

EXPANDING EUROPE : eat, drink and be healthy?

UK Eating Patterns and Government policy on improving diet and nutrition

Imogen Sharp
Head Health Inequalities -
UK Presidency of the European
Union

Nutrition in England

- **A significant proportion of the population:**
 - consumes less than the recommended amount of fruit and vegetables and fibre;
 - consumes more than the recommended amount of fat, saturated fat, salt and sugar
- **Low prevalence of breastfeeding in lower socio-economic groups**
- **Disadvantaged and vulnerable at risk of poor diet**
- **Households receiving benefits consume:**
 - ↓F & V, salads, wholemeal bread, high fibre cereals & oily fish

In social class V

- ↑ adult obesity ↑ blood pressure
- ↑ blood cholesterol
- ↑ dental decay

Consequences

- Cancer and cardiovascular disease, account for almost 60% of premature deaths.
- A third of cancers can be attributable to poor diet and nutrition.
- Unhealthy diets and physical inactivity have contributed to the growth of obesity - responsible for 9,000 premature deaths annually.
- 22% of men and 23% of women obese in 2003
- 16.6% males and 16.7% of females aged 2-15 obese in 2002
- Mortality rates for all circulatory diseases for people aged under 75 years is 103.3 per100,000
- 1.8 million diagnosed diabetics in the UK
- In a typical week 1 in 5 children eat no fruit, and 3 in 5 eat no leafy green vegetables

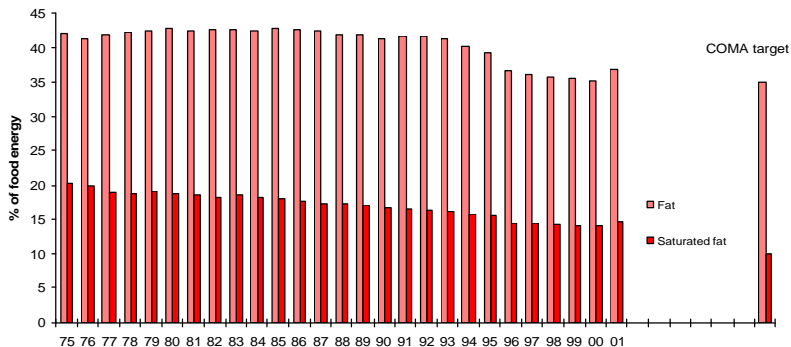
Dietary Intakes in the UK

Key recommendations	NDNS 1986/7	NDNS 2000/1	% 2000/1 not meeting recommendations	
			Males	Females
Total Fat - Reduce to 35% of energy	40%	35%	57%	50%
Saturated Fat - Reduce to 11% energy	16%	13%	70%	70%
Sugars - No more than 11% energy	13%	13%	40%	51%
Salt - Reduce to 6g per day	9g	10g	85%	69%
Fruit & Veg - Increase to = 5 portions per day	2.6g (approx)	2.8g	87%	86%

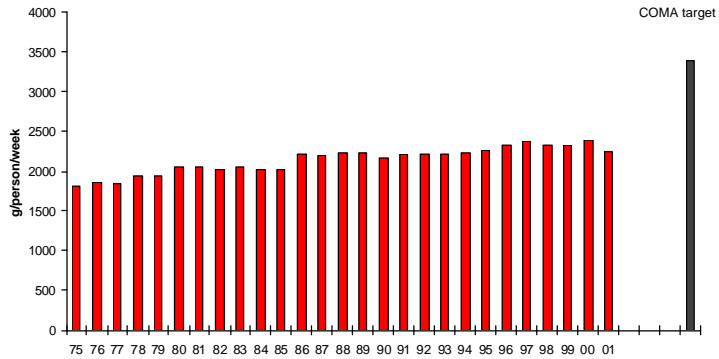
Significant food sources

	Fat	Saturated Fat	Sodium (salt) –NFS 2000	Added Sugars
Meat & meat products	24%	23%	21%	-
Dairy Foods	15%	23%	-	-
Cereal & cereal products	19%	18%	38%	23%
Fat spreads	16%	17%	-	-
Butter	-	10%	-	-
Soups, sauces, condiments etc	-	-	13%	-
Sugars, preserves, confectionary	-	-	-	29%
Beverages	-	-	-	17%

Consumption of total and saturated fat, adults aged 16 and above, 1975-2001, Great Britain, with COMA target



Consumption of fruit and vegetables, adults aged 16 and above, 1975-2001, Great Britain, with COMA target



