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## Policy Recommendations to Increase Access to and Consumption of Fruit and Vegetables

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### **Towards new policy recommendations to increase access to and consumption of fruit and vegetables** Philippe Binard – General Delegate FRESHFEL Europe

- EGEA 2007 identified three main priorities to remedy obesity and stimulate the consumption of fresh produce:
  - target children from a young age,
  - target the most deprived persons, and
  - redefine the communication policy
- Since then and building on these recommendations, some positive steps have been taken at EU level. The European School Fruit Scheme was launched successfully in 2009 (23 Member States participating as of year one and 25 involved in 2010/11). The entire 90 million EU budget is being used and many Member States are looking for more financial resources to boost their programmes. The EU and its Member States must continue improving the SFS to make it work efficiently in the long term.
- More efforts now need to be undertaken on the other two EGEA 2007 recommendations, namely targeting the most deprived persons and the communication policy. Consumption of fruit and vegetables remains at best stagnating overall across Europe, and chronic diseases are reaching epidemic level, seriously jeopardizing the health of the European population.
- As we move towards a major CAP reform, a wide range of measures to increase access to and consumption of fruit and vegetables should be part of the agenda. Fruit and vegetables contribute around 16% to the total agricultural revenue in Europe while only benefitting from 3% of the EU agricultural budget. A more balanced diet rich in fruit and vegetables will be a “win-win” situation, being beneficial for a sector facing difficulties but also and more importantly improving public health leading to substantial savings on healthcare expenditure.
- Actions will require partnerships: Specifically a public-private partnership on the one hand is needed and a partnership between the fruit and vegetable sector and health organizations on the other. The briefing organized today prior to the opening of EGEA is a good starting point for such partnerships in order to move together towards the identification of policy recommendations to increase access to and consumption of fruit and vegetables.

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## BACKGROUND INFORMATION

### **Fruit and vegetable consumption in Europe and discrepancies between socioeconomic groups**

Professor Ibrahim Elmadfa, University of Vienna, Austria

Data on food consumption and availability in Europe were recently summarized in the European Nutrition and Health Report 2009 (Elmadfa et al., 2009). The supply of fruit and vegetables steadily increased since the first publication of the FAO Food Balance Sheets in 1961 up to the most recent available data from 2003. Fruit supply is higher in the regions South and West than in North and Central and East regions. Regarding vegetable supply, a South-North gradient can be observed. Fruit supply in Greece, for example, is almost four times higher than in Finland.

However, food consumption data shows that the recommended fruit and vegetable intake of 600 g/day is not achieved. Mean fruit intake of 16 of the European countries participating in the European Nutrition and Health Report 2009, was 166 g/d and vegetable intake was 220 g/d. These amounts sum up to 386 g of fruit and vegetable per day which is well below the public health goal of 600 g fruit and vegetable per day (World Cancer Research Fund and American Institute for Cancer Research, 2007).

Socio-economic status (SES) has been shown to be associated with health status. In the elderly, for example, multimorbidity showed highly significant associations with the educational level. It has also been observed, that groups of low SES followed a diet with poorer quality than groups of high SES. Data from studies at household level showed that especially educational level of the household head strongly influences affordability and food choice. Higher education is associated with lower overall food availability, with higher preference to fish and seafood, fruit, and vegetables.

To cope with these inadequacies EU policy strategies need to focus on the specific need of regions and population groups, especially groups of low socio-economic status.

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### **Low fruit and vegetable consumption and its burden on chronic disease in Europe**

Joao Breda, WHO Europe

Increasing consumption of fruit and vegetables is one of the priority actions needed to reduce the burden of diet related non-communicable diseases (NCD) in Europe.

Up to 2.7 million (4.9%) lives and 26.7million (1.8%) DALYs could potentially be saved each year worldwide if fruit and vegetable consumption would be sufficiently increased. NCD account for 86% of deaths and 77% of the



disease burden in the WHO European Region, which is particularly alarming given the fact that these diseases are largely preventable (WHO 2006). Up to 8 % of health care costs in some Member states can be attributed to NCD.

The burden of disease is disproportionately high in lower socio economic groups. Tackling health inequalities and inequalities in diet requires making fruit and vegetables readily available and accessible for lower socio-economic groups.

