Second National Nutrition and Health Programme
– 2006-2010 –

Actions and measures

September 2006

Foreword

In a country like ours, which is proud of its gastronomy, eating is synonymous with flavour, fun and the pleasure of being with family and friends.

This second national nutrition and health programme does not repudiate our enjoyment in and our attachment to France's culinary heritage. But over-indulgence, lack of exercise and the breakdown of traditional eating habits have led to a continuous rise in obesity and in diet-related diseases such as type-2 diabetes, cardiovascular disease and some forms of cancer.

Henceforth, nutrition is a major public health challenge: we need to develop a cohesive nutrition policy, and set new goals in health prevention and education. The second national nutrition and health programme will therefore include fresh strategies and objectives, such as the development of an action plan for the treatment of obesity, the specific targeting of disadvantaged populations and the collective mobilisation of all players including not only healthcare professionals, but also the food industry, associations and local authorities.

Through this programme, we hope to instil a real culture of prevention that will change the way we behave and encourage us to think about our health every day, and not just when we go to the doctor's or the hospital. Good nutrition is a necessity that none of us can afford to ignore.

However, besides the question of nutrition, we are particularly concerned by the problem of obesity and excess weight. In France, one person out of five is obese or overweight. Obesity is no longer just a question of health. It is also a social issue, and is often a factor of exclusion and discrimination.

I am counting on the commitment of all relevant players to change attitudes towards nutrition and provide a grass-roots response to this major public health challenge.

Xavier Bertrand
Minister of Health and Solidarity

TABLE OF CONTENTS

INTRODUCTION

Context

➢ The stakes

- The prevalence of excess weight and obesity is growing rapidly in France, and has been since the early 1990s (20 years behind the United States). Above all, these conditions are affecting people at an increasingly young age (16% of children are now overweight, as opposed to 5% in 1980) and are now clearly more widespread in disadvantaged populations (25% of disadvantaged children). Once obesity has developed, it is very difficult to reverse.

- Diseases associated with a poor diet, such as cardiovascular disease (which causes 170,000 deaths a year), type-2 diabetes (which affects more than 2 million people in France), cancer, osteoporosis, anorexia, etc., account for a very large proportion of health insurance expenditure (they cost 5 billion euros per year, 800 million euros of which are attributed to poor nutrition).

➢ The first national nutrition and health programme (PNNS) and the public health law

- In 2001, France became one of the first countries in Europe to draw up a public health plan in response to these issues: the national nutrition and health programme.

- The first PNNS (2001-06) established a set of **fundamental healthy eating principles,** which have now become an official reference guide in France. In line with France's culinary heritage, these principles put the emphasis on both public health and the importance of flavour, pleasure and shared enjoyment. They have been validated scientifically and are now widely acknowledged for their pertinence. An enormous effort has been made to promote these principles, through guides (over 5 million copies) and **large-scale communication campaigns**.
  The PNNS is also a **"living tool"**, in the sense that a steering committee comprising public health experts and relevant authorities and professionals (such as representatives of the agri-food industry and civil society) convenes every month to discuss nutrition and healthy eating measures. It is chaired by Pr. Serge Hercberg.

- This government has always been keen to show its commitment to nutrition: 9 objectives relating to widely-encountered deficiencies and excesses and 3 measures in the **public health law** of August 2004, deal specifically with nutrition (including the removal of vending machines from schools and the introduction of health warnings in food advertising). **Over the last two years, the government has increased investments in nutrition by 30%/year.**

➢ The second national nutrition and health programme (PNNS 2) is based on the recommendations in the report that Pr. Serge Hercberg submitted to the Department of Health and Solidarity on 4th April 2006, at the department's request. It also integrates the results of

research carried out by the National Council for Food (2005 and 2006 reports) and the Parliamentary Office for Health Policy Evaluation (Deriot report on obesity, October 2005). It was drawn up under the leadership of the Department of Health and Solidarity, by several cooperating ministries (health, agriculture, consumption, education, youth and sports and social cohesion in particular), professionals and members of civil society.
The objectives of the programme, the measures planned and the funding policy are not intended to remain static throughout and will be adjusted and improved as necessary, according to evaluation data on PNNS 1, the results of the National Nutrition and Health Survey and the conclusions of the report from the "Cour des Comptes"[1], which are expected in early 2007.

[1] French court of auditors

Basic principles of the national nutrition and health programme

There are several different policies in France that promote the benefits of a balanced diet and regular exercise: for example, the policies on food, health and nutritional assistance, food consumption and information, education, youth and sports, etc.
With regard to nutrition, the promotion of traditional French eating habits has been conducive to better health, as it has associated healthy eating and the right choice of food products with fine flavour, fun, enjoyment and heritage. As far as production is concerned, the goal is to increase awareness among all those involved in the food chain, from farmers to transformers, middlemen and distributors. Measures are being implemented, in cooperation with distributors and food manufacturers, to ensure that national nutrition objectives are taken into account.
In January 2001, France introduced a specific nutrition policy, coordinated by the Department of Health. It covers a broad range of relevant sectors (agriculture, food, consumption, education, youth and sports and research), which are required to operate in concordance with economic operators, consumers and local authorities. This policy is implemented through the National Nutrition and Health Programme (PNNS), which has nine top-priority, quantified objectives and nine "specific" objectives (www.sante.gouv.fr, theme: nutrition). The term nutrition covers both nutritional intake (therefore eating habits) and energy expenditure through physical exercise, which the PNNS aims to increase. The strategies and measures implemented as part of the PNNS are based on several fundamental principles: the scientific validity of the messages delivered (which is guaranteed by groups of experts appointed by the public authorities) and the promotion of national and regional culinary heritage, gastronomy and the pleasure of eating. In the messages delivered to the general public, the emphasis is on a balanced diet, healthy food products and physical exercise. The necessity of complying with all the priority objectives when implementing action plans is also underlined.
Considering that nutrition plays a decisive role in human health, the PNNS deals widely with the consequences of nutritional status, in terms of health protection and as a risk factor for many widespread, costly and frequently fatal diseases (cardiovascular disease, obesity, diabetes, various forms of cancer, etc.). The PNNS does not discriminate against overweight or obese people, forbid any type of food or attempt to make people feel guilty.
In five years, a very large number of measures have been developed. They affect all the social categories, children (especially through school), adults and the elderly. Healthcare professionals, as well those working in the social, food and education sectors, have a vital role to play in implementing these measures.
The main role of the PNNS is to encourage various public and private sector players to act, by providing cohesive guidelines, references, government-designed tools and a framework for permanent dialogue. The programme is completed by a number of regulations.
The objectives of the PNNS are summarised in the report appended to the Public Health Law of 9th August 2004. A nationwide evaluation, based on a specific public survey, was conducted throughout 2006.

A FRESH GOVERNANCE

The national nutrition and health programme is a public health policy implemented by the Department of Health in cooperation with local authorities and the ministries of agriculture, consumption, social cohesion, education, youth and sports, and research. The interministerial committee for the agri-food industry also participates in this programme.
In accordance with their specific areas of competence, these ministries implement measures relating directly to the objectives of the PNNS. These measures therefore comply with the principles of PNNS and are presented to the various PNNS committees. The most important ones are outlined in this report on the second national nutrition and health programme.
On a regional level, the nutrition policy is incorporated into regional public health plans, which treat nutrition as a priority. Interdepartmental groups on food safety will also make sure that these measures are promoted in every area of France.

➢ On the national level

- **Every year, the minister of health will convene a meeting on French nutrition policy**, attended by the relevant ministers and interministerial delegations (agriculture and consumption, education, youth and sports, social cohesion, the elderly and research) The purpose of this meeting will be to define the strategic directions of the government's nutrition policy; it will be based on a report issued by the chairman of the PNNS steering committee.

- **The PNNS steering committee** will continue to operate. It convenes every month and ensures cooperation and communication between the main players in the implementation of the PNNS. It directs strategies and the development of actions in accordance with the objectives and principles of the PNNS, and within the framework established by the interministerial committee. Its members are authorised to represent their respective institutions and organisations. The Department of Health acts as secretary to the committee.

- **An annual conference** will now be organised to foster communication between the institutional partners of the PNNS, economic operators, health agencies (Institute of Public Health Surveillance, Food Safety Agency and the Institute of Health Prevention and Education), consumer associations (representing consumers, families and obese people) and the INCa.

➢ On the regional level

- A ***regional*** **steering committee for the national nutrition and health programme** has been created. It is chaired by the Regional Department of Health and Social Action (DRASS). It includes a regional scientific committee, responsible for coordinating national objectives with those of the regional public health plan. It submits proposals to the Regional Public Health Consortium (GRSP). Its members provide support for local projects and help to pass on information to the local press.

Objectives of the national nutrition and health programme, 2006-2010

General objective: improve the state of health of the whole population by acting on one of the main determinants, namely, nutrition.

- **Nine priority nutrition objectives, most of which are included in the public health law:**

1. **Increase fruit and vegetable consumption**, to reduce the number of low consumers by at least 25% (i.e. around 45% of the population).
2. **Increase calcium consumption**, to reduce the number of people with a lower than recommended calcium intake, and the prevalence of vitamin D deficiency, by 25%.
3. **Reduce the average proportion of lipids** in the daily energy intake to less than 35%, and the average consumption of saturated fatty acids by 25% (to less than 35% of total fat intake).
4. **Increase the consumption of carbohydrates** so that they account for over 50% of daily energy intake, by encouraging the consumption of starchy foods, reducing the current intake of simple sugars by 25% and increasing dietary fibre intake by 50%.
5. **Reduce annual alcohol consumption per capita** by 20%, in order to reach a goal of less than 8.5l/year/person.
6. **Reduce the mean blood cholesterol level** (LDL-cholesterol) in the adult population by 5%.
7. **Reduce the average systolic blood pressure** in adults by 2-3 mm of mercury.
8. **Reduce the prevalence of excess weight and obesity** (BMI > 25 kg/m2) in adults by 20% (to achieve a prevalence rate below 33%) and put a halt to the increasing prevalence of excess weight and obesity in children.
9. **Increase daily exercise**, by increasing by 25% the number of people of all ages doing the equivalent of at least half an hour of moderate exercise at least five times a week (i.e. 75% of men and 50% of women).

