

Nutrition

National Nutritional Health Programme - 2001 - 2005

A country of glorious food, of superb restaurants and Sunday meals, France today is plunged into anguish and confusion.

Must we, from now on, sacrifice the gentle principle of pleasure to the all powerful precautionary principle?

Rumours grumble, worried in the markets and behind supermarket trolleys: what can we still eat? At the same time, the major diseases linked to malnutrition have fortunately almost disappeared, succeeded now by an explosion in unbalanced diets and illnesses linked to excess, which show a worrying 12% of children aged between 5 and 12 are obese.

Faced with this situation the people of France have a right to expect transparency, initiative, continuity and coherence from all the actors concerned.

It is the goal of this national healthy nutrition plan:

- to develop information and education
- urge the healthcare system to attach more importance to nutritional problems
- open 'health democracy' to the nutritional challenges by involving consumers and food industry professions more widely
- develop nutritional epidemiology
- encourage research
- implement public health actions

Since this plan is opening so many necessary perspectives, it will extend over a period of five years.

I hope that the plan will respond to the needs of the French people and enable each to find once again the route to a healthy, balanced diet which is a source of health, pleasure ...and maybe even happiness.

Bernard KOUCHNER

Context

General Objective

Nine objectives - nutritional priorities in terms of public health

General principles

Six strategic axes

1. Towards Healthy Food Choice

Inform

Educate

Guide

2. Prevent, screen for and take care of nutritional problems in the healthcare system

3. **Promote the involvement of consumers and of professionals in the food and agricultural sector in the PNNS**

4. **Establish a system for monitoring food consumption and the nutritional situation of the population**

5. **Develop human nutrition research: epidemiological, behavioural and clinical research**

6. **Undertake measures and actions in public health aimed at specific groups**

Glossary

Context

It is well established today that food and nutrition are involved in an essential way in the development and clinical expression of illnesses which are today the most widespread in France, as in all industrialised countries:

- Cardiovascular disease is today the leading cause of mortality in France (32% of deaths), contributing to almost 170,000 deaths each year.
- Cancers represent 29% of all deaths in men and 23% in women. The number of new cases is estimated at 240,000 per year.
- Obesity affects 7 to 10% of adults and between 10 and 12.5% of children aged between 5 and 12 years. Prevalence of obesity among children has been increasing dramatically for several years.
- Osteoporosis, causing brittle bones which expose patients to the risk of fractures, will affect 10% of women at 50 years, 20% at 60 years and 40% at 75 years.
- The prevalence of diabetes, for all ages, is estimated at 2-2.5%.
- Almost one adult in five has a blood cholesterol level over 2.50g/l

In addition to their consequences for human life, these conditions have a considerable economic cost: direct and indirect costs of ischaemic heart disease are estimated to be 30 billion francs per year; costs attributable to obesity have reached almost 12 billion francs per year.

In contrast, a nutritional balance and varied consumption enables, by the regular consumption of foods and meals largely available in France, the preservation of a good state of health and quality of life.

Aware of these issues, France made nutrition one of the priorities of its presidency of the European Union. A resolution on this theme was approved by the European Council of Ministers on 14 December 2000.

In 1999, the Department of Health solicited the views of different national experts. In May 1999, the Ministry of Employment and Solidarity and the Secretary of State for Health and Social Action requested a general study of the situation from the High Committee for Public Health. The report "**Towards a public health nutrition policy in France**", containing various recommendations, was presented to the Secretary of State for Health and Disabilities in June 2000.

The Prime Minister, in his closing speech to the "Etats généraux de l'alimentation" of 13 December 2000, announced the launch in January 2001 of a National Healthy Nutrition Programme (PNNS). This programme will be co-ordinated by the Secretary of State for Health and Disabilities, in liaison with the members of the government responsible for national education, for agriculture and fisheries, for

research, for youth and sports and for consumers. The Prime Minister set out the general directions of the Programme.

The plan is supported by the work of the High Committee of Public Health, the National Council for Food and the technical departments of the different ministries involved, in conjunction with the Assembly of Regions of France, the French Food Safety Agency, the Institute of Health Monitoring, the National Fund for Health Insurance, the National Federation of French Benefit Societies, scientific experts and of consumer representatives.

The PNNS brings together all public and private sectors involved in the fields of intervention:

- Research, training and monitoring
- Field activities, promotion, prevention and care.
- Food retailing, distribution and control.

A committee of strategic support, made up of representatives of the different partners involved - including scientific experts, of public health specialists, of users/consumers and of economic sectors - will contribute, under the aegis of the Ministry of Health, to the direction of the PNNS. This will include the implementation of its actions and its evaluation.

General Objective

The **National Nutritional Health Programme (PNNS)** has a general objective to improve the state of health of the whole population by acting on one of its major determinants, namely, nutrition.

