Consultation response from the National Heart Forum

Consultation:	Food and Health Action Plan. Food and health problem analysis for comment
Consulting body:	Department of Health
Date:	September 2003

National Heart Forum response to the consultation on the problem analysis document for the Food and Health Action Plan

September 2003

1. Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum. The NHF is the leading alliance of over 40 organisations working to reduce the risk of CHD in the UK (see appendix A for further information about the NHF).

2. Introduction

The National Heart Forum (NHF) welcomes the opportunity to comment on the consultation document and firmly endorses the need for an integrated food and health action plan to tackle the avoidable burden of diet-related disease and health inequalities in England.

The NHF is however, extremely disappointed to note the lack of NGO participation in the Consumer Health Needs Implementation Committee. This does not seem to be consistent with the goal of a broad, integrated approach to the Plan's development and implementation. It is our view that the committee does not adequately represent consumer interests (independent of the food industry) or specific nutrition health expertise.

The Food and Health Action (FAHAP) plan rightly identifies the significant burden of avoidable coronary heart disease that is attributable to poor diet (chapter 2). The principle dietary changes that are needed to benefit heart health are:

- Increased fruit and vegetable consumption
- Reduced consumption of fat, especially saturated fat
- Reduced consumption of salt
- Appropriate total energy intake to help maintain a healthy body weight.

Further analyses published by the National Heart Forum have estimated the predicted changes that can result from modest and achievable changes in diet-related risk factors:

- If everyone were able to reduce and maintain a level of serum cholesterol of less than 6.5mmol/l, the CHD reduction would be around 11%;

- A reduction in diastolic blood pressure to a level below 76mmHg across the population would result in a 15% reduction in CHD for men and 12% for women;

- Changes in the prevalence of obesity could be responsible for a 3% change in CHD if the prevalence of BMI over 30 was reduced to 6% among men and 8% among women.[1]

[1] McPherson K, Britton A and Causer L. 2002. Coronary Heart Disease: Estimating the impact of changes in risk factors. London: The Stationery Office.

3. Questions for discussion:

CHAPTER 1
Q1 Are these policy drivers consistent with the goal of improving health through better diet?

3.1 General observations

To fully understand all the policy drivers will require a proper mapping exercise. It is recommended that such an exercise is undertaken taking a life course approach so that the influences on food, health and well-being are tracked from early life (pre-natal) into adulthood. This analysis should be developed into a clear exposition of the roles and responsibilities across all sectors and across the food chain.

In addition to the policies and initiatives included, the FAHAP should acknowledge and seek to influence those determined by the Treasury, the department of education and skills, and the department of culture, media and sport. The Plan also makes scant reference to the Common Agricultural Policy, yet its influence on the balance of food eaten in England, as elsewhere in the EU, is far reaching.

3.2 Treasury

The VAT structure as it applies to food bears little relation to nutritional criteria. Subject to closer analysis of the effects of fiscal controls on consumption – across all income groups – the Treasury could consider taking steps to change the VAT structure and align it more closely to nutrition objectives.

3.3 Education and skills

Schools have an important role to play in helping children maintain a healthy weight and to develop healthy eating habits through the provision of healthy meals, and educating them about nutrition and cooking.

The National Healthy Schools Standard offers an excellent framework for schools and communities to co-ordinate activities and practices.

3.4 Culture Media and Sport

There is a huge volume of advertising for foods high in salt, fat and sugar during children's television programming and across a wide variety of other media. There is widespread concern from parents, public health organisation and education and consumer groups that this type of advertising to children encourages a high demand for 'treat' foods that are not healthy when eaten frequently, and at the expense of more nutritious foods.

It is the view of the NHF that DCMS has an important, potential role to play in controlling marketing to children of foods and drinks high in fat or sugar or salt.