- **Ten specific objectives, included in the public health law:**

1. Reduce the average consumption of sodium chloride (salt) to less than 8g/person/day;
2. Reduce the incidence of iron deficiency anaemia in women of reproductive age to below 3%.
3. Improve folate status in women of reproductive age, particularly in those planning pregnancy, to reduce the incidence of neural tube closing defects.
4. Promote breastfeeding.
5. Improve calcium and vitamin D status in children and adolescents, and reduce the frequency of iron deficiency anaemia in children aged between 6 months and 2 years to less than 2%, and in children aged between 2 and 4 years to less than 1.5%.
6. Prevent, screen for and restrict malnutrition in the elderly, and improve their calcium and vitamin D status.
7. Reduce the frequency of iodine deficiency to 8.5% in men and 10.8% in women.

8. Improve the diet of disadvantaged populations by reducing vitamin and mineral deficiencies.
9. Protect people following restrictive diets from vitamin and mineral deficiencies; deal with the nutritional problems of people with eating disorders.
10. Take food allergies into account.

- **Ten general principles:**

The principles of the PNNS (2001-2005) have been maintained and extended:

- Each individual is free to choose the food that best suits his/her cultural and social background.
- The term "nutrition" refers to both food intake and energy expenditure through physical exercise.
- In addition to its biological purpose, the act of eating has strong cultural, social and psychological aspects: in France it is a much-sought-after pleasure. The PNNS takes into account the triple biological, symbolic and social dimension of eating.
- The strategies developed and the messages promoted under the PNNS are based on solid scientific expertise, provided by the public authorities.
- The purpose of the actions implemented within the PNNS is to promote nutritional protection, reduce exposure to risk factors for chronic disease and protect risk groups from exposure to specific problems; they reflect a general desire to see a positive change in the nutritional environment and in human health.
- The strategies, actions and messages developed under the PNNS must be cohesive and without contradiction (either explicit or by omission). They are all managed with a view to meeting the priority objectives set forth in this programme.
- The major actions outlined in the PNNS are implemented according to discussions within the steering committee and, on a regional level, under the terms of the regional public health plan.
- Incentive measures are the preferred option, especially when they can be adapted to different categories of players. However, regulatory measures may be introduced where necessary, to meet efficiency and equality criteria.
- The PNNS strictly forbids any form of discrimination based on eating habits or a specific nutritional status.
- The PNNS may not forbid or ban the consumption of any type of food (unless the consumption thereof is forbidden by law).

Monitoring, evaluation and surveillance of nutritional health

- **Objectives**:

  - **Evaluate the effectiveness of the actions undertaken** within this programme
  - **Provide all players** (economic, institutional, consumers) **with regular feedback on developments in the food supply**, in terms of nutrition
  - **Improve the system for supervising the nutritional habits of the general population**. Gather cohesive and complementary information on trends in food intake and the nutritional status of the French population, and on changes in the way food is perceived and in the extent on knowledge of food and nutrition. Harmonise data collection on the national and regional levels.

- **New measures**:

  - The steering committee shall organise the evaluation of measures taken as part of this programme. Every year, it will publish a summary of the nutrition policy implemented under the framework of the PNNS.

  - Create a **food quality observatory** responsible for monitoring food products and, in particular, their nutritional aspects (see the worksheet on the agri-food industry for further information). This observatory will monitor the entire food supply, focusing on the overall quality of products (and their nutritional quality in particular), as well as on socio-economic aspects. Hence, it will be possible to monitor the nutritional commitment of economic operators. The observatory will also publish an annual report on the nutritional quality of the food supply, including indexes for the key sectors.

  - The health insurance office **will conduct a medico-economic study to monitor the costs generated by the treatment of obesity**, as of 2007;

  - The Department of Health is doubling its investment in the **evaluation of nutritional health in France** (which will bring it up to 200,000 euros per annum). Studies will be repeated at regular intervals using the same methods, to enable comparison and provide a clear picture of trends over time (which are inadequately understood at present). Repetition over time of national nutrition surveillance surveys, to evaluate the PNNS: general population (ENNS 2006 and 2010), disadvantaged population (ABENA 2006 – continuation of the study as part of the three-year plan - 2008), institutionalised elderly people (2006, 2011), children from 0-3 years old (2007, 2011), school children (years 1, 6 and 10).

  - At the end of the programme (2010) the effectiveness of the measures introduced will be assessed by external auditors. These measures will then be adjusted according to their effectiveness. This evaluation could be carried out by the general inspectorate of social affairs.

ACTION PLAN 1: NUTRITIONAL PREVENTION

Worksheet: education and prevention: promoting consumer guidelines

PROMOTING THE 9 CONSUMER GUIDELINES IN THE PNNS

The purpose of the second national nutrition and health programme is, more than ever, to turn consumer guidelines into reality. These guidelines, which popularise the concept of a balanced diet and regular, appropriate exercise, are provided in an appendix to this worksheet.

1. General measures for the promotion of consumer guidelines

➢ **Objectives:**

- Increase awareness of the PNNS logo among the general public and intermediary professionals, and portray it as confirming the validity and credibility of the documents, tools and information on which it appears.
- Make sure that, by 2008, all projects funded by Regional Public Health Programmes (PRSP) use only tools or documents bearing the PNNS logo.
- Pursue efforts to bring together under a common umbrella all communication measures promoting the main consumer guidelines in the PNNS.
- Make messages accessible to a wider population, in order to reach the most nutritionally vulnerable people.
- Identify and inform the general public of any actions or messages that go against accepted scientific knowledge.

➢ **New measures**

- **Generalise the use of the PNNS logo to validate actions that comply with the PNNS.**
  Make sure that the PNNS logo is clearly visible in all campaigns and on all the documents produced by public authorities, both nationally and regionally.
  Associate the PNNS logo with quality, scientific rigour, pleasure and culture.
  Encourage those who publish documents and design nutritional programmes on either the national or regional level to seek validation by applying for the PNNS logo.

  Work with the **INPES to develop new tools for promoting consumer guidelines**, the aim being to facilitate the implementation of these guidelines by bringing them more into line with the population's actual eating patterns. A series of brochures and training guides was put together under the first PNNS. The goal now is to adapt these tools to specific populations (the disadvantaged, non-French-speaking people, schoolchildren, etc.) and for professional training purposes.

- **Transform the Internet site www.mangerbouger.fr into a source of information and valid advice on nutrition, obesity and diet-related disease.**
  This site, which promotes the national nutrition and health programme, will be improved **by the end of 2007**, through the development of new sub-sites for specific populations

(advice for overweight people, the official line on obesity surgery, information on diets, sub-site for local authorities and companies providing good examples of mobilisation, etc.). This site will then be continuously updated.

Legal support for the messages and actions delivered under the PNNS is provided by the ministries, as part of their respective roles and responsibilities.
The steering committee may also notify the appropriate ministries of any counter-messages or actions that obscure the recommendations of the PNNS, and are based on erroneous scientific concepts or presented in an ambiguous manner. In this event, the steering committee may request the opinion of various learned societies (Nutrition, Public Health, Paediatrics, Cardiology, Geriatrics, Sports Medicine, Hypertension, Oncology, Diabetes, the Association of French-speaking Dieticians, etc.).

2. Specific measures for promoting each individual consumer guideline

1. Promoting the guideline on consuming fruit and vegetables in all forms (fresh, canned, frozen, etc.)

➢ **Objectives:**

- Remove the main obstacles to increased consumption of fruit and vegetables (in all available forms).
- Improve the availability and accessibility of fruit and vegetables, by acting on visual appeal, proximity, quality, practicality, the variety of sales outlets, the availability of products, innovation, information and communication.
- Show how easy and enjoyable it is to eat fruit and vegetables, improve their image and teach people how to use them and fully appreciate their flavour.

➢ **New measures**:

- Promote fruit and vegetables in places such as companies, institutions, public places, etc. Commitment charters may include references to:
    - Collective catering (promote fruit and vegetables by adjusting employer subsidies as required; conduct information, education and discovery campaigns).
    - The permanent availability of fruit and vegetables: baskets of fruit and vegetables or fruit and vegetable vending machines.

- Facilitate access to fruit and vegetables:
    - Improve local distribution (evening markets, 4 seasons, etc.)
    - Introduce a quality clause for fruit and vegetables sold on the market
    - Larger fruit and vegetable departments in superstores and better signposting

- Increase the number of discovery campaigns conducted by collective catering companies, the distribution sector and city authorities:

    - Fruit and vegetable events in local shops.
    - Distribute fruit and vegetable vouchers (or cheques), if possible to low consumers in particular, to encourage people to try new products.

- The Ministry of Agriculture will continue to lead the workgroup on fruit and vegetable accessibility, under the framework of PNNS 2. This group is composed of institutional and professional players. It aims to strengthen the links between all those involved in the fruit and vegetable business, from primary producers to wholesalers, retailers, distributors and consumers. It also fosters and coordinates local and national initiatives, by playing on all the factors that influence accessibility (proximity, practicality, visual appeal, education, information, communication). The emphasis will be placed on measures involving local authorities (in particular school catering organisations) and charity bodies.
- Support for innovation. The Ministry of Agriculture has asked the INRA to set up a Scientific Interest Group (SIG) on fruit and vegetables, comprising both technical centres and professionals to ensure that knowledge is shared between all players
- The Ministry of Agriculture has called upon the collective scientific expertise of the INRA, to define the stakes and determinants relating to fruit and vegetable consumption. This study should enable us to identify the main obstacles to fruit and vegetable consumption, the factors that increase consumption, and the product offer and modus operandi of the various branches in the business. The results of this study are expected to come out in July 2007.
- This subject will be systematically included in commitment agreements with food industry players, institutional catering organisations and other companies, municipalities and other local authorities.

2. Promoting the guideline on whole grain cereal products

➢ **<u>New measures</u>**:

- Improve the nutritional quality of standard bread: increase the consumption of bread made with stronger whole grain flour, e.g. type 80.
- Include bread made with type-80 flour in specifications for collective catering companies.
- Draw up commitment charters with professional sectors (bakers and millers), large-scale distribution organisations, collective and commercial catering companies, municipalities and other local authorities, and associations.
- Investigate the possibility of changing regulations on bread, so that the minimum flour type number for standard bread is 65 and the maximum salt content is 18g/kg.

