

**The Caroline Walker Trust**

**Student Essay Prize 2009**

**Winner:**

**Elizabeth Campling, University of Hertfordshire**

**Essay Title:**

**‘What public health nutrition initiatives should the Government focus on over the next 5 years to improve the nutritional health of the population?’**

Since coming to power in 1997, the Labour Government with their commitment to promoting social justice and equality has recognised the need to improve the public's nutritional health to reduce nutrition-related ill-health and disease (Acheson, 1998). A number of Government reports and policy documents have pledged commitment to public health nutrition, and an array of initiatives, amongst others, 5 A Day, Healthy Start, new nutritional standards for school meals, and Change4Life, have been implemented (UK Department of Health, 2009). However, despite these initiatives the nutritional health of the public, in general, and of specific sub-groups, in particular, remains poor (Scientific Advisory Committee on Nutrition, 2008).

From examining evidence provided by key advisory bodies and non-governmental organisations, the focus of public health nutrition currently and in the coming years appears to be maternal and child nutrition, obesity, and the increased consumption of fruit and vegetables. Although these policy areas are interrelated, for clarity this essay will address each in turn by outlining the main nutritional health concerns, the potential health benefits of intervention, current initiatives, and proposed initiatives for the next five years.

Over the next five years the Government should continue to support initiatives that will improve maternal and child nutrition. A child's growth and development, and their long-term health, including the development of chronic diseases, including obesity, diabetes and cardiovascular disease, are in part dependent upon the nutritional status of women of reproductive age and the food choices that a mother makes for her child (Scientific Advisory Committee on Nutrition, 2008a). The intake of appropriate amounts of Vitamin D and folate during pregnancy as well as a healthy diet adequate in energy and other nutrients, exclusive breastfeeding for the first six months and appropriate weaning at about six months of age are essential for good maternal and child health (National Institute for Health and Clinical Excellence, 2008).

Breastfeeding promotion should be especially targeted at women who are young, those who left school with fewer qualifications and those who are from deprived communities since initiation and continuation of breastfeeding is frequently lower in these groups. (National Institute for Health and Clinical Excellence, 2008). The UK

Department of Health (2009) recognises that although increasing numbers of women are breastfeeding after birth, there is a significant decline in numbers who exclusively breastfeed in the first weeks after birth, with very few women exclusively breastfeeding at six months. The 2005 Infant Feeding Survey found that in the UK 76% of mothers breastfed at birth compared with 69% in 2000 (Scientific Advisory Committee on Nutrition, 2008a). However, at the end of the first week this had dropped to 45%, and by six months only 1% of the mothers surveyed were exclusively breastfeeding.

The Government should continue to support initiatives that increase the uptake of breastfeeding, in particular UNICEF's Baby Friendly Initiative that has contributed to the increase in breastfeeding uptake through its training of health care professionals (UNICEF UK, 2009). The Government should invest in increasing public awareness of the health benefits of breastfeeding amongst pregnant women and society in general, as part of the National Breastfeeding Awareness campaign, the Healthy Start scheme and the Change4Life campaign (Scientific Advisory Committee on Nutrition, 2009). However, to increase the length of time that women breastfeed it is essential that the Government supports initiatives that address the difficulties and barriers that women encounter during the initial weeks of an infant's life. Post-natal support should be made widely available to assist women with the practical and emotional aspects of breastfeeding (Best Beginnings, 2009).

Another important aspect of maternal nutritional health which the Government should prioritise through better education and distribution of free supplements to at risk groups, is encouraging uptake of vitamin supplementation pre-conception and during pregnancy (National Institute for Health and Clinical Excellence, 2008). Of particular concern is the low Vitamin D (British Dietetic Association, 2009) and folate (Brough, Rees, Crawford and Dorman, 2009) status of women of reproductive age. The low intake of folic acid supplementation pre-conception and in the early weeks of pregnancy, especially amongst the young, ethnic minorities, and those from lower socioeconomic groups, is another area of concern that the Government should address (Brough et al, 2009). A Food Standards Agency study found that women from lower socioeconomic groups tended not to make behavioural changes prior or during

pregnancy, and were not fully aware of the potential risk to their baby of neural tube defects from low folate status (Food Standards Agency, 2007).

