

iHEA Special Interest Group on the Economics of Obesity

Response to Scottish Government consultation document on plans for Scotland's new diet and obesity strategy

Between 26 October 2017 and 31 January 2018 the Scottish Government launched its consultation document [A Healthier Future - Actions and Ambitions on Diet, Activity and Healthy Weight](#). It set out three broad areas where they intend to act; transforming the food environment, living healthier and more active lives, and leadership and exemplary practice.

A working group acting on behalf of the SIG responded to this consultation on the 23rd January 2018. Members of the working group include:

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This document was prepared by the working group, as part of the activities of the International Health Economics Association's (iHEA) Economics of Obesity Special Interest Group. The views expressed are those of the authors and not necessarily iHEA.

All responses to the questions are linked to the following consultation document https://consult.gov.scot/health-and-social-care/a-healthier-future/user_uploads/00526543.pdf.

Question 1: Are there any other types of price promotion that should be considered in addition to those listed above?

- *We recommend that consideration be given to the timescale within 'temporary price promotions' as it is not clear how temporary is temporary.*

- *Other types of price promotions are 'buy one get one free' offers and straight discounts e.g. 20% off deals.*
- *Non-price promotions should also be considered such as the use of sports & cinema codes on crisps.*
- *Meal deal options*

Question 2: How do we most efficiently and effectively define the types of food and drink that we will target with these measures?

Unhealthy items can be identified by red traffic light levels of fat and saturated fat, sugar and salt. The Department of Health nutrient profiling model compares energy, saturated fat, total sugar and sodium against fruit, vegetables and nut content, fibre and protein. When the scores are added up foods, scoring 4 or more points, and drinks, scoring 1 or more points, are classified as 'less healthy'. There is currently a Public Health England review of the nutrient profiling model, to update it to reflect the latest official advice on sugar reduction & increased fibre intake in people's diets
<https://www.gov.uk/government/collections/review-of-the-nutrient-profiling-model>

The Scottish Government might also want to refer to the NOVA classification which identifies ultra-processed food, and drink products
<https://www.ncbi.nlm.nih.gov/pubmed/28322183>

Either way, we recommend that research evidence should inform the decision on how to define the types of foods that are targeted e.g. those highest in salt/sugar/fat where demand is most responsive to price change.

Question 3: To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

Agree, however:

- *Restricting advertising is only one of the many solutions that are required to combat obesity – there is no single bullet solution.*

We think the Scottish Government could go further with this. For example, the UK Children's Food Campaign has analysed briefing papers and has highlighted key lessons for the government to not delay implementing measures on marketing and promotion; to not let industry set the terms for its own commitments; for measures to be mandatory, and to have penalties for inaction; and to not allow any further 'last chances' for industry to self regulate.

Additional considerations are:

- *Restricting adverts where children make up over 25% of the audience.*

- *To ban the use of celebrities or popular fictional characters to promote foods high in salt, sugar or salt.*
- *To ban adverts which feature brands that are strongly associated with foods high in fat, salt or sugar, even if they don't actually feature the products high in fat, salt or sugar.*
- *A blanket ban on all adverts of foods high in salt, sugar or fat before 'U' or 'PG' cinema films.*
- *For the ban to extend to all children's media e.g. a website of children's games or a children's interest magazine.*
- *Also for the restrictions to apply to sponsorship deals, product packaging, in-school marketing, and in-store placement of products.*

Also recommend working with Local Authorities to implement these changes.

Recommend supporting advertising of public health campaigns for healthy eating, to replace the advertising of 'bad' products to 'good' products, and consider using celebrities and popular fictional characters to support. Drawing on lessons learned from the smoking industry, these bans need to be comprehensive to work – small, ad-hoc bans do not influence behaviour.

Question 4: Do you think any further or different action is required for the out of home sector?

Yes

The development of this strategy is a useful first step, but it is equally as important to include specific policies and actions that will be tested for effectiveness and then implemented and scaled up nationally where appropriate.

For example, healthier catering initiatives that are led and managed by staff from environmental health or trading standards, encouraging outlets to switch to healthier ingredients, menus and cooking practices, should be considered, where there is focus on reductions in foods high in salt, sugar and fat and on promoting fruit and vegetables. Another option is to mandate all food outlets to provide information on calorie content so that consumers can make a more informed choice.

Public Health England has a healthier catering guidance for different types of businesses.

We feel it's important to forge good links with local food growers.

