

Nutrition Strategy for Wales

Consultation response from the National Heart Forum

General comments

The FSA Wales is to be congratulated on its draft nutrition strategy to tackle the problems of inadequate nutrition in Wales. In view of the short and long-term health risks of poor diet and current trends in eating patterns, overweight and obesity the development of a strategy is extremely timely.

Disease rates and dietary trends

The rising numbers of people who are either overweight or obese, and who suffer from diabetes are a serious concern in Wales as in other parts of the UK and globally. These upward trends show no sign of slowing down or reversing.

Trends in the types of food eaten in Wales as in many other Western or 'Westernising' cultures are a further cause for concern. More energy-dense foods (which are typically high in fat, sugar or salt) and soft drinks are being consumed and fewer fruit and vegetables. Children's diets, together with their low activity levels and smoking behaviour, play a crucial role in determining the risk of chronic disease in later life. Recent studies have reported cases of type II diabetes, otherwise known as adult onset diabetes, among teenage children in England^d. Importantly, families on lower incomes eat fewer fruit and vegetables than those on higher incomes. Overweight and obesity among adults shows a clear social class gradient with a higher proportion of poorer adults affected.

Diet and coronary heart disease

As the strategy makes plain, inadequate nutrition, through poor diet is a fundamental risk factor for the development of many chronic diseases including coronary heart disease (CHD), stroke, diabetes, cancer and bone diseases. Coronary heart disease is the major single cause of death in Wales claiming over 7,200 lives in 2000 of which over 2,600 were under the age of 75ⁱⁱ. Long term illness and disability from heart attack and angina affect many thousands more.

There is good evidence that CHD is largely preventable by tackling the major modifiable risk factors of raised blood cholesterol, high blood pressure, diabetes and smoking, through improved diet, stopping smoking and increasing physical activity.

A recent National Heart Forum report on the impact that changes in risk factors might have on CHD cases and mortality in England showed that even modest changes in population cholesterol and blood pressure levels and prevalence of obesity (through dietary change and raised physical activity levels) would lead to significant reductions in CHDⁱⁱⁱ. For example:

- If everyone (in England) were able to reduce and maintain a level of serum cholesterol of less than 6.5 mmol/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.

Bearing in mind the size and demography of the population in Wales it seems not unreasonable to assume that reductions of a similar proportion might be achieved, although further more specific analysis would be required.

The need for a national nutrition strategy

The NHF strongly supports the proposal from FSA Wales and the National Assembly for Wales for a national nutrition strategy:

- as an appropriate mechanism to ensure an integrated, sustainable approach to improving the nation's diet and health and closing social and health inequalities;
- to fully engage cross-government and cross-sectoral commitment to and ownership of food and nutrition policy;
- to enable strategic development of policy instead of a piecemeal approach of initiatives.

A national strategy for nutrition is a key recommendation of the National Heart Forum's recent framework of policy recommendations - *young@heart* – which advocates a national plan for children's health to prevent avoidable coronary heart disease in adult life^{iv}. The priority given to the young, women of child-bearing age and low income families in the draft strategy for Wales are particularly welcomed.

Response to specific consultation questions

1. Is the evidence base presented comprehensive and does it portray an accurate picture of the status of diet and health in Wales?

The evidence presented in the draft strategy makes no specific mention of the main dietary origins of overweight and obesity – excess calories from foods high in fat and sugar - or of dental decay – high consumption of sugary foods. Unless these relationships are made explicit, the myths will persist that tackling obesity is only a matter of raising activity levels, and that daily toothbrushing is the answer to dental decay. Excessive sugar consumption is a feature of diets in Wales as in many other countries and actions to reduce consumption levels must be an explicit part of an effective nutrition strategy.

The shortcomings of the dietary surveys in Wales are highlighted in the strategy document. The NHF would support the suggestion that future surveys should relate food intake frequency with current recommendations (2.5).

The NHF would also suggest that the sample size for the NDNS in Wales should be increased (currently only 80 people) to ensure that findings are more representative of the population (2.4).

