

Healthy knowledge: Can improving diet literacy reduce health inequality?

This roundtable was held in partnership with Ferrero.

Summary

This event was convened by Onward and Ferrero to consider how best to improve health and dietary literacy in lower-income communities. There was strong consensus among participants that obesity and poor public health are critical challenges facing the UK and the rest of the world. The group reflected on the complex nature of the problem but was clear that the social and economic costs of declining public health are becoming unbearable.

In 2015, two thirds of adults in the UK were classified as overweight or obese. Illnesses associated with obesity and overweight directly cost the NHS £6.9 billion in 2014-15, while the cost to society sat at around £27 billion. Care for an obese child costs around eight times as much as their overweight peer. As obesity rates rise in the wake of the pandemic, this presents a challenging future for a new generation of children as well as an increasing burden on the NHS.

The group disagreed with the position that poor diets are simply a matter of personal choice. The causes of obesity - and poor diets generally - are complex. Deprivation, lack of information, skills and resources all work together to limit people's ability to achieve healthier lives. Poorer families are worst affected by obesity, with 40% of children in the most deprived decile of the population classified as overweight or obese.

It was pointed out that for those experiencing poverty, there is a different agenda for food. Feelings of comfort and enjoyment may take precedence over nutrient density, while a dearth of cooking or budgeting skills can limit people from making healthier choices. Pursuing healthier food habits demands knowledge as well as resources and both of these place a higher cognitive load on families. For many struggling families and individuals, convenience and cost take priority over hitting healthy eating targets. For others, poor nutrition is caused by other health conditions such as depression or immobility.

Participants argued that while being overweight or obese is the result of over-consumption, appropriate solutions demand thinking about *why* people are overeating. Current strategies, it was agreed, have failed to do this. Multiple government reports have been released in the last decades offering solutions to the public health crisis. Their recommendations have oscillated between maintaining the parts of the population with healthy weight and trying to reduce the weight of those that are suffering from obesity. The group argued that this lack of clarity has produced policies that don't always work.

One participant gave the example of 'nutrient focus' as an approach that, while popular, has hidden costs. Singling out particular nutrients, such as salt or sugar, has benefits. It raises public awareness about the composition of foods and the dangers they can pose. However, the participant cautioned that it also risks the demonisation of certain foods causing people to become obsessed with one aspect of their diet, at the expense of exercise or calorie consumption.

Other strategies, like reformulating products to achieve better nutrient profiles and calorie labelling were argued to have some unintended consequences. The former was argued to be a broadly positive step in principle, but many participants pointed to the effects in practice, with some products simply being relabelled as sharing packets and consumers not always able to know which products are low in sugar, for example, or not amid wider promotions. Others noted the considerable public backlash with rapid changes to product size, rather than gradual changes over time.

Calorie labelling relies on the public to know the correct level of calories to consume. While labelling can help increase awareness and is an important tool for encouraging personal responsibility, potentially supporting the 30 million overweight and obese people in the UK, one participant cautioned that this approach can unintentionally undermine the health of the 1.25 million people in the UK suffering from anorexia and bulimia. It was suggested that we need a balanced approach that accounts for different needs.

As one participant pointed out, a perfect market requires perfect information. Giving consumers nutritional information was agreed to be an essential part of empowering them to make better choices. But to be properly utilised the public must have the appropriate skills and opportunity to make informed decisions. Creating opportunities for people to learn about what to eat or how to exercise, budget or cook will be essential for people to take advantage of clearer information. Diet literacy should be supported at a range of levels - at school, through the NHS and GP surgeries, government strategies and through interpersonal relationships.

Panelists also identified the food industry as an important part of supporting this shift. The food industry is not homogeneous, but it is important for businesses to engage with the social impacts of their actions. Examples of this include the reformulation of recipes and products offered in portion sizes appropriate to a balanced diet.

Some participants suggested moving beyond the narrative of a 'perfect lifestyle.' It was argued that this focus on a perfect, final state felt insurmountable to many and that a better approach would be more gradual. One participant recommended a 'good, better and best' approach. It was argued that by thinking more about how much we are eating or how little we are moving, people can begin to take responsibility for themselves.

It was noted that a gulf is developing between unhealthy and healthy people in society. Those that are already at a healthy weight are getting healthier while obese people are gaining weight. The group was clear that moving forward, successfully tackling health inequalities will rely on engaging with these complexities to create a more holistic approach, working with the food industry and other actors to create an environment that supports people to make healthy choices.

Key discussion points:

1. Poor nutrition and obesity present an increasingly formidable social and financial challenge. The direct costs of treating obesity stood at £6.9 billion in 2014-15 while the indirect consequences of obesity cost around £27 billion.
2. The group agreed that obesity cannot merely be blamed on poor self-control or lack of care. Instead, they agreed that the causes of poor nutrition and obesity are complex. The group identified deprivation, emotional and social vulnerability, as well as a lack of knowledge, skills, resources and opportunity as contributing factors.
3. Participants noted that previous nutritional strategies have failed to acknowledge this complexity. Instead, the strategies have pushed for healthy outcomes without engaging with the barriers people face. The groups also reflected that previous strategies have suffered from a lack of clarity in their objectives and that it is unclear whether the aim is to reduce levels of obesity or maintain the healthy weight population.
4. Increasing nutritional transparency was discussed by the group. They noted that the approach has benefits such as increasing consumer awareness and empowering informed decision making. But also cautioned that transparency as a tool would be rendered less effective without also strengthening knowledge and opportunity around food.
5. Ultimately, participants were unanimous that a more holistic and less perfectionist approach is needed to counter obesity and poor nutrition. Using social, public and private sector actors to support people to understand and take responsibility for their diet.