What about school meals and ensuring that all schools abide by the school food standards, and having random inspections of schools to check compliance?

Could also consider raising the price of unhealthy foods, studies show that taxes and subsidies on food have the potential to influence consumption considerably. Taxes can also reinforce efforts to educate consumers. Concerns about the potential regressive impact of price increases for unhealthy foods are not justified as studies have found food taxes were only slightly regressive on consumption and that lower-income households reduce consumption proportionally more than wealthier households, reducing the gap on consumption of unhealthy items between higher and lower income households. Combining food taxes with subsidies could help alleviate potential regressivity.

We recommend the use of a system wide analysis whereby we can examine effects both at the consumer and provider level. For example:
<https://academic.oup.com/restud/advance-article/doi/10.1093/restud/rdx025/3108825>

Flexible study designs such as natural experiments (comparison of 2 groups with similar properties where one of these groups has been exposed to a policy but the other hasn't) need to be considered to document actual response to price changes and to focus on changes to the entire diet resulting from price changes, rather than single food items to take account of shifts in food consumption both within and across food categories.

The government should also consider making use of scanner level data and or large observational datasets that include data on socio-economic information as well as industry-level information to help understand behaviour. These data could be purchased and made open access (after, say 12 months commercial embargo, or in anonymised form) for use by researchers to model behavioural change.

It is key that regardless of the intervention decided, there is an evaluation design in place so the impact of these proposals can be assessed.

Question 5: Do you think current labelling arrangements could be strengthened?

Yes

Key to the effectiveness of labelling is that it needs to be clear and concise. The government might also need to consider the costs of implementing a mandatory labelling system whereby it needs to be supported by clear, achievable quality standards, testing services to measure the validity of labelling claims and mechanisms for enforcing labelling rules.

We recommend that labelling be standardised to make it accessible to the customer.

The government should also consider strategic behaviour by the food industry whereas there may be price responses to compensate for mandatory labelling. As there is no single bullet solution, we recommend any information policy to be accompanied by pricing policies as well.

Question 6: What specific support do Scottish food and drink SMEs need most to reformulate and innovate to make their products healthier?

N/A

Question 7: Do you think any further or different action is required to support a healthy weight from birth to adulthood?

Yes

We know that the evidence base for the cost effectiveness of early childhood intervention to prevent obesity is limited at present. It is challenging to isolate the true effects of intervention due to the nature of childhood obesity and the key obesogenic environments. There are studies that show that obesity-related dietary behaviour in early childhood is influenced not only by parents but also by five key obesogenic environments: school, television, the internet, retailers and promotion campaigns. There is also, so far, limited evidence that the effect attained during early childhood will be sustained so important for a system wide approach to prevent obesity throughout the life course.

There is evidence that exclusive breastfeeding in the first 6 months helps to maintain a healthy weight
http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity/en/.

Also important to incorporate into recommendations the importance of the time in utero and the pre-conception period so the lifecourse approach needs to start even before a child is born ensuring healthy weight and dietary behaviours for the mum.

We also recommend consideration of the supply-side within and outwith schools and the prevalence of opportunities to buy unhealthy food and drinks.

We would also caution against encouraging the stigma associated with obesity. It is important to consider the unintended consequences e.g. parents should not be regarded as 'bad' parents if their child is overweight or obese. It's important to give out information about feeling well in one's own body.

Question 8: How do you think a supported weight management service should be implemented for people with, or at risk of developing, type 2 diabetes - in particular the referral route to treatment?

We recommend consideration of the social prescribing model, where GPs and other health professionals can refer people to the third sector and they can be offered lifestyle advice and physical activity programmes.

Important to also complement this advice with further support for people to engage with physical activity in a sustainable manner e.g. to have appropriate sports facilities that are accessible to all.

Question 9 Do you think any further or different action on healthy living interventions is required?

Yes

We fully support the evaluation of weight management services to treat type 2 diabetes and would recommend that the Government consult academic partners to assist with this evaluation to ensure that the correct data are being collected and analysed appropriately for evidence based policy.

We also suggest looking at interventions that are appropriate for mothers at risk of gestational diabetes mellitus, and for children and adolescents who are at risk of developing type 2 diabetes.

Question 10: How can our work to encourage physical activity contribute most effectively to tackling obesity?

