Framework for Action

Nutrition
1 Introduction

This paper:

- Specifies the nutrition activity to be delivered by NPHS staff in LPHTs in support of local partnership work during 2005/06.
- Makes recommendations for nutrition based activity to be delivered by local partners and for investment.
- Illustrates the importance of a framework of nutrition activities across Wales, both at local and regional level, to improve nutritional status and manage the current obesity epidemic.
- Provides an overview of current and potential action within the NPHS pertaining to healthy eating and good nutrition in Wales.

It follows a review of the effectiveness of nutrition interventions and is written in the context of current government policy.

2 Priorities for Nutrition activities

To deliver the population effect necessary to improve the nutritional status of people throughout Wales it is recommended that actions are based on the following principles:

- Prioritising interventions with known evidence of effectiveness.
- Evaluating all interventions where evidence is lacking.
- Assessing the relative cost and feasibility of delivery.

2.1 NPHS priorities

It is recommended that the NPHS should undertake the following activity during 2005/06 (subject to resource availability):

Priority will be given to the four groups highlighted in ‘Food and Well Being’.

HCSWB Strategies
Support the development of local HCSWB strategies/action plans on food and nutrition.

Workplace activity
- Support workplaces in improving their food and nutrition provision through the development of workplace food policies.
• Work with Local Authorities to encourage the provision of healthier food environments and provision e.g. in leisure centres, youth centres, luncheon clubs, sheltered accommodation etc.

Weight Reduction Activity
• Support the nutrition element of evidence based, local, Health Challenge Wales activities.
• Priority should be given to family based modification programmes which include a physical activity dimension.

School based nutrition activities
Multifaceted and evaluated school nutrition activities will be prioritised. The focus will be on:
• Supporting the development of ‘whole school nutrition policies’.
• Improving the nutritional content of school meals, through catering modifications e.g. contracts, procurement initiatives, and training.
• Supporting initiatives that focus on improving the uptake of free school meals.

Community and externally funded projects
• Continue to support and develop (with other agencies) the development of evidence based community food initiatives.
• Support cooking classes which are delivered by appropriately trained community workers (not qualified or specialised NPHS staff).

Potential future opportunities
If monies were to be made available, the NPHS could support the development of:
• Evidence based weight reduction services for children/and or adults – especially those in disadvantaged and vulnerable groups of society.
• Further activity to promote healthier nutritional intake amongst older people.

NPHS in partnership with its stakeholders, will constantly review the appropriate employment of evidence based programmes of activities as well as encourage innovation, exploration and evaluation of new ways of improving the nutritional status increasing physical activity in order to reduce the burden of chronic ill health associated with sedentary behaviour.

2.2 Local Partners

In support of the activity to be delivered by the NPHS, it is recommended that local HCSWB partnerships develop a comprehensive approach to improving nutrition through the establishment of nutrition working groups/forums to coordinate the following activity:

• Identification/mapping of current activities and gaps in provision/activities.
• Development, review and monitoring of local nutrition strategies/action plans.
• Act as exemplars in terms of nutrition policies within workplaces and similar settings.
• Working in partnership with local stakeholders and community groups.
3 Policy basis

A varied and balanced diet is important for good health (DOH 1991). Both under-nutrition and over-nutrition play a major role in morbidity and mortality. It is now well recognised that a healthy diet should contain an adequate supply of all the essential nutrients to prevent deficiency, as well as providing the right balance of these nutrients to protect against nutrition related health problems. In actual fact, diet is one of the most modifiable lifestyle determinants of human health. The most common nutritional problem at this time within developed countries is obesity, and rates are increasing at an alarming rate (WHO 2000).

