

# Fat at five: the new norm?

How can business help reduce childhood obesity?

A report of the Business Forum meeting on Tuesday 19<sup>th</sup> January 2016



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# About the Business Forum

Ethical questions around climate change, obesity, food security, people and animal welfare, and new technologies are becoming core concerns for food businesses. The Business Forum is a seminar series intended to help senior executives learn about these issues. Membership is by invitation only and numbers are strictly limited.

The Business Forum meets six times a year for an in-depth discussion over an early dinner at a London restaurant.

To read reports of previous meetings, visit foodethicscouncil.org/businessforum.

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#### Introduction

Obesity statistics make for depressing reading. In 2014, more than 1.9 billion adults were overweight, of which over 600 million were obese. Most of the world's population live in countries where overweight and obesity kills more people than underweight. 42 million children under five were overweight or obese in 2013<sup>1</sup>.

The Chief Medical Officer for England recently called for urgent action to address this challenge and the UK Government is due to publish its delayed strategy on childhood obesity in the summer of 2016. The Public Health Responsibility Deal has reached the end of the road. Hence now is an opportune time to re-examine the role business should play in helping reduce childhood obesity.

Ethical issues are at the heart of the obesity challenge. Firstly, it is *contentious*, not least in where responsibility lies for tackling it. Secondly, we should consider *values* respect for human wellbeing, autonomy (how far should people be free to make their own choices about what they eat?) and justice (is it fair that some people overconsume or consume badly while others cannot afford to eat?). And thirdly, we should consider the *consequences* of the obesity epidemic on individuals' health and on the health of the planet.

The January 2016 meeting of the Business Forum explored the drivers behind the rise in obesity; debated different interventions that business might take; and considered what should be in the Government's forthcoming child obesity strategy.

We are grateful to our keynote speakers, Philip James, distinguished expert on obesity and key advisor on nutritional aspects of public health for the World Health Organisation; and Dr Wendy Wills, sociologist of food and public health, University of Hertfordshire. The meeting was chaired by Cathryn Higgs, Food Policy Manager of Co-operative Food and member of the Food Ethics Council.

The report was prepared by Anna Cura and outlines points raised during the meeting. The report does not necessarily represent the views of the Food Ethics Council, the Business Forum, or its members.

# **Key Points**

- Obesity is one of the biggest health problems in the world. UK is the fattest country in Europe, with adult obesity rates between 22% and 28%, and rising.
- Food is clearly at the epicentre of the obesity issue, yet food is surrounded by such a complex biological and social system, making it hard for individual organisations or people to know where to begin in tackling obesity. Active lifestyles are of course important too.
- Obesity is not the result of people making inappropriate individual choices. It is the outcome of a dysfunctional food system, which drives food prices as low as possible by promoting cheap food an approach that is not conducive to good health.
- A complex web of factors including genetics, the social environment, short term political cycles, marketing power and lack of consistent messaging all combine to create an obesogenic environment. Today's food environment is the product of choices made by national and local governments about planning, social structures, working conditions, school and hospital responsibilities over many years.
- There is clear evidence that tackling the obesogenic environment is likely to be a more effective strategy than an individualist approach.
- People living in a low income community where cheap food is seen as good value and convenient may be more likely to be at risk. It was suggested that the priority given to food influences the desire to buy the sort of food often made available in poorer areas e.g. certain fast food outlets.
- A growing number of food businesses now recognise they have a responsibility to - as a bare minimum - help prevent the obesity epidemic growing further. The food industry has a role to play, not least in demanding stronger legislation to ensure there is a level-playing field for forwardthinking companies.
- Government has to lead by example and adopt a long-term approach, including in (but not limited to) its forthcoming child obesity strategy. It is surely high time to change the 'new norm' from 'fat at five 'to 'fit (and healthy) at five'.

