As I see it
Philip James



London. Britain is flooding as I write. Nothing major like Hurricane Sandy that last month ripped north from the Caribbean along the eastern seaboard of the US. All the same though, the reminder that much of low-lying parts of London where I live could be permanently under water before too long, provoked a gloomy thought. It is this.

People of my generation in Britain grew up feeling that on the whole, things were getting better – fairer, safer, healthier, at least for us in privileged countries. But slowly I am beginning to realise that that period ended some time ago. Now, things seem to be getting worse, with no end in sight, except for those people whose wealth is contributing to more unequal, unsafe and unhealthy societies.

This thought has been reinforced by a remarkable series of features in *The Guardian* this month, with the general title *Breadline Britain*. We need to face the fact that we are living in the midst of a savage global recession. For most people, disposable incomes are decreasing, savings are dwindling, and prices are increasing. Food prices in particular have been fluctuating and usually increasing, sometimes sharply. We as professionals are aware how this is affecting relatively badly-off people in Africa, Asia and Latin America.



Fried chicken bits, instant noodles, tinned pies and chips. In Britain more people are now eating more cheap fatty and also sugary processed products

James WPT. *World Nutrition*. Chips with everything
[Column].World Nutrition December 2012, 3, 12

Those of us who live and work in countries with high average incomes are, I am now feeling, a lot less aware of the impact of the current long-drawn out finance and food crises on very large population groups within our own countries. Or, to put this more graphically, on families and people who live in the same street as we do, or who shop in the same supermarkets as we do. A famous novel written in the US has the title *It Can't Happen Here*. Well, it is happening here, in the UK where I live, in the US, and in so many high-income countries most of whose citizens until fairly recently may have had to be careful, but who have had scope to choose healthy food. This is much less true now.

Recession. Food poverty
Chips with everything

For communities, families and people on lower incomes within economically wealthy countries, food prices now impact heavily on purchasing decisions. The question is how this affects our nutritional status. This has been brought forcefully home to me last week as I write by a major campaigning series. 'Breadline Britain' published in the UK daily newspaper *The Guardian*. This reveals the effect of current UK government 'austerity' policies and programmes that are rapidly eroding what remains of the UK welfare state and public provision. People with relatively little disposable income, in being forced to adjust their food purchases to cope, are becoming more vulnerable nutritionally.

Detailed data compiled for *The Guardian* analysed the grocery buying habits of thousands of UK citizens. These show that consumption of fat, saturated fats and of sugar, has increased markedly since 2010, particularly among the households with less disposable income. The findings are pretty conclusive. They are illustrated by the pictures above, of the types of cheap processed products that more and more people are choosing to buy – or I should say, now often almost obliged to buy, so that they and their families can 'fill up' on cheap calories. See Box 1 below, an edited extract from one of the *Guardian* news features.

Cheap fatty and sugary products

The series of features quote public health nutrition experts and campaigners, calling on the UK government to address the sustained nutritional deterioration most of all of lower-income families, which is storing up public health problems, and creating widening inequalities in health. The data show consumption of 'high-fat and processed foods such as instant noodles, coated chicken, meat balls, tinned pies, baked beans, pizza and fried food has grown among households with an income of less' (than what the world would consider a huge sum, equivalent to $US 40,000 a year) as 'hard-pressed consumers increasingly choose products perceived to be cheaper and more filling. Over the same period, fruit and vegetable consumption has

Box 1

Breadline Britain

Edited from The Guardian's news feature by Patrick Butler: 'Britain in nutrition recession as prices rise and incomes shrink', published on 19 November 2012.