We would recommend considering the health impact of non-health interventions such as changes to the transport system; planning for cycling routes; housing conditions; work initiatives to incentivise gym attendance, availability of green spaces, funding for sport facilities, and urban planning to bring 'health' to the table for all functions across government. Having employers supporting physical activity programmes as part of occupational health programmes. This implies that encouraging physical activity needs to be adopted as a multisectoral target with a clear mandate from the central government and compatible incentives to sustain PA-promotion activities.

Important to note that adolescence is a key period where the gaps in physical activity levels between boys and girls usually start to increase – with girls increasingly dropping out of physical activity classes – we suggest some targeted interventions focusing on girls – also related to the point above on preconception period (especially considering the very high levels of teenage pregnancy in Scotland).

Question 11: What do you think about the action we propose for making obesity a priority for everyone?

We think all these actions are worthwhile however would caution that industry are driven by financial incentives and history has shown, with the rising obesity epidemic, that relying on the goodwill of industry is not sufficient. Industry responds to mandatory financial incentives, as

evidenced by the reformulation response to the sugar tax. Furthermore the challenges felt by families, particularly families living in poverty, need to be fully understood. Dietary choices and physical activity behaviours within families and households are motivated and guided by financial and non-financial incentives. There is a clear social gradient with obesity and families living in the most deprived parts of Scotland will need more targeted support in addition to the universal approaches that are outlined. For example renewing commitment to food initiatives and encouraging the preparation of healthy meals is welcome but some families are living in housing without adequate kitchen facilities, with severe financial restraints and little time to cook, therefore addressing these wider determinants will prove a more worthwhile investment of public resources. We recommend that resources be targeted towards interventions that target the disadvantaged communities, for example <https://www.ncbi.nlm.nih.gov/pubmed/20709878>

We also recommend a greater focus on physical activity and children. Getting children involved in sport early is very important. We feel that this consultation document has a disproportionate emphasis on food and more action is required to boost physical activity levels.

Question 12: How can we build a whole nation movement?

We would like to emphasise the importance of community engagement and making use of local champions, and greater involvement of local partners in small communities. For example, using religious settings, local clubs, and charities to promote what is feasible locally would be worthwhile. In some places it might be promoting physical activity and in others healthy eating. Being flexible in the approach is important as one answer won't fit all.

We recommend strengthening the social marketing aspect and the social welfare support to healthy behaviours especially for low income families.

Also crucial to consider sustainability effects particularly within the food system.

Question 13: What further steps, if any, should be taken to monitor change?

There needs to be an understanding that change will happen over a long period of time so investment needs to go beyond the government administration time cycle. A system needs to be put in place for cross party 'buy in' to ensure the long-term commitment of this obesity strategy. Interim, short and medium-term outcomes that are achievable and measurable over the lifecourse need to be collected alongside the long-term aim of reducing obesity levels.

*Evidence suggests that the longer people are obese, the harder it is for them to return to a healthy weight
<https://www.sciencedirect.com/science/article/pii/S1570677X13000865>.*

This is why it is important to understand that returning to healthy weight is a long-term outcome that needs to be monitored over the long term as there is plenty of evidence that people who lose weight, will put it back on again if the environmental influences are not altered to become less obesogenic. Policies need to focus on the long term to aim to reduce the duration of obesity across the population.

Question 14: Do you have any other comments about any of the issues raised in this consultation?

We believe that financial/economic security is a key issue - economic circumstances are a key driver of health behaviour – e.g. there is an argument that the rise of food banks is partly associated with greater levels of unstable employment and the “gig “ economy, so the Government should continue to think of initiatives in the employment sector that can have an impact on health.

We would like to emphasise that we need more to boost physical activity levels of children to develop healthy habits over the lifecourse.

There is a lack of positive messages about feeling well in one’s body and about being different. Change in habits requires people to dare to be different and this is important in small communities. As described the approach seems too prescriptive and doing little to really involve people on changing their habits. Community engagement is vital for sustainable behavioural change.

Inequalities in obesity are mainly attributed to subjective financial well-being measures (rather than income itself) and education. The prevention of certain unhealthy habits through knowledge related actions that tackle especially low income individuals is more likely to have desirable effects reducing the prevalence of obesity/tackle inequalities. Moreover, the research on this topic

<https://www.sciencedirect.com/science/article/pii/S0277953616304683>, highlights the role of psycho-social mechanisms related to individuals’ perceptions of their financial conditions rather than income itself; financial management training may be helpful.

The considerable contribution of education suggests that fostering educational opportunities for children (or adults) in lower socioeconomic groups may result in lower obesity prevalence and consequently lower socio-economic obesity inequalities in the long-run.