European Commission's Green Paper *Promoting Healthy Diets and Physical Activity*, and invites members of the Committee to decide whether they wish to contribute to the consultation and if so, what form that contribution should take. The consultation runs until 15 March 2006.

Copies of the Green Paper is available at

[http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/nutrition/documents/nutrition\\_gp\\_en.pdf](http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/nutrition_gp_en.pdf)

The Explanatory Memorandum submitted by the Department of Health, which sets out the UK government's view and implications for the UK, is at Annex 1.

### Background

The publication and adoption of the Green Paper by the European Commission on 8 December 2005 launched a Community wide consultation on a European strategy to promote healthy eating and physical activity with the aim of tackling a growing obesity problem in the European Union (EU).

Based on the responses to the consultation, the Commission will propose follow-up action towards the end of 2006.

Areas suggested by the EU where they felt a co-ordinated approach could be important include:

- ◆ Analysing and evaluating current policies in relevant areas;
- ◆ Collecting comparable Europe-wide data on lifestyles and lifestyle-related diseases;
- ◆ Advising on best practice.

The Green Paper specifically mentions that a number of Member States are already implementing national strategies or action plans in the field of diet, physical activity and health. The Welsh Assembly Government has a twin-track approach to Health in Wales with prevention and education initiatives being implemented under Health Challenge Wales, e.g. Welsh Network of Healthy School Schemes (WNHSS) and these may provide examples for a response.

Additionally there are 62 local initiatives being implemented throughout Wales via the Health Inequalities Fund (see Annex 2), and the Minister for Education and Lifelong Learning is overseeing a pilot of free school breakfasts in Community First areas.

The House of Commons European Scrutiny Committee, in their 15<sup>th</sup> Report published on 18 January 2006, has taken a particular view on this initiative and have expressed concern that the European Commission are entering into domestic policy areas. They concluded:

“There appears to be a substantial overlap between the issues discussed in the Green Paper and the policies the Government and the devolved administrations are pursuing. We question whether action by the Community on many of the matters covered in the Green Paper would be consistent with the principle of subsidiarity.”

“We recognise the value of pooling experience and exchanging information about good practice. But we understand that the World Health Organisation is involved in promoting international co-operation on diet, physical activity and health. It is not clear what value would be added by the intervention of the European Community.”

A link to the Report of the House of Commons European Scrutiny Committee is provided here:

<http://www.publications.parliament.uk/pa/cm200506/cmselect/cmeuleg/34-xv/3410.htm>

The paper does invite comments on what the role the EU should play in this area. Some areas of questioning in the Green Paper are aimed at establishing at what level (EU/national, regional or local) measures should best be taken, for example:

- ◆ Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socioeconomic categories, and enable these groups to adopt healthier lifestyles?
- ◆ Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?
- ◆ How and by whom should the key messages about nutrition and physical activity be delivered?

## **Green Paper questions**

The consultation paper does not make concrete proposals for action, it asks a series of questions on concrete issues. The first section looks at what structures and tools can be developed at the European level to support action, including:

- ◆ The European Platform for Action on Diet, Physical Activity and Health;
- ◆ The European Network on Nutrition and Physical Activity;
- ◆ The EU's public health action programme.

Additionally there are ten areas for action each containing more specific questions. Action areas that appear to have most relevant to Wales and which Committee members might want to consider are:

- ◆ Consumer education: paragraph V.2.1  
Improving public knowledge of the relationship between diet and health;
- ◆ Children and young people: paragraph V.3.2  
NHS and Education initiatives to promote awareness and changes in the dietary habits of children and their parents;
- ◆ Promoting healthy workplaces: paragraph V.4.1;
- ◆ Building overweight and obesity prevention and treatment into health services; paragraph V.5;
- ◆ Inequalities in health and issues of equality: paragraph V.7 and V.8.

Paragraph V.11 seeks contributions on any other issues not addressed in the Green Paper.

A more comprehensive list of the questions contained in the Green Paper is available at Annex 3.

