

Tackling the Obesogenic Environment

METHODS	ACTION
SOCIAL MARKETING	Marketing to understand and appreciate consequences of food (and lifestyle) choice.
	Government should launch a hard hitting campaign showing how an obese bodyweight leads to increased risk of chronic disease (Type II diabetes, cancer, etc.). It should focus on reducing portion size.
	<u>Social marketing</u> to be used to publicise and develop a network of basic cookery skills and courses for communities. Positive social marketing approach
EDUCATION - SCHOOLS	Address 'zoning' around schools, vans, and fast food outlets to support HP schools. Ensure school boards and PTA's uphold healthy eating and HPS messages.
	Compulsory cookery classes in schools to give all children basic life skills
	Ensure all children get basic food preparation skills at schools along with knowledge to make healthy food choices.
	Need to put practical food skills into school –both primary and secondary, to be compulsory and part of the curriculum
	Compulsory cooking in all schools – this would enable all children leaving school to be able to cook healthy meals for their potential families
	Fund cooking skills, knowledge of nutrition, and how to make basic consumer choices in schools, clubs communities, etc. using local produce/producers.
FOOD SKILLS	Skill development: Provide consumer guide to what/where/how to buy and what/how to make healthy choices
	Educate people more about the link between diet and what they eat to physical and mental health.
	Create 'Growwell'—a community development approach to helping kids and their parents develop the confidence, skills, and desire to achieve a healthier lifestyle. Money is needed!
	Cooking classes/road shows for both children and adults showing how inexpensive and nutritious healthy eating/meals can be.
	Increase availability of and access to practical <u>food skills</u> programmes in shopping, cooking, and budgeting.
	Money, facilities, and people and opportunity to equip adults and children with <u>food skills</u>.
RESEARCH	Better measures of the diet in the community so we can see how and when we need to act and if we are improving diet.
	Develop a way of pricing food so it reflects the true cost of production, transport, and health effects (all externalities) so that healthy, local, organic food becomes the cheapest food to buy, so addressing inequalities and sustainability at the same time.

	Research new ways to <u>sell positive nutrition</u>.
	Research and recommend methods for <u>incentivising access and choice of healthy food</u>.
Local Authorities	Local authorities having the power to intervene in school children's nutrition, i.e. internal meals, removing fast food outlets from school boundaries, mobile vans, etc. Encouraging a stronger school-home link, i.e. parent involvement in meal input.
	Redesign of towns and cities to include a ring of farms growing organic fruit and vegetables and allotments and community gardens where people can learn to grow, cook, and process local food, which can supply fresh, local food, organic food to schools, nurseries, prisons & hospitals. Access to farms by walking and cycleways as well as by public transport to reconnect people with the way food is produced and recreate a positive local food culture.
LEGISLATION	Require legislation to make food healthier for people who won't do it themselves.
	Supply/ advertising of less 'healthy' foods directed at children. Government—can they influence this? Or can we get agencies to put on pressure?
FOOD ACCESS	Better access to healthy foods in poorer communities. Subsidises to healthy foods. Positive (not negative) health messages – Eat Well, feel better
	To provide healthy food vouchers to those living in deprived communities. Similar to Healthy Start vouchers for pregnant and new mothers. (This is a recommendation in a recent Food Poverty report for Ireland www.phaic.org)

Please note that the text in bold are the prioritised actions.

1. **Is the vision or 'direction of travel' correct?**

In general, there is an agreement that the direction of travel is correct, but that there is a need for further improvement or focus. These critiques and suggestions are as follows:

- There is differential food access and aspirations should address *all* members of the population.
- Distilling policy to a local level in a practical way is difficult and policies should take this into account.
- The targets for achieving a set goal are 'too safe' and not ambitious enough.
- A good 'measure' of the vision should be established to assess failures or successes.
- Consideration of current consumer demand
- Consideration of food produced from outside of Scotland
- More effective legislation would be beneficial, e.g. on advertising.

2(a). Which aspects of our food environment (supply, demand, culture, habits, etc.) contribute to the obesogenic environment?

Each group proposed roughly the same aspects. These are in the following categories which are all very interconnective:

- Lifestyle
- Culture/outside influences
- Consumer demand / consumer choice
- Costs of food (including costs of producing food)
- Access to food
- Supply of food – fast food and portion sizes
- New norms
- Cooking skills and food knowledge (including a lack of understanding where our food comes from and the processes)
- Advertising
- Family, peers, relationships
- An 'over-saturation' with 'bad' or unhealthy foods

Lifestyle is a huge contributor to unhealthy eating. Due to long working days with both parents working and commuting, time is often in short supply. Finding the time or inclination to prepare nutritional meals is difficult. Quick meals with little or no nutritional value and little preparation or washing up are a ready solution. Furthermore, familial relationships continue to change with fewer families eating together around the kitchen table, opting instead for the television. Also, what we eat and how we prepare food is no longer a priority. We have other demands and priorities, e.g. we'd rather work through lunch.

Interconnected with lifestyle are **culture** and the **influence from other cultures**. The Scottish food culture is not very conducive to healthy eating with its fried, processed food and beverages high in sugar. In addition, diffusion from other cultures, such as American, has led to more fast food and an acceptance of low nutritional or harmful food as the 'norm'.

Consumer demand is also restrictive to a healthy food environment as it is the consumers who influence change. People choose cheap, quick and easy convenient food, i.e. food that is high in calories, sugars and fats and tastes good. Local demand is linked to local food choices.

