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Healthy eating

Edito

Childhood obesity has become a major public health concern: in 2014, 18 to 50% of European children (6-9 years) were overweight or obese. Many actions are conducted, particularly in schools, in order to contrast this situation. Nutritional education is useful for knowledge acquisition but much less for behavioural change; however, it can be effective when coupled with complementary interventions. The various actions are rarely assessed and not entirely convincing. How can we explain such low efficiency? Easily influenced, children are permanently in a bundle of contradictions: nutrition education, pressure from other people, and especially from the parents, they are reached by many different and aggressive marketing messages. Seldom, parents, teachers and health care personnel are not good examples for children with regards to their own eating habits. Under these conditions, it is difficult to achieve satisfactory results.

This scientific Newsletter explores some actions to promote «healthy eating» in the European context, especially in relation to children. Blake & Patterson show that UK paediatric nurses are aware of the role they could play in promoting a healthy diet. However, their own harmful behaviour can negatively influence their patients. Oostindjer et al. explain that, in Norway, a consensus exists on the importance of nutrition education at family level, but it is also the responsibility of the industry and public authorities to improve the offer of goods. Lloyd-Williams et al. believe that the majority of 30 European countries are engaged in activities intended to increase consumption of healthy food. Assessing the nutrition policies they found that people considered mandatory reformulation of industrial products more effective than voluntary commitment of the industries, and regulations and fiscal interventions (taxes, subsidies) much more effective than nutrition information strategies.

These studies provide evidence that the food environment plays an important role in shaping children's diets. It is recommended to develop interventions to educate people who interact with children about the consequences that their own behaviour can have on children's diet. Furthermore, the fundamental role of supply and marketing should not be neglected. If short-term effects of such measures may appear weak, these will eventually make the consumption standards evolve and therefore will amplify their effect on the long term.

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Paediatric nurses and healthy eating promotion

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The role of nurses for preventing and managing obesity

Childhood obesity is rising at an alarming rate, and it is predicted that by 2050, 25% of children in the United Kingdom (UK) could be obese (DoH, 2011a), with lifelong consequences for health and psychosocial wellbeing. Nurses play an important role in obesity prevention and management although whether nurses should be role models for health and 'practice what they preach' is subject to debate¹⁻⁵. Although overweight, obesity, physical inactivity and poor dietary habits are prevalent amongst nurses^{6,7}, few studies have investigated the perceptions of nurses towards the promotion of healthy eating to their patients and whether they believe nurses should be role models for health. In this study, sixty-seven paediatric nurses from 14 ward areas on a single site of an acute National Health Service (NHS) Trust completed a questionnaire about their weight, dietary habits, physical activity, self-efficacy and their attitudes towards nurses being role models for health. Respondents were mostly female, aged 18-65 years, and had been employed as a paediatric nurse between three months and 31.5 years. Responses came from staff nurses (67.2%), junior sisters (25.4%), and sisters (7.5%).

Nurses should be role models for health

Nurses feel that it is important to present themselves as role models for health, but this belief is inconsistent with their reported health behaviours. Nurses in this study indicated that they were highly concerned about the rising prevalence of childhood obesity (92.5%). Most of the nurses felt that health promotion to children and their families should be part of a paediatric nurse's job role (88.1%) and that paediatric nurses should present themselves as role models for health (83.6%). A minority disagreed that nurses should « practice what they preach »; those who disagreed were more likely to be overweight or obese. Overall, half of the nurses in this sample perceived that paediatric nurses are not currently good role models to children and their families (49.3%). Negative health behaviours were prevalent, since almost half of the nurses self-reported being overweight or obese (44.8%), 79% reported that they did not consume five portions of fruits/vegetables per day, and 30% reported that they did not get the Government's recommendation of 150 minutes of moderate-intensity exercise per week.

Healthy nurse's behaviours for better health promotion practices

Paediatric nurses report inadequacies in current healthy eating promotion practice with children and their families. The majority

of the nurses (82.1%) felt that there was insufficient health eating promotion undertaken in their area of work; in fact, almost half of the sample felt that they could personally improve their health promotion practices with regards health eating (48%).

Nurses feel their own health behaviours influence the quality of their health promotion practice; with regards their confidence in promoting health, and patient's willingness to heed their advice. Many of the nurses recognised the influence of their own lifestyle behaviours, and their own health promotion practices on those around them. Almost three-quarters of the nurses (71.6%) indicated that their health promotion practices with children and their families would influence the health promotion practices of student nurses in training. More than three quarters of the nurses (77%) perceived that patients and their families would be more likely to listen to healthy lifestyle advice if they appeared to follow it themselves. Importantly, many nurses felt that their own health behaviours would influence the quality of their patient care, since 48% of nurses alleged that they would have difficulties in promoting health behaviours they did not adhere to themselves. The mechanism for the potential impact of their own lifestyle choices on patient care was two-fold, relating to the patient's perceptions of the nurse, and the nurse's willingness to deliver health promotion to patients and their families.