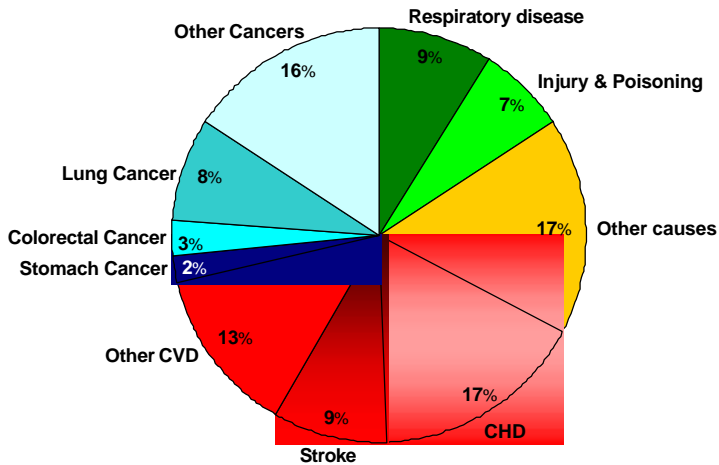
National Food Survey / Expenditure and Food Survey

www.heartstats.org



Male deaths by cause

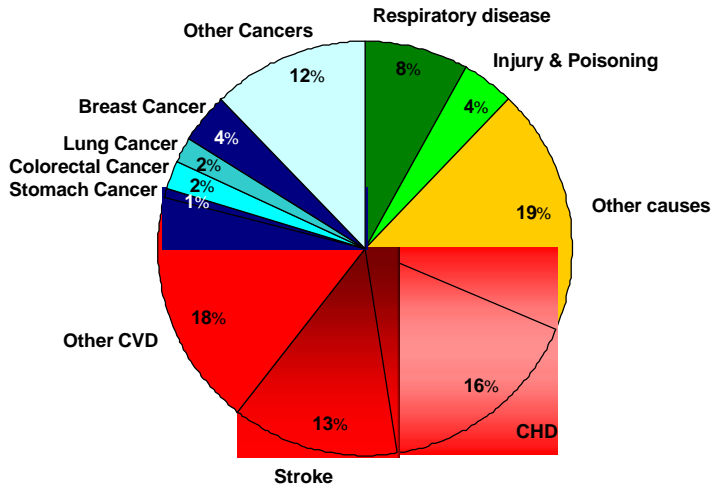
European Union States, latest available year



Source: European Cardiovascular Disease Statistics 2005 (Feb 2005), as presented by the British Heart Foundation

Female deaths by cause

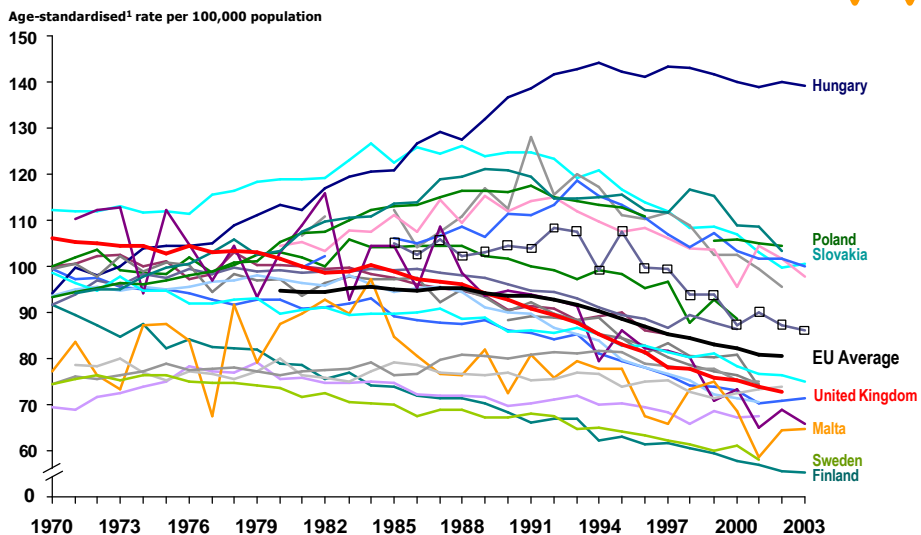
European Union States, latest available year



Source: European Cardiovascular Disease Statistics 2005 (Feb 2005), as presented by the British Heart Foundation