3. Promoting the consumer guidelines that aim to limit the consumption of sugary and/or fatty and/or salty foods

➢ **<u>Objectives</u>**:

- Improve the nutritional quality of transformed food products by reducing their salt, added sugar and fat content.

- Limit incentives to consume products with a high energy density.

➢ **New measures**:

- Draw up commitment charters with food product manufacturers, large-scale distribution organisations, collective catering companies, etc.;
- A "lipids group" will be set up at the beginning of 2007. It will consist of both professionals and government representatives, and its purpose will be to define progress commitments.

4. Making the guideline on water consumption feasible for all

➢ **New measures**:

- Increase the availability of water in public places, companies and fast-food restaurants
- Provide drinking fountains in public places and transit spots
- Provide drinking fountains in private companies
- Provide drinking fountains in fast-food restaurants
- Draw up commitment charters with local authorities (by means of the "PNNS active city" charter for example), companies, fast-food restaurants, etc.
- Change regulations

5. Promoting the guideline on physical exercise

➢ **Objectives**:

- Encourage physical exercise
- Make sure that everyone has access to a daily, adapted physical activity

➢ **New measures**:

- City planning: promote and facilitate the use of active means of transport, such as walking, cycling, inline skating, pedestrian buses, health runs, etc.
- Incentive signs in cities, railway stations, subways, university bus shelters, large stores, etc.
- In the workplace: incentive signs and better access to pleasant staircases; installation of exercise bicycles and agreements with nearby sports facilities; exercise areas (and showers); provide employees with vouchers for sports facilities.
- Draw up commitment agreements with local authorities, companies, etc.
- Make sports facilities more accessible by:
    - extending opening hours,
    - adjusting prices,
    - providing new local sports equipment and developing an appropriate, pro-active management policy, under the responsibility of local authorities.

- Develop measures to promote physical exercise and sport under the framework of local educational contracts and youth projects, in cooperation with secondary schools and sports clubs.
- Develop PNNS-compliant training programmes for sports club instructors, coordinated by consultant doctors from regional youth and sports departments.

Especially for sedentary people:

- Support associations that promote individually-tailored physical exercise or sports (especially for overweight children).
- Reinforce the role of regional and local youth and sports departments in guiding people towards suitable facilities; integrate projects targeting young people into obesity treatment networks, in full cooperation with local authorities.
- Using the EFFORMIP network (in the Midi-Pyrenees region) as a model, foster cooperation between healthcare professionals and qualified sports instructors in dealing with sedentary people or those suffering from a chronic disease.

3. Nutritional and dietary education in schools

Several nutrition education tools were distributed in secondary schools in September 2006:

- The "Ados" handbook, handed out to all year-8 children by natural science teachers. Operation carried out every year.
- The health education handbook for secondary school students ("Fourchettes et Baskets"), which deals with diet and exercise.
- An educational kit for nursery and primary schools, consisting of a poster of the PNNS guidelines (designed especially for children) and a nutrition guide for parents: October 2006.

➢ **New measures**:

- Send a circular (from the ministries of education, health and agriculture) to *school principals* and heads of establishment, emphasising the importance of:
    - Nutritional and dietary education (reminder of the PNNS consumer guidelines, etc.).
    - The food supply (*lunches, snacks*, etc.).
    - Physical exercise and sport.
    - Identifying excess weight and obesity problems.
    - Destigmatising obesity.
    - *Examples of educational projects*.

- The INPES will develop a new communication tool, focusing on health education for children who are either overweight or in danger of becoming obese (secondary prevention). It will be aimed at doctors and healthcare professionals.

➢ **Timeframe**: send this circular to all heads of establishment by the end of 2006.

DEVELOPING COMMUNICATION CAMPAIGNS ON THE PNNS CONSUMER GUIDELINES

The chosen strategy is to promote **positive nutrition**, combining both a healthy diet and pleasure in eating, and taking into account the complexity of individual eating habits and social and cultural aspects.
The goal is to publicise the PNNS guidelines and facilitate the everyday implementation of these guidelines.
The main objective is still to inform the general public of these guidelines. However, there will now be a second objective, namely to make these guidelines more accessible to the general public and to specific populations.
All of the PNNS guidelines, which define a healthy diet and physical exercise requirements, will be promoted, but some of them will be given special emphasis through specific communication campaigns: fruit and vegetables, physical exercise, sugary and fatty foods, starch, etc.

➢ **New measures**:

- Implement the PNNS consumer guidelines through operations similar to the "short programme", in cooperation with one or more TV channels (TF1, France televisions) / end 2007, 2008, 2009.
- Promote specific parts of the PNNS guidelines:

In 2007:

- Physical exercise: the equivalent of at least half an hour of fast walking every day – the communication campaign will aim to ensure that everyone follows this guideline on a daily basis (through walking, climbing stairs, cycling, etc.)
  The INPES media campaign in 2003 and the documents associated with it, alerted the general public, professionals and a large number of local authorities to the importance of physical exercise, alongside nutrition, in health promotion and risk prevention. The challenge now is to further raise awareness of this issue, and facilitate the practice of physical exercise in daily life, by creating a more propitious and safe environment.

  This campaign will be rolled out on a national scale, and promoted to city authorities for local implementation.

- Fruit and vegetables: at least 5 portions of fruit and vegetables a day. The communication campaign will strongly recommend eating fruit and vegetables at every meal and for snacks, in any form whatsoever (raw, cooked, plain or with other ingredients, fresh, frozen or tinned).

  Most people are already aware of the health benefits of eating fruit and vegetables. What we need to do now, besides deepening this awareness, is to remove the main obstacles to increasing consumption of this food group.

- Wholegrain cereal products: starchy food should be taken at all meals, according to the appetite. The communication campaign will promote the consumption of wholegrain cereal products, and urge people to vary the types of cereals they eat.

In 2008:

- Campaign promoting the guidelines on “sugary" and "starchy" foods. It will also encourage people to eat less added fats (especially saturated fats).

In 2009:

- Salt: eat less. The campaign will promote the benefits of iodised salt. It will give concrete advice, such as: do not add more salt until you have tasted the food, add less salt to cooking water, and reduce your consumption of the most salty food products.
- Water: drink as much water as you like. The communication campaign will emphasise the benefits of drinking water throughout the day, for both pleasure and health reasons. It will encourage people to drink less high-sugar beverages.

APPENDIX: REVIEW OF THE 9 CONSUMER GUIDELINES

Fruit and vegetables
- At least 5 a day
- At all meals and for snacks
- Raw, cooked, plain or with other ingredients
- Fresh, frozen or tinned

Bread, cereals, potatoes and dried vegetables
- At all meals, according to the appetite
- Give preference to wholegrain cereal products or bran bread
- Eat a wide variety of products

Milk and dairy products (yoghurt, cheese)
- 3 a day
- Eat a wide variety of products
- Give preference to cheeses that have a high calcium content, but contain less fat and salt

Meat, poultry, fish and eggs
- One to two portions a day
- In smaller quantities than the garnish
- Meat: eat a wide variety and choose the leanest cuts
- Fish: at least twice a week

Added fats
- Limit intake
- Give preference to vegetable fats (olive oil, rapeseed oil, etc.)
- Eat a wide variety

- Reduce animal fats (butter, cream, etc.)

Sugary products

- Limit intake
- Watch out for sugary drinks
- Watch out for foods that are high in both fat and sugar (pastries, cream desserts, chocolate, ice-cream, etc.)

Drinks

- As much water as you like
- During and between meals
- Limit your intake of sugary drinks (choose diet drinks instead)
- Alcohol: do not drink more than 2 10cl glasses of wine a day (for women*) or 3 glasses (for men). 2 glasses of wine are equivalent to about 1 litre of beer or 6 cl of strong alcohol

  * excluding pregnant women, who should avoid drinking any alcohol at all during their pregnancy

Salt

- Limit intake
- Use iodised salt
- Do not add more salt before tasting
- Reduce the amount of salt used in cooking water
- Cut back on salty cheeses, pork-butcher's meat and appetizers

Physical exercise

- The equivalent of at least half an hour of fast walking every day

Worksheet: acting on the food supply

FURTHER INVOLVING ECONOMIC OPERATORS IN THE IMPLEMENTATION OF THE PNNS: FORMALISING COMMITMENTS TO PROGRESS

➢ General objective

Encourage economic operators to improve the nutritional quality of their products, in order to meet the objectives of the PNNS and the public health law. This policy aims, in particular, to streamline the use of certain nutrients in France (salt, sugar, saturated fats), by acting on the food supply. This goal is perfectly in line with the food policy implemented by the Ministry of Agriculture.

➢ Specific objectives

- Create the conditions needed for effective collaboration between public and private operators in the food and nutrition sector: based on clear, pre-negotiated and approved principles, the underlying aim being to improve food products, the food environment and the service provided by business operators;
- Give economic operators the opportunity to showcase their efforts to meet the objectives of the PNNS (principle of exemplarity);
- Showcase industrialists or groups of companies that introduce measures on behalf of their employees, with a view to improving food quality in accordance with the PNNS and/or facilitating physical exercise in the workplace.

New measure: suggest the establishment of nutritional commitment charters to economic operators.

The government has given economic operators in the various branches of the food sector (agri-food industry, distribution, primary production, professional federations, etc.) the opportunity to develop charters of commitment to nutritional progress, preferably on a joint basis but also individually. The terms of these charters will depend on the specific features of the businesses and products concerned. Preference will be given to joint commitments, in order to involve as many operators as possible and therefore increase the impact on public health.

These commitment charters will focus in particular on:

- The nutritional composition of products. Industrialists will commit to taking nutritional considerations into account when defining the composition of food products (thus concretizing the recommendations of the WHO and the objectives of the public health law and the PNNS). They will also commit to improving the nutritional quality of as many existing food products as possible (within the limits of technical possibilities). New products must meet high nutritional standards, especially with regard to macronutrients (salt, sugar, fat), which have an impact on public health.
- The size of portions, the presentation of products and the price/nutritional quality ratio.
- Communication and advertising, especially that targeting children.
- The availability of products among disadvantaged populations (actions on prices, etc.).
- The quality of the overall food supply, taking into account the priorities of PNNS 2.