Nine nutritional objectives which are priorities for public health

1. **To increase consumption of fruits and vegetables** in order to reduce the number of 'low consumers' of fruits and vegetables by at least 25% ⁽¹⁾,
2. **To increase the consumption of calcium** in order to reduce by 25% the population having calcium intakes below the recommended nutritional level ⁽²⁾, also reducing by 25% the prevalence of vitamin D deficiency.
3. **To reduce** the average contribution of **total fat intakes** to less than 35% of daily energy intake, with a reduction by a quarter in the population average consumption of saturated fatty acids (less than 35% of total fat intakes)
4. **To increase the consumption of carbohydrate** so that they contribute more than 50% of daily energy intakes, by increasing the consumption of starchy carbohydrates, reducing current consumption of simple sugars and by increasing consumption of dietary fibre by 50%.
5. **To reduce alcohol intakes** among those who consume alcoholic drinks. This intake should not be more than the equivalent of 20g of pure alcohol per day (equivalent to two 10cl glasses of wine, two 25cl beers or 6cl of spirits). This objective is towards the general population and is in the nutritional context (excessive contribution to energy intakes); it is not directed towards those people with chronic alcoholism who need to be taken care of specifically.
6. **To reduce the mean blood cholesterol level** in the adult population **by 5%**,
7. **To reduce** systolic blood pressure in adults **by 10 mm of mercury**,
8. **To reduce the prevalence of overweight and obesity** (BMI > 25 kg/m²) in adults **by 20%** and to halt the increase, particularly notable in recent years, in the prevalence of obesity in children.
9. **To increase daily physical activity** by an increase of 25% in the number of people doing the equivalent of at least half an hour of fast walking per day. Sedentariness, a risk factor for chronic illness, must be tackled in children.

Nine specific nutritional objectives

- To reduce iron deficiency during **pregnancy**
- To improve the folate status of **women of reproductive age**, particularly in those planning pregnancy
- To promote **breastfeeding**
- To improve iron, calcium and vitamin D status **of children and adolescents**
- To improve calcium and vitamin D status of **older people**
- Prevent, screen for and restrict malnutrition in **older people**
- To reduce the frequency of vitamin and mineral deficiencies and malnutrition among disadvantaged people
- To protect people following restrictive diets from vitamin and mineral deficiencies; take care of the nutritional problems of people with **eating disorders**
- To take the problem of food allergies into account

General Principles

The population must be able to benefit from concrete and visible actions enabling, by improving nutritional status, the reduction in the risk of illness and the optimisation of state of health and quality of life at all ages.

The measures and actions developed in the framework of the PNNS are based on certain rules:

- Individual food choice is a free act.
- In addition to its biological purpose, the act of eating has strong cultural, social and psychological aspects; it is, in France, a moment of pleasure. The PNNS, takes the triple biological, symbolic and social dimensions of eating into account.
- The choice of foods and meals, as with overall food behaviours, should be informed by valid, understandable, and independent scientific information.
- The actions put in place by the PNNS have as a goal the promotion, in the diet, of protection factors as well as the reduction of exposure to risk factors in relation to chronic disease and, in relation to risk groups, to reduce the exposure to specific problems.
- The PNNS takes into account nutritional intakes and expenditure, in particularly energy expenditure linked to physical activity, in order to maintain an equilibrium between the two.
- In general, all action concerned with human food consumption should be directed by the nutritional priority objectives. Each of the actions planned and implemented, if it concerns a particular objective among the priority objectives, must not work against one of the other objectives. The strategies and actions must be coherent, without contradiction, neither explicitly nor by omission.

Six strategic axes

1. To inform and guide consumers towards food choices and satisfactory nutritional status. **To educate** young people and create a favourable environment for food consumption and satisfactory nutritional status

2. To prevent, screen for, and limit nutritional disorders in the healthcare system

3. To involve the food industry, including catering, as well as consumers, through consumer organisations

4. To put dietary and nutritional surveillance systems in place
5. To develop research in human nutrition: epidemiological, behavioural and clinical
6. Undertake complementary public health measures and actions targeted at particular population groups

1. Towards healthy food choice

To inform

One of the principal axes of the nutrition plan is to disseminate simple, clear and comprehensive information about the nine priority nutritional objectives defined by the High Public Health Committee. This information must address the general population, but also those who have specific nutritional needs: pregnant women, children, adolescents and older people. It will take the form of actions in the media as well as non-media activities and will be articulated in national and local plans. Precise information, adapted to each particular case, responding to individual demands or required because of a recognised or emerging health condition, is the responsibility of health professionals at different levels. (See actions for health professionals).

Objectives

- **Popularisation of a communication logo**
- **Dissemination of a national food guide**
- **Dissemination of specific guidelines for particular groups**
- **Launch of a mass media campaign to promote fruit and vegetables**
- **Creation of a website**
- **Development of local networks**

To educate

Although information is a necessary condition to promote/improve balanced food choice it is not always enough.

It is important to carry out educational work with young children in order to give them, at an early age, **the taste for 'eating well'** and to create an environment favourable for their freedom of choice.

Objectives

- **Publication of a Guidance on the Composition of School Meals and to Food Safety**
- **Integration of nutrition into school programmes**
- **Production and distribution of educational tools**
- **Analysis of how educational materials produced by the food industry conform with the PNNS**

To guide

Finally, it is also necessary to take action on the food supply. In effect, daily consumption is also linked to the options available. Improving access to products known to be good for health will be one way to change consumption patterns in a positive way.