In the WHO European Region only 19 countries of the 53 countries had an availability of around 600 grams of vegetables and fruit per capita daily in 2003. It has been estimated that currently less than 50% of EU citizens are reaching recommended consumption levels. Evaluation of current national policies showed substantial discrepancies between actual fruit and vegetable consumption and recommendations and showed programmes that focus on individual diets are widespread, while programmes that address upstream determinants such as production, availability, accessibility are limited.

WHO Europe welcomes recent efforts by the Commission, implementation of the EU School Fruit Scheme and improving the nutritional quality of the MDP scheme as the first steps to better integrate agricultural policy with public health policy at European level. At community level, these initiatives can play an important role in obesity prevention, as highlighted by the WHO European Action Plan on Food and Nutrition Policy 2007-2012 and the European Charter on Counteracting Obesity. WHO Europe can play a key role in providing the technical assistance to ensure that these programmes are successfully implemented and integrating public health and agriculture policy.

## CASE STUDY

### **UK Healthy Start Programme: Effectiveness of fruit and vegetable vouchers at increasing consumption**

Robert Fraser, University of Sheffield, UK

For more than 60 years the UK Department of Health had a Welfare Food Scheme (WFS) a food benefit support scheme which provided tokens which could be exchanged for liquid cow's milk, infant formula and vitamin supplements for pregnant women, nursing mothers and children under the age of 5 years in low-income families in receipt of other qualifying financial benefits. This scheme was updated and replaced by a new scheme called Healthy Start (HS) in November 2006. The main difference was that the Healthy Start vouchers at £3.10/week for each child or pregnant woman could be exchanged at participating retailers for milk, fresh fruit and vegetables or infant formula. Since the introduction of the revised scheme around half a million pregnant women in the UK have been supported by Healthy Start. We have performed an independent evaluation of the introduction of the Healthy Start scheme comparing women in receipt of the earlier WFS with the new HS to identify any effects on dietary intakes and eating patterns.

In summary the mean consumption of portions of fruit and vegetables per day increased from 2.5 to 3.3 for pregnant women. This is an increase of almost 1 more portion of fruit and vegetables per day. Now, 15% of pregnant HS women meet the recommended "5 a day" compared to 2.4% of women on the WFS. For women after the birth of their babies the consumption was 3.3 portions per day compared to 2.7, an increase of almost half a portion. Now 19% of HS women meet the recommended 5 a day compared to 12% on the WFS.



Our evaluation shows that the Healthy Start scheme is working and in particular is capable of effectively increasing the fruit and vegetable consumption of low-income women. EU Member states could benefit from targeted subsidies for low-income groups similar to Healthy Start and the EU could play a key role in providing incentives to start similar programmes.

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#### **USA WIC Program:**

#### **Effectiveness of fruit and vegetable vouchers at increasing consumption and access in the food environment** Lorelei DiSogra, Vice President. United Fresh Produce Association, USA

In the USA, providing targeted subsidies for low-income pregnant women and their young children to purchase more fresh fruits and vegetables has proven to be an effective policy strategy to increase fruit and vegetable consumption and improve public health.

Starting in January 2009, monthly vouchers for fruits and vegetables were added to the Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC. More than 9 million low-income pregnant, post-partum, and breastfeeding women and their young children participate in WIC. Now, WIC mothers receive a cash value voucher for \$10/month to purchase fruits and vegetables and young children receive a voucher for \$6/month, which will soon be increased to \$8/month. WIC mothers can redeem their fruit/vegetable vouchers in many types of retail stores from supermarkets to very small shops.

The fruit/vegetable vouchers provided to WIC families have many public health benefits, including:

- Increasing total fruit and vegetable consumption by approximately 1 serving per day.
- Increasing purchases of a wide variety of nutrient dense fruits and vegetables
- Increasing purchases of fresh fruit for snacks and green vegetables for dinner
- Increasing access to fresh fruits and vegetables in food deserts and small shops ---an important social justice benefit for all of the residents living in that community. Specifically, small shops and
- Corner stores have increased the amount and variety of fresh fruits and vegetables available for sale because WIC mothers now have vouchers to purchase fruits and vegetables.

In summary, fruit/vegetable vouchers work - they increase fruit and vegetable consumption in vulnerable population groups and improve public health.