<sup>&</sup>lt;sup>1</sup>World Health Organisation (2015) http://www.who.int/mediacentre/factsheets/fs311/en/



## The problem

Obesity is one of the biggest health problems in the world. UK is the fattest country in Europe, with adult obesity<sup>2</sup> rates between 22% and 28%.<sup>3</sup> The Foresight report on obesity highlighted that its causes were embedded in "an extremely complex biological system, set within an equally complex societal framework."<sup>4</sup>

Lack of individual willpower to eat healthily is often the source of blame. Because of this perception, children are considered more vulnerable to diet choices made for them. However, the extent of the problem clearly makes child obesity an epidemic. Statistics from the UK National Child Measurement programme<sup>5</sup> show a sharp increase in weight and obesity rates in primary schools, going from 9% obesity rates in year one to 19% by year six, with changes in average weight already seen in one year olds. By the time a child in the UK is seven years old, the probability of him or her becoming obese in adult life increases rapidly. Being overweight at 16 leads to a 70% chance of also being obese in adult life. Most likely, this will lead to type 2 diabetes, which is now affecting people 20 to 30 years earlier than a generation ago, and costing the government on average £5,000 per year per individual. Adult obesity is estimated to cost US\$2 trillion per year globally.6

It is accepted that better diets for children are needed, starting with school meal programmes, but there is still room for improvement.

#### The causes

#### **Genetics**

The likelihood of becoming obese within a population is significantly affected by our genetic susceptibility. However, this does not explain the current epidemic; it only means that some individuals may become more overweight than

 $^{\rm 2}$  A person is considered overweight if their BMI is 25 and above, and obese if 30 and above.

www.nhs.uk/Conditions/Obesity/Pages/Introduction

 $\frac{www.gov.uk/government/uploads/system/uploads/attachment\ dat}{a/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf}$ 

others. Overall, the mean average weight of children in the UK is going up. To exacerbate the epidemic, the probability of developing type 2 diabetes is linked to the weight of the mother right before becoming pregnant, which suggests tackling adult obesity is crucially important to tackle childhood obesity as well.

#### Social environment

Research<sup>7</sup> has found that food choice behaviours are strongly affected by levels of household income, with individuals in lower income families on average tending to make less healthy food choices compared to those in higher income families. Working class families often need to deal with higher levels of instability, meaning healthy food is not necessarily a priority, despite still understanding and caring about it. Their food concerns may be more immediate and relate to whether the family will go hungry or not. A fussy eater would be a child that does not eat. They do not have as much opportunity to expose their children to different types of food, as they cannot afford the risk of buying new food that will not be received well and therefore discarded.

Another important factor is the need for children to be autonomous while parents are working, which often leads to more convenient and sometimes less healthy food options. Many children do not have access to healthy food at school, and are not helped by what their parents can afford, or have time to prepare, at home. It is important to remember too that today's children are tomorrow's parents.

#### **School meals**

In the UK, about two thirds of young people go shopping outside of schools over lunchtime. In the most deprived areas, as much as 90% do. Although perceptions are that they go to fast food outlets, research shows that supermarket meal deals are equally important. Young people also often do not think of lunch as a whole meal, and many are very conscious of how much money they spend. It is not unusual for young people to have an energy drink on their way to school, and then perhaps another for lunch, but not to have

<sup>&</sup>lt;sup>3</sup> www.noo.org.uk/NOO about obesity/adult obesity/international

<sup>&</sup>lt;sup>4</sup> Foresight (2007) Tackling Obesities: Future choices – Project report, 2<sup>nd</sup> Ed.

<sup>&</sup>lt;sup>5</sup> www.hscic.gov.uk/ncmp

<sup>&</sup>lt;sup>6</sup> McKinsey Global Institute (2014) Overcoming obesity: An initial economic analysis

Moorhouse, J., Kapetanaki, A. and Wills, W. J.,2015, Within Arm's Reach: School Neighbourhoods and Young People's Food Choices, 18th January 2016 Food Research Collaboration Policy Brief



any proper food. In deprived areas, local shopkeepers are more aware of this trend and often adapt their lunch menu to respond to young people's demands – by providing cheaper, smaller portions with more pick & mix options, and two-for-one deals.