Objective

- **Provide young people, in the framework of their school or out-of-school activities, with an environment coherent with the national objectives**

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To inform

1.1 A logo

Note

The general public currently does not have access to sufficient reliable and valid messages on the theme of nutrition or to sufficient guidance in terms of public health.

Objective

Three priority objectives:

- To authenticate all action designed and managed in conformity with the nutritional objective of the PNNS
- To ensure coherent communication of the programme
- Re-establish confidence in nutritional and health communication messages

Action

A logo will be created in 2001. All activities, government or commercial, identified as conforming to the PNNS can request use of the logo.

Calendar

Creation and dissemination of logo: 2001

1.2 A National Food Guide

Note

The knowledge of the general public today in matters relating to nutrition is often vague. Certain false ideas persist. Furthermore, priorities and recommendations relating to public health are not always clear.

Objective

To make a practical reference document which gives information for daily food choice, and is based on the objectives of the PNNS, available to the general public. To disseminate a specific document among community-based professionals.

Actions

Creation of a document(s) in terms of both content (based on AFSSA evidence) and presentation. The National Council for Food and the French Committee for Health Education will be involved in the development of the guidelines and their dissemination to the public. The CFES will be the principal operator. The document for the community-based professionals will be developed in the same way. The general public document will be put on sale after an informative press advertising campaign.

Four million copies of the national dietary guidelines will be distributed to the general public. It will be sold in kiosks and given free of charge to some groups. The version for community-based professionals, particularly health professionals, will be distributed in around 300,000 copies.

Calendar

Production: 2001/2002

Distribution: 20021-2004

1.3 Guidelines for particular groups

Note

Young children, women, pregnant women, adolescents and older people have specific nutritional needs. For example, an older person needs a diet particularly rich in calcium to prevent osteoporosis, just as pregnant women must be careful to avoid iron and folate deficiencies.

Objective

To enable each of these groups to have access to information specifically adapted to their needs.

Actions

Adapted versions of the national food guide will be developed for young children, women, pregnant women, adolescents and older people. Production of around 500,000 copies of each of these documents is planned. Professional versions will be produced (health, education, catering...)

Calendar

Production/distribution from 2002 until 2004

1.4 The promotion of fruit and vegetables by a general mass media campaign (2001). There will be one campaign per year on one of the PNNS objectives.

Note

The people of France consume insufficient fruit and vegetables: it is estimated that there are 55% of men and 64% of women aged between 45-60 who consume very little fruit and respectively 72% and 64% consume very few vegetables ('low consumers'). A 'low consumer' is defined as someone who consumes less than one and a half portions of fruit daily and a 'low consumer' of vegetables consumes less than two portions of vegetables (excluding potatoes).

Objective

To give simple guidance for consumers

Actions

In 2001, a media campaign promoting consumption of fruit and vegetables, carrying the PNNS logo, will be carried out in order to reach as large an audience as possible.

A new theme will be the subject of a new campaign each year. The annual priority will be disseminated throughout the various fields of intervention (in schools, in catering...). The campaigns will be disseminated locally under the aegis of the regional health education committees.

Free distribution of fruit in primary schools will be realised in conjunction with local authorities, producers and voluntary organisations.

Calendar

Broadcast Media Campaign: 2001

Distribution of fruit: 2001/ 2002

1.5 Creation of a website

Note

Very specific questions are asked daily about nutrition. Usage of the internet as a vector for information on nutrition should be developed.

Objective

- To make personalised information available to the public
- To respond to specific questions

Actions

A website, identified with the PNNS logo, will be created. It will offer menus, with corresponding recipes, enabling nutritional objectives to be reached. This site will make a bridge with government or parapublic (quango) sites providing validated information on nutrition, linked to the PNNS objectives. A portal on the sites of partner ministries will enable access to information

Calendar

Conception: 2001

Implementation: 2002

1.6 Development of local networks

Note

The structures involved in the field of nutrition are not adequately developed. Nevertheless, close networks are indispensable to accompany national actions and to transmit information and knowledge adapted to different groups.

Objective

- Scale-down and adapt national action to the local context
- To ensure coherence in information disseminated
- To develop local communication

Actions

The nutrition activities of existing education structures, notably the regional committees and health education departments, (CRES and CODES) will be developed in coherence with the Regional Health Programmes and Regional Programmes for Access to prevention and care (PRAPS). The personnel of these structures will be trained about the PNNS objectives. Their goal will be to facilitate the recruitment of dietitians, in the local support and co-ordination structures, as well as providing useful information for the development of locally adapted activities from the national programme.

- The development of nutrition activities (particularly including nutritional education) by relay organisations will be encouraged, particularly in disadvantaged areas. Training courses will be offered to volunteers from charities/voluntary organisations.

Calendar

Put in place: 2001

Extension of local plans: 2001-2004

To educate

Childhood and adolescence are important stages for the acquisition of healthy dietary behaviour and for the development of physical activity.