## **Suggested action**

Should members decide they wish to contribute to this consultation, there are a number of options the Committee may wish to pursue:

- ◆ Notify the Directorate General Health and Consumer Protection of the conclusions of the Committee;
- ◆ Invite the Minister for Health and Social Services to respond to areas of questioning highlighted in the Green Paper where Wales has examples of initiatives that have been implemented;

- ◆ Draw the Green Paper to the attention of the Chair of the Education and Lifelong Learning Committee;
- ◆ Inform other relevant players of their view, such as the Welsh MEPs, the UK Minister, the Commons European Scrutiny Committee etc.;
- ◆ Ask the Minister for Health and Social Services to keep the Committee informed as to the future direction that the EU will propose to take in this area, and any future discussions in Council on this area.

### **The Members Research Service**

**February 2006**

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**Council Reference 15700/05  
Commission Document  
COM (2005) 637 final**

**EXPLANATORY MEMORANDUM ON EUROPEAN COMMUNITY  
DOCUMENT**

Green Paper: Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases

**Submitted by the Department of Health**

**04 January 2006**

**SUBJECT MATTER**

This green paper launches a Community wide consultation on how best to promote healthy eating and physical activity in order to tackle the growing EU obesity problem. The paper was adopted by the Commission on 8 December.

***Key messages***

The green paper's key messages are that:

- Unhealthy diets and lack of physical activity are the leading cause of preventable illness and premature death across the EU;
- The rise in obesity is a Europe-wide problem with multi-factorial causes requiring a coordinated and diversified approach to tackle the problem;
- Encouraging healthier lifestyles through better diets and more physical activity are the key challenges;
- Children and young people are a priority.

***The need for an EU strategy***

"Healthier, safer, more confident citizens, a Health and Consumer Strategy<sup>1</sup>", published in April 2005, gave notice of the Commission's intention to develop strategies aimed at tackling the most important health determinants, including nutrition and obesity. The Commission is aiming to:

- Create a framework for exchange and co-operation between member states on obesity related matters; and
- Increase the coherence of actions across policy sectors.

***Priorities***

The green paper seeks to examine existing EU structures for tackling obesity, and goes on to identify a number of key areas for action including:

- focusing on children and young people
- controls on advertising and marketing

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<sup>1</sup> COM 2005 115

- ways of promoting better diets and physical activity
- using recommended nutrient intakes and nutrient profiling
- building overweight and obesity prevention and treatment into national health services;
- supporting co-ordination and cross-cutting action on the food chain, planning, transport etc.

### **Consultation**

The questions that the consultation will focus on are:

- identifying measures that would contribute most to:
  - improving diets
  - increasing levels of physical activity
- the role of Community policies in enabling and encouraging consumers to adopt healthier lifestyles
- exploring the mechanisms for delivering change, including:
  - healthier choices through education and information
  - access, availability and affordability of healthier foods (e.g. fruit and vegetables)
  - public policies that embed physical activity into daily routines
  - responsive local health services
- prioritising issues for action

The Commission intends publishing its analysis of the consultation responses by June 2006. Reflecting on the results of the consultation process, the Commission is expected to draw up a strategy for tackling the issues raised. This will probably include proposing steps or measures the Commission considers appropriate, whether or not binding on Member States. Impact assessments would be undertaken in the light of any Commission proposals. However, any additional impact in this country is unlikely because of the range of actions that are already underway across the UK. The strategy will certainly take account of voluntary actions and commitments made by members of the Commission's Platform for Action on Diet, Physical Activity and Health. This was launched in March 2005 and is due to be reviewed in mid-2006.

### **MINISTERIAL RESPONSIBILITY**

The Secretary of State for Health has lead responsibility. Ministers of the Scottish Executive and the Welsh Assembly Government have an interest relating to their devolved responsibilities for public health. Given the high priority given to diet and physical activity in Scotland and Wales separate briefing on the green paper will be prepared in devolved administrations in due course. The Northern Ireland Assembly and Executive are currently suspended meaning that the Secretary of State for Northern Ireland has these functions.