3.5 Common Agricultural Policy

Although the mechanisms and their influence on consumption patterns are complex, the CAP has enormous potential to influence the price, availability and balance of foods produced in the EU. Health and nutrition considerations have been woefully absent from recent reform proposals. The consequence is that there is no

consonance between dietary recommendations and the type of food production in the EU: budget allocations and subsidies still heavily favour the production meat and dairy produce over fruits and vegetables.

Q2 *Is there a need for new mechanisms to ensure better co-ordination on food and health policy initiatives?*

3.6 General Observations

There are a number of areas where policy is dissonant across government departments, and between government and agencies and organisations such as the NHS. Generally speaking, there has been inadequate 'joining up' between health policy and environmental and economic policy.

In the immediate term, it would be helpful to clarify the role of the Consumer Health Needs Group (to whom this review reports) in relation to the other Sustainable Food and Farming Groups.

In the longer term, the government should consider Cabinet level co-ordination of the sustainable food and farming delivery plan, of which the food and health action plan should be a central focus.

As well as considering new mechanisms for co-ordination, the FAHAP should review existing mechanisms and how these might do more to achieve the Plan's objectives. In particular, the NHF believes that the remit of the Food Standards Agency 'to protect consumer interests' on nutrition issues should be given greater priority, and its capacity enhanced and resourced accordingly.

3.7 Specific Examples

Specific examples where co-ordination could be improved are:

- Between DH, DfES and DCMS on the policy around schools and sponsorship activities by confectionery, snack food or soft drink companies, such as the Cadbury's Get Active initiative. It received government approval despite heavy criticism from MPs, teachers' unions, consumer groups, public health organisations and the media for making an inappropriate link between chocolate consumption and physical activity in school.

- Between DH, FSA and voluntary sector organisations in the delivery of simple consistently presented healthy eating information and social marketing to the public.

- Between DH and the NHS, to ensure consistent messages around schemes such as the DH 5-a-day initiative, instead of similar competing schemes such as the NHS fruit and vegetable information cards in ASDA.

- Co-ordination is also needed to ensure that healthy eating policies and good practice are reflected in hospital catering.

- The use of the NHS logo alongside food and drink products (such as an energy drink called Powerade produced by Coca Cola) needs to be more carefully considered within the context of overall healthy eating messages from government. (See Appendix B for example).

- Between DH, DEFRA and FSA to address the difficulties raised where nutritional advice to increase consumption may conflict with food supply or safety issues. For example, advice to eat more oily fish must be reconciled with the need to conserve depleted fish stocks and with concerns about dioxin and heavy metal contamination in fish.

CHAPTER 2
Q3 Does this section correctly identify the major health problems attributable to diet?

3.8 General Observations

The NHF agrees that cardiovascular disease, cancer, diabetes and obesity are very significant diet-related public health problems. However, the narrow disease focus of the FAHAP overlooks the wider impacts of food on health, including mental health. The NHF recommends that the FAHAP should fully reflect the WHO definition of health as 'physical, mental and social well-being and not merely the absence of disease or infirmity.'

3.9 Oral health

Other consultees will be better placed to identify further specific diet-related diseases which should be within the ambit of the FAHAP. However, the NHF suggests that dental disease should be included for the following reason:

- Research has shown poor oral health is associated with some heart and lung disease;
- Poor oral health, especially if natural teeth are lost, is associated with poor diet and nutritional status (NDNS 1998);
- Excessive (and increasing) consumption of added sugars (especially from fizzy drinks and sweetened cereals) is a concern in terms of the risk of diabetes and overweight/obesity. Recent progress in reducing tooth decay in recent years may be reversed if current sugar consumption patterns - both in terms of quantity and frequency - continue.

Q4 *What additional research would help to identify the scale of the problem, and give a sense of emerging trends?*

3.10 Better understanding of consumption patterns

The emerging trends in overweight and obesity, and related morbidity demand urgent action, yet the data available on average caloric intake is unreliable. The DH acknowledges the problems of under-reporting of food intake in dietary surveys (NFS and EFS), particularly for food eaten outside the home. It is estimated that as much as 20% of average caloric intake may be under-reported. Studies have shown that obese or overweight people are more likely to selectively mis-report what they eat. With the dramatic rise in obesity rates, so the extent of under-reporting is likely to have increased in recent years.