Action in the school context and out-of-school context, complementary to the family environment, requires coherence between several components:

- Adequate availability of healthy food
- Education which promotes the acquisition of discerning consumer behaviour when faced with the huge diversity of products.

All actions in this chapter will be carried out in partnership with the National Ministry of Education and/or the Ministry of Youth and Sports and the Ministry of Agriculture and Fisheries.

1.7 Towards an improvement in school meals

Note

Meals eaten at school are important for the development of children and for their education in taste and in nutrition.

Objectives

To improve school meals from the point of view of their nutritional quality as well as food safety.

Actions

Publication of a 'Guidance on the Composition of Schools Meals and Food Safety' signed by Jack Lang, (Minister of National Education), Jean Glavany, (Minister of Agriculture and Fisheries), Bernard Kouchner, (Minister for Health and Disabled People) and Francois Patriat, (Secretary of State for Small and Medium Enterprises, Trade, Craft industries and Consumers).

This Guidance will be based on the recommendations of the permanent Study Group on the Market for Foodstuffs and the French agency for food safety (AFSSA).

Calendar

Immediately

1.8 Integration of nutrition into school curricula

Note

Knowledge and skills relating to food and nutrition are included in school programmes and enable teachers to develop actions in this field.

Objective

- To facilitate the setting up of education planned in the curricula in providing teachers with indicators relating to knowledge (in link with objectives and strategies of PNNS) and with tools which enable them to deepen aspects relating to nutrition.
- To ensure coherence in the content of manuals and school curricula with the objectives of the PNNS

Actions

The group of experts coming from the strategic committee of the PNNS will formulate, in link with the

national council of curricula, propositions for the orientation of school curricula in the field of nutrition. Within the IUFM and in training schools for professionals who work with children, it will be appropriate to plan the integration of the field of nutrition into existing modules.

Calendar

Curricula and textbooks: analysis in 2001
Work on the curriculum in 2002-2003
Teaching module: 2002-2003

1.9 Educational Tools

Note

The growth in access to information technology in schools and other places where children are, constitutes an important factor for the transmission of knowledge.

Objective

To make information on nutrition accessible through an interactive tool which combines play and education.

Action

A CD-Rom "Food and Nutrition" designed for children of primary school age will be created and linked to the dietary guidelines for children and adolescents. It will be distributed at school as well as in centres for children of this age.

Calendar

2002

1.10 Assessment of educational material produced by agri-food companies for compliance with the PNNS

Note

Food companies commonly produce information materials targeted at young people. These materials, however, do not always correspond to the clear nutritional objectives.

Objective

To facilitate the assessment of whether proposed educational materials are in accordance with the PNNS.

Actions

- To define, with various stakeholders including the Ministry of Education, nutrition experts, and representatives of parents, students and consumers, the criteria of the PNNS for educational material, supported in particular by the Charter of the French Institute of Nutrition.
- The establishment, by the strategic committee of PNNS, of a committee for the validation of conditions of conformity with the PNNS of material submitted by producers/authors.

Calendar

Begin in 2001

To guide

Objective

Provide young people, in the framework of curricular or extra-curricular activities, an environment of food availability which is coherent with the national objectives.

Action

- To implement the recommendations of the Guidance on the Composition of School Meals and to Food Safety (as mentioned previously)
- To encourage the putting in place of water fountains in establishments
- To promote debate within School Boards on food and drink vending machines to take into account the nutritional quality of the products. Parent, student and consumer groups/organisations will be consulted for the development of this action.

Calendar

First quarter 2001

2.To prevent, detect and treat nutritional disorders in the healthcare systems

Health professionals are credible and listened to sources of information on nutrition for the general public. They are responsible for screening and treatment of conditions linked to nutrition.

Objectives

- [To facilitate access to nutrition consultations](#)
- [To develop nutritional care in hospital](#)
- [Use of a disk for nutritional assessment in clinical practice](#)
- [To define the functions and professions in nutrition, to revise the educational curricula for health professionals](#)
- [Recommendations for clinical practice](#)
- [Dissemination of scientific reviews carried out.](#)

2.1 To facilitate access to consultations on nutrition

Note

In order to be carried out well, nutritional and dietetic consultations require some time. There is not currently any precise framework in which these dietetic and nutritional consultations can take place.

Objective

To facilitate access to consultations on nutrition, both in hospitals and in the community.

Actions

- **to experiment** with the establishment of nutrition and dietetic consultations within the care system, in collaboration with CNAM. Based on these results, on the new definition of professions allied to nutrition, and having analysed the needs and implementation of new skills as well as procedures required, consultations can ultimately be put in place as close as possible to the population.

- **to develop** consultations in nutrition and dietetics within hospitals by the creation over 5 years of:

- 800 dietician posts designed to improve handling of the nutrition of hospitalised patients and to develop out-patient nutrition consultations
- 50 posts for hospital practitioners carrying out their activity in the framework of out-patient consultations as well care of in-patients.