## **LEGAL AND PROCEDURAL ISSUES**

### **(i) Legal basis**

The Commission has drafted this green paper citing competence in this area under the provisions of Article 152 of the EC Treaty. The paper recognises that scope for actions by member states should not be limited by those facilitated by the Community in this area.

### **(ii) European Parliament Procedure**

None. This is a consultation document only.

### **(iii) Voting Procedure**

None.

### **(iv) Impact on United Kingdom law**

None.

### **(v) Application to Gibraltar**

None.

## **POLICY IMPLICATIONS ACROSS THE UK**

This is a consultation document only. However, the areas on which the Commission are seeking comments on mirror very much those covered by devolved national strategies across the UK

- **England's** November 2004 Choosing Health White Paper
- **Scotland's** 2003 "*Improving Scotland's Health: The Challenge*" and November 2005 announcements by Scottish Ministers to pilot anticipatory care and weight management programmes in disadvantaged communities;
- **Wales's** February 2004 *Health Challenge Wales* includes the strategies for 'Food & Well Being and 'Climbing Higher' (sport and physical activity), and the Food and Fitness Action Plan for children and young people.
- **Northern Ireland's** March 2002 *Investing For Health Strategy*.

UK comments on the green paper are expected to reaffirm the actions being taken forward in this country and to support the thrust of the Commission's



Platform for Action which puts the onus on industry and the range of other non-governmental players throughout Europe.

The process by which the Commission will take forward this work beyond publication of the consultation summary in June 2006 is unclear. However we will press Commission officials to share their thinking ahead of any public announcement.

### **FINANCIAL IMPLICATIONS ACROSS THE UK**

**England:** None. Extensive action is already underway across the areas identified in the green paper.

**Scotland:** None. National strategies to improve diet and raise activity levels are in place and being implemented.

**Wales:** None.

**N. Ireland:** None. Resources have already been identified to support the development of new strategies during 2006 to improve diet and raise activity levels.

### **TIMING**

The consultation period was launched on 8 December and ends on 15 March 2006. An analysis of consultation comments will be published in June 2006, followed by publication of a Commission strategy document towards the end of 2006 or early 2007.

A handwritten signature in black ink, appearing to be 'Caruana', is written over a horizontal line. The signature is fluid and cursive, with a large loop at the end.

Public Health Minister  
Department of Health



## Annex 2

List of projects supported by the Inequalities in Health Fund

Local Authority Area	Project Title	Project Ref.	Description	Tranche
Blaenau Gwent	Smoking Cessation Service	072	Support to help adults in disadvantaged communities to stop smoking	1
Blaenau Gwent	Tackling Obesity	090	A community based service with a range of approaches tailored to individuals. To improve the outcomes of obesity management and develop a long term support system for patients.	1
Blaenau Gwent	Foundation for referral - GP exercise referral	091	To train leisure centre staff to NVQ level II to enable them to attend a GP Referral to Exercise course and to provide courses for local people.	1
Blaenau Gwent	Risk Assessment for CHD in Primary Care	094	Work within GP practices to develop disease registers to identify patients, both those at risk and those already diagnosed with heart disease.	1
Blaenau Gwent (+ hospital catchment area)	Angina Management project	005	Rehabilitation for people with angina. Support and advice to minimise risk factors and make lifestyle changes. An individualised programme for physical, psychological and emotional recovery.	1
Blaenau Gwent (+ hospital catchment area)	Heart Failure Management project	006	To increase the ability of patients to understand and control their treatment and to optimise pharmacological therapies. Combines education, counselling, supervision and exercise.	1
Bridgend	Communities Lifestyle Modification Programme	065	Primary care led community programme, supporting sustainable lifestyle changes, targeted at communities and individuals identified at high risk of developing coronary heart disease.	2
Bridgend	Mobile Opportunistic Screening Service	066	To identify people at high risk of developing coronary heart disease who do not traditionally present to, or access, primary health care.	2
Bridgend	Integrated Cardiac Rehabilitation teams	069	To improve access and take-up of cardiac rehabilitation services. To encourage patient groups to take responsibility for their health through advice, education and support.	1
Caerphilly	CHD Resource Centre, Local Health Initiatives	082	Comprehensive information on heart disease and healthy lifestyles, and activities to promote health to the elderly, children, young people.	1
Caerphilly	Disease Register and Structured Risk Assessment Clinics	083	To identify, monitor and report patients' risks of heart disease and to help them to take action to prevent it. Project will also test the effectiveness of a risk assessment software programme.	1
Caerphilly	Exercise On	084	To improve the health and well being	2