It has been calculated that an average adult eating as few as 60kcal in excess of energy expenditure per day will become obese over 10 years[2]. This would suggest that the amounts by which data sets are adrift are likely to have a very significant bearing on weight gain.

[2] Are the calorie counters getting it wrong? Food Magazine issue 62. Food Commission: London

The NHF believes that further work should be undertaken to accurately assess actual intakes and the likely impact of mis-reporting in dietary surveys. This work also should look at:

- The rise in consumption of snacks and soft drinks
- The increasing availability and promotion of 'super-sized' portions
- Comparisons with sales figures for confectionery, snack foods and soft drinks

Proper inquiry into calorie intake in the diet is important since this possible mythology about declining values is the cornerstone argument offered up by food manufacturers and marketers to deflect 'blame' for rising obesity rates away from food consumed and solely towards physical inactivity. This analysis has fuelled a proliferation of sport and exercise sponsorship deals by food companies while they fail to tackle the content or marketing of their products.

In view of the rapidly changing food environment and the consequences for public health, there is, in our view, a need for a publicly-funded, independent monitoring of marketing practices, especially marketing aimed towards children.

3.11 Better understanding about what consumers think

Recent surveys by the FSA and the National Consumer Council, among others have highlighted significant gaps in public knowledge about healthy eating - including even basic messages such as the five-a-day message - and confusion about the accuracy, usefulness and validity of information that is available from various sources.

For example, according to the FSA Consumer Attitude Survey, (based on face-to-face interviews with 3,135 people across the UK between October and December 2000):

- only 12% thought that current food labelling is 'very easy to understand,'
- just over one-third knew of the recommended daily consumption of five portions of fruits and vegetables,
- Comprehension of what was a significant level of fat, sugar and, in particular, salt, was variable and general understanding of ingredient labelling was poor.
- Over half of consumers could not correctly identify how many grams of fat are in 100g of a product labelled '80% fat free'.

Another recent survey commissioned from the National Consumer Council (February 2003) on public understanding of food packaging showed that people were feeling "bamboozled, baffled and bombarded."

Studies which have looked at attitudinal barriers to healthy eating (as opposed to circumstantial barriers) highlight a number of knowledge gaps:

- A belief that people are eating enough fruit and vegetables already
- Lack of understanding about portion sizes
- Confusion about the healthiness of frozen, canned or dried products
- Lack of knowledge about the specific health benefits of a healthy diet.

On the other hand, the food industry uses 'health' as a very powerful marketing tool to sell products, especially to parents. Clearly its efforts can serve to both inform and confuse consumers.

Better analysis of how healthy eating messages are exploited to successfully market products could help the government to devise more effective communication strategies, and suggest ways in which the use of health and nutritional claims for promotional purposes may need to be better regulated.

CHAPTER 3
Q5 *What general conclusions can be drawn from this evidence about the state of the nation's diet?*

3.12 Dietary balance

Most people are eating more fats, added sugars and salt than the recommended amounts.

Comparison of NFS data from 1992 and 2000 (table 2) highlights some unhealthy trends in consumption of foods that are significant sources of fats, added sugar and salt. The latest figures also show that people are eating considerably more of these food types than the COMA recommended intake amounts, eg. an average of 3.5 times the recommended amount of chocolate confectionery:

Product	NFS 1992	NFS 2000	COMA
Potato products	170g	305g =	x 1.8
Buns, cakes and pastries	41g	57g =	x 1.3
Soft drinks	720ml	1284ml=	x 1.8
Chocolate confectionery	35g	124g =	x 3.5
Other meat products	440g	590g =	x 1.3

Consumption of vegetables and fruits has increased but still fall short of COMA recommended daily intake levels. Just 4% of younger women are reaching the 5-a-day target.