Calendar

2001, start experimentation with the care system

From 2002, development of consultations in healthcare establishments and the healthcare system

2.2. To develop nutritional care in hospital

Note

Food in the healthcare setting is a factor for comfort and wellbeing. An integrated part of the care process, it contributes to the prevention and treatment of nutritional problems.

Objective

To develop the broad lines of a nutritional policy in the healthcare setting (health establishments)

Actions

- implementation in the first quarter of 2001, of an advisory committee (doctors, hospital managers, catering managers, dieticians, nurses and user representatives) responsible for:

1. putting in place a horizontal structure for liaison on food and nutrition in healthcare premises
2. developing professional practices to improve handling of the needs of people in hospital
3. to reinforce quality standards in catering and nutrition

Calendar

Proposals and recommendations: 2001

2.3. Use of a nutritional assessment disk in clinical practice

Note

Il existe déjà quelques outils et formats de référence en pratique nutritionnelle clinique, cependant il ne sont pas suffisamment connus et utilisés. Nutritional status is a major contributor to the health status of individuals. It is too often omitted from the systematic examination of the patient.

Objective

To encourage systematic evaluation by health professionals of the nutritional status of people/patients by estimating the body mass index, from the perspective of prevention (developmental screening) or treatment.

Action

- conception and distribution of tools and accompanying materials:
- to distribute 300 000 'adult disks' to doctors, dieticians and healthcare premises;
- to distribute 60,000 'child disks' to paediatricians and doctors who work in schools, in mother and child health, or in general practice but with a tendency towards paediatrics.

Calendar

2001.

2.4 To define the functions and professions allied to nutrition. To adapt professional training to current challenges.

Note

Nutrition is a discipline which is under-taught in the different strands of health.

Objective

The functions to carry out with regards to nutrition, from provision of information to the general public to specialised therapeutic care, require a full re-structuring. In effect, it is necessary to reinforce the effectiveness of various professions in nutrition - in the community, in hospitals and in the framework of the care networks - and to ensure that they are complementary. It is also necessary to ensure harmonisation with our European partners and to estimate the quantitative needs of various professionals.

Action

- to commission a report on the subject from renowned experts in this field, chosen in conjunction with nutrition and dietetic societies.
- provoke discussion and reflection on this report through a conference, preferably Europe-wide.
- to revise education and training (both initial and continuous) on the basis of this report and the discussion which followed, with a view to strengthening the nutrition component of public health.

Calendar

2001-2002 for the analysis

2002-2003 for revising education and training

2.5. To establish clinical practice recommendations in the field of screening and treatment of nutritional disorders**Note**

Validated scientific recommendations have already been formulated for obesity.

Objective

- to outline the 'state of the art' for initial and continuous training, of preventive and curative practice for health professionals, relating to certain conditions or particular groups at risk.

Action

- to develop and disseminate recommendations for clinical practice on other themes relating to nutrition:

1. nutrition for pregnant women
2. diagnosis and treatment of malnutrition in hospital
3. evaluation of the nutritional status of patients
4. nutrition for older people living at home
5. food allergies

Calendar

2001 for points 1 and 2; 2002-2003 for points 3, 4 and 5

2.6 Scientific surveillance and dissemination of analyses carried out**Note**

Scientific surveillance is necessary in a field where knowledge is changing rapidly and has an influence on the advice given by professionals. For example, the role of nutrition in the prevention of certain conditions, such as cancer, remains poorly recognised by doctors.

Objective

Better information for community-based professionals with the necessary means.

Actions

- Write updated reviews, based on scientific monitoring, in co-ordination with the French Food Safety Agency - Institute for Health Monitoring (AFSSA-InVS), according to expert evaluation standards.
- Produce these reviews and distribute them to professionals, supported by the expertise of the French Committee for Health Education

Calendar

2001 for the review on cancer

The other themes will be defined in conjunction with the scientific and professional authorities

3. To promote the involvement of consumers, and of food and agriculture industry professionals in the PNNS

Discussions will be held with food and agricultural industries, retailers, small food producers and consumers in order to determine the criteria which enable development of promotional materials which mention health and taking into account the objectives of the PNNS.

Objectives

- [Definition the criteria for conforming with the PNNS and development of this conformity.](#)
- [Train food industry professionals in the field of nutrition](#)

3.1 Definition of criteria of compliance with the PNNS. Developing this compliance.

Objective

To facilitate the analysis, by consumers, of promotional information on the health value of foods and meals for consistency with the objectives of the PNNS.

Action

To define, in conjunction with representatives of the various stakeholders - food sectors, consumers, administrations - the conditions which ensure that promotional information which mentions health (from manufacturing to catering) is consistent with the PNNS. To develop this compliance with PNNS, in an identifiable way. The process of validating that materials are in accordance with PNNS will be implemented only after a request by the economic sector concerned.

A committee will be established, under the aegis of the strategic committee.

3.2 Strengthening the training of food industry professionals in the field of nutrition

Note

Agri-food professionals and the food sectors are active stakeholders in nutrition policy.