Research evidence of the benefits of healthy eating include:

- For the vast majority of individuals, obesity results from excessive calorie intake and/or inadequate physical activity and not because of genetic control (Garrow and Summerbell 2000). Obese patients who lose just 10Kg of weight have a 20 -25% decrease in overall mortality (Jung 1997).
- A diet rich in fruit and vegetables is associated with a decreased risk of coronary heart disease (NHF 1997). Eating another portion of fruit and vegetables a day decreases the risk of coronary heart disease by 4% and stroke by 6% (Joshipura et al 2001).
- An estimated third of cancers could be prevented by changes in diet (DOH 1998).
- Around 40% of endometrial cancer, 25% of kidney cancer and 10% of breast and colon cancers would be avoided by maintaining a healthy weight with a BMI of under 25. (Bianchini 2002).
- Poor nutrition contributes to at least 30% of coronary heart disease deaths (Peterson and Rayner 2003) and 33% of all cancer deaths (Doll and Peto 1981).
- The links between low birth weight and poor maternal nutritional status are complex but significant (HDA LB 2003).

On a global level, the WHO Global Strategy on diet and physical activity and health (WHO 2004) identifies the leadership role of government in initiating and developing food and health policy and in ensuring its implementation. Similarly, 'Food and Health in Europe: a new basis for action (WHO Europe 2004) highlights the urgent need for integrated multi-sectoral food and nutrition policies, encouraging sustainable production of safe food of high nutritional quality, and focuses on the need for affordable and accessible food.

Here in Wales, the policy context driving the improvements in nutritional status is Food and Well Being: the nutrition strategy for Wales (FSA Wales 2003), which sets out the Welsh Assembly Government’s commitment to food and nutrition through achieving a healthier diet for the whole population in Wales, and in particular through reducing food poverty and inequalities in health. The strategy prioritises four groups:

- Low income, and other vulnerable groups
- Infants, children and young people
- Women of childbearing age, particularly pregnant women
- Men, particularly middle aged men.
The strategy also lists recommendations to bring about improvement is the nutrition of the people of Wales, while the aim in relation to obesity and overweight is also given a public health focussed; and is ‘...to develop and manage initiatives to prevent and manage overweight and obesity among the population’.

More recently, Health Challenge Wales (WAG 2004a) launched in February 2004 provides a national focus for the drive to improve health, which included as a key theme tackling obesity, whilst the Welsh Assembly Government Food and Fitness Task group is also addressing food and nutrition in tandem with physical activity activities.

4 Nutrition Trends

There is a scarcity of ‘nutritional intake’ data in Wales. The National Diet and Nutrition Survey (NDNS) 2000 (Henderson et al 2002, 2003a, 2003b) cannot report on a Welsh level alone. In terms of the British diet, it identified both positive and negative attributes:

- The average intake of fat is close to that recommended, however the average intake of saturated fatty acids were higher (~13% vs ~11%).
- Mean intake of non-milk extrinsic sugars higher than recommended (~13% vs ~11%).
- Mean salt intake was 9.5g/day – well above the 6g/day recommendation.
- Proportion of people overweight and/or obese is significantly higher than in the previous survey in 1986/87 (66% of men and 53% of women having a Body Mass Index of 25Kg/m² or above.

The recent Welsh Health Survey (NAfW 2004) also identified similar nutritional trends:

- 54% of adults in Wales are currently overweight or obese.
- With regards fruit and vegetable consumption in Wales, 37% of adults said that they had eaten 5 or more portions of fruits and vegetables the previous day. However, 5% of adults said they had not eaten any fruits and vegetables the previous day (NAfW 2004).

The public health nutrition issues arising from the findings of the NDNS have been summarised by the BNF (2004) according to age groups.

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<th>Summary of Concerns</th>
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<td>Young people aged 4-18 years</td>
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<td>Adults aged 19-64</td>
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<td>Adults aged over 65</td>
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The NDNS surveys have also provided evidence of socio-economic differences in food patterns and nutrient intakes. For example, among adults, intake of fruit and vegetables was lower in both men and women in receipt of benefits compared with those not receiving benefits, e.g. less than 2 servings per day compared to over 3 per day in women (Henderson et al. 2002). Similar findings were reported in children (Gregory et al. 2000). Furthermore, there is evidence of poorer micronutrient intakes.