Why would young people be driven out of school in the first place when meals are usually available there? Whilst there are of course excellent school canteens, sometimes the school canteen is a terrible environment to be in, often reflecting the socio-economic environment in which the schools find themselves surrounded by. Overcrowded and under-budgeted, young people may get kicked out of those canteens as soon as they have finished eating, having nowhere to sit and socialise during lunch. Some schools are reaching such overcapacity that the infrastructure is not designed to sustain such numbers at lunchtime in the cafeteria. The food provided may also send conflicting messages ('eat 5 a day' posters alongside 'eat a tasty cake' signs). Young people understandably do not want to stay in those canteens and often prefer to leave as soon as they can. As for free school meals, they often do not know if they are eligible, or may be ashamed to ask for it, preferring to be with their friends to remain in their social structure.

# Perception

In contrast, middle class families often have more headspace to talk about health and food. Obesity for them can be more of a moral problem, and a fussy eater may be a child not eating certain types of food. There is generally a sense of disgust to being overweight, although often families with obese children will also have overweight members who may interfere with taking any action. In contrast, low-income families tend to compare themselves to other, more overweight people, arguably reducing their real understanding of the scale of the problem.

It was stated that parents are also much more concerned with their children's general happiness than their weight. Only 20-25% of them will recognise that their child is overweight, or 50% of them with the child is obese. This concept of wanting to please their children means there is a shift in the way food is provided at home.

#### Short political cycle

The current 5-year political cycle is not designed to tackle long-term impacts. Instead, it is easier to target the industry as the first culprit. What is the industry duty, to provide cheap food? Beyond the moral call to provide healthy food, the legislative environment in which businesses find themselves in will dictate how they operate. Furthermore, current UK Government policy around food and agriculture is not linked to health strategy.

#### Lack of consistent messaging

The major public health messages around food do not change regularly and are evidence-based. However, different organisations communicate about healthy food in different ways, which can create confusion among the public. The industry finds it hard to agree on what a healthy diet should consist of in simple terms. It is generally accepted that too much salt is bad for our health, but issues relating to sugar for example are still very contentious in the industry<sup>8</sup>.

Labelling remains an issue and many members of the public still find nutritional labelling confusing.

# Overwhelming marketing

In the UK, fresh produce is almost always sold under the retailer's own brand and it is rare for fresh fruit and vegetables to be advertised in their own right. In contrast, major confectionery brands tend to have very large advertising budgets. Florette is perhaps one of the few examples that advertises fresh produce as part of a brand.

Are more ethical brands powerless in the face of competing big marketing budgets? It was argued that marketing is much harder for 'healthy food' businesses. They may put a lot of effort into the nutritional content of their products only for the retailer to choose to combine it in a deal with unhealthy options.

Paradoxically, some research suggested that if a quick service restaurant has a healthier option on a menu e.g. a salad, customers believe they are in a 'healthy food environment' and therefore often feel they can choose the unhealthy option.

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<sup>8</sup> As borne out by the industry furore following the announcement by George Osborne that the UK Government would be introducing a levy on sugary drinks (announced after this meeting)



#### The UK food culture

What makes the UK particularly prone to the obesity epidemic? Other European countries are also facing increasing obesity rates, but still fare relatively better, or less badly at least. In France, 13% of adults are obese, in Italy it is 10% and in Denmark the figure is 13%³). Has the UK population lost its connection to food? On average, there has been a significant reduction in time spent preparing food and eating as a family in the UK in recent decades. Many in the UK also have a much more sedentary lifestyle than those in previous generations.

The approach to mealtimes is very different to other European countries. In France for example, where food culture is very strong, there was a massive uproar at the state of canteen food which forced government to take drastic actions to improve food even in the most deprived areas. Children are also not allowed outside of school during the school day and therefore there is a strong focus on the school environment.