- Corporate social responsibility for employees (nutritional training and advice, promotion of physical exercise, improvement of food products in canteens), and for specific external projects (support for joint nutritional policies, promotion of physical exercise, etc.).

Joint commitments will also be made by certain professions, further to negotiations. These negotiations will be conducted by special workgroups, led by the ministries of health and agriculture and including all interested parties. The workgroup on carbohydrates, led by the Ministry of Agriculture, will be continuing its work. A similar workgroup on lipids will be set up at the beginning 2007.

These commitments will apply to all product ranges and as many individual products as possible, the aim being to improve public health. The companies concerned may publicise their commitment on an institutional level, but not their products.

These charters will clearly reflect the commitment of economic operators, and will mention specific, verifiable objectives, and the budget and timeframes relating to these objectives. The aim is to improve food services and quality, in accordance with the PNNS. This improvement must be tangible and substantial, and must benefit disadvantaged populations in particular. Furthermore, thanks to these charters, all operators will be treated equally.
The new food quality observatory will conduct regular **reviews** of the progress made and of the conformity of actions with commitments.

These commitment charters are the first step in the nutritional "quality" process, through which economic operators will seek external validation of their nutrition policy.

They will be implemented as follows:

First half-year 2007:

Phase 1: **definition, within 6 months, of a set of specifications for these commitment charters**. A committee of experts, appointed by the ministries of health, agriculture and consumption, will draw up these specifications. This committee will include experts from health protection agencies (AFSSA, InVS, INPES) and research institutes (INSERM, INRA), as well as academics specialising in nutrition, humanities, food technology and marketing, consumer representatives, economic operators and other qualified people.

From spring 2007:

Phase 2: **negotiation of the contents of each charter**. These negotiations will be led by the ministries of consumption, health and agriculture, and will involve all the parties concerned. The outcome will be validated by the committee of experts and presented to the PNNS steering committee.
Furthermore, care will be taken to ensure that all parties are treated equally under the terms of these charters, to prevent distorted competition between players.

Promoting primary products

On the whole, primary products are of good nutritional value, and the use of such products should be encouraged, especially among low-consumption populations.
In parallel to the introduction of progress commitment procedures, the ministry of agriculture is implementing a policy to promote primary products through scientific interest groups. They will be developed further in the future, in accordance with the PNNS.

A scientific interest group on the milk sector (Améthée) was formed in 1998. Similar groups will be set up on the fruit and vegetable, meat and cereal sectors.
They act as a focal point for orienting and coordinating research and development, and bring together upstream and downstream players from both the public and private sectors. The INRA is involved in the creation of these groups, and may play a driving role in extending them.

CREATING AN OBSERVATORY OF FOOD QUALITY

In a notice issued on 19th May 2005, the National Council for Food (CNA) drew attention to the dispersed nature of data on food and eating patterns. As a result, it recommended creating an "observatory of food quality", responsible for producing, centralising and analysing socio-economic data - on agricultural production, consumption, the perception of food by consumers (using a barometer), etc. - with a view to improving dialogue and communication.
It advocated a broad approach to food quality, which would provide an overall vision of the food sector and of the many interactions between related aspects (health, behaviour, economy).

➢ **Objectives**

- Centralise and process nutritional data (ingredients, portion sizes, etc.), as well as related economic and socio-economic data (food prices, information and promotions, purchasing patterns, etc.).
- Monitor trends in food supply quality, especially in terms of nutritional value. This observatory will document and monitor the efforts made by the food sector, and ensure that commitments drawn up under the PNNS are followed through.
- Monitor the food market. The observatory will be a valuable decision-making tool for public officials, and will facilitate government policy-making, the definition of risk management strategies and the evaluation of the impact of public policy.
- Create a visible and indispensable platform for discussion and the exchange of information and data.
- Create an effective lever for encouraging food sector professionals to improve the quality of their products, and for measuring the impact of these improvements.

Such an observatory must be of a permanent nature. It must involve all relevant institutional players and operate in partnership with professionals. At present, the project developed by the ministries of agriculture and health has been approved on principle by all the relevant players.

➢ **New measures**:

- **Before the end of 2006, conduct a diagnostic study** to identify the indicators that will be monitored and estimate costs and funds according to the anticipated extent of the project. Responsibility for this study will be shared with relevant professionals, the aim being to involve them in discussions and the definition of needs at a very early stage, and to bring them together around a common project. The INRA has offered to coordinate the study. This observatory will draw essentially on the joint socioeconomic and nutritional expertise of the INRA and the AFSSA, as well as on the contributions of the partners identified during the preliminary diagnostic study.

- Implement, as a priority, **the observatory's nutrition-related activities, based on the expertise of the AFSSA.** The observatory shall be responsible, in particular, for:
  - collecting data on trends in the food supply and in the nutritional content of food products, and gathering information on food advertising,
  - analysing results achieved through the development of nutritional commitment charters with economic operators,
  - **issuing an annual report on the nutritional quality of the food supply,**
  - regularly publishing indicators for key sectors, broken down according to market segment (low-price, middle and top of the range, distributors' own brands, hard discount, etc.),
  - publishing indicators that reflect the efforts made by private operators to improve the food supply,
  - collecting data on food advertising (TV, radio, etc.).

- **Roll out the entire project before the end of 2007.**

NUTRITION LABELLING

1. Nutrition labelling and consumer information

Nutrition labelling is essential in helping consumers make informed purchasing decisions. It also highlights the progress made in the nutritional quality of food products. Now, consumers find current labels difficult to understand and use. The widely varying presentation and layout of these labels leads to confusion.
Labelling is regulated in Europe by directive 90/496/CE. This directive is currently being revised, at the request of France in particular (in October 2004).
The authorities have brought in a group of experts to compare possible systems. In spring 2006, the National Consumer Council (CNC) issued a set of guidelines on nutrition labelling (different systems, potentially eligible products, better terminology and practical methods for determining values). The Ministry of Agriculture and Fisheries and the Consumer Protection, Housing and Quality of Life Association (CLVC) conducted a consumer survey at the end of spring 2006, to analyse consumer perception and understanding of nutrition labelling. Finally, the French Food

Safety Agency (AFSSA) will issue a report comparing different labelling systems by the end of 2006.

- **Objectives**:
  - Promote best consumer information practices, in accordance with European law. The aim is to provide consumers with factual information that will help them make informed purchasing decisions, in line with general or specific guidelines.
  - Introduce a more straightforward labelling system, providing a limited amount of information, preferably in graphic form for easier understanding. This system should enable consumers to choose between different products. Therefore, the same system must be used for all commodities.
  - Facilitate the implementation of the PNNS consumer guidelines, through the information provided on food products.

- **New measures**:

  - As previously mentioned, the European directive on nutritional labelling is currently being revised. In the meantime, and as part of this revision procedure, the government plans to define an **official nutrition labelling reference guide** by the end of 2006, based on the latest expert recommendations. This guide will be tested on an extensive and representative group of consumers, and the French authorities may argue in its favour during community negotiations.

  - Before the end of 2006, the government will launch a study into the benefits and feasibility of attaching an optional label to certain food products summarising, in one way or another, the PNNS consumer guidelines. This label will be completely separate from the nutrition label, and will enable the consumer to quickly and clearly identify food products recommended for increased consumption.

2. Foods that are good for the health

Enriched foods, and foods that are claimed to be good for the health, are currently very popular. Two European regulations will soon be coming into force, to regulate the use of nutrition and health claims and the enrichment of food products.
These regulations require scientific validation of nutrition and health claims, which, in France, will be conducted by the AFSSA. They are based on the principle of nutritional profiles, which are currently being defined.
In February 2004, the AFSSA issued a report entitled "Specification for the Selection of a Nutrient - Vector Food Pair". This report lists all the conditions that must be met before adding nutrients to a food product. It stipulates that any such addition must be *nutritionally beneficial* to the consumer.
Nevertheless, a great deal of confusion still surrounds this subject, and consumers remain bewildered by these products, which manufacturers claim are beneficial to the health.

- **Objectives**:

  - Help consumers understand the exact role of these products.

- Define optional guidelines to the use of health claims on food products.

➢ **New measures**:

- **The AFSSA shall conduct a behavioural study by the end of 2007**, on the consumer's perception of these products. Its conclusions will be based on the expert opinions of the scientific bodies competent in the field. It will analyse the conditions in which these products are *actually consumed*.
- This study will enable industrialists to define optional guidelines on:
  - how and when to use these strategies (for example, focus on enrichments and health claims that further official public health objectives, especially those set forth in the public health law),
  - possible measures to improve the consumer's understanding of the role and value of these products.

COLLECTIVE CATERING

➢ **Objectives**:

- Improve the nutritional quality of food products in school canteens, by creating a set of minimum, compulsory criteria.
- Encourage corporate catering companies to take measures to improve their food products.

➢ **New measures**:

- Adopt an interministerial order defining requirements for school catering, as suggested by the National Council for Food.
- Encourage companies to take measures in favour of healthy eating:
  - Improve the quality of the food supply (for example, provide fruit and vegetable vending machines or baskets),
  - Provide nutritional information for diners,
  - Encourage physical exercise in the workplace or outside (sports facilities, showers, signing, facilitated access to sports clubs, etc.).

The occupational physician will also be involved in drawing up these measures.

These measures will be put together into a commitment charter, negotiated with the Regional Department of Health and Social Action (DRASS).