Cancer, premature mortality

European Union States, People aged under 65 years



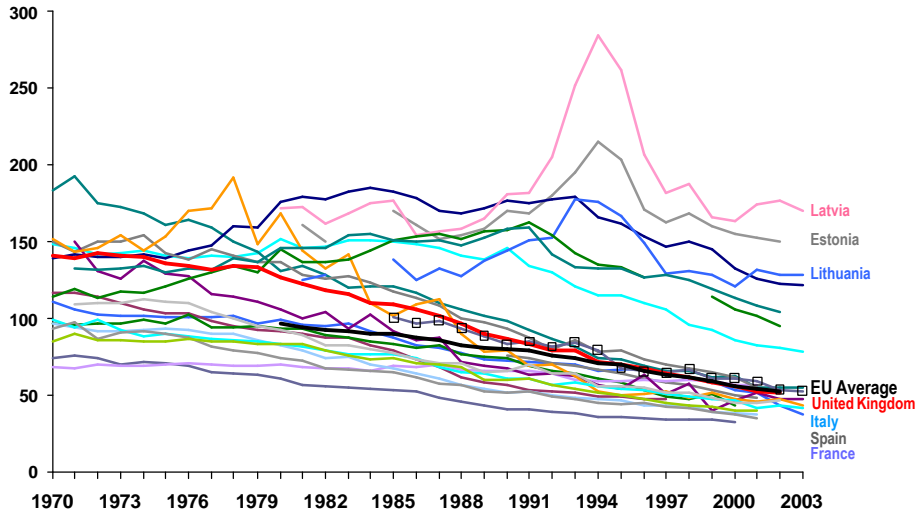
Mortality rate per 100 000 population
 *Rates have been standardised according to the WHO European Standard Population.
 Source: WHO Health For All Database, January 2005

Circulatory Disease, premature mortality

European Union States, People aged under 65 years

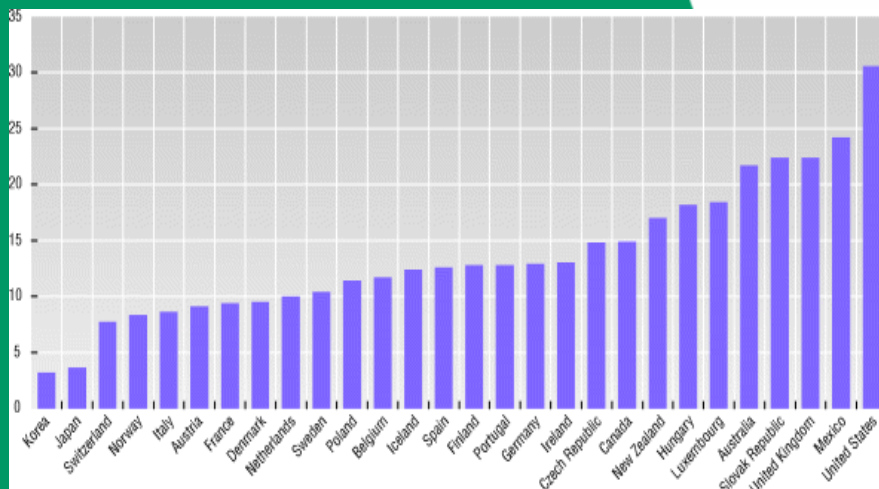


Age-standardised¹ rate per 100,000 population



Mortality rate per 100 000 population
¹Rates have been standardised according to the WHO European Standard Population.
 Source: WHO Health For All Database, January 2005

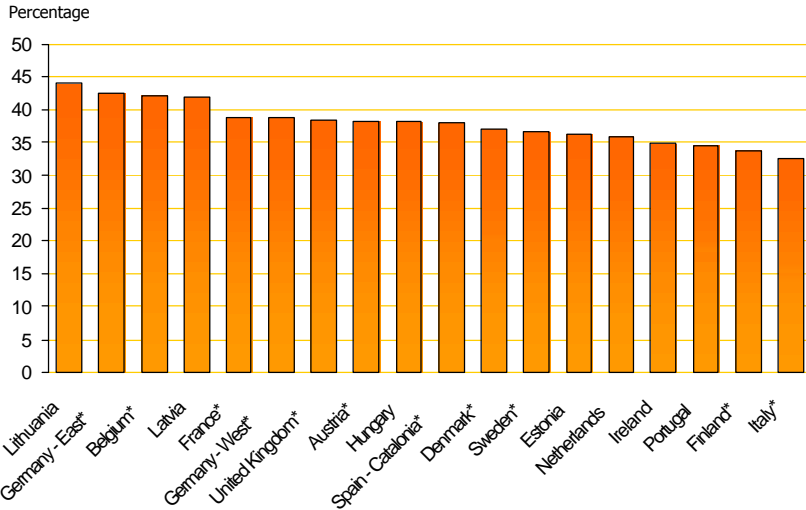
Percentage of obese population aged 15+ in OECD countries