The Young People in Wales, Health Behaviour in School Aged Children (HBSC) study (WAG 2002) indicated that girls are less likely than boys to consume breakfast, lunch and dinner on a daily basis, particularly those aged 15-16. In 2000, fewer than half of girls aged 13-16 reported eating breakfast every day. There has been an increase in the consumption of confectionery and drinks containing sugar among boys. Consumption of fat-reduced milk has increased but the proportions of boys and girls aged 15-16 eating fresh fruit every day were lower in 2000 than 1990. Fewer than half of this age group reported eating fresh fruit every day in 2000. As part of the HBSC series of surveys, obesity levels have also been measured in 11, 13 and 15 year olds (WAG 2004b). The proportion of 15 year olds who are pre-obese and obese in Wales is higher than for Scotland and England. International comparisons suggest that the diet is similar to other western European countries in the study, however daily consumption of fruit is lower in Wales relative to many other countries, particularly among boys.

Information on diet and obesity prevalence in Wales and by local authority area is available at [http://www.wales.nhs.uk/sites/page.cfm?orgid=368&pid=4471](http://www.wales.nhs.uk/sites/page.cfm?orgid=368&pid=4471)

5 **Investment for Health principles**

Public Health Nutrition Strategies can be divided into two main types (Gibney et al 2004)

1. The ecological approach accepts that health is determined by an interaction between an individual and the wider environment. Here interventions factor in three organisational levels, the interpersonal level, the social and cultural environment, and the physical environment. This approach is built on the five Ottawa Charter pillars (WHO 1996)
   - Building healthy public policy
   - Creating supportive environments
   - Strengthening community action
   - Developing personal skills
   - Re-orientating health services.

2. The individual approach fits more comfortably within a narrower view of public health, and seeks to address risk factors at an individual level and focuses on removing illness. The interventions vary from simple information provision to intense individual support. It is generally accepted that individual
approaches are more effective when supported by social, economic and political changes.

The all Wales nutrition strategy ‘Food and Well Being’ spans both approaches.

6 Effectiveness of Nutrition interventions

A review has identified that there is evidence that certain nutritional interventions are effective. Most of this evidence is at review level but Health Evidence Bulletins Wales statements on effectiveness have also been consulted. A full explanation of the evidence of the effectiveness of nutrition interventions, on which this paper is based, is available at:

http://howis.wales.nhs.uk/sites/page.cfm?orgid=368&pid=8994 or
http://www.wales.nhs.uk/sites/page.cfm?orgid=368&pid=2786

7 Current activity supported by the NPHS

The multidisciplinary nature of nutrition, spanning from molecular to social sciences, makes it relevant to multiple agencies and organisations, and thus the coverage of activities can be broad with cross-cutting activities around a number of other strategic and policy areas. The NPHS is active at both local and national level and the breadth of this activity is identified in appendix 1.

8 Further information

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Appendix 1: Range of Nutrition Activity currently delivered by NPHS staff

- **Local Activity:**
  Currently public health staff within local NPHS teams are involved with a broad range of stakeholders on the facilitation and delivery of a range of food and nutrition related activities. The range covers much of the lifecycle, and includes leading on local food and nutrition actions plans, the mapping of food availability, providing cook and eat sessions, healthy school nutrition work, keep well this winter activities and workplace activities. Such activities vary according to the expertise and capacity in local teams, and are influenced by the local priorities. The development of the Health, Social Care and Well Being strategies (HSCWB) will lead to local nutrition strategies and action plans, and the LPHTs are encouraged to be involved where they are not leading on the activity.

- **Nationally:**
  The NPHS has been involved with the development of ‘Food and Well Being’ since the earliest days of its development, and the NPHS continues to be involved in the monitoring and implementation group overseeing the ‘strategy roll-out’ across Wales. The NPHS also engages with key stakeholders such as the Welsh Assembly Government, Food Standards Agency Wales, and the Wales Centre for Health in relation to national nutrition activities.