ACTION PLAN 2: IDENTIFICATION AND TREATMENT OF EATING DISORDERS

Worksheet: identifying and treating childhood, adolescent and adult obesity

Given the very fast rise in the number of obese and overweight people and, above all, the decreasing age of onset, current strategies for identifying and treating obesity need to be revised. Obesity is multifactorial, and therefore requires an exceptionally broad and multidisciplinary treatment programme, involving not only healthcare professionals (doctors, dieticians, etc.), but also non-clinical personnel in schools, institutions and clubs (sports instructors, leisure centre workers, etc.), to deal with the physical exercise aspect. All these people must work together in a coordinated fashion. Therefore, a treatment network or, alternatively, a treatment programme coordinated by the first-line healthcare professional (paediatrician, general practitioner or attending physician) needs to be set up to meet requirements. The treatment programme should also take account of the patient's lifestyle and, above all, family background.
The sooner preventive treatment is undertaken, the more effective it is. This means setting up an efficient system for identifying sensitive cases and implementing subsequent, long-term treatment.
Preliminary work has already been done, which can be used as a basis for new measures: in 2002, the French National Authority for Health issued guidelines on the treatment of obesity. Furthermore, an experimental childhood obesity treatment network (REPOP) was set up in 2003, and has since proven that networking is effective in the treatment and management of obesity.

REINFORCING EARLY DETECTION AND DELIVERING TREATMENT

➢ Objectives:

- Detect obesity as early as possible and develop treatment options, especially through obesity networks (see below).
- Actively involve PMIs (mother and child care centres) and school doctors in identifying the onset of obesity, alongside paediatricians and general practitioners (family doctors).
- Encourage all medical establishments to systematically use the growth charts in the C*arnet de Santé* (personal child health record) to plot weight, height and corpulence.
- Make sure that, whenever obesity is detected, it is treated.

➢ Actions / measures

- Systematically screen for excess weight and obesity during medical check-ups in schools (especially in year 2) and PMIs. Promote screening by nurses, as part of the medical monitoring of schoolchildren.
- In PMIs, schools and private practice: extend the use of the screening tools developed in 2003 and distributed to doctors (BMI calculation disks, explanatory leaflets, the CALIMCO software programme), to encourage the systematic screening of obesity in children.
- Make sure that children identified as being obese are monitored by school nurses, in close cooperation with their families and the appropriate network of specialists.
- Involve medical representative bodies in the development of tools, training programmes and screening and treatment awareness campaigns.

- Support public awareness efforts such as the childhood obesity screening day organised by the Ambulatory Paediatrics Association.

➢ **Timeframe**: a priority for 2007, parallel to the development of networks.

CREATING OBESITY TREATMENT NETWORKS

12 city-hospital networks are currently working on obesity. These networks are very recent (2 of them were set up in 2003).

➢ **Objective**:

- Deliver good-quality, multi-disciplinary treatment, usually over a period of 6 to 12 months, resulting in long-term, practical solutions.
- Bring together healthcare professionals around a joint project, providing them with training and advice on how to deal with patients in what can be a difficult situation.
- Involve non-clinical personnel from institutions, school sports departments and sports clubs in the treatment process.

➢ **New measures**:

The development of networks

- Over the next two years, within the limits of possibilities, set up adult and childhood obesity treatment networks around all 31 University Hospital Centres and in all volunteer localities, based on best practice guidelines and a national specification.

First half-year 2007:

- Identify existing healthcare networks in each region, which address nutrition-related issues (chronic disease, diabetes, obesity/nutrition, the elderly, cardio-vascular disease, insecurity, etc.), and also involving local authorities and school doctors.
- Identify the types of population targeted by nutrition and obesity networks.
- Encourage the development of nutrition and obesity networks, especially in regions where there are no such networks.
- Work with Regional Hospitalisation Agencies (ARHs) to identify projects to develop nutrition networks.

Second half-year 2007:

- Draw up specifications for nutrition and obesity networks, in parallel to specifications on chronic disease. These specifications will be drawn up by a group of advisors and experts, under the joint leadership of the Department for Hospitalisation and Health Care Organisation (DHOS) and the National Health Insurance Fund for Salaried Workers (CNAMTS).
  These specifications will focus on the objectives and modus operandi of nutrition and obesity networks. They will recommend solutions based on existing networks and

facilities able to participate in patient monitoring, thanks to the expansion and sharing of resources. A section defining the criteria for evaluating networks will be included.

- Ensure the growth of networks through specific regional allocations; make sure that they benefit from regional funding and that they are evaluated as soon as the 2007 network funding plan is drawn up.
- Set up a national coordination system for these networks, with a view to sharing experience, validating suitable operating modes and circulating relevant tools.

Accompanying measures

- Develop tools to facilitate the treatment of obese people:
    - Appoint a group of experts to define the various types of tools needed to deliver quality-compliant treatment. Identify and validate existing tools (use of the PNNS logo).
    - Implement a large-scale information campaign targeting the sponsors of nutrition and obesity networks, to ensure that the same tools are used throughout.
    - Facilitate the testing of certain tools, by creating specific objectives and clearly defined results and process indicators.
    - Develop therapeutic training tools for doctors and professionals involved in the treatment of obesity.
    - Publish two papers (in the collection "Les synthèses du PNNS"), aimed primarily at members of existing or developing networks and discussing guidelines to the treatment of adult and childhood obesity. These papers will also address the issue of discrimination against obese people, and must be approved by the French National Authority for Health (HAS).
    - Ask the French National Authority for Health to define best practices for the surgical treatment of morbid obesity (e.g.: use of gastric rings in particular).
- Include the issue of nutrition in the specifications for other healthcare networks.
- Assist private healthcare professionals in promoting best practices for treating and preventing obesity; distribute the specifications, recommendations and notices issued by the French National Authority for Health, notably through confraternal meetings set up by medical examiners or regular visits by national health insurance agents; the French National Authority for Health and the Health Insurance Office will work together on making best practice guidelines more accessible and readable for healthcare professionals.

Patient education and mobilisation

- Develop personalised prevention programmes targeting chronic pathologies and including prevention and education practices for the patient, as well as information on treatment and care options. To begin with (2006/2007), the Health Insurance Office will develop personalised diabetes prevention programmes, with a special focus on the associated nutritional and obesity problems. It will try out innovative care options, possibly under a capitation payment system, to reduce the complications associated with these pathologies. These options may include preventive treatment, based on the specifications issued by the French National Authority for Health. Hence, scientifically-validated treatment and prevention measures performed, for example, by private dieticians working in support of the attending physician, may be covered by the Health Insurance Office. These measures

will be implemented under the terms of the national plan for "quality of life for people with chronic disease".

Involve dieticians in healthcare networks

Dieticians have an important role to play in the treatment of eating disorders. They are key players in city/hospital networks for treating obesity, and are also more generally involved in health facilities that treat undernutrition.

A bill establishing the rules specific to the profession of dietician was introduced to parliament in November 2005. This bill defines the profession, creates a national diploma that will replace all existing diplomas, defines the criminal penalties applicable to illegal practice and usurpation of title, and requires dieticians to register on a local practitioners' list (Adeli). This list will be a means of monitoring the demography of the profession.

This law will define the dietician as a professional, who delivers advice on nutrition and, subject to medical prescription, participates in the nutritional education and rehabilitation of patients with metabolism and eating disorders, by drawing up a personal nutrition plan and an appropriate nutritional education programme. Dieticians also help to define, assess and inspect the quality of food served in collective catering establishments, and take part in public health prevention activities relating to nutrition.

- The network specifications will define the role played by professionals such as nutritionists, dieticians, nurses, physiotherapists and psychologists in nutrition/obesity networks. At present, there are the equivalent of 2884 full-time dieticians working in healthcare facilities.
- Once the bill has been passed, the Department of Health will draw up a decree relative to the professional activities and practices of dieticians, which will apply to all professional dieticians regardless of how and where they work.
- As part of these preliminary procedures, the Department of Health will ask the French National Authority for Health – under its 2008 programme - to define specifications and best practices for the dieticians, nurses, masseur-physiotherapists and other caregivers involved in the multi-disciplinary treatment of obesity.

Evaluation

- In 2007, define evaluation indicators covering the entire anti-obesity programme.

ENHANCING THE TRAINING OF HEALTHCARE PROFESSIONALS

The success of this nutrition policy depends on an even higher level of professionalism among healthcare workers in all sectors. In autumn 2006, Pr. Ambroise Martin will submit a report on the nutritional training of healthcare professionals to the Department of Health, at its specific request.

This report will provide the basis for revising and improving training strategies.

➢ **Objectives:**

- Significantly improve the training of the many professionals involved in nutrition, in order to guarantee the consistency and quality of treatment.

➢ **New measures**:

- Include basic training on the PNNS guidelines, practical screening methods, obesity treatment and the main pathologies linked with nutritional deficiency in the initial training of doctors, dentists, pharmacists, nurses and orderlies.
- Include nutrition modules in the initial training of relevant non-clinical staff and, in particular, social sector workers, sport and exercise specialists (sports instructors, leisure activity leaders), primary school teachers and some secondary school teachers (of sports and life and earth sciences).
- Extend the range of continuing training programmes available to healthcare professionals, to create "a common knowledge base". Continuing medical training has been compulsory since the law on patient rights and healthcare quality was passed on 4th March 2002. Nutritional prevention and the campaign against obesity will be a priority subject in the continuing medical training delivered by training centres.
  These training programmes will focus on both the treatment and prevention of obesity, as well as the treatment of nutrition (and undernutrition) problems in children, adolescents and adults;
- Distribute PNNS communication, information and education tools to the elderly, caregivers and healthcare professionals through local gerontology information and communication centres (CLICs), which are managed by county councils.
- Set up training programmes for home nursing services, in cooperation with relevant associations and federations.
- Develop training programmes on the detection of undernutrition, for non-clinical staff who carry out home visits (programmes based on the PNNS training kit): home helps (in cooperation with relevant associations and federations and the local authorities), social workers (in cooperation with county councils and social action community centres - CCAS), home meals delivery persons (in cooperation with city halls and social action community centres).
- Reform the initial training of dieticians, according to a project to create a university degree programme.
- New training tools will be developed for intermediary workers such as sports instructors, school doctors and social workers, to provide nutritional knowledge and educational skills.

➢ **Timeframe**: 2007/2008

EQUIPPING REFERENCE HOSPITALS TO RECEIVE MORBIDLY OBESE PATIENTS

➢ **Objectives**:

- Provide reference hospitals with the equipment required to treat morbidly obese patients in the best conditions possible.
- Improve the heavy equipment population in these facilities (MRI scanners, etc.).
- Provide better national coverage, gradually decreasing the distance between facilities.

