

French National Nutrition and Health Program (France-Public-Private)

http://www.sante.gouv.fr/htm/actu/34_010131.htm (in French)

Section I: Summary

The French National Nutrition and Health Program (PNNS) was implemented in 2001 and has since been extended to 2010 with the goal of improving the health of the French population and reducing risk factors for chronic disease through a focus on nutrition. The PNNS is a government sponsored public/private collaboration involving government, research and education institutions, the food industry, healthcare organizations, and consumers. The PNNS program set nine priority objectives focusing on nutrition and physical activity.

Section II: Statement of Purpose

Obesity, diabetes, and cardiovascular disease are widespread in France and the prevalence of obesity has increased significantly in recent years. Seven to 10% of adults and 15% to 17% of children in France are considered obese. Healthcare costs associated with obesity alone account for up to 4.6% of national expenditures.

The French Ministry of Health implemented the French National Nutrition and Health Program (PNNS) in 2001 as a five-year program that was subsequently extended to 2010. A survey conducted in 2001-02 indicated that healthy dietary and exercise habits in France, including among French youth, were in need of improvement. For example, less than half of French adolescents claimed to eat fruit or vegetables every day and over 40% said they consumed sweets or soft drinks every day. Fruit and vegetable consumption decreased even more in adults. Less than 20% of French youth met the minimum international recommendations for physical activity (one hour of moderately intense activity per day), a rate lower than most other countries. The survey also indicated that socioeconomic status was related to diet and exercise, as persons of lower socioeconomic status had poorer diets and were less active than those of higher socioeconomic status.

The PNNS program set nine priority objectives focusing on nutrition and physical activity to improve specific outcomes in the general population. These include:

Objective	Goal/Outcome
Increase fruit and vegetable consumption	Reduce the number of "low consumers" of fruit and vegetables by at least 25%

Reduce prevalence of overweight and obesity	Reduce obesity prevalence in adults by 25% and halt the increase in diabetes in children
Increase daily activity levels	Increase by 25% the number of people who participate in at least 30 minutes of physical activity per day
Increase consumption of calcium	Reduce Vitamin D deficiency by 25%; reduce by 25% the number of people with calcium intake below recommended levels
Reduce dietary fat intake	Reduce consumption of saturated fats by 25%; reduce total fat intake to less than 35% of total dietary intake
Increase consumption of carbohydrates	Increase carbohydrate consumption to more than 50% of total dietary intake through 25% reduction in simple sugars, 50% increase in fiber and increased consumption of complex carbohydrates (starches)
Reduce alcohol intake	Reduce calorie intake from alcohol consumption in the general population to no more than 2 drinks per day
Reduce mean blood cholesterol levels	Reduce levels by 5% in adults
Reduce blood pressure	Reduce systolic blood pressure in adults by 10 mm Hg

The PNNS program priorities are carried out through collaboration between the Ministry of Health and various public and private sector stakeholders in fields such as health promotion/prevention, research, training and monitoring, and food production and distribution. The program's core approach to these goals is centered on six strategies:

- Educate and inform consumers about healthy food choices and create an environment that encourages good choices.
- Prevent, screen for and limit nutritional illnesses in the healthcare system.
- Involve multiple stakeholders including the food industry and consumer organizations.
- Implement dietary and nutritional surveillance systems.
- Develop research on the clinical, behavioral, and epidemiological aspects of nutrition.
- Target specific population groups through other related public health initiatives.

Because childhood weight is often predictive of adult weight, some additional actions were taken specifically to target French youth. For example, the Ministry of Education published guidelines on nutritional composition of

school meals/catering and recommendations about food safety. Fresh water fountains were installed in all schools and a policy was established banning vending machines in schools. A law was also passed to provide a framework for food advertising and imposes taxes on food companies that do not include messages promoting healthy eating in their advertisements. In addition, the PNNS targeted the adolescent population through a school-based initiative to promote healthy behaviors. An interagency partnership between the Ministry of Health and Ministry of Education was initiated in 2003 to reinforce the role of schools in health education. Strategies of the school-based program included adapting the PNNS national food guide specifically for parents and adolescents for distribution in the classroom, creation of a multimedia nutrition education tool for students, physical activity intervention programs, and free weekly fruit distribution in some schools.

Section III: Outcomes

A national evaluation of the PNNS program is planned after the second phase of the program ends in 2010. In the meantime, program administrators have recognized the need to broaden the focus beyond nutrition information and education and consider how other political, social, and economic drivers such as public policy, social/family environment, and the food supply affect lifestyle choices. Future work of the PNNS will seek a greater balance between individual approaches and “collective responsibility” in creating an effective framework for healthy eating and physical activity.

Section IV: Additional Resources

Hercberg, Serge, Stacie Chat-Yung, Michel Chauillac, “The French National Nutrition and Health Program: 2001–2006–2010,” *International Journal of Public Health*, 2008, Volume 53: 68–77, <http://www.springerlink.com/content/k06064145m2v38h5/fulltext.pdf?page=1> (abstract only).

World Health Organization, “Addressing the Socioeconomic Determinants of Healthy Eating Habits and Physical Activity Levels Among Adolescents,” 2006, <http://www.euro.who.int/document/e89375.pdf>.