Education and training to promote healthy eating practices

Education and training with access to evidence-based resources may help to increase confidence for integrating healthy eating promotion in the care of children and their families. Nurses reported that their own positive health behaviours were a facilitator for promotion of healthy eating with children and their families, but conversely, reported that their own engagement in negative health behaviours was a barrier to effective health promotion with their patients. Nurses raised other barriers to healthy eating promotion, including lack of time for health promotion activities, and a lack of support for engaging in health promotion. As advocates for health, nurses are well placed to provide health promotion advice, and as such, contribute to managing the obesity epidemic. Health promotion should be identified as a key priority area for nurses. Education and training should aim to address barriers to healthy eating promotion. Access to evidence-based resources may help to increase paediatric nurses' confidence to promote healthy eating.

Workplace health interventions may help to support nurses who wish to adopt healthy lifestyle choices. Hospital workplaces should make provision to support nurses who seek to improve their own health.

Based on: Blake H, Patterson J. Paediatric nurses' attitudes towards the promotion of healthy eating. *Br J Nurs*. 2015 Jan 22;24(2):108-12. doi: 10.12968/bjon.2015.24.2.108.

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Opportunities for healthier eating in Norway

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The need for a healthy diet

Overconsumption of food and being overweight are a concern in both developed and developing countries: in Norway, approximately 50% of adults are overweight or obese (BMI>30)¹. Worldwide, food consumption per capita has gone up by 27% between the early 1960s and 2009². A high intake of hamburgers and sausages, boiled potatoes and soft drinks, and a low intake of wholegrain bread, fruits, berries and vegetables, has been associated with the risk for obesity in Norway³.

Developing effective initiatives that last

Government, health sector and food industry try to fight obesity with initiatives that help consumers to eat healthier, with tools such as information campaigns, nutritional labeling, making healthier food more available, improving nutritional composition of existing foods, and developing new healthy food products. However, many of these initiatives do not last or are not evaluated in the long-term. Consumers may not respond as expected: they might think a new food product has a less favourable taste when it is labelled as healthy. Other stakeholders like retailers or the food industry may not benefit from initiatives that are acceptable for consumers. It is necessary to develop initiatives that help people to eat healthier that work, but are also acceptable to most stakeholders. We investigated opportunities for such initiatives in Norway⁴.

Opinions from consumers and other stakeholders: what can they agree on?

To identify what initiatives consumers and other stakeholders can agree on, we conducted: 1) five structured discussions (focus groups) with stakeholders from food industry, retailers, government, research, public health, and non-governmental organizations; and 2) a questionnaire based on the focus groups results, asking the opinion of 1178 Norwegian consumers on topics that were important in the focus groups. The number of focus groups in which a topic was discussed was a measure of how important a topic was to other stakeholders, while the consumers were asked to what degree they agreed or disagreed with statements, or found a topic important or not important, depending on the topic.

The importance of food education and targeting families

Most consumers (85%) agreed to some extent that food education is a good strategy to help people to eat healthier, and it was also discussed in three out of five focus groups. In addition, more new healthy foods on the market and less advertising of unhealthy food were deemed good strategies by more than 60% of consumers, and were mentioned in three focus groups. Parents, families, schools and children were deemed important target groups, with

64% of consumers saying that it is very important to focus on parents, while four focus groups mentioned family as an important target. In addition, overweight people were also described as an important target group.

A responsibility for everyone

When asked who is responsible for implementing strategies that help people to eat healthier, most consumers agreed that everyone is responsible, including consumers. When asked specifically, the food industry and health authority were deemed moderately or very responsible by 75% of consumers, and in three (food industry) and two (health authority) focus groups. When implementing strategies, a few things are important to keep in mind: consumers want: 1) to keep the freedom to choose what they eat (93% agreed); 2) restrict unhealthy food availability for children at school (87% agreed); 3) want nutritional information on packages (84% agreed); 4) to a limited extent be involved in food trends (only 13% of consumers liked to be involved in food trends).

How to educate consumers?

There are many ways to provide food education to consumers, ranging from classes in school, TV shows, cooking classes, etc. Particularly multi-component education strategies that involve for example, food education in class, restricting access to unhealthy foods, physical activity education, parent involvement and farming or gardening activities, can be effective. Multi-component strategies have been tested in Norway with the aim to increase fruit and vegetable intake in school children but with varying success. The "Fruits and Vegetables Make the Marks" intervention did not result in a higher intake of fruit and vegetable intake⁵, while the Pro Children intervention did result in a moderate increase in fruit intake, both immediately and at the one-year follow-up⁶. Designing a successful food education intervention is difficult, and other options such as easy-to-understand labels and providing more healthy food options may help consumers in addition. Fruit and in particular vegetables should be considered for the development of many new healthy food products.