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### **A call for EU action**

Mr Archie Turnbull, President, European Public Health Alliance, EU  
and  
Frederic Descrozaille, Director General of Interfel, France

Currently, fruit and vegetable consumption in the EU Member States is at best stagnating and at worst declining significantly. The current financial crisis has exacerbated existing inequalities in diet, especially among the young and in Europe's most vulnerable population groups. Reaching the WHO goal of *at least* 400 g fruit and vegetable daily will require a joint approach that includes programs that target lower socio-economic groups while reinforcing current programmes.

Targeting access to a balanced diet including fruit and vegetables and tackling health inequalities are critical elements in the prevention of chronic diseases such as obesity, cardiovascular disease, cancer and diabetes. Member States' projects are not enough by themselves and should be reinforced by EU funding and programmes that provide a long term, sustainable framework for implementation. Within the EU environment, one size does not fit all. EU funding and programmes should recognize and stimulate the adoption of best practices from across Europe. A European framework must be flexible and adaptable to local needs.

In line with the EGEA 2007 conclusions and the White Paper "*A strategy for Europe on nutrition, overweight and obesity- related health issues*", EU actions should focus on:

#### **Reducing social inequalities in fruit and vegetable consumption**

It is important that European Institutions support the inclusion of measures that increase the consumption of fruit and vegetables in lower socio-economic groups in current legislation and in the post 2013 Common Agricultural Policy. Policies and instruments under consideration or recently implemented should move towards providing more "public good" by providing better public health outcomes. Two actions need to be considered:

- ✓ Food aid to Most Deprived Persons Scheme: Commission Regulation (EC) No. 1146/2007 should include fruit and vegetables as an eligible product category and allocate 100 million € out of the current 500 million € budget specifically for the purchase of fruit and vegetables.
- ✓ Encourage specific low-income population groups to increase fruit and vegetable consumption: The EU should introduce new financial instruments to stimulate and reinforce Member States' programmes such as fruit and vegetable vouchers for targeted population groups (pregnant women, infants, children, etc.). An EU budget of 350 million € should be considered for a successful action.



### **Increasing access to and availability of fruit and vegetables in school**

The EU School Fruit Scheme (SFS) is a step in the right direction. The SFS is being implemented in 25 out of 27 Member States. However, additional funding and actions must be taken to reinforce the scheme, namely by:

- ✓ Increasing funding to allow daily distribution throughout the school year
- ✓ Reinforcing the accompanying measures both at European and local level
- ✓ Developing clear criteria for the evaluation of the scheme

As proposed by the European Parliament's Busk report, a 500 million € EU budget would allow Member States to effectively increase fruit and vegetable consumption and change long term eating habits among the young.

### **Improving information on the health benefits of fruit and vegetables and increasing advertising**

Within the food market, the fruit and vegetable sector has limited investment capacity for research, innovation, advertising and marketing. The EU should act as a catalyst for improved communication to European citizens on the benefits of eating more fruit and vegetables. Most European citizens are aware of the health benefits of fruit and vegetables, so communication should focus on changing attitudes and perceptions towards fruit and vegetables, ultimately leading to changes in behaviour particularly in the most vulnerable members of society.

- ✓ The EU and its Member States can play an important role in improving communication on the necessity of increasing fruit and vegetable consumption by building an ambitious strategy incorporating the effective use of media. Daily messages aimed at increasing fresh fruit and vegetable consumption could be used, such as information on School Fruit Schemes in Member States, best practices across Europe, information on the 5-a-day campaign and innovative actions to improve the availability and accessibility of fruit and vegetables. Actions should target children and low socio-economic status groups which are particularly vulnerable to the advertising of high fat and high sugar foods. This strategy would require building partnerships with public television networks and advertisers. An EU budget of 100 million € should be considered for successful action.
- ✓ Information provision and promotion measures for agricultural products: Commission Regulation (EC) No. 501/2008 should extend the eligibility of the fruit and vegetable programme towards vulnerable groups (low-income population groups, etc.). An appropriate budget should be raised accordingly (e.g. by doubling existing resources to reach 24 Million €).

Considering the challenges at stake, there is an urgency for communication actions to reinforce existing tools and introduce innovative new ones that build on successful experiences already available around the world.

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