

Obesity and diet-related illness in the UK

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Note: This paper is intended as background information for the media. It is not intended as a comprehensive BMA policy paper

Diet and health in the UK – the call to action

Doctors are increasingly concerned about the impact of poor diet on the nation's health. This is not only a significant cause of ill health and premature mortality, but a considerable strain on NHS resources.

Worldwide, poor diet contributes to more disease than physical inactivity, smoking and alcohol combined. The burden of diet-related ill health in the UK is substantial, estimated to lead to 70,000 premature deaths annually, which represents around 12 per cent of the total number of deaths. Poor diet has the highest impact on the NHS budget, costing around £6 billion per year, greater than alcohol consumption, smoking and physical inactivity.

The majority of children, young people and adults in the UK are not eating a healthy diet. One in five children start school overweight or obese, and a third of children leave primary school overweight or obese. Nearly two thirds of adults in the UK are overweight or obese.

Of particular concern is the high intake of saturated fat, added sugars and salt; and insufficient levels of fruit, vegetables, fibre and oily fish.

An unhealthy dietary pattern is strongly associated and causally linked with a number of chronic, complex conditions such as obesity, cardiovascular disease, cancer and type II diabetes.

Knowledge and attitudes towards diet

Many children and adults in the UK are aware of the importance of consuming a healthy diet, and are concerned about the amount of unhealthy content in food and drink products. This contrasts starkly with how the majority of children and adults do not meet dietary guidance, and demonstrates the need to consider the range of factors beyond an individual's knowledge and attitudes that impact on their dietary behaviour.

Influences on children and young people's diet

A range of influences affect children and young people's dietary patterns, whether directly changing their attitudes and behaviours, or indirectly through their parents/carers.

Interactions with others

Parents and carers can directly and indirectly influence their children's dietary preferences, as they will typically have a strong influence over the components of their diet, and young children model their parent's intake. An important consideration related to this is the parent's knowledge about what a healthy diet is, and skills for dietary planning, food purchases, storage, preparation and cooking. This highlights the need to consider parents and carers in policies aimed at promoting healthier diets.

As the child grows older they are also likely to be influenced by what their peers eat.

Education and health promotion

A range of education and health promotion interventions can influence children and young people's knowledge about healthy diets.

Mass media and school-based educational programmes can help in raising awareness and changing attitudes, but do not lead to changes in behaviour when used in isolation.

The use of a whole-school approach – where curricula-based learning is supported by the wider school environment and engagement with parents/families and the community – is a useful approach for supporting healthy dietary behaviours in schools.

Advice from healthcare professionals may help some patients change their dietary behaviour, but typically is only effective when they already recognise the need to change.

Consumer Marketing

Children and young people are exposed to a range of food and drink marketing tactics that work in combination to influence demand for their products. These relate to how the product is developed and priced, how it is made available to a consumer and what marketing communications are used to promote it.

Branding is critical to product choice, especially for children and young people who are typically seen as key targets for marketers. Food and drink products are known to be some of the most highly branded items that lend themselves to major advertising campaigns. As processing can add value for the customer (eg longer shelf life) and results in a higher net worth for the product, it is advantageous for companies to market processed goods over commodities.

Mass media advertising is known to have a direct impact on children and young people's dietary choices and an indirect effect on their dietary preferences, consumption and behaviour. While television has been the traditional form of mass media advertising, other strategies, such as through the internet and digital media, are widely used. There are a range of other marketing communication tactics beyond mass media advertising, including attractive packaging, celebrity endorsement, linkage with fictional characters (e.g. popular film and television characters), sponsorship and sales promotions.

Stakeholder Marketing

Many companies aim to influence policy makers through stakeholder marketing, typically in the form of corporate social responsibility. This has the purpose of strengthening a company's brand and enhancing consumer trust. Stakeholder marketing also helps fend off statutory regulation, providing a platform for companies to influence the public health agenda through the development of public-private partnerships.

Access and availability

Children and young people's diets are influenced by the food and drink products available in their surrounding environment. While there is limited evidence about how the density of fast-food outlets impacts on diet and health outcomes, they have been found to be concentrated around schools, and are frequently accessed by schoolchildren.

The school environment can be an important influence on children and young people's diets, with evidence suggesting that the availability of unhealthy products in school vending machines is associated with poor dietary behaviour.

Deprivation

Deprivation can significantly impact on the diet of children and young people living in low-income households. This is strongly linked to the social and economic inequalities that determine an individual's health and wellbeing. Rising food prices have led to trading down to cheaper food products (which tend to be less healthy) or consumption of less food. This is compounded by the higher levels of poorer quality housing in areas of deprivation, which limits the ability to safely store and prepare healthy foods.