	prescription		by promoting exercise and healthy lifestyles and by addressing factors that contribute to inequalities in health..	
Caerphilly	Food and Health Advisor	085	Action to improve the health of the younger-aged population by promoting good nutrition	1
<i>Cardiff</i>	<i>Cardiovascular Risk project</i>	<i>010</i>	<i>To reduce morbidity and mortality due to heart disease in the practice population by risk identification and on-going review</i>	<i>2</i>
Cardiff	'Barefoot' Health Workers Project	011	To help local communities to examine culturally appropriate ways of improving health with support to develop and deliver activities that address heart disease	1
Cardiff	A multi-disciplinary team approach to developing a patient focused CHD prevention programme	030	Support to primary health care teams in developing systems to identify those at risk and to develop and implement a targeted programme to reduce risk factors for heart disease.	1
Cardiff	Cardiovascular Disease - Delivering Health Improvement	081	To deliver the requirements of the NSF for CHD to the practice population by identifying those at risk.	2
Cardiff	Heart disease and diabetes - action in black and ethnic minority communities in SW Cardiff	087	A comprehensive primary care led service where current services are patchy and uncoordinated. To overcome language and cultural communication problems and to establish a health screening service.	1
Carmarthen-shire	Outreach Cardiac Rehab Programme	020	Improved access to the cardiac rehabilitation programme through an outreach programme to improve take-up rates, particularly for the elderly people.	1
Carmarthen-shire	Provision of Rapid Access to Chest Pain Clinic	022	A rapid access service to reduce the number of patients referred to Cardiology Outpatient Clinics. To manage patients more appropriately in the community.	1
Carmarthen-shire	Community Heart Disease Prevention programme for Llanelli	024	A community heart disease project targeting those at risk and including an exercise referral scheme, coronary rehabilitation and community nutrition.	1
Carmarthen-shire	Adding years to life for patients with CHD in Carmarthenshire	026	To create a register of patients with heart disease in GP practices and to ensure that those at risk have health screening.	1
Ceredigion	Ceredigion Community Thrombolysis	054	To introduce and evaluate the introduction of primary care pre-hospital community thrombolysis in rural areas.	1
Ceredigion	Communities for Reducing Inequalities in Health	079	Work with people in deprived areas to enable them to identify and take action on heart disease and to develop	1

			local action. To improve access to existing services.	
Denbigh-shire	Health Communities Programme	060	To reduce people at risk of developing coronary heart disease and to improve the outcomes of people with the disease.	2
Denbigh-shire	Community Action on CHD - Rhyl and North Denbighshire	114	To address inequalities in access to, and use of, services that address heart disease and the risk factors that contribute to it. To encourage people to take greater control over their health.	1
Denbigh-shire	Community Action on CHD - Denbigh & South Denbighshire	115	To address inequalities in access to, and use of, services and facilities that address heart disease and the risk factors that contribute to it. To encourage people to take greater control over their health. To develop a screening programme and pilot work for people with mental health needs.	1
Flintshire	Heart of Flintshire project	044	To encourage people to increase exercise in their day-to-day life, to promote healthy eating and to reduce smoking amongst people including young women and people on low incomes.	1
<i>Flintshire</i>	<i>The Mold Primary Care Project</i>	<i>047</i>	<i>To implement standards 1,2, 4 and 5 of the National Service Framework for Coronary Heart Disease.</i>	<i>2</i>
Gwynedd	Calon Lan Gwynedd	016	To establish 'Calon Lan', a heart disease rehabilitation service, to improve access to services and resources and to encourage healthy heart lifestyles.	1
Merthyr	Targeted IHD risk factor intervention project	089	Primary care action to review and audit existing services and standards to identify those at risk for primary prevention.	1
Merthyr	Community based multidisciplinary cardiac rehabilitation	100	To promote and support increased life-long exercise and increased independence for heart attack patients.	1
Merthyr	Promoting Health In Small Workplaces	105	To raise awareness of, and promote, cardiovascular health via health promotion in the workplace.	2
Merthyr	Diabetes Care Pathway Project	108	Development of services to reduce the risk of heart disease amongst diabetics in Merthyr Tydfil and Rhondda Cynon Taf.	1
Merthyr	Peer Support System for people with Diabetes in Merthyr & Cynon	111	Action to help patients with heart disease to manage their condition and to publicise the risk factors associated with heart disease.	1
Merthyr	The Merthyr Tydfil 'Heartlinks' Project	112	A targeted physical activity and healthy eating programme which links to complementary services in Merthyr Tydfil.	1