OECD Factbook 2005

Percentage of total energy from fat

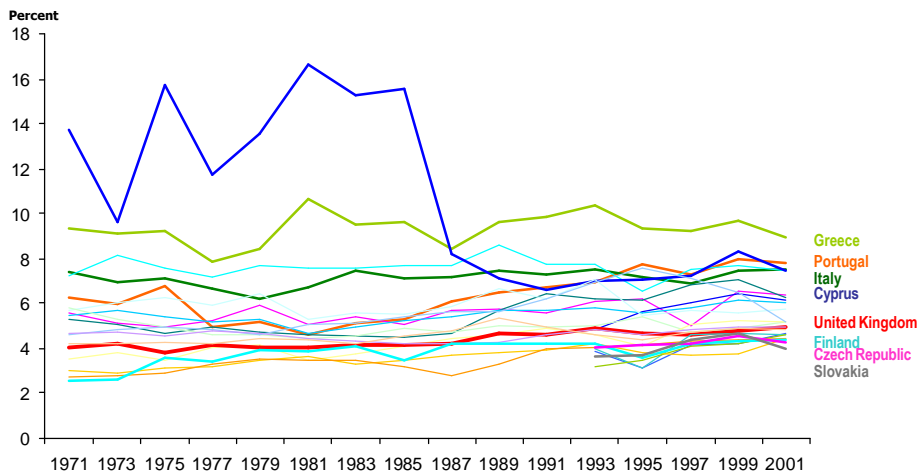
European states, adults, by sex, latest available year



Source: World Health Organization (1999), personal communication;
 * British Journal of Nutrition (1999) Food-based Dietary Guidelines - A Staged Approach, Volume 81 Supplement Number 2.

Percentage of total energy from fruit and vegetables

Europe by country



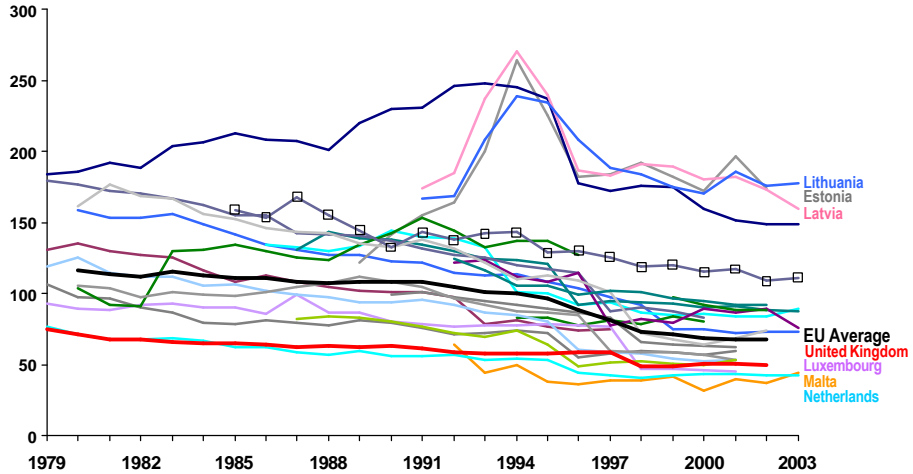
Source: Food and Agriculture Organization of the United Nations (2004) – as presented by the British Heart Foundation

Mortality from selected alcohol related causes¹

European Union States, People, all ages



Age-standardised² rate per 100,000 population



¹NOT the estimate of alcohol attributable mortality, which is more complex and difficult to calculate. Some known alcohol related causes are not included. This simple pooling of alcohol related deaths (irrespective of what is the actual proportion of deaths due to alcohol in each cause) includes: Cancer of oesophagus and larynx (Cancer of liver is not available in this form); Alcohol dependence syndrome (alcoholic psychoses not available in BTL); Chronic liver disease and cirrhosis; All external causes.

²Mortality rate per 100 000 population. Rates have been standardised according to the WHO European Standard Population.
Source: WHO Health For All Database, January 2005

CHOOSING HEALTH:

Making healthier choices easier

HM Government

DH Department of Health



Working in partnership with government with people, their communities, local government, voluntary agencies and business



Choosing a Better Diet: a food and health action plan

Brings together, in one place, action to meet all White Paper commitments relating to food and nutrition, as well as further activity across Government to encourage healthier eating.