Objective

The products which agri-food professionals and the food sectors are likely to develop should

correspond to consumer demand and take account of nutritional quality. Their training, essentially centred round food science, should be more open to public health issues.

Actions

- Support current initiatives going in this direction
- Analyse the courses of these colleges
- Offer various colleges complementary human nutrition courses

4. Establish a system of surveillance of food consumption and the nutritional situation of the population

Note

The monitoring of nutritional status of the population and of particular risk groups is essential for the evaluation of trends and to assess whether the objectives set have been reached. The analysis of trends in attitudes and food behaviours is necessary for the conception/reorientation of some activities. The number of food products currently commercialised is quite considerable, and innovation in this field is very rapid. It is therefore fundamental, in order to monitor the achievement of PNNS objectives, to make available adequate means for production of improved food composition tables.

Objective

The study of food consumption is necessary to evaluate of the level of achievement of the PNNS objectives. Furthermore, monitoring the nutritional status of the population and of risk groups is essential for the evaluation of the nutrition situation and changes in this situation. The conception and the possible reorientation of certain actions involves the analysis of changes in attitudes and food behaviours.

Actions

- set up the methodology for monitoring:
 - of nutritional status and its determinants and the level of the InVS (Unit of nutritional and epidemiological monitoring, USEN)
 - of food consumption in conjunction with the AFSSA
 - of attitudes and behaviours in conjunction the nutrition barometer of CFES.
- to harmonise tools with our European Union partners in order to have comparable bases for decisions.
- to produce food composition tables (at the level of AFSSA) according to international names.
- to develop specific evidence for particular evaluations (for example of school meals or hospital food, of specific risk groups)

Calendar

2001-2005

5. Develop research into human nutrition: epidemiological, behavioural and clinical

Note

Only research which helps create a sound scientific foundation, something which all stakeholders desire, will direct the objectives and strategy of nutrition policy.

Objective

To develop research in nutrition oriented towards public health, particularly through working in inter-institutional networks.

Actions

- set up the European Food Reference Network (RARE) under the aegis of the Ministry of Research.

The objective of this new research network will be to develop wide research programmes, between public sector and socio-economic partners in agriculture, food manufacturing, retailing and consumer representatives. Organised in consortiums – or groups of complementary scientific programmes – this network will have different components covering the fields of microbiological safety, food science and human nutrition.

- the latter, corresponding to the Nutrialis action, is directed towards the study of dietary behaviour and the prevention of the major illnesses (cancer, obesity and cardiovascular disease) by nutrition.

- to encourage the development of research in public health nutrition within clinical research activities run in hospitals, and by the participation of public bodies (INSERM, INRA which want to significantly increase coherence of the national effort in the field of public health.

- to encourage the activities of the existing Centres for Human Nutrition Research and to develop themes which are not already covered and are in line with the objectives of the PNNS.

Economic research relating to immediate cost-benefit analyses (for example the reduction of prescriptions for examinations/tests, medicines and the number of consultations for each prevention activity) as well as intervention studies in cohorts will also be encouraged.

- to evaluate the PNNS in 2003 and at the end of the programme (2006)

Calendar

Set-up the RARE network, including the Nutrialis action in 2001

To develop the directions of public health nutrition research, from 2002.

6. Undertake public health measures aimed at specific groups

All activities aimed at specific groups require the provision of information to professionals and information-education for the target group.

The allocation of activities to particular themes will be decided annually. For 2001, priority will be given to the prevention of deficiencies in folates for women planning pregnancy, to the promotion of breastfeeding and to calcium and vitamin D deficiencies in older people living in institutions.

Objectives

- [To reduce iron deficiency during pregnancy](#)
- [To improve folate status in women of reproductive age, especially those planning pregnancy](#)
- [To promote breastfeeding](#)
- [To improve iron, calcium and vitamin D status of children and adolescents](#)
- [To improve calcium and vitamin D status of older people](#)
- [To prevent, detect and limit malnutrition in older people](#)
- [To protect people on restrictive diets from vitamin and mineral deficiencies, to take care of nutritional problems of people with eating disorders](#)

- [To reduce the frequency of vitamin and mineral deficiencies in disadvantaged people](#)
- [To limit the occurrence of food allergies](#)

6.1. Reduce iron deficiency during pregnancy

Note

The frequency of iron deficiency during pregnancy remains particularly high in France.

Objective

To reduce the deleterious consequences of iron deficiency and of anaemia in pregnant women.

Actions

- Implement a combination of two major intervention strategies, together with recommendations for clinical practice
- iron supplementation for pregnant women
- give specific nutritional advice, integrated into general information on diet and physical activity during pregnancy (Specific guidelines for pregnant women)

In order to do that, it will be necessary to:

- disseminate the recommendations to the medical profession and midwives
- distribute the specific dietary guidelines for pregnant women

Calendar

2002 – 2005: supplementation from 2002

6.2. Improve the folate status of women of childbearing age, especially those planning to become pregnant

Note

Neural tube defects linked to a deficiency in folates in women in early pregnancy are observed.

Objective

To reduce the incidence of these deficiencies.