Individuals on low incomes are likely to have less money to pay for energy bills for some cooking facilities. There is also a strong association between the density of fast-food outlets and increasing deprivation, which adversely impacts on the ability of residents in poorer communities to access affordable, healthy food.

Social changes

Social changes that have promoted a culture of convenience can impact on children and young people's dietary behaviour. This is associated with the consumption of pre-prepared meals, snacking and the increasing availability of energy dense food and drink products.

BMA Recommendations

A range of comprehensive measures are needed to promote healthier diets among children and young people, from those governing the supply of food and drink products, to policies seeking to modify the demand for specific types of product.

Sugar tax

- A tax should be introduced on all sugar-sweetened beverages, which increases the price by at least 20 per cent. Consideration should be given to using the tax to subsidise the sale of fruit and vegetables.

Public-private partnerships

- Public-private partnerships have placed too much emphasis on the role of industry in developing food and nutrition policy in the UK. This has led to insufficient attention being paid to regulatory measures that reduce the accessibility, availability and marketing of unhealthy food and drink products. These aspects should be a central feature of the strategy to improve dietary patterns, with the role of manufacturers, retailers and caterers limited to implementing and supporting, as opposed to developing food and nutrition policy.

Education, social marketing and health promotion

- High impact and sustained social marketing campaigns should be used to improve attitudes and knowledge about healthy dietary behaviour and the health risks of a poor diet. These should be supported by a strong regulatory framework that reduces the accessibility, availability and promotion of unhealthy food and drink products.
- Local authorities should work collaboratively with schools to achieve the wider implementation of the whole-school approach for promoting healthier diets throughout the UK. This should include a focus on developing cooking skills and improving knowledge about where food comes from.

Consumer information

- A mandatory, standardised approach for displaying nutritional information – based on traffic lights/colour coding, reference intakes, and high/medium/low text – should be introduced for all pre-packaged food and drink products. This will require regulatory changes at a European level.

Restrictions on mass media advertising and other marketing communications

- Regulations should be developed to prohibit the marketing of unhealthy food and drink products to children and young people.
- Marketing via non-broadcast media (including the use of promotional offers, licensed characters and celebrity endorsements) that appeals in any way to children and young people, should be prohibited.
- Developing regulations that prohibit any marketing activities involving sponsorship of events, activities, individuals or groups that appeal in any way to children and young people.

- The marketing of unhealthy food and drink products in schools (e.g. commercial sponsorship and branding of educational packs, goods and equipment) should be prohibited.

Regulating industry practices and changing the retail environment

- Regulations should be developed that prohibit retailers from displaying unhealthy food and drink products at checkouts and in queuing areas, and the use of schemes that require retail staff to promote unhealthy food and drink products at checkouts.

The physical availability of unhealthy and healthy products

- Local authorities should be provided with the power to restrict the future number, clustering and concentration of fast-food outlets locally.

Food in schools

- Legislation should be introduced in England to ensure that mandatory school food standards apply to all academy schools and free schools.
- A free fruit and vegetable scheme should be available to all primary school children throughout the UK five days per week.

Hospital food standards

- The UK health departments should work together to develop and implement consistent and comprehensive hospital food standards, which should be introduced as a statutory requirement.
- The sale of all unhealthy food and drink products should be phased out in all NHS hospitals, supported by the development and implementation of UK-wide mandatory regulations.

Food standards in social care settings

- Nutritional standards should be developed and implemented for the provision of food in all care homes in the UK, and should be a statutory requirement.

Regulating the nutritional content of processed food and drink products

- A one-year target should be set for manufacturers, retailers and caterers to not produce or sell any food and drink products containing artificial trans fats in the UK. Regulatory measures should be implemented if this target is not met.
- All manufacturers, retailers and caterers should prioritise action to systematically reduce salt levels in all food and drink products sold and produced in the UK in line with the revised UK-wide 2017 targets, with a view to meeting the 6g per day population intake goal for adults. Regulatory measures should be implemented if this target is not met.

- UK-wide targets, to be achieved by 2020, should be set for manufacturers, retailers and caterers to reduce calorie, fat, saturated fat and added sugar levels for the following product categories: soft drinks with added sugar; chocolate and chocolate confectionery; biscuits; cakes; pies and pastries; dairy products; sausages; savoury snacks; chips and fried and roast potatoes. Regulatory measures should be used if these targets are not met.

Current progress

- After lobbying from the BMA and other campaign groups, the government is introducing a new sugar levy on the soft drinks industry. In the budget in March 2016, the then Chancellor George Osborne said, 'Doing the right thing for the next generation is what this government and this budget are about.' The consultation on the levy is yet to be launched.

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