Why do we have a Food and Health Action Plan?

- Government to encourage and coordinate the action of a range of organisations to improve nutrition and health and to reduce health inequalities
- Strategy for Sustainable Farming and Food – the action to deliver our nutrition commitments will also contribute to SSFF
- WHO – global strategy on diet, physical activity and health
- WHO European Region Action Plan for Food and Nutrition Policy – target 2015

Action across a wide range of areas:

- **healthy eating in a consumer society** and how information can be improved, and how industry can help to enable healthier choices;
- encouraging healthy eating behaviours in **children and young people**;
- promoting opportunities for **healthy eating in the communities** where we live;
- ensuring that the **NHS promotes healthy eating** in all aspects of its work; and
- promoting opportunities for **healthy eating in the workplace** and ensuring that the public sector leads by example.

Healthy Eating in a Consumer Society

Campaigns

- Obesity
- 5 A DAY
- Health Direct
- Social Marketing Strategy

Healthy Eating in a Consumer Society (2)



Simplified Food Labelling

- Consumers are calling for simpler and clearer labelling
- Dominant theme from *Choosing Health* consultations, especially signposting
- Work with the food industry to develop the signposting approach further – clear system in common use by 2006
- Call to simplify nutritional labelling in EU and make it mandatory on packaged foods

Healthy Eating in a Consumer Society (3)



Advertising and Promotion of Food to Children

- **Comprehensive action in relation to all forms, including:**
 - broadcast;
 - non-broadcast
 - sponsorship and brand-sharing
 - point-of-sale advertising, including vending in schools; and
 - labels, wrappers and packaging
- New Food and Drink Advertising Promotion Forum
- Assess impact – early 2007

Healthy Eating in a Consumer Society (4)



Working with the Food Industry

- Joint work between DH/FSA and industry to reduce salt in processed foods – 2010 target – and to identify interim and long-term targets including in key product categories
- Build on the salt work to achieve reduction in the fat and added sugar content of food using long-term and interim targets
- Develop guidance on portion sizes

Children and Young People



- **Early Years**
 - Breastfeeding
 - Healthy Start
- **School-Age Children**
 - Nutrition in schools
 - Food in Schools Programme
 - School Fruit and Vegetable Scheme
 - School Meals
 - Nutrient based standards
 - Ofsted
 - School Food Trust
 - Extended Schools
 - School Nurses

Healthy Eating in the Community



- **Encourage fruit and vegetable consumption through 5 A DAY**
 - average daily consumption at 2.8 portions
 - focus on disadvantaged communities
 - £17m from 2006 to establish more 5 A DAY community initiatives
- **Develop supplier networks**
- **Food Vision**

A Health Promoting NHS



- **Obesity care pathway will provide a model for prevention and treatment**
 - coordinated activity on obesity prevention and management
 - clear referral mechanisms
 - trained staff to work in different settings
- **Definitive NICE guidance by 2007**
- **New 'weight loss' guide**
- **National Partnership for Obesity**
- **Patient activity questionnaire from late 2005**
- **PCTs will receive additional funding to strengthen primary care capacity**

Healthy Eating in the Workplace

- Workplaces are generally under-utilised as settings for promoting health and well-being
- Evidence base for what works needs further development – pilots in NHS, local council and small to medium sized businesses
- Healthy Workplace Award
- Public Sector procurement
 - NHS
 - MOD
 - Prison Service

Making it happen

- Governance
 - MISC 27
- Co-ordinated Cross-Government work
- Regional and Local Delivery
 - Local Strategic Partnerships
 - LDPs
 - SHAs
- Resources and Capacity
 - £1 billion for *Choosing Health* over 3 years **2006/8**
 - £55m for action in the NHS on diet, physical activity, obesity
 - £50m for capacity expansion in the NHS

Monitoring and Evaluation

- Health Survey for England
- Defra Expenditure and Food Survey
- FSA low-income Diet and Nutrition Survey

Public Health Observatories:

- Regional Public Health Indicators
- Local Basket of Indicators
- Health Poverty Index

Evidence and Evaluation – for example:

- SACN
- R & D Strategy for Public Health
- UK Clinical Research Collaboration
- Innovations Fund

Joining up with Europe

- EU commission launch of Platform for Action
- EU work on:
 - Food labelling
 - Health/Nutrition claims
 - Signposting
 - Infant Formula

The Plans