Austerity Britain is experiencing a nutritional recession, with rising food prices and shrinking incomes driving up consumption of fatty foods, reducing the amount of fruit and vegetables we buy, and condemning people on the lowest incomes to an increasingly unhealthy diet. [Household expenditure surveys] show that... consumption of fat, sugar and saturates has soared since 2010, particularly among the poorest households, despite the overall volume of food bought remaining almost static... The data show consumption of high-fat and processed foods such as instant noodles, coated chicken, meat balls, tinned pies, baked beans, pizza and fried food has grown among households with an income of less than £25,000 ($US 40,000) a year as hard-pressed consumers increasingly choose products perceived to be cheaper and more 'filling'. Over the same period, fruit and vegetable consumption has dropped in all but the most well-off UK households, and most starkly among the poorest consumers... The number of people who regularly achieve the 'five-a-day' fruit and vegetable guideline has declined by 900,000 over the two years to May 2012....

Mary Creagh, shadow environment secretary (from the opposition Labour Party) said the findings were 'a big wake-up call' for ministers. 'We need action to tackle what is an epidemic of nutritional poverty. We face a perfect storm of stagnant wages and high food prices at a time when the government is cutting huge holes in the social welfare net, and the impact will be felt most by the most vulnerable: children, women and the elderly.'

The data.. . show that lower income groups are nutritionally most affected. The rising price of food – up 32% over the past five years according to official figures – meant the least well-off consumers focus their increasingly stretched food budgets on frozen and processed products at the expense of fresh fish, meat and fruit. Food choices of poorer households are driven primarily by price and are more likely to be influenced by two-for-one style price promotions, most commonly associated with processed food products. Spending on chilled ready meals was up 25 per cent in the past two years. Feeding the family on a special offer pizza or ready meal represents a cheaper alternative to more complex, freshly cooked meals containing multiple ingredients. Fruit and vegetables are much more likely to be consumed as a part of a home-cooked meal, and home cooking declines as working hours lengthen as families struggle to make ends meet and retain their jobs...

Tim Benton of the Global Food Security programme, which brings together government departments and academic research councils, said the implications of rising food prices needed to be urgently addressed. 'We have seen three food price spikes in five years. I can't see how that will go away – it can only get worse.'

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The data also show that the number of British people regularly achieving the 'five-a-day' fruit and vegetable guideline has fallen by 900,000 in a mere two years between 2010 and May 2012. What price dietary guidelines now? Well, sorry to say, our guidelines are now seen by many millions of British consumers as having been priced out of their market.

These findings have brought home to me something I have never really understood before, about relative poverty. An income of $US 40,000 a year is a fortune in an Ethiopian context. since it is a hundred times more than the UN poverty criterion of about $US 400 a year – a dollar a day. Yet the relative poverty applies to the nutrition and public health of the British just as it does for Sub-Saharan Africans.

Impact on disease

Can we get a sense of what impact all this is likely to have on levels of disease? Yes, I think we can. After the team led by Michael Marmot of University College London produced the *Social Determinants of Health*_ report at global level, they were then commissioned to produce a WHO European regional report, and then also a separate UK report. This shows that the most impoverished 5 per cent of the British population are on average suffering some serious disease or disability by the time they are 53 years old, whereas the wealthiest 5 per cent on average do not become chronically ill until they are 68 years old. That is to say, the least privileged classes die ten years younger, and are sick for five years more, than the most privileged classes.

It is a reasonable inference that the impact of sharp global recession, amplified by fluctuations and rises in the price of food, and also by current government austerity programmes, is going to make a greater proportion of the British population ill, and will impact on their health at younger ages, a long time before retirement. Even more significant in economic planning terms is that with pensionable age in the UK steadily increasing from the original 60 years for women and 65 for men to 68 years, clearly only the wealthiest sectors of the population are likely to be working without disability before they reach retirement age. As far as I know nobody has looked at the commercial implications of these findings.

Food supplies and health: Middle East
Less fat? More fun?