➢ **New measures**:

- In 2007: provide the funding to fit out **all interregional reference hospitals** specialising in obesity treatment with equipment that complies with the circular issued by the department for hospitalisation and organisation of care on 11th February 2005.
- In 2008: provide funding for the last of the **31 University Hospital Centres** that have not yet been equipped and will be participating in obesity treatment networks.

These facilities will act as reference points for nutrition and obesity networks.

- The MRI scanners in these facilities will eventually be replaced by open-field MRI scanners, which can be used by people of all builds.

MANAGING BARIATRIC SURGERY

Obesity surgery is growing rapidly. In 2001, the National Agency for Healthcare Accreditation and Evaluation (ANAES) issued a report on morbid obesity surgery for adults. This report assessed the benefits and the risks involved in the main surgical options for adult patients. It reported the development of unevaluated surgical interventions, in particular the insertion of gastric rings. The National Health Insurance Office (CNAM) conducted a survey in 2004, which confirmed the rise in this type of surgery and showed that specifications in this field are not adequately enforced.

➢ **New measures**:

- Refer the case to the French National Authority for Health, with a view to defining best practices for bariatric surgery.

Worksheet: preventing, identifying and treating undernutrition

➢ **Context**:

The importance of healthy eating in preventing certain diseases, delaying ageing and, more generally speaking, preventing dependence has now been clearly proven. Most importantly, elderly people must eat the same amount of food as younger adults, but it must also be rich and varied to prevent undernutrition. Excessively strict diets, which may cause a loss of taste and appetite, should be avoided, as they can lead to calcium, protein and energy deficiencies and, ultimately, disease or accidents.
The prevalence of undernutrition in hospital patients is estimated at 25 to 45%. It affects people of all ages, suffering from all diseases. However, elderly people are particularly vulnerable. The medical consequences are significant: deterioration in the state of health, various complications.

SETTING UP AN EFFECTIVE SYSTEM FOR DETECTING AND EVALUATING THE RISK OF UNDERNUTRITION, APPLICABLE IN THE HOME, HOSPITALS AND MEDICO-SOCIAL FACILITIES

➢ **New measures**:

2006:

- Better inform senior citizens, elderly people and healthcare professionals.

    1. Distribute the Nutrition Guide to everyone over the age of 55 (October 2006)
    2. Distribute the Nutrition Guide to carers of vulnerable elderly people
    3. Distribute the explanatory booklet that goes with these two guides to healthcare professionals.

2007:

- Appoint a nutrition specialist in each healthcare facility, to improve the treatment of nutritional pathologies in the different departments.
- Set up training programmes for healthcare professionals, on preventing, identifying and treating undernutrition (see the worksheet on continuing medical training, page 32).
- Set up training programmes for home healthcare services and for non-clinical staff who perform home visits (see page 33).
- Encourage the development of gerontological health networks, integrating nutritional issues (prevention, detection and treatment of undernutrition).

EFFICIENTLY TREATING UNDERNUTRITION IN HEALTHCARE AND MEDICO-SOCIAL FACILITIES

- **Actions/measures**:

  - By 2010, set up Food-Nutrition Liaison Committees (CLANs) in all healthcare facilities, with joint committees for small facilities. Make sure that these committees have everything they need to operate effectively.
  - Include the prevention, detection and treatment of undernutrition in the agreements on objectives and resources (COMs) drawn up between Regional Hospitalisation Agencies and healthcare facilities, bearing in mind the nutritional objectives in the regional public health programmes.
  - Encourage the implementation of 7 experimental, cross-discipline clinical nutrition units, in accordance with specifications. These units should be evaluated after 3 years. They will consist of a team of healthcare professionals working directly with the patient and providing nutritional care appropriate to the patient's needs. Their main objectives will be to improve the detection of undernutrition, and the quality of prevention and treatment procedures.
  - Promote the guidelines that will be defined by the French National Agency for Hospital Audit and Expertise, as part of its current project on the organisation of catering in healthcare facilities. The objective is to improve the food service for patients (better quality, mealtimes adjusted to the patient's eating patterns, more regular inspection of returned meal trays). The improvement of this service will help reduce the risk of undernutrition.
  - Develop training programmes on the prevention, detection and treatment of undernutrition for all personnel who provide assistance and care in residential homes for the dependent elderly (EHPADs), in cooperation with coordinating doctors.
  - Encourage formal partnerships (either through an agreement or a social or medico-social cooperation group, as stipulated in the decree of 6th April 2006) between EHPADs and healthcare facilities with a Food-Nutrition Liaison Committee, resulting in the pooling of resources (especially dieticians).
  - In 2007, distribute the 2nd edition of the "Best Practices for EHPADs" handbook, which includes advice on nutrition for elderly people (project led by the Department of Health and Solidarity, in cooperation with the French Society of Geriatrics and Gerontology).

- **Timeframe**: 2007 – 2008

ACTION PLAN 3: MEASURES CONCERNING SPECIFIC POPULATIONS

Worksheet: nutrition at different ages

These measures are related to the 10 specific objectives in the National Nutrition and Health Programme, which also appear in the public health law (see page 10).

GUIDELINES FOR CHILDREN AND ADOLESCENTS

Objective: improve the calcium and vitamin D status of children and adolescents and reduce the frequency of iron deficiency anaemia, to less than 2% in children aged from 6 months to 2 years and to less than 1.5% in children between 2 and 4 years old.

- distribution of PNNS brochures: children and adolescents
- vitamin D supplements in winter (100 000 IU), under medical supervision: for teenagers living in low sunlight areas and for all young girls with low sun exposure.

GUIDELINES FOR PREGNANT WOMEN

➢ **New measures**:

In 2007: implement the contractual commitment of attending physicians to preventing risk factors in pregnant women, as provided for in the medical agreement, additional clause no. 12. This measure covers two areas: nutrition (the objectives being to reduce the prevalence of iron deficiency anaemia, the occurrence of neural tube closing defects and excessive salt consumption) and the prevention and treatment of excess weight or obesity during and after pregnancy.

Objective: Encourage breastfeeding

➢ **Context**:

The prevalence of breastfeeding at birth is growing in France: the percentage of mothers who breastfeed their children on leaving hospital rose from 52.5% in 1998 to 62.5% in 2003. During the same period, the rate of exclusive breastfeeding went up from 45 to 56%. Nevertheless, it remains significantly lower than in other European countries, despite the proven benefits in terms of reducing the frequency of infection in newborns for example, or its probable role in preventing obesity.

➢ **Detailed objectives**:

- Continue to increase the rate of exclusive breastfeeding at birth, from around 55% in 2005 to 70% in 2010.
- Increase the duration of breastfeeding.

➢ **Measures**:

For professionals in the social and medical sectors:

- Promote breastfeeding, with the support of regional birth commissions and perinatal networks
- Continue the interregional awareness meetings set up by the National Breastfeeding Committee (CoFAM), thanks to specific funding from the Department of Health.
- Distribute concise information on breastfeeding to a large audience of maternity departments, mother and child care centres and general practitioners (document from the "le point sur…" collection, published by the INPES and bearing the PNNS logo).
- Integrate practical information on promoting breastfeeding and supporting nursing mothers into training programmes for maternity staff.
- In each maternity department, designate a breastfeeding specialist able to provide support to new mothers having trouble with breastfeeding (including by telephone).

➢ **Timeframe**: 2006 – 2010

For women and families:

- Systematically encourage breastfeeding at the check-up visit during the fourth month of pregnancy (provided for in the 2005-2008 perinatal plan); at this visit, the doctor or midwife should hand a leaflet on breastfeeding directly to the expectant mother.
- Develop positive communication on the subject via the internet; this communication should target young women, the aim being to stimulate discussion between non-professionals.
- Widely distribute the PNNS nutrition guides for pregnant women or women planning a pregnancy (June 2007); continue to systematically distribute the PNNS nutrition guide for children below the age of 3, in maternity departments.

In the legal arena:

- Offer to draw up a parliamentary report investigating the observance and application of current breastfeeding legislation, and comparing the situation in France with that in other European Union countries. If necessary, suggest any useful or necessary changes.

Objective: reduce the prevalence of iron-deficiency anaemia in women of reproductive age to less than 3%

- Nutritional advice for women planning a pregnancy or already pregnant; increase iron intake (cf. distribution of the nutrition guide for pregnant women).
- Iron supplements for anaemic women.
- Training for healthcare professionals.

Objective: improve the folate status of women of reproductive age (especially where a pregnancy is planned) to reduce the occurrence of neural tube closing defects

- General effort to increase consumption of fruit and vegetables.
- Distribution of the PNNS (INPES) brochure on folates.

- Training for healthcare professionals.
- Systematic and adequate doses of folate supplements for women planning a pregnancy or in the very early stages of pregnancy.

Objective: reduce the consequences of alcohol consumption on the neurological development of the foetus, by advising women not to drink any alcohol at all during their pregnancy and to limit their intake while breastfeeding.

- Place a pictograph and/or health warning on all alcohol containers, indicating that "*the consumption of alcohol during pregnancy, even in small amounts, can have serious consequences on the health of your child*".
- Distribute a leaflet to all doctors, reminding them of the dangers of drinking alcohol during pregnancy.
- Conduct a public information campaign, led by the INPES.
- Provide training for healthcare professionals (general practitioners, midwives, nurses, etc.).

GUIDELINES FOR THE ELDERLY

Objective: prevent, screen for and reduce undernutrition in the elderly, and improve their calcium and vitamin D status.

- See section on undernutrition (page 35)
- Distribute the PNNS brochure for senior citizens
- Make healthcare professionals more aware of the problem

MEASURES RELATING TO THE OTHER SPECIFIC OBJECTIVES

Objective: reduce the average consumption of sodium chloride (salt) to less than 8g/person/day

- Roll out communication campaigns (INPES): reduce the consumption of sodium-rich foods, reduce the use of cooking and table salt, do not salt or re-salt food, etc.
- Show salt content on food labels
- Gradually reduce the salt content of food (commitment charters drawn up with industrialists)
- Remove salt pots from tables in restaurants (and especially school canteens). Encourage manufacturers to reduce the quantity of salt in single-dose bags (from 1 g to 0.5 g per bag).