Neath and Port Talbot	Integrated Cardiac Rehab Teams	068	To develop integrated and co-ordinated teams to provide cardiac rehabilitation.	2
Neath and Port Talbot	Healthy Hearts Project	097	To improve access to cardiac rehabilitation programmes. An enhanced, community-led service to meet the needs of communities with a traditionally poor survival rate of myocardial infraction.	1
Neath and Port Talbot	Alive & Ticking - Raising awareness of Heart Disease in the Community	098	A risk assessment service targeted at risk groups. Will provide health and lifestyle advice, and information on additional support and services available locally.	1
Neath and Port Talbot	Heart Food and Health	099	To increase consumption of fruit and vegetables. To improve skills for buying and preparing fruit and vegetables. To promote personal responsibility for health and raise awareness of CHD risk factors.	1
Newport	Big Sister	050	To prevent heart disease for people at risk especially women, ethnic groups and young people. To improve access, support, guidance and awareness.	1
Newport	Ethnic Minority CHD Community Project	051	To improve access to heart disease and diabetes services for people from black and ethnic communities. To increase knowledge and encourage a healthier lifestyle to minimise risks.	1
Newport	CHD care for the Older Population	052	To co-ordinate the provision of consistent and effective care for over 65 year olds who are have, or who are at risk of developing, heart disease.	1
Newport	Primary & Community Care Nutrition Project	053	To reduce incidence of heart disease by promoting nutrition in areas with evidence of deprivation and/or social disadvantage.	1
Newport (+ hospital catchment area)	Cardiac Rehabilitation & secondary prevention clients diagnosed with Angina	064	Programme of risk factor assessment and risk factor management for people with angina in order to prevent further cardiac event and to delay the disease process.	1
Pembrokeshire	Pembrokeshire Community Heart Health Project	070 a	A screening project in GP practices and associated programmes and support to help people to reduce their risk of heart disease.	1
Pembrokeshire	Pembrokeshire Community Heart Health Project	070 b	A screening project in GP practices and associated programmes and support to help people to reduce their risk of heart disease.	1
<i>Powys</i>	<i>Community based cardiac rehab programme (Phase IV)</i>	<i>017</i>	<i>A community based exercise programme for people with coronary heart disease to Local Authority Leisure centres in Powys.</i>	<i>2</i>
Powys	Tackling Inequalities in Health together	080	Work with people in deprived areas to enable them to identify and take action on heart disease and to develop	1