A criticism of the UK NDNS is that it did not take adequate account of food, especially snacks, eaten outside the home which are likely to have a significant impact on overall intakes, especially for fat, sugar and salt. Any review of the NDNS in Wales should seek to take account of *all* food consumed.

The evidence base should also be informed by local and national monitoring of the nutritional standards for school meals being introduced in Wales. Meals should be monitored against the standard and against the COMA recommended nutrient levels (which form the basis of the Caroline Walker Trust Guidelines for School Meals”).

2. Do you agree with the selection of priority groups?

We would suggest that women of child-bearing age, particularly pregnant women should be included among the level one priority groups in view of the link between foetal under-nutrition and later coronary heart disease risk (section 10). This was a key group identified in the NHF’s young@heart initiative.

3. Do you feel that the recommendations are appropriate to improve nutrition in Wales?

While the recommendations cover an appropriately broad range of food and nutrition issues, the recommendations themselves should be *goals* for the strategy. The current recommendations are a mixture of goals and initiatives. Specifically:

- Recommendation 3 (Initiatives to prevent and manage overweight and obesity), to be consistent with goal-oriented recommendations 1 (Increase healthy balanced diet) and 2 (Increase fruit and vegetable consumption), should read ‘reduce overweight and obesity’.
- Recommendation 8 (Initiatives with the food industry especially relating to access) should be more ambitious, going beyond simply engaging the food industry in initiatives, but instead aiming for ‘joint working towards good practice’ as part of the food and advertising industries corporate social responsibility. It should not exclude the capacity to initiate appropriate regulation on food advertising and promotion, particularly to children, as necessary.

Recommendation 6 (Ensure the public is well informed about nutrition and the need for dietary change) should also aim to ensure people are *motivated* to change through effective and appropriate social marketing.

4. Do you feel that the proposed actions are appropriate to achieve the recommendations?

Recommendation 3 (Develop and manage initiatives to prevent and manage overweight and obesity among the population)

Excess weight is extremely difficult to lose once it has been put on and presents a serious threat to health and social well-being at all stages in life. The NHF recommends that there should be more emphasis on actions included which aim to *prevent*, not just manage obesity,

especially among children. These actions should tackle both energy-dense diets and low levels of physical activity and should involve government, schools and communities. They might include:

- Introducing measures which may include legislation to control excessive and unfair advertising and promotion of foods that are high in fat, sugar and salt to children (linked to 21).
- Increasing children's participation in and access to sport and recreation in the community;
- Strengthening physical education, sport and active play in schools;
- Making walking and cycling a healthy means of daily travel for children and young people;
- Improve infant and pre-school nutrition;
- Improve the quality and uptake of food in schools.

These actions should link to the recommendations and actions in the proposed Welsh strategy for physical activity.

Recommendation 4 (Ensure that national schemes and policies are in place to assist improvements in healthy eating)

- The NHF's young@heart initiative identifies poverty and the inability to afford a nutritious diet as a key barrier to better nutrition. To address the needs of low income families, the NHF would suggest that minimum income standards and benefit levels should be reviewed to ensure that all families can afford a healthy diet. We would encourage the Welsh Assembly Government to urge such a review by UK Government.
- In assessing the impact of new legislation on school meals (19), the NHF recommends that this should be an independent, developmental review which assess whether the standards ensure that COMA nutrient intake recommendations are met^{vi}.
- Local Health Boards and strategic partnerships should specify both actions and *monitoring arrangements* within their required strategies (23).
- Estyn should consider reference to the whole school approach to healthy eating *and school meal standards* in the inspection framework (27).

Recommendation 5 (Provide information and training to key players, including policy makers, health professionals and other professionals, to tackle poor nutrition in Wales)

The appropriate nutritional data referred to in action point 34 must be unambiguously and appropriately specified. The draft strategy (2.2) sets out both UK (COMA)^{vii} and European (Eurodiet) recommendations but does not indicate which values health professionals and others will be asked to follow.

The NHF strongly recommends that the COMA guidelines (partially reproduced in Table 2) should be the basis for nutritional recommendations. They should include the Dietary Reference Values (DRVs) for non-starch polysaccharides as the chemically identifiable fraction of dietary fibre (not shown in Table 2).