Intertwined with consumer demand is **cost**. Healthier food often costs more than unhealthy food. It can also be cheaper (or perceived as cheaper) for companies or producers to produce.

Cost leads to the next category, **access** to healthy food. Lack of access to healthy food is linked to income/deprivation. Too many 'bad' food choices are readily available.

There are also **new norms** that restrict healthy eating. Food previously perceived as unhealthy or damaging is now perceived as acceptable when compared to food that is unhealthier. Similarly, what constitutes 'obese' is changing. A larger body size has become accepted as the norm. Larger portion sizes are now expected at supermarkets and restaurants, reflected by the prevalent multi-pack food or 'buy one, get one free' sales.

Basic **cooking skills** or **knowledge** has decreased, contributing to an obesogenic environment. People do not know what food to buy at supermarkets or how to cook it if they did. Basic education is lacking. In addition, they do not have the correct knowledge of what is healthy, e.g. adding a fatty sauce with a healthy dish and considering it healthy. In line with this, there is a 'disconnect' of the process of acquiring food, i.e. how food goes from the producers to the supermarket.

Combined with these aspects of an obesogenic environment, is **advertising**. This includes not only the advertising of unhealthy food by companies, but also 'positive' advertising on unhealthy food. People are inundated with messages on 'banned' or unhealthy food and become frustrated. All of these aspects interacting lead to an obesogenic environment.

2(b). In your professional role, what opportunities do you have to reshape this environment?

As expected, each delegate/group had different opportunities for reshaping his/her obesogenic environment. Some of these opportunities or common themes are as follows:

- Providing or influencing healthy eating in schools
- Teaching cooking skills to the community and in schools
- Influencing food retailers
- Accessing/supplying food in the public sector (e.g. prisons, hospitals, schools, and the workplace).
- Influencing food advertising/food labelling.
- Working with the NHS, local authorities, and the volunteer sector.
- Influencing the community and families through the community.
- Changing perceptions of obesity
- Planning a 'bottom up' approach through the Health Impact Assessment
- Encouraging the local growing of food
- Supporting/appropriating funding for the third sector
- Research the evidence/ facts of a healthier environment

2(c). What support do you need from other partners/sectors to make this real?

All groups/delegates would like to see more coordination/cooperation between each sector (e.g. research, the public, and the food industry). A few partnerships in particular were suggested:

- Link more with Environmental Health
- The research sector with the community via 'ambassadors'.
- More cooperation/coordination within the research sector.
- More coordination with the third sector and other sectors.
- The food industry with the public sector.
- The food industry understanding public health more.
- Work with the physical activity practitioners

It was also noted that each sector needs a spirit of compromise for a successful cooperation.

3. How do we get there? How do we do this?

In general, each group proposed similar solutions. These can be listed in the following categories:

- Legislation
- Social marketing
- Education
- Research
- Access
- Cooperation

Legislation, the first category, was among the most common solutions. The delegates would like to see the advertising of unhealthy food, especially to children, restricted or banned, specifically in certain areas such as schools. Concerning finance, more long term rather than short term funding, the taxation of saturated fat, and the subsidising of healthy food were suggestions. Another common thread was better food labelling, e.g. creating uniform nutrition facts on packaging.

Marketing healthier food via a myriad of methods was the most common solution. In particular, to continue to run and develop the national awareness campaign for healthy food/lifestyle. However, in conjunction with a social marketing campaign, new advertisements designed for 'shock value' were suggested to demonstrate what constitutes obesity to challenge the perceived 'norm' and the health problems associated with obesity. Distributing more 'visual' handouts on food as well as free weight scales in public would be part of this campaign. To spread the message further, a consistent message with only about a half dozen main points would reach out to more people. Also, another event with an open debate involving delegates from the food industry, education, health, economics/finance, and research was proposed. Finally, it would be valuable to demonstrate to companies that distributing healthier food is not necessarily more expensive than distributing unhealthy food.

Education, connected with promotion, was also a top solution. This includes educating people on reading food labels, understanding the relationship between calories and exercise, cooking skills, food costs, and basic food 'literacy'. Teaching cooking skills, in particular, was a common suggestion. This involves not only teaching adults, but children at a young age as well as adults and children together. Lastly, it would be beneficial to provide people with more opportunities to taste new, healthier foods and become accustomed to them.

Research can lead to better solutions to the obesogenic environment. For instance, researching and incorporating consumer demands (e.g. packaging healthy 'real' food) rather than going against them would be beneficial. Finally, it would be helpful to have more research on farming methods, the welfare of stock and animals, the costs of healthy food, and the results of a healthier environment

Easier or more **access** to healthier food choices is one method of achieving the aims. This could be accomplished by focusing on deprived areas and increasing the availability of healthier food in these areas as well as the workplace via local initiatives, e.g. One group also suggested promoting local produce by providing free access to community gardens/allotments.

Finally, encouraging or promoting **cooperation** between different sectors could lead to a solution, e.g. working *with* rather than against the food industry.

Final KEY Messages	
Message 1:	<i>What we need is</i> research methods for incentivising healthy access and choice, e.g. subsidiary fruit and vegetables or £50 for breastfeeding.
Message 2:	<i>What we need is</i> money, facilities, people, and opportunity to equip adults/kids with food skills, e.g. trainers' network joined up 'cooking' initiatives'.
Message 3:	<i>What we need is</i> new ways to 'sell' <i>positive</i> nutrition (and consequences) messages. For instance, learn from private sector and link to other area, build on social marketing, and develop practical tools for choice.