Actions

- to develop awareness of health professionals, some teachers (especially teachers of biology, life sciences and earth sciences) and of women of reproductive age, especially young women. This information will be transmitted across family planning centres, mother and child health clinics, pharmacies and the media (women's and youth media).
- Specific nutritional advice (cf the "Eating Well for Women" edited by the CFES with the Ministries of Health, Agriculture and Fisheries), specific dietary guidelines.
- Advocate systematic folate supplementation for planned pregnancies.
- To supplement (with an adequate dose) women who are particularly at risk.

Calendar

2001-2005 : education, information; supplementation in 2002 and following years

6.3. Promote breastfeeding**Note**

It is notable that France lags behind either European countries in breastfeeding rates, including the length of breastfeeding.

Objective

To reduce this gap by providing women and mothers with a context conducive to the choice of breastfeeding and to prolonging the duration of breastfeeding.

Actions

- rely on the recommendations for clinical practice concerning nutrition for pregnant women.
- compile and distribute a validated scientific document aimed at community-based professionals on the health benefits of breastfeeding in a country such as France.
- reinforce the application of European directives on the promotion of breastmilk substitutes (including in maternity hospitals)
- train maternity unit staff to help with the initiation of breastfeeding
- promote adequate information on breastfeeding during antenatal consultations
- inform women on the introduction of complementary feeding

Calendar

2001-2005: education, information

6.4 Improve the iron, calcium and vitamin D status of children and adolescents**Note**

Due to their considerable physiological requirements, children and adolescents are at increased risk of some nutritional deficiencies.

Objective

Prevent these deficiencies, taking count of epidemiological knowledge.

Action

- integrate this group into actions concerning the population as a whole, in particular in the school system.
- draw up and disseminate dietary guidelines aimed at adolescents in 2002.
- dissemination of targeted information in the French regions with little sunshine in order to develop winter supplementation with Vitamin D (100 000 IU) for adolescents (under medical supervision).

Calendar

2002-2005: education, information; 2002 and the following years, implementation

6.5. Improvement of calcium and vitamin D status in older people

Note

Fractures in older people are often a consequence of osteoporosis. This in, in turn, linked to the constitution of bone mass, particularly at a young age.

Objective

To reduce the frequency of these fractures.

Actions

- put in place actions to improve calcium intakes and calcium status throughout life
- promote combined calcium and vitamin D supplementation in older people living in institutional care.
- recall, in older people living at home, the importance of vitamin D supplementation that could possibly be used in conjunction with calcium supplements.

This will be supported by recommendations for clinical practice dealing with the subject "Nutrition for Older People".

Calendar

2001-2005: education, information; 2002 and the following years supplementation

6.6. Prevent, screen for and limit malnutrition in older people Prévenir la dénutrition des personnes âgées**Note**

The ageing of the population means that malnutrition (either primary malnutrition or secondary to an illness) of older people is more and more common.

Objective

To prevent, screen for and restrict malnutrition in older people, taking into account the many different circumstances in which older people live.

Actions

- analyse the nutritional and dietary problems of older people (aged over 75) who live alone at home (including difficulties with access, consumption and preparation)
 - develop recommendations on nutrition for older people for clinical practice
 - encourage screening in medical practice (in the community and in institutions) for malnutrition. (nutritional assessment disk)
 - encourage the involvement of families in taking care of the nutrition of older people (specific guidance)

Calendar

2001: evaluation of problems

2002-2005: education, information ; 2002 and following years: implementation of the ANAES recommendations

6.7 Protect people on restrictive diets from vitamin and mineral deficiencies; Take care of nutritional problems of people with eating disorders

Notes

The uncontrolled practice of restrictive dieting and some eating disorders can provoke major nutritional problems.

Objective

Restrict the development of deficiencies in people with high risk food behaviours. With specialists, deal with the causes of eating disorders.

Actions

- propose recommendations for clinical practice (ANAES).
- rely on the work of the European working group on very restrictive diets
- inform the medical professions
- analyse the causes of these conditions, in conjunction with specialists in eating disorders

6.8. Reduce the frequency of vitamin and mineral deficiencies in disadvantaged people Lutte contre les déficiences vitaminiques et minérales et les dénutritions chez les personnes en situation de précarité**Objective**

To prevent nutritional deficiencies in people in disadvantaged people with the support of voluntary networks.

Actions

- raise awareness and train different actors in contact with these groups. Inform them about the specific nutritional problems disadvantaged groups face.
- encourage voluntary groups to take action to improve the distribution and nutritional quality of the food offered to disadvantaged people.
- encourage new initiatives where food is also a support for social reintegration and for reinforcing social links.
- draw up and distribute specific nutritional education tools.