Objective: reduce the frequency of iode deficiency to 8.5% in men and 10.8% in women

- Make sure that iodised salt is widely available to all consumers (all the salt on the market is not iodised)

- Study methods of increasing the iode content of breadmaking products, according to the recommendations of the AFSSA.

Objective: reduce the frequency of vitamin and mineral deficiency in disadvantaged populations

- See the section on this specific objective (page 45)

Objective: protect people following restrictive diets from vitamin and mineral deficiencies; deal with the nutritional problems of people with eating disorders

- See specific measures (page 53)

Worksheet: aiming measures at disadvantaged populations

This section deals with disadvantaged people who do not benefit from food aid.
A separate section is devoted to people in insecure circumstances.

The extent of health inequality is significant, as far as nutrition is concerned: according to the Health and Nutrition Barometer published by the INPES in 2002, obesity is 3 times more prevalent in households with a monthly income below € 900 than in households with € 1 500 / month.
These findings warrant specific measures for disadvantaged populations.

SOCIAL NETWORKS IN HEALTH EDUCATION MEASURES

Family allowance funds (CAFs) are an ideal point of contact with both families and single people in receipt of minimum welfare benefits (income support, single parent allowance). There is a highly effective network of 123 child benefit funds across France, along with some 2500 social workers.
National health offices (CPAMs), social action community centres (CCAS) and county council social services also work directly with these populations, on a daily basis.

➢ **Objectives**:

- Closely involve the 123 family allowance funds and their local offices, as well as social work departments, national health examination centres, social action community centres and county council social services, in nutritional health education measures.
- Develop training programmes for employees in these organisations, and manufacture appropriate tools.
- Through these networks: distribute prevention leaflets, implement health education measures (especially support for parents), and channel more of the funds for resocialisation assistance into this area.

➢ **New measures**:

Supporting the health education activities conducted by these networks

- **Adapt PNNS tools**: the INPES will modify some of its nutritional education documents to suit these populations in particular (short texts with more pictures).
- **Work with all these networks to improve the range of training available**, on the basis of existing tools ("Alimentation Atout prix" file produced by the INPES).
- The INPES will work with these networks to complete the range of training tools targeting these specific populations.

Social networks and their role in passing on PNNS information

- **Inform families about the PNNS nutrition guidelines**, taking into account their level of "solvency" and cultural eating habits. Focus on:
    - The content of the PNNS: nutrition and physical exercise guidelines.
    - The possibility of adapting the guidelines to suit smaller budgets, as long as the changes made are consistent with the PNNS (the idea of creating "recipe sheets" taking account of the season and of the make-up of individual households).
    - The possibility of adjusting diet to origins (problem of second generation immigrants who do not have a frame of reference).

The family allowance funds could distribute PNNS information leaflets to beneficiaries in various premises: head offices, local offices, social and administrative assistance services, direct management facilities such as social centres, etc.
The family allowance funds could, through their communications departments, approach the facilities that they finance (nurseries, day-care centres, childminder networks, leisure centres, social centres, family information points, young workers' hostels, etc.), and inform them about the PNNS and the related documents and brochures. They could then invite these facilities to obtain these documents and brochures from their local family allowance offices, and even to include information on the PNNS in their educational programmes for professionals, children, young people and families.

Grass-roots prevention measures

Some employees of the family allowance funds are already providing information on nutrition and healthy eating, through individual operations (budget management training) or joint activities relating to everyday family life.
Such is the case for social and family intervention technicians (Tisf) and family budget advisors (Cesf).
These actions, coupled with the PNNS, will be a means of reaching many different sectors of the population in 2007.
Health educators (from national health insurance offices) and family budget advisors (from family allowance funds) may help to:

- Raise the awareness of single-parent families through joint public service actions implemented by family allowance funds.
- Set up "educational meals" for nursery school children and their parents.
- Develop awareness campaigns targeting schoolchildren, through the health and citizenship education committees set up in secondary schools.

Finally, mother and child care centres may work with family allowance funds to develop joint information campaigns targeting new and future mothers.

Community centres, social centres and local government social services departments may also get involved, to extend the range of initiatives in favour of disadvantaged families. These

organisations will implement social assistance programmes for the families most vulnerable to excess weight and obesity.

Bring disadvantaged populations into the obesity treatment system, and reinforce prevention in these populations: encourage the network of national health examination centres to develop specific actions in favour of those who benefit least from the health system, so that these people can gain access to both medical care and prevention programmes. Hence, the health examination centres will reinforce measures encouraging disadvantaged people to deal with their obesity or to take obesity prevention measures (in the presence of risk factors).

Work with local associations in highly-disadvantaged areas: some family allowance funds provide backing for innovative projects implemented by local associations. They help fund **subsidised grocery stores** and provide technical and educational assistance.

Worksheet: improving food aid for people in insecure circumstances

(in accordance with the plan issued by the interministerial committee against social exclusion on 12th May 2006)

In February 2006, the epidemiological results of the ABENA study of food aid recipients (conducted as part of the "Food and Integration" programme), revealed that the state of health of food aid recipients is significantly worse that that of the general population. They also pointed to insufficient food intake, multiple deficiencies and a high incidence of pathologies such as high blood pressure or obesity.
This study, which is the only one of its kind in Europe, provides the basis for targeted government action.

Hence, **on 12th May 2006, the interministerial committee against social exclusion (CILE) published a three-year plan to improve food aid,** which is compatible with both the National Nutrition and Health Programme (PNNS) and the government's campaign against social exclusion. This plan is based on the "Food and Integration" programme, which is part of the national action plan for preventing poverty and social exclusion (March 2003). Thanks to this action plan, a training programme has been set up to familiarise voluntary workers with the PNNS guidelines. It has also helped strengthen social ties and foster social integration through activities based on food and nutrition, and has been used to draw up a charter for food aid workers, associations and industrialists.
The three-year plan for preventing poverty and social exclusion aims to mobilise all those involved in food aid, in order to adequately meet individual nutritional needs, improve the service provided and quickly and significantly improve the nutritional status of food aid recipients.

The CILE will be working towards the following 5 objectives:

- Adapt food aid to individual needs, in terms of quality and quantity.
- Increase awareness of the food aid distribution network.
- Optimise food aid management and distribution resources.
- Relax European regulations, under the framework of the European Programme of Aid to the Poorest and national legislation on withdrawals.
- Support local measures, especially those introduced by voluntary workers; develop partnerships between associations and with local authorities, and foster dialogue on food aid between the medical and social sectors.

According to the CILE, these objectives will be managed and implemented by a steering committee, led by the Ministry delegated to Social Cohesion and Parity (DGAS), the Department of Health (DGS) and the Ministry of Agriculture (DGAL and DPEI). This committee will be made up of representatives from these ministries, approved associations and local authorities.

The steering committee may call on the expertise of the scientific community and, whenever necessary, may consult those involved in the food chain: producers, industrialists and distributors.

It will make sure that the guidelines in the National Nutrition and Health Programme (PNNS) are followed. In this respect, the committee will focus on two things in particular:

- Increasing the availability of fruit, vegetables and fish: at present, only 3% of the fish products withdrawn from the market (to control prices) are distributed free of charge to humanitarian associations. Less than 8% of fruit and vegetables are redistributed. It is vital to increase these amounts. The steering committee will identify the areas in which the food aid chain can be improved and levers for increasing the amount of food redistributed. It will then outline appropriate implementation measures.
- Making sure that voluntary workers across France have access to nutritional guidelines and training, throughout the duration of the PNNS.

ACTION PLAN 4: SPECIFIC MEASURES

Worksheet: promoting local measures

MOBILISING LOCAL AUTHORITIES

- Renew the partnership between the government and local authorities, modelling it on the "Active City Charters" drawn up under the PNNS:

  - Involve all local authorities: the range of "Active City Charters" should be completed with specific charters for districts and regions, which are responsible for funding public schools and implementing public policies that could be brought into line with the PNNS (through vocational training etc.).
  - Promote the many initiatives introduced by local authorities: the content of these charters may be variable, the "Active City Charter" representing the first level of involvement in nutritional prevention or the promotion of physical exercise.

The charters must also provide for concrete action in the following areas:

- Improvement of school food supplies (for example, installation of drinking fountains in schools; school catering, etc.).
- Participation in prevention programmes via mother and child care centres (for example, promotion of breastfeeding, as per the appended worksheet).
- Improvement of the range of sports available, both in schools and extra-curricular programmes, and for the general public.
- Introduce measures for disadvantaged populations and senior citizens [e.g. screening for obesity in mother and child care centres, social assistance for families presenting a risk of obesity (in cooperation with family allowance funds and the health insurance office), etc.];
- Develop initiatives targeting employees of the signatory local authority, aiming to improve the quality of the food supply (especially in school canteens) and/or sports activities.
- Improve the local distribution of fruit and vegetables (evening markets, 4 seasons, etc.).
- Update and optimise the local action kit issued by the INPES in 2006, on promoting physical exercise to active cities in the field of health and nutrition.

- **Facilitate experience sharing between those involved in the PNNS and local authorities**:

A very large number of projects are being implemented by local authorities, associations, membership organisations, etc. For example, all the Regional Public Health Plans (PRSPs) include a section on nutrition. In August 2006, 17 PRSPs out of an expected 26 were finalised by regional prefects. An analysis of these 17 PRSPs (a set of plans and programmes defining the region's priorities in the years to come) shows that each and every one of them contains initiatives on nutrition, either in the form of a specific programme, or in the form of a description of various measures targeting specific populations or environments. These PRSPs, which are framework documents drawn up jointly by various organisations, are implemented by Regional Public Health Consortiums (GRSPs). These consortiums may include local authorities, alongside

representatives of the government and the national health insurance office, who are ex-officio members.

Several initiatives are possible:

- At least once a year: organise a one- or two-day conference, during which a range of projects pre-selected for their relevance (no more than two or three a day) will be presented and subsequently discussed by technical nutrition advisors from the GRSPs. These discussions should involve 3 or 4 regions and be organised on a rotating basis, under the leadership of the regional nutrition committees operating within the GRSPs.

- Every two years, organise a national conference presenting regional initiatives that, on the basis of objective data, have been proven to contribute to the fulfilment of PNNS objectives.