On the basis of this the Government should support the Scientific Advisory Committee on Nutrition and the Food Standards Agency's recommendation for the mandatory fortification of flour with folic acid as an effective strategy to reduce the number of neural tube defects (Food Standards Agency, 2009a). Brough et al (2009) suggest that cereal products consumed by ethnic minority women should be considered for fortification as babies born in these communities in the UK are disproportionately affected by neural tube defects. The Government should ensure that health care professionals promote folic acid supplementation through the Healthy Start scheme (British Dietetic Association, 2009). They should provide clear, simple advice of the benefits as well as the consequences of not taking folic acid (Food Standards Agency, 2007).

To address the rising prevalence of rickets amongst children, especially those of Asian and Afro-Caribbean origin, the Government should support a national public education campaign to promote the health benefits of Vitamin D both during pregnancy and infancy and highlight the risks of deficiency (Scientific Advisory Committee on Nutrition, 2007). The campaign should target high risk women – those who are obese, have limited exposure to sunlight, or whose origin is South Asian, African, Caribbean or Middle Eastern (National Institute for Health and Clinical Excellence, 2008). The Government should ensure that all women at the start of their pregnancy receive clear guidance about Vitamin D supplementation as diet and sun exposure alone will not provide sufficient vitamin D for some women (National Institute for Health and Clinical Excellence, 2008). Post-natal care should also raise awareness of the need for Vitamin D supplementation for infants.

Healthy Start vitamins for young and low income women and their infants should be made available for all, and those not eligible for free vitamins should be able to purchase them at a reduced rate (British Dietetic Association, 2009). The Government should work in partnership with pharmacies to promote Healthy Start and to further raise awareness of the need for supplementation during pregnancy, breastfeeding and infancy.

Another area of public health nutrition that the Government should focus upon in the next five years is the prevention and management of obesity (National Institute for Health and Clinical Excellence, 2006). The Government in recent years has pledged support for a number of initiatives to promote healthy eating and to increase physical activity (5 A DAY, healthy school status, UNICEF Baby Friendly Initiative, NHS health trainers, etc.) (Department of Health, 2008). The Government has recognised that obesity is a chronic disease that seriously impacts upon health by increasing the risk of developing diseases such as cardiovascular disease, type 2 diabetes and some cancers as well as affecting emotional well-being and impinging upon education and employment opportunities (UK Foresight, 2007). The Government has also recognised that significant health benefits can be achieved by reducing body weight, even by 5-10% (Ross, Laws, Reckless and Lean, 2008).

However, the complexity of obesity with its multiple determinants, its behavioural dimension, and the complex supply chain behind food production, marketing and sales in the UK, requires long term commitment of resources and political endorsement to enable a reverse in the growing prevalence of obesity (Aranceta, Moreno, Moya and Anadon, 2009). Over the next five years the Government should continue to support a multi-agency approach to the prevention and management of obesity (National Institute for Health and Clinical Excellence, 2006). The Government should further promote the Healthy Food Code of Good Practice and engage with manufacturers and businesses to reduce the calorie content of energy dense foods; to reduce the level of salt, saturated fat and added sugars in foods; to promote healthier choices at the point of purchase; and to improve the nutrition and calorie labelling of food (UK Cross-Government Obesity Unit, Department of Health, and Department of Children, Schools and Families, 2008).

The Government should continue to support local authorities, primary care trusts, schools, childcare settings, employers and the third sector to implement initiatives that promote healthy eating and increase physical activity (Aranceta et al, 2009). Personalised advice and support to illicit behavioural change with the aim of reducing weight should also continue to be offered, especially to individuals identified as high risk (Ross et al, 2008).

Adequate resources should be available for preventative strategies that address eating practices during the initial stages of life (Aranceta et al, 2009). The Child Growth Foundation (2009) calls upon the Government to expand the National Child Measurement Programme to pre-school children. This they argue will identify children at risk before they become obese and enable targeted weight reduction advice and support to be offered. The Child Growth Foundation (2009) promotes the importance of breastfeeding and appropriate weaning to develop healthy eating practices at a young age. Initiatives to tackle child obesity should broaden their focus to include the influence of parental eating habits and lifestyle upon a child's nutritional status (Perez-Pastor, Metcalf, Hosking, Jeffery, Voss and Wilkin, 2009).