The Americanised and British diets are rapidly advancing, especially in developing countries where it is often thought that future corporate profits lie over the next 20 to 30 years. It was claimed that keeping children fat is worth about \$800 billion a year in profits. In the UK, this figure is about \$20 billion. Hence the corporate advancement into areas of the Global South is gathering pace, with both positive and negative impacts.

# How to tackle the child obesity epidemic?

#### Tackle the obesogenic environment

The National Obesity awareness week, from 11th to 17<sup>th</sup> January 2016 provided resources to tackle obesity, and was mainly aimed at parents (e.g. 'ensure your children eat a nutritious diet', recipes for homemade rye bread and homemade children's lunchboxes). humus for guidelines were not contextualised in the way that many of people in the UK live their lives. Of course, parents need to do the best they can but they are only one piece of puzzle. Evidence suggests that we need to go beyond educational messages for behavioural change alone, an approach that has repeatedly failed over the past 40 years. It was strongly argued that there needs to be a move away from individualism strategies and instead a focus on changing the obesogenic environment around us, taking into account the socio-economic landscape.

#### **Government-led action**

The UK Government can ill afford the amount obesity-related diseases are currently costing the NHS. It was argued that no Government department or responsible business should do anything other than provide good food.

For the UK Government to tackle obesity in schools, it needs to go beyond free school meals (widely acknowledged to be a positive step) and review entire education policies, at the very least. Current UK Government policies around education are kept separate to nutrition and public health. School playgrounds are also important and ought to create very congenial environments for playing, being active, and feeling engaged within that environment.

It was suggested that Government needs to implement policies applicable to *all* schools, not just local authority schools, starting as early as nursery schools. An example was cited of two schools with different socio-economic catchments, where - although the food served in the two canteens was very similar - the behaviour was very different. There was a significant difference in the numbers of children leaving school at lunchtime between the two schools, as well as levels of obesity.

#### **Industry action**

Business leaders often argue that they can become handicapped if their business goes too fast ahead of the industry. It was suggested that a free market is better operated under certain standards that apply to everyone. A case was also made for the UK Government to implement new, step-by-step legislation with a three-year timeline for business to implement it<sup>9</sup>.

Within food businesses, it was suggested that there is a need to give a stronger voice to the role of nutritionists operating within companies.

Regulation around advertising has historically focused on reducing or restricting 'bad advertising'. The challenge was laid down that

<sup>&</sup>lt;sup>9</sup> Interestingly, the sugary drinks levy announcement (after this meeting) will not be introduced for two years, in part to give businesses the opportunity to change before it comes into force.



could the industry not also think of ways to improve advertising of fresh and healthy food? Can food businesses make it easier for customers to make better informed choices?

It was also argued that more food businesses could shift to better portion sizes, especially for unhealthier food options, and could promote supersize *healthy* food. Why can the industry not offer more deals on healthy food? It may be that these deals are more expensive, but bring the right cost to food could reduce the amount of household waste, as this comes mainly from fresh fruit and vegetables.

The opportunity exists for more progressive food businesses to come together to provide a strong political push to influence government in a positive direction on health and nutrition. With the media seemingly locked into the individualistic mindset, as the chances of a strong enough public outcry seem unlikely at present.

## An ideal obesity strategy?

A good obesity strategy needs to take into account the socio-economic landscape and to provide a level playing field for all, moving beyond voluntary agreements alone. Some elements of an ideal obesity strategy that were proposed included:

- 1. A 10-year plan that captures all thematic clusters mentioned in the Foresight report<sup>4</sup> and agreed by a multi-governmental department response. Perhaps a selection of business leaders could work with Simon Stevens (CEO of NHS England), Dr Sarah Wollaston, Chair of the Health Select Committee, and the Government Chief Scientific Advisor? It was noted that a whole diet problem needs a whole diet response.
- 2. Decisions should be evidence-based, with a stronger focus on calories, as opposed to just sugar, salt and fat.
- Behaviour-change experts need to be brought on board.
- Introduce true cost accounting and take measures to move away from the post-war strategy of consumerism<sup>10</sup> that has had such a negative effect on public health.