In our opinion, the DRV for sugar (not more than 10% of total dietary energy) is a far more appropriate nutritional goal than that included in the Eurodiet (<=4 occasions of eating sugary food / day). This could be equivalent to four confectionery bars per day or as much as 80% of total dietary energy. Basing recommendations on the DRVs is extremely important in terms of sugar intake both in terms of reducing dental decay, and, by reducing

excess calories, in preventing and managing overweight and obesity and preventing diseases associated with obesity including diabetes, some cancers and cardiovascular disease.

5. Are all the key players represented in the action plan?

A specific addition in the draft nutrition strategy should be all Sure Start co-ordinators and workers in Wales.

In the NHF's [young@heart](#) initiative, the Sure Start programme in England and Wales was identified as an ideal mechanism for strengthening the health and well-being of families with young children, particularly in relation to maternal nutrition, food skills for parents, breastfeeding and healthy weaning. To capitalise on the success of pilot schemes, it was recommended that there should be both government investment and local action to provide coverage for all families with children under 4 years, and to strengthen the health components of the programme.

6. Do you have any comments on the organisation of key players, resources and partnerships in relation to delivery of specific strategy actions?

To ensure national cross-government support and commitment we recommend that the FSA Wales and National Assembly specifically identify the government departments and set out their responsibilities and capacity to deliver this strategy. These should include:

- Agriculture
- Children and young people
- Culture and recreation
- Education and training
- Health
- Local government
- Transport

Co-ordination of the national strategy should be located at Cabinet level.

7. Do you agree with the milestones suggested to help achieve the final targets of improvement in nutrition?

The FSA Wales and Welsh Assembly Government are to be congratulated on determining milestones against which to measure progress of this strategy. We would propose revising the time line on milestone 6. We suggest that commencement date of 2005 is an unnecessarily long lead in and that mechanisms for collecting national data at least be introduced sooner.

8. What dietary targets would you suggest e.g. increase in the average number of portions of fruit and vegetables eaten from X to Y by year Z?

The dietary targets should be consistent and based on agreed recommendations for maintaining health:

- Five portions of fruit and vegetables a day by all adults and children.
- Consumption of fat, starchy foods, salt, sugar and essential vitamins and minerals according to COMA guidelines.

9. Will the activities under recommendation 9 support determination of the strategy impact against these targets?

We suggest that in addition to those evaluations proposed, that new legislation for school meals should be regularly reviewed to assess both the quality and take up of the service and the nutritional standard of the meals served.

About the National Heart Forum

The National Heart Forum (NHF) is the UK alliance of over 46 national organisations working to reduce the risk of coronary heart disease 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 prevent disability and death from coronary heart disease in the UK. In order to achieve this, the National Heart Forum has four main objectives:

- 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 and gaps in research and policy.
- 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 on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

ⁱ Drake AJ, Smith A, Betts PR, Crowne EC, Shield JP.2002. *Archive of Diseases in Childhood*. 86:207-8

ⁱⁱ British Heart Foundation Coronary Heart Disease Statistics. www.dphpc.ox.ac.uk/bhfhprg/stats/2002

ⁱⁱⁱ National Heart Forum. 2002. *Coronary heart disease: Estimating the impact of changes in risk factors*. London. The Stationery Office.

^{iv} National Heart Forum. 2002. *Towards a generation free from coronary heart disease: Policy action for children's and young people's health and well-being*. London.

^v *Caroline Walker Trust Nutritional Guidelines for School Meals*. Report of an Expert Working Group. 1992

^{vi} Department of Health. 1991. *Dietary Reference Values for Food Energy and Nutrients for the UK. Report of the Panel on Dietary Reference Values of the Committee on Medical Aspects of Food Policy. Report on Health and Social Subjects. 41*. London: HMSO

Submitted by the National Heart Forum., July 2002

The opinions expressed here are consensus based and do not necessarily represent the views of individual members of the National Heart Forum.

National Heart Forum
Tavistock House South
Tavistock Square
London
WC1H 9LG
www.heartforum.org.uk
Tel: 0207 383 7638
Fax:0207 387 2799