The third area of public health nutrition that the Government should support in the next five years is the consumption of fruit and vegetables. Their consumption has significant health benefits by reducing the number of early deaths from cancer, cardiovascular disease and stroke (UK Department of Health, 2009). The 5 A DAY initiative to promote the eating of a minimal of five portions of fruit and vegetables a day has been successful in elevating the importance of consuming fruit and vegetables in the public consciousness (Food Standards Agency, 2009b). Despite this campaign, however, the National Diet and Nutrition survey reported that most of the population do not meet the 5 A Day recommendation with a mean intake of less than 3 portions a day (Hoare and Henderson, 2004). Drawing upon these findings and those in the Low Income Diet and Nutrition Survey (Nelson, Erens, Bates, Church and Boshier, 2007), the Scientific Advisory Committee on Nutrition (2008b) pointed out that a number of groups in the population are not eating the recommended amount of fruit and vegetables. These include children (aged 4-18 years); young adults (aged 19-24 years); adults above 65 years, particularly those living in institutions; and those in receipt of benefits.

Over the next five years the Government should continue to support 5 A DAY and other initiatives promoting the consumption of fruit and vegetables - Healthy Start, school fruit and vegetable scheme, and free school lunches (UK Cabinet Office, 2008). Urgent action is required to address the disparities in fruit and vegetable consumption between the general population and lower social-economic groups (Scientific Advisory Committee on Nutrition, 2008).

When planning and investing in future initiatives to improve the consumption of fruit and vegetables, especially in deprived communities, the Government should take into account comments made by the respondents of the Low Income Diet and Nutrition Survey (Nelson et al, 2007). It was reported that price, value for money and freshness influenced their purchase of fruit and vegetables. On the basis of this, the Government should support food cooperatives, community gardens and allotments to improve access to affordable fresh fruit and vegetables (Sustain, 2009). The Government should also continue to work with supermarkets to guarantee affordability but not to compromise upon taste (UK Department of Health, 2004).

More targeted campaigning of the 5 A DAY message should be delivered in ethnic minority communities (McEwen, Straust and Croker, 2009). A study of eating habits and dietary beliefs of a UK Somali population found that almost all respondents (97%) consumed less than two portions of fruit per day, and 92% less than two portions of vegetables a day (McEwen et al, 2009). This was due to the superior status conferred to meat, the inability to afford fruit and vegetables, and a lack of awareness of the health benefits of consuming fruit and vegetables.

This essay has proposed that the Government in the next five years should focus upon initiatives that address maternal and child nutrition, obesity, and the increased consumption of fruit and vegetables to improve the nutritional health of the population. Targeted action is urgently required to address the nutritional health of lower socioeconomic groups who are at a higher risk of developing chronic diseases due to poor dietary practices (Scientific Advisory Committee on Nutrition, 2008). Post-natal support for breastfeeding; Healthy Start vitamins for all; Vitamin D education campaign; mandatory folic acid fortification; child obesity prevention addressing parental eating habits; and food cooperatives and community gardens providing affordable and accessible fresh fruit and vegetables, are among a number of initiatives that this essay has proposed that the Government should support.

To conclude it is important that public health initiatives are effectively evaluated. (UK Foresight, 2007), and investment should be made in those initiatives that are making a difference, or those that have the potential to make a difference.

## References

Acheson, D. (1998). *Independent inquiry into inequalities in health report*. London: TSO.

Aranceta, J., Moreno, B., Moya, M. and Anadon, A. (2009). Prevention of overweight and obesity from a public health perspective. *Nutrition Reviews*, 67 (1), 83-88.

Best Beginnings. (2009). *Breastfeeding manifesto*.

Retrieved July, 14, 2009, from

<http://www.bestbeginnings.info/breastfeeding-manifesto>.

British Dietetic Association. (2009). Healthy Start vitamins update. *Dietetics Today*. 7, 12-13.

Brough, L., Rees, G.A., Crawford, M.A., Dorman, E.K. (2009).