			local action. To improve access to existing services.	
Rhondda Cynon Taff	CHD Risk Assessment & Intervention - Rhondda & Taff-Ely	033	To increase screening for heart disease, to monitor the effectiveness of treatment and to produce a care plan across care providers and engage GPs in care plans.	1
Rhondda Cynon Taff	CHD Risk Assessment & Intervention - Cynon Valley	034	To increase screening for heart disease, to monitor the effectiveness of treatment and to produce a care plan across care providers and engage GPs in care plans.	1
Rhondda Cynon Taff	Heart Attack - Active Living Strategy	037	A community-based physical activity initiative for those at risk of heart disease. Will also develop a 'PALS' scheme and a 'Health Walks' scheme and self help programmes for cardiac rehabilitation.	1
Rhondda Cynon Taff	Heart Attack - Food for Living, Food for Life	038	A programme of practical advice and assistance to those at high risk of heart disease. Will involve professionals and workers in programmes in workplaces, retail outlets and commercial settings.	1
Rhondda Cynon Taff (+ hospital catchment area)	Nursing Service for Heart Failure patients	043	To encourage patients and families to manage and monitor their own condition and to adopt beneficial lifestyle changes. To improve access, advice and support to maximise quality of life and help patients stay at home.	1
Rhondda Cynon Taff	A Healthy Start: Targeting Pregnant Teenagers	106	A midwifery led provision of psycho-social interventions that reduce low birth weight and improve the cardiovascular health of pregnant teenagers and their children	2
Rhondda Cynon Taff	Community-based multidisciplinary cardiac rehabilitation in the Cynon Valley	107	To increase life-long exercise and increased independence by managing weight and cholesterol levels and by improving physical flexibility	1
Swansea	CHD prevention in primary care	040	Additional nursing support to GP practices in communities with a lower than average level of support and a heart disease prevention programme.	1
Swansea	Dietetics in Primary Care	041	Specialist dietetic advice to each GP practice in Swansea to reduce levels of heart disease. Will ensure all patients have access to specialist advice/support.	1
Swansea	Coronary Artery Disease	042	To achieve a 100% coverage of risk assessment for coronary artery disease in Swansea.	1
Torfaen	Targeted Primary prevention heart disease clinics with access to 'Exercise on Prescription'.	058	Identification of local priorities for action and the development of a programme of action to contribute to reducing the incidence of heart disease and inequalities in health	1
Vale of Glamorgan	Barry Heart Health	009	Work with primary care teams to identify those at risk and to reduce	1

			lifestyle risk factors. To encourage stopping smoking, improve nutrition and exercise levels, and reduce stress and alcohol intake. Local campaign to identify and provide local advice and information on reducing CHD.	
Wrexham	CHD and Travellers - Redressing the Balance	012	To improve access to health care services and to reduce and prevent the incidence of heart disease within a community of travellers.	1
Wrexham	Hearts and Minds	015	To encourage physical health and well being for people with learning difficulties and/or long term mental health problems.	1
<i>Wrexham</i>	<i>Healthy Eating Community Classes</i>	<i>028</i>	<i>To support individuals in weight loss, to facilitate a 'holistic' approach to healthy eating and weight loss, and peer support.</i>	<i>2</i>
Wrexham	Targeting CHD action on a deprived housing estate in N Wales	029	To raise awareness of the benefits of health screening, support and access to appropriate health care service, and to encourage a healthier lifestyle.	1
Ynys Mon	Community action to prevent CHD in deprived communities -Ynys Mon	045	To improve access to existing services and to establish 'Calon Lan', a heart disease prevention team and community based cardiac rehabilitation services.	1
<i>Ynys Mon</i>	<i>Healthy Community Development Officer</i>	<i>046</i>	<i>To create active and supportive communities to care for the well-being of individuals</i>	<i>2</i>

## Annex 3

### Specific Questions

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?
- ◆ Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?
- ◆ On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?
- ◆ How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?
- ◆ 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?
- ◆ Which are the most appropriate dissemination channels for the existing evidence?
- ◆ When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?
- ◆ 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?
- ◆ 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?
- ◆ 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?

- ◆ Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?
- ◆ In which ways can public policies contribute to ensure that physical activity be “built into” daily routines? Which measures are needed to foster the development of environments that are conducive to physical activity?
- ◆ Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socioeconomic categories, and enable these groups to adopt healthier lifestyles?
- ◆ How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?
- ◆ Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?
- ◆ 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<sup>33</sup>?
- ◆ 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?
- ◆ 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?