Calendar

From 2001 to 2005

6.9. Reduce the occurrence of food allergies**Objective**

To minimise the risk of development of food allergies

Actions

- draw up recommendations on the prevention, screening for and treatment of food allergies. Distribute these recommendations to health professionals (cf point 2.5)
- inform pregnant and breastfeeding women with an atopic family history about the avoidance of foods more and more sensitive (eggs, peanuts, fish..) (Specific guidelines for pregnant women)
- promote breastfeeding
- study the implementation of exhaustive and precise food labelling. This action is underway, at the initiative of France at the European level.
- study the means by which consumers suffering from food allergies can make choices, particularly when eating out. (specific guidelines)
- develop the InVS-AFSSA network of vigilance for allergies
- integrate this topic into the training of different professionals: professional tasters, catering, biology teachers, agricultural engineering and veterinary students...

The Guidance on the Reception of Children and Adolescents suffering from Chronic Illnesses evolving over a long period of time was published in November 1999. Among others, it takes account of pupils suffering from food allergies.

Glossary

<p>ADF : assemblée des départements de France (French regional parliaments)</p> <p>AFSSA : Agence française de sécurité sanitaire des aliments (French Food Safety Agency)</p> <p>ANAES : Agence nationale d'accréditation et d'évaluation en santé (National Agency for accreditation and evaluation in health)</p> <p>ANC : Apports nutritionnels conseillés (Recommended nutritional intakes)</p> <p>CFES : Comité français d'éducation pour la santé (French Committee for Health Education)</p> <p>CLAN : Comité de liaison alimentation – nutrition (Food – Nutrition Liaison Committee)</p> <p>CNA : Conseil national de l'alimentation (National Council for Food)</p> <p>CNAMTS : Caisse nationale d'assurance maladie des travailleurs salariés (National Fund for Health Insurance of Salaried Workers)</p> <p>CODES : Comité départemental d'éducation pour la santé (Departmental Committee for Health Education)</p> <p>CRES : Comité régional d'éducation pour la santé (Regional Committee for Health Education)</p> <p>CRNH : Centres de recherche en nutrition humaine (Human Nutrition Research Centres)</p> <p>DDASS : Direction départementale de l'action sanitaire et sociale (Departmental Health and Social Action Service)</p> <p>DEScO : Direction de l'enseignement scolaire (Department of school education)</p> <p>DGAL : Direction générale de l'alimentation (Department for Food)</p> <p>DGCCRF : Direction générale de la consommation, de la concurrence et de la répression des fraudes (Department for consumers, competition and prevention of fraud)</p> <p>DGS : Direction générale de la santé (Department of Health)</p> <p>DHOS : Direction de l'hospitalisation et de l'organisation des soins (Department for hospitalisation and the organisation of care)</p> <p>DRASS : Direction régionale de l'action sanitaire et sociale (Regional Department for Health and Social Action)</p> <p>FNMF : Fédération nationale de la mutualité française (National Federation for French social security)</p> <p>FNPEIS : Fonds national de prévention d'éducation et d'information sanitaire (National Fund for education, prevention and health information)</p> <p>GPEM-DA : Groupe permanent d'étude de marché de denrées alimentaires (Permanent study group on the markets in foodstuffs)</p> <p>HCSP : Haut comité de la santé publique (High Committee for Public Health)</p> <p>IMC : Indice de masse corporelle (Body mass index)</p> <p>Enquête INCA : Individuelle nationale sur les consommations alimentaires (National Survey of Individual Food Consumption)</p> <p>INRA : Institut national de la recherche agronomique (National Institute for Agronomic Research)</p> <p>INSERM : Institut national de la santé et de la recherche médicale (National Institute of Health and Medical Research)</p> <p>IUFM : Institut universitaire de formation des maîtres (University Institute for Master Training)</p> <p>InVS : Institut de veille sanitaire (Institute for Health Surveillance)</p> <p>MAP : Ministère de l'agriculture et de la pêche (Ministry for Agriculture and Fisheries)</p> <p>MEN : Ministère de l'éducation nationale (Ministry for National Education)</p> <p>MES : Ministère de l'emploi et de la solidarité (Ministry for Employment and Solidarity)</p> <p>MJS : Ministère de la jeunesse et des sports (Ministry for Youth and Sports)</p> <p>PMI : Protection maternelle et infantile (Mother and Child Health)</p> <p>PNNS : Programme national nutrition-santé (National Nutritional-Health Programme)</p> <p>PRAPS : Programme régional d'accès à la prévention et aux soins (Regional Programme for Access to Prevention and to Care)</p> <p>PRS : Programme régional de santé (Regional Health Programme)</p> <p>RARE : Réseau alimentation référence Europe (European Food Reference Network)</p> <p>SVT : Sciences et vie de la terre (Life and earth sciences)</p> <p>USEN : Unité de surveillance et d'épidémiologie nutritionnelle (Unit of nutritional surveillance and epidemiology)</p>

⁽¹⁾ A 'low consumer' of fruit and vegetables is defined as someone consuming less than one and a half portion of fruit and less than two portions of vegetables (excluding potatoes) daily. Available data in France currently estimate there are 55% and 64% of 'low consumers'

of fruits in men and women of 45-60 years respectively and 72 and 64% are low consumers of vegetables.

² It is estimated that 42% of men and 59% of women of 45-60 years have calcium intakes lower than the recommended nutritional intakes defined in 1992.