Like for so many Association members and other colleagues, professional life for me is an increasingly hard-pressed whirl. Having had a quick look at some of the news stories appearing on this month's home page, I see they come from colleagues

reporting from Mexico City, Havana and Barcelona, and at a recent Association conference call I noted colleagues skypeing in from Norway, Ghana, Brazil, Mexico and France as well as the UK, some having just flown in from Cuba, South Africa and Indonesia. Let's hope this jetting about is doing some good, and not merely generating more carbon, as did the climate change conference in Doha and Qatar.

This thought occurred to me as I simultaneously drafted this piece while packing for a meeting convened in Cairo at the end of November by Ala Alwan, now head of the WHO Eastern Mediterranean Region. He and his team face a huge challenge, which now is increasingly recognised by the rulers and governments of the region, which includes the Middle East. They and their advisors like me also face a huge problem, of trying to interpret policy and programme proposals mostly based on evidence from North America, Europe and other such countries, in ways that can be useful in countries like Saudi Arabia, the Lebanon, Egypt, Syria, Sudan, Tunisia, Iran and Iraq. It is not at all obvious that such proposals apply to countries whose stories are so very different from those of say the US, the UK or France, and also often so different from one another.

For instance, the reasoning developed by WHO and the UN so far, to prevent and control chronic non-communicable diseases, has focused on trans fats and on salt, on the basis that these are 'best buys', meaning relatively easy to achieve, cost-effective, acceptable to industry, and politically feasible. Is this relevant in the United Arab Emirates or Somalia?

Here's an example, which I mentioned in my column in September. Policies on salt reduction focus on salty processed foods. But how much use is this in countries where so far at least, processed foods are not the main source of salt? Here's another example. Policies on *trans* fat reduction imply either sharp voluntary reduction by industry, or else a ban on their use (as advocated this month in *World Nutrition* by Vivica Kraak and colleagues). But how is this going to work in countries where regulations or guidelines are practically non-existent or ignored? And how will this work anywhere, now that it is at last realised that policies also need to be applied to saturated fats? Not easy. I will be reporting back from Cairo in this column.

We all also need to think about what food product manufacturers will and can do to make any real difference, whether this is in the UK, or Iraq – of which country Ala Alwan is a national, incidentally, with a former appointment as minister of education in response to a plea from Kofi Annan after the US-UK inveasion, and then minister of health.

We all know that what determines dietary patterns are 'the four Ps': product, price, place, promotion of different foods. So what will the manufacturers do? And what are they able to do? Their first move is to tell us and government that it's all about





Will Live for Now do much to prevent and control obesity and diabetes, and protect life-long good health and well-being? This seems not likely to me

making wise choices and therefore it's all about nutrition education – often using their own ingenious guidelines. When this implausible approach does not entirely convince policy-makers, they jointly agree modest reformulations of their products – a policy recently challenged in *WN* from the perspective of the global South.

Take the four Ps now. First product: those that are most immediately attractive are fatty and sugary, formulated to be immediately very palatable and even quesi-addictive, as Kelly Brownell shows in a recent *WN* commentary. We also all know that the manufacturers are dead against statutory policies such as those that affect price, which they and most powerful governments believe should be left to the 'free market'. They are also against policies that affect placing, because they know that pushing or buying their way onto and into the most conspicuous supermarket shelves and aisles is the name of the game. True, they have yielded a bit on the very hot issue of vending machines in schools, but only after the general public and public interest organisations were up in arms.

And promotion? Well, I have had a look at some of the advertisements currently used to puff global branded products, which you can see in *WN* this month. Above are samples of the flagship of a $US 500 million campaign launched all over the world this year by PepsiCo, the leading manufacturer of fatty salty energy-dense snack products. This is what people all over India, China – and Syria and Pakistan – are being plugged into, using multi-media and social media, as I write and as you read this? In Riyadh recently my jaded senses were bombarded with advertisements for junk food and soft drinks, everywhere. What impact does this ruthless and aggressive marketing have on impressionable young people? Is industry seriously interested in improving public health? This is what the chief executive officers and public relations executives say. Tell that to the marketing boys.