- 5. There is a need for clear labelling that is not confusing to customers, and that strengthens communication of health labels.
- 6. Stronger regulations on advertising are needed and new ways need to be found to promote and communicate healthy food.
- 7. It was argued that A-level home economics should be brought back on the curriculum.

# Final thoughts

The obesity epidemic is rising and showing no signs of slowing down. Food is at the epicentre of the issue, but it is surrounded by such a complex biological and social system, making it hard for individual organisations or the average person to know where to begin. However, there is clear evidence that tackling the environment around us will trigger individual behaviour change. Government has to lead by example and develop policy over a genuinely long term horizon.

People living in a low income community - where food that is cheap is seen as good value and convenient - may be more likely to be at risk. It is not about levels of household income per se, but about the priority many people attach to food. It was suggested that this influences the desire to buy the sort of food that is often available in poorer areas and that this is then exploited by food businesses who set up there to tap into that culture.

People's perception and relationship to food is as important as nutritional understanding of food. It has been known for a long time that diets in the UK have on average been 'deteriorating', but the general perception of a 'normal' diet has skewed perception around what a healthy diet really is.

Whether the forthcoming UK Government child obesity strategy will take bold enough measures remains to be seen, but what is required is a long-term strategy involving expertise from all sectors and coordination from multiple departments.

The food industry has a role to play in demanding stronger legislation to ensure there is a level-playing field for forward-thinking companies. It is surely high time to change the 'new norm' from 'fat at five 'to 'fit (and healthy) at five'.

 $<sup>^{10}</sup>$  In 1950, only 5% of fruit was wasted (it was much more expensive), compared to 45% now.



# Speaker biographies



**Dr Wendy Wills** is sociologist of food and public health at the University of Hertfordshire. Wendy works at the interface of social science and public health in relation to food, eating, weight/obesity and health. She has directed several major research grants, including for the ESRC and Food Standards Agency. She was formerly a member of the FSA's Social Science Research Committee and convenor of the British Sociological Association's Food Study Group. She leads the University's Food and Public Health Research Unit and Weight and Obesity Research Group.



Philip James trained in science and medicine before organising public health/nutrition teaching at the London School of Hygiene and Tropical Medicine. He organised/chaired and wrote the first UK and WHO reports on modern nutrition approaches to malnutrition and the non— communicable diseases and obesity. He also organised the first WHO global burden analysis of obesity and the UN Millennium report on Nutrition for the UN Secretary General. He devised for Tony Blair, UK Prime Minister, the UK Food Standards Agency and advised EU President Delors on establishing DG SANCO and EFSA as well as devising the programme to combat spongiform encephalopathy (BSE). He chaired/wrote the UK report on preventing childhood obesity for Tessa Jowell, the first Minister of Public Health, which was immediately rejected because of objections from the food industry. He is now a key advisor on nutritional aspects of public health initiatives for the WHO Middle East and Europe regions covering 75 countries.



Cathryn Higgs is Food Policy Manager at Co-operative Food, leading its work on ethical food and food policy issues. Cathryn and her team are responsible for defining strategy and implementation plans on key public policy, legal and customer issues for the business. On a day-to-day basis, she deals with issues as diverse as ethical trade, fair trade labelling, health and wellbeing, sustainable sourcing, the environmental impacts of products, recycling, food waste, animal welfare and climate change. She has experience of developing customerfacing awareness campaigns and community initiatives. She is passionate about understanding what issues citizens care about and supporting better understanding and awareness of food related issues. Previous experience includes dealing with technical and scientific issues and developing sourcing, ethical and retail product standards. She has extensive experience of engaging with Government and NGOs. Cathryn is a member of the Food Ethics Council.

(Cathryn chaired the discussion on the evening)