Social and ethnic differences in folic acid use preconception and during early pregnancy in the UK: effect on maternal folate status. *Journal of Human Nutrition and Dietetics*. 22 (2), 100-107.

Child Growth Foundation. (2009). *An approach to primary prevention of obesity in children and adolescents (pre conception to 18 years)*.

Retrieved July, 14, 2009, from <http://www.childgrowthfoundation.org>.

Food Standards Agency. (2007). *Health and lifestyle in pregnancy - folic acid - qualitative research - final report*. Retrieved July, 14, 2009, from <http://www.food.gov.uk/multimedia/pdfs/healthlifepregnany.pdf>.

Food Standards Agency. (2009a). *Folic acid fortification*. Retrieved July, 14, 2009, from <http://www.food.gov.uk/healthiereating/folicfortification/>.

Food Standards Agency (2009b). *Eat well, be well*.

Retrieved August, 27, 2009, from

<http://www.eatwell.gov.uk/healthydiet/nutritionessentials/fruitandveg/>.



Hoare, J. and Henderson, L. (2004). *The national diet and nutrition Survey: adults aged 19 to 64 years – summary report, volume 5.*

London: TSO.

McEwen, A., Straust, L. and Croker, H. (2009). Dietary beliefs and behaviour of a UK Somali population. *Journal of Human Nutrition and Dietetics*, 22 , 116-121.

National Institute for Health and Clinical Excellence. (2008).

*Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households.* London: NICE.

National Institute for Health and Clinical Excellence. (2006).

*Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.* London: NICE.

Nelson, M., Erens, B., Bates, B., Church, S. and Boshier, T. (2007).

*Low income diet and nutrition survey.* Retrieved July 14, 2009, from

<http://www.food.gov.uk/science/dietarysurveys/lidnsbranch/>.

Perez-Pastor, E.M., Metcalf, B.S., Hosking, J., Jeffery, A.N., Voss, L.D. and Wilkin, T.J. (2009). Assortative weight gain in mother-daughter and father-son pairs: an emerging source of childhood obesity. Longitudinal study of trios (EarlyBird 43). *International Journal of Obesity*. 33, 727-735.

Ross, H.M., Laws, R., Reckless, J., and Lean, M. (2008). Evaluation of the Counterweight programme for obesity management in primary care: a starting point for continuous improvement. *British Journal of General Practice*. 58, 548- 554.

Scientific Advisory Committee on Nutrition. (2007). *Update on vitamin D: position statement by the Scientific Advisory Committee on Nutrition.* London: TSO.

Scientific Advisory Committee on Nutrition. (2008a). *Infant feeding survey 2005: a commentary on infant feeding practices in the UK -position statement by the Scientific Advisory Committee on Nutrition*. London: TSO.

Scientific Advisory Committee on Nutrition. (2008b). *The nutritional wellbeing of the British population*. London: TSO.

Scientific Advisory Committee on Nutrition. (2009). *Update of activities related to maternal and child nutrition*. Retrieved July 14, 2009, from <http://www.sacn.gov.uk/pdfs/SMCN0903%20-%20Updates.pdf>.

Sustain. (2009). *Food co-ops*. Retrieved July 14, 2009, from [http://www.sustainweb.org/localactiononfood/food\\_co\\_ops/](http://www.sustainweb.org/localactiononfood/food_co_ops/).

UNICEF UK. (2009). *The effectiveness of the Baby Friendly accreditation in increasing breastfeeding rates*. Retrieved July 14, 2009, from <http://www.babyfriendly.org.uk>.

United Kingdom. Cabinet Office. (2008). *Food matters towards a strategy for the 21<sup>st</sup> century*. London: Cabinet Office.

United Kingdom. Cross-Government Obesity Unit, Department of Health, and Department of Children, Schools and Families. (2008). *Healthy weight, healthy lives: a cross-governmental strategy for England*. London: COI.

United Kingdom. Department of Health. (2004). *Choosing health – making healthy choices easier*. London: TSO.

United Kingdom. Department of Health. (2009). *Department of Health: Departmental Report 2009*. Norwich: TSO.

United Kingdom. Foresight Programme. (2007). *Tackling obesities: future choices – project report*. (2<sup>nd</sup> ed.). London: Department of Innovation, Universities and Skills