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Assessing public health nutrition policies across 30 European countries using the marketing “4Ps” approach

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Countries across Europe have introduced a wide variety of policies to improve nutrition. However, the sheer diversity of interventions represents a potentially bewildering “policy cacophony”, a smorgasbord which is difficult to comprehend, categorise or evaluate. The aim of this study was to map existing public health nutrition policies, and examine their perceived effectiveness, in order to inform future evidence-based diet strategies.

To achieve that, a public health nutrition policy database for 30 European countries was created and classified using the marketing “4Ps” approach: PRODUCT / PRICE/ PROMOTION / PLACE. Our study draws from interviews with 71 senior policy-makers, public health nutrition policy experts and academics from 14 of the 30 countries, eliciting their views on diverse current and possible nutrition strategies.

The «4Ps» marketing mix applied to public health nutrition policies

Price	Taxes; subsidies; or other economic incentives
Product	Reformulation; elimination or new products
Place	Schools, workplaces or community settings
Promotion	Restricting marketing to children and adults (advertising controls); nutritional food labelling; nutritional information on menus; public information campaigns; and health education

Reformulation of food PRODUCTS: mandatory and voluntary initiatives

Thirteen countries have legal requirements regarding the maximum salt content in certain food (Belgium, Bulgaria, Finland, Greece, Hungary, Latvia, Lithuania, Netherlands, Portugal, Romania, Slovak republic, Slovenia and Wales). Four countries have effective trans fats bans (Denmark, Austria, Iceland and Switzerland). Legislation or regulation affecting sugar, fat and fruit and vegetable consumption was uncommon: only 4 countries (Finland, France and Latvia for sugary products; Latvia for fat and sugary foods; and Slovakia for Fruit and Vegetables).

Many participants commented that the mandatory reformulation of food products was perceived as an effective and cost-effective approach for improving public health nutrition. It was perceived as acceptable to the food industry and the public alike.

Voluntary reformulation of foods by the food industry was common, occurring in 25 of the 30 countries, most commonly for salt. Estonia, France and the Netherlands have voluntary reformulation in relation to sugary foods and total fat.

CONCLUSIONS

Public health nutrition policies in Europe appear diverse, dynamic, complex and possibly bewildering. The «4Ps» framework potentially offers a structured and comprehensive categorisation.

Encouragingly, the majority of European countries are engaged in activities intended to increase consumption of healthy food and decrease the intake of «junk» food and sugary drinks. Leading countries include Finland, Norway, Iceland, Denmark, Hungary, Portugal and perhaps the UK. However, all countries fall short of optimal activities. More needs to be done across Europe to implement the most potentially powerful fiscal and regulatory nutrition policies.

PRICE: Taxes & subsidies as effective options

Price incentives in different European countries targeted various unhealthy nutrients, including salt, sugar and saturated fat. Taxes to promote healthy nutrition (e.g. fruit and vegetables) are currently only used by six countries. Finland, France, Hungary and Latvia have implemented ‘sugar taxes’ on sugary foods and sugar-sweetened beverages, while Portugal is the only country that taxes salty products. Hungary taxes food high in fat.

The majority of interview respondents felt that “Price” incentives such as taxes, legislation and regulation were the most effective options for improving public health nutrition. At this point of time, subsidies for healthy food products were uncommon, apart from the almost universal EU School Fruit Subsidy Scheme. Co-funded by the EU and individual Member States, this voluntary scheme aimed to encourage good eating habits in young people by making fruit and vegetables available to children in schools.

PROMOTION & advertising controls

Information campaigns targeted at the general population were widespread. The majority focused upon general healthy eating messages and/or campaigns targeted at reducing childhood obesity. Some countries also highlighted specific nutritional topics such as salt (e.g. Belgium, England, Estonia, Ireland, Italy, and Slovenia). However, participants generally perceived such interventions to have limited impact.

Many countries include nutrition education as a mandatory part of the school curriculum and most are also actively improving the nutritional value of foods available in schools. Moreover, food labelling of nutritional composition is also common, but presentation and information varied widely.

In terms of marketing of foods high in fat, salt and sugar to children, many of the 30 countries were self-regulating, with 12 countries having mandatory regulations against marketing to children. Interviewees perceived mandatory measures around marketing of foods high in fat, salt and sugar as clearly being more effective than self-regulation.

PLACE: Schools as a key target

Place interventions aim to modify food quality or availability in specific settings. The majority were situated in schools and, to a lesser extent, workplaces. Interventions primarily focused on the removal of vending machines, or replacing the contents of vending machines, and legislation, regulation or recommendations on food offered in canteens. Many countries are actively improving the nutritional value of foods available in schools. Participants felt that interventions targeted in school settings or preschool (kindergarten) settings were effective.

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