- Develop a national "bank of nutrition projects" in order to promote local actions and foster cooperation between them. The purpose of this bank would be to provide information on ongoing measures and facilitate networking between sponsors and partners.

➢ Develop nutrition training programmes for local authority employees:

Local authorities play a vital role in promoting nutrition and PNNS objectives. In particular, they are involved in the organisation of school catering, social measures in favour of disadvantaged populations, and prevention policies targeting very young children and the elderly. It is therefore very important that their employees, who work in a very broad range of sectors, be trained to implement the PNNS on their respective levels.

- *Objective:*

Promote and implement a "PNNS" training programme for local authority employees, whose activities contribute to the fulfilment of PNNS objectives.

Expected impact: greater coherence between the activities of these different employees, and more impetus in the nutrition-related measures rolled out by local authorities

- *Measures:*

- After analysing the different jobs in local authorities, develop specific PNNS training modules for the different jobs selected (in cooperation with the CNFPT - national centre for local government administration).

- Promote nutrition training programmes in local authorities, based on the network of WHO Health Cities and the "Eco Mayors" association for the environment and sustainable development.

- Include PNNS training programmes in training catalogues issued by the CNFPT or other specialised training organisations.

SPECIAL MEASURES TO ENCOURAGE PREVENTION POLICIES FOR THE ELDERLY

The national programme "Bien vieillir" (healthy ageing) is part of the National Nutrition and Health Programme. It encourages senior citizens to adopt a positive attitude towards ageing, by eating healthily and taking physical exercise.

The healthy ageing programme involves local requests for proposals (the first ones were published in 2005, and the exercise was repeated in 2006), the aim being to identify and support coordinated action programmes in targeted areas (regions, districts, agglomerations, etc.).

It is coordinated by the Department of Health and the National Independent-Living Support Fund (CNSA), and funded by the CNSA (3 million euro/year). It consists of a regional section (benefiting from 2.5 million euro) and a national section that has a budget of 0.5 million euro and is responsible for reviewing existing actions.
These subsidies are used to finance innovative measures. Projects may be sponsored by local authorities or any other organisation that develops and coordinates measures for senior citizens in a given area (gerontology information and communication centres – CLICs, health networks, etc).

Submitted projects must include various measures to:

- promote healthy eating and physical exercise, in accordance with the PNNS,
- prevent disease or situations that could result in the loss or deterioration of independence, and a reduction in physical and social functioning,
- develop an individual and collective environment that meets the needs of the elderly,
- foster and promote the senior citizen's role and participation in society.

Worksheet: reinforcing research efforts and expertise

- **Objective**:

The PNNS constantly draws on research findings to define its strategies and increase the efficiency of its actions.

The Ministry of Research has supported research into food and human nutrition for several years, through various incentive measures. The budget for these measures has more than tripled over the last five years. The technological research network "European Food Reference", which was set up under PNNS I, put 2 to 3 million euros into research every year, in partnership with private companies.

Today, the National Research Programme on Food and Nutrition (PNRA) channels some 9 million euros a year into food and nutrition research, via the National Research Agency (ANR). It draws on the entire national scientific community (INRA, AFSSA, INSERM, Universities, clinical research) and, in 2006, funded around one hundred research projects. These projects involved both public- and private-sector research teams, almost half of them being based on partnerships between private companies and technical research centres.

Furthermore, the ANR has issued two requests for proposals: "Cardiovascular disease, obesity, diabetes" (COD) in 2005 and "Physiopathology of human disease" in 2006. The goal is to achieve a better understanding of the molecular and physiopathological mechanisms involved in these different processes. In 2005, 11.3 million euros were invested in 37 fundamental, clinical or therapeutic research projects of a very high standard, involving around 100 French teams.

Over the last few years, the level of activity has also increased considerably in public-sector research organisations. For example at the INRA, some 800 research scientists and engineers are directly or indirectly involved in food and nutrition research, representing a financial commitment of over 180 million euros a year, i.e. almost one third of the INRA's total budget.

The AFSSA is conducting research into nutrition and eating behaviour (recommended nutritional intake, survey on the eating habits of the French people). It devotes more than 4% of its budget to analysing nutrition and nutritional risk, supporting the food consumption observatory and managing the data base on the composition of food products.

In 2004, the INSERM launched two national research programmes under the framework of the PNNS, on cardiovascular disease (PNRC) and diabetes (PNRD). These programmes, which operate on a network basis and involve fundamental, clinical and therapeutic researchers as well as public health organisations, have been instrumental in organising the various parties concerned by these pathologies into a cohesive structure: public-sector research organisations, hospitals, health agencies, charities, foundations, specialised medical companies, social protection organisations, patients' associations and industrialists. Since the ANR was set up, these INSERM programmes have been integrated into the ANR's requests for proposals (such as PNRA and COD).

Competitiveness clusters should also be included in these programmes, in order to:

- **Reinforce collaboration between the public and private sectors, and foster cooperation between food companies and human health organisations** in promoting prevention through nutrition and treating the associated metabolic disorders and pathologies.
- **Reinforce the expertise of academic research scientists** in the prevention and treatment of age-related diseases; **develop collaboration with the national and European pharmaceutical industries**.

➢ **<u>Actions/measures</u>**:

1- Acquire further knowledge:

This considerable research effort will be pursued, with two objectives in mind:

- Gaining fundamental knowledge of physiopathological and molecular mechanisms and of the relationship between diet and health;
- Developing new products more suited to the different consumer segments, in partnership with the food industry.

The scientific and strategic committees involved in the requests for proposals published by the ANR (PNRA, COD, etc.), which are made up of the best national and international experts in the field, have identified the main areas in which fresh knowledge is particularly needed:

- Understanding the molecular and physiopathological mechanisms involved in the major pathologies (obesity, cardiovascular disease, diabetes).

- Analysing and understanding the biological, social, economic and cultural determinants of consumer behaviour; educating and changing tastes and behaviour; understanding the gap between knowledge and behaviour; the perception of nutritional information and its impact on attitudes and preferences; product availability, market organisation and price definition.

- Defining the impact of nutrition on personal well-being, and on the prevention of major pathologies such as obesity, diabetes and cardiovascular disease. Understanding the relationship between diet and ageing, and the biological predictors of response to nutritional measures.

- Nutrition policies and their interactions with other public policies (agriculture, environment, urban planning, education, etc.).

2- Build partnerships on different levels:

With professional players, the agri-food industry, specialist sectors, collective catering companies and healthcare professionals, and using existing or future networks (competitiveness clusters,

Mixed Technology Units (UMTs), Mixed Theme Networks (RMTs), Scientific Interest Groups, etc.

For example, the Ministry of Agriculture plans to push the development of scientific interest groups in primary product production sectors. These groups will provide a framework for cooperation between different research and development groups. They will also foster consultation and discussion between upstream and downstream players in the public and private sectors, leading to the definition of priority issues.

Synergies will be achieved within these groups, between research, development, industry and the public authorities. The work conducted will most likely be useable within and valuable to the PNNS.

- **Timeframe: 2006 - 2010**

Worksheet: body image

ADVERTISING

Advertisers, by using stereotypes or idealised body images, fuel unrealistic body expectations. Today, the impact on society's acceptance of (real) shapes and builds, and on eating and exercising behaviour, is prompting debate.

➢ **Objectives:**

- Make sure that, during these debates, the human person is protected and advertising art respected
- Define best practice rules

➢ **New measures:**

- At the end of 2006, **set up a workgroup on the impact of advertising on society's acceptance of different shapes and builds, and on individual eating behaviour.** This group will involve relevant ministries (health, culture), consumer representatives and representatives of obese people, advertisers, the adverting standards authority (BVP) and advertising agency representatives.
  It will define best practice rules, aiming in particular to:

  - Ensure that advertisers do not make unrealistic promises, especially to the most socially or psychologically vulnerable.
  - Introduce a reference to the excessive endorsement of the "thin ideal", possibly in the BVP's ethics charter.
  - Draw up a charter with advertisers, concerning the use of more corpulent models who do not promote the thinness ideal.

THE PRESSURE TO BE THIN

Nowadays there is a lot of pressure to be thin, which can lead to serious excesses.
Many solutions, based on drugs or diet, are available. However, these solutions do not have any scientific foundations at all, and are used indiscriminately.

➢ **Objectives:**

- Analyse the risks related to the incorrect use of popular diets (prevent anorexic behaviour in particular), and campaign against solutions that could have significant consequences.
- Inform the general public of the risks involved in the improper use of restrictive diets and the intake of non-recommended drugs.
- Reinforce regulations on the development of diet drugs.

➢ **_ New measures**:

- The AFSSAPS is currently reviewing magistral preparations based on thyroid extracts: extend this procedure to all drugs, devices and magistral preparations used to lose weight. Review regulations on magistral preparations, so that only those preparations with a good benefit/risk ratio and of high pharmaceutical quality can be used.
- Alert healthcare professionals to the dangers of over-restrictive diets (especially vitamin and mineral deficiencies), and provide specific training.

FIGHTING DISCRIMINATION

➢ **Objective:**

- Change society's view of obese people, and bring down the obstacles encountered by these people in everyday life.

➢ **New measures**:

- Include representatives from obesity associations in discussion groups on food and nutrition advertising and the identification and treatment of obesity.
- Apply to the High Authority for the Struggle against Discrimination and for Equality (HALDE) for further research into discrimination against overweight or obese people.
- Develop information on issues relating to discrimination against the obese (in cooperation with obesity associations), and distribute this information to the media and advertisers in particular.
- Draw up commitment charters with the media, and in particular with magazines targeting women, adolescents and pre-adolescents, in order to prevent the promotion of the thinness ideal and of diets that are too strict, do not have any scientific foundation, encourage unbalanced eating patterns or potentially lead to eating disorders.

Furthermore, obese people wishing to take out a mortgage or a professional or personal loan may have to pay more insurance because they are more at risk of ill health. In this case, they may avail themselves of the AERAS agreement ("Insuring and Borrowing with a Substandard Health Risk"), which was drawn up on 6th July 2006 between the government, patients' associations and financial organisations. This agreement provides new guarantees (in terms of information, confidentiality, the funding of extra premiums, coverage of the risk of disability, etc.), hence making it easier to obtain insurance and credit.