There remain wide inequalities in people's diets, with low income consumers having a poorer diet overall. Young adults are eating a less balanced diet than older adults.

3.13 Eating patterns

Eating patterns are shifting towards more snack foods.

3.14 Marketing and food choice

Foods and drinks which are heavily promoted foods are being eaten in increasing quantities, eg. soft drinks, confectionery, snack foods, cakes and biscuits and ready meals.

Super sizing of fast food portions, snack foods, soft drinks and confectionery has proved a very successful marketing tool. It also encourages over-eating and is likely to explain, in part, some of the observed increases in consumption of fat, sugar and salt.

Q6 *What are the main dietary problem areas on which action needs to be taken?*

3.15 Salt

Average salt intake is well above the recommended levels. At least three quarters of this is eaten in processed or prepared foods. A priority must be to continue to press food manufacturers to reduce the salt content of their products. This must be subject to close and constant monitoring to ensure that levels are brought down and kept down.

3.16 Fats

The evidence suggest that the latest average total fat intakes are in accordance with COMA recommendations. The NHF believes that this evidence should be treated cautiously and that reducing total fat and saturated fat in the diet must remain a priority goal for the following reasons:

- Over half of people surveyed exceeded the recommended intake
- Under-reporting in dietary surveys is likely to mask higher average intakes (see detailed response to Q4)
- The rises in snacking and meals eaten outside the home (which are less likely to be recorded in surveys) contribute to overall fat intake due to the nature of the foods consumed, eg. crisps, confectionery, fast food meals and take-aways.

3.17 Sugars

One of the most startling dietary changes demonstrated in the survey data is that carbonated soft drink consumption has almost doubled in 10 years. Industry sales data confirms this and indicates an average base trend of 3% growth a year[3].

Children and young people are high consumers of fizzy drinks. The relationship between soft drink consumption and obesity is so strong that it has been estimated that for each additional fizzy drink consumed, the risk of obesity increases 1.6 times[4].

A priority must be to address uncontrolled marketing of fizzy drinks to children, particularly in schools.

Any government efforts to encourage manufacturers to reduce the fat content of some processed products such as cakes and biscuits must ensure that they do not give rise to a high sugar content instead.

3.18 Fruit and vegetables

Getting more people to eat the recommended 5-a-day portions of fruit and vegetables remains a fundamental challenge to food and health policy. More co-ordinated action is needed across all sectors to build on the initiatives already in place such as the 5-a-day logo and the school fruit scheme and increase production, supply and consumer demand for fruit and vegetables.

One priority must be to undertake targeted social marketing to promote fruit and vegetables, focusing on children and families.

3.19 Maternal nutrition and breastfeeding

It is well established that adequate maternal nutrition and breastfeeding confer health benefits in early life and reduce the risk of chronic disease in adulthood.

In view of the poor nutritional status of many younger women, especially those on low income, a priority for the FAHAP must be to tackle the barriers to healthy eating and to support initiatives that encourage breastfeeding for the first six months. Particular emphasis should be placed on ensuring that initiatives targeting expectant and nursing mothers (such as Healthy Start) are effectively implemented.

[3] Zenith International. Reported in 2003 Sucralose soft drinks report

[4] Ludwig DS, Petersen KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. Lancet 2001;357:505-508.

3.20 Children's diets

The status of children's diets and the impact of poor nutrition on their long-term health are causes for serious concern. The National Heart Forum's young@heart initiative sets out an analysis of the key problems and areas for action[5]. We suggest this document may serve as a useful checklist for policy actions to improve children's nutrition within the scope of the FAHAP.

CHAPTER 4
Q7 *Have we correctly identified the different facets of today's consumers?*

3.21 General Observations

Children should not be regarded simply as young consumers. Instead, parents, carers and schools share a duty of care to provide children with a nutritious, balanced diet. There is also a shared duty of care to protect children from unhealthy eating habits and the health risks of consequent overweight or obesity. Food manufacturers and marketers whose marketing practices aimed at children raise demand for foods high in fat, sugar and/or salt, also bear responsibility.

Q8 *How can healthy eating policies meet the needs of time-poor convenience-focused consumers?*

3.22 General Observations

There has been a big response from the food industry towards meeting and encouraging consumer demand for convenience food. Partnership working with industry to improve the nutritional content of ready meals – by reducing salt, fat and sugar and increasing fruit and vegetable content would benefit these consumers.

3.23 Cash Poor Consumers

The DH analysis and evidence from other sources indicates that the greater need is among 'cash poor' not 'time poor' consumers. Detailed policy options to tackle food poverty have been developed by Sustain[6].

Q9 *How can the food chain contribute to healthy eating?*
&
Q10 *How can different sectors contribute to healthy eating?*

It is understood that the second phase of consultation will explore policy solutions to the problems of poor diet. The NHF intends to respond more fully to these areas of enquiry in the second consultation.

[5] Towards a generation free from coronary heart disease: policy action for children's and young people's health and well-being. 2002. National Heart Forum.
[6] Watson A. 2001. Food poverty: policy options for the new millennium. Sustain. London

3.24 Policy Opportunities

In brief, opportunities across the food chain and between different sectors include:

Sector	Opportunities
PRODUCERS	Reform of international trade agreements eg. CAP
	The food industry could improve the nutritional content of processed and prepared foods
SUPPLIERS	Local authorities (and retailers) can improve access to shops in deprived areas through measure such as: mobile shopping facilities; free or subsidised transport schemes for consumers to and from shops; and telephone and internet ordering and home delivery.
	Retailers could review pricing policies to make healthier options, cheaper options
	Food manufacturers and retailers could make food labelling more informative so that: ▪ Fat, sugar and salt content is easily understood ▪ The contribution of the food items toward daily recommended intakes of salt, fat, sugar and calories, is made explicit – this is especially important with growing portion sizes and super-sizing ▪ The appropriate frequency of consumption for fast food and snack food items is indicated (McDonald's in France has made moves to promote a 'once a week' message)
	The food industry could address portion size and pricing policies so that unhealthily large meals, high in fat, salt and sugar are not 'cheaper'
	Local authorities can support retail strategies and local retail forums by encouraging and supporting community-based initiatives such as food co-operatives, local farmers markets, fruit and vegetable box schemes and food coupon schemes which offer discounts on fruit and vegetables.
SCHOOLS	Schools have an important role to play; providing children with healthy meals, educating them about nutrition and cooking, and protecting them from marketing activities of food manufacturers in the school environment. The National Healthy Schools Standard offers an excellent framework for schools and communities to co-ordinate activities and practices. Schools meal providers can have an important role to play in sustainable sourcing of local produce
NHS	Hospitals can serve healthy meals and adopt healthy eating policies. Hospital catering providers can have an important role to play in sustainable sourcing of local produce.
MARKETERS	Food industry trade bodies could support promotions of fruits and vegetables.
	The marketing industry needs to work towards meaningful codes of practice (or face increased regulation) on the use of healthy eating messages (in a misleading way) to sell foods high in fat, sugar and/or salt.
	The marketing industry needs to look meaningful codes of practice (or faced regulation) with respect to marketing products aimed at children that are high in fat, sugar and/or salt.
REGULATORS	Broadcast regulators must keep under active review both the public concerns about food advertising to children and the evidence that the cumulative impact of advertising for foods high in salt, fat and sugar is likely to have a damaging effect on children's diets.

Appendix A

The NHF is the leading alliance of over 40 organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status. The purpose of the NHF is to work with and through its members to reduce disability and death from CHD. Our four main objectives are:

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention;
- To identify and address areas of consensus and controversy;
- To develop policy based on evidence and on the views of member organisations;
- To stimulate and promote effective action.

The NHF embraces professional, scientific and policy opinion in current issues in CHD prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

Appendix B

Promotional poster for a fitness campaign co-sponsored by NHS and Coca Cola product (Powerade) among others.

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