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Children's Food Campaign

Missing the target

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Summary

This pamphlet, put together by the Children's Food Campaign, has a number of simple messages: that the obesity crisis has become the nation's most pressing public health problem; that this cannot be solved without improving children's diets; and that, to date, the Government has not yet undertaken the steps necessary to improve children's diets.

The chapters in this pamphlet are written by a range of experts from the worlds of medicine, academia and public interest organisations. A number of contributors assert that the Government will not meet it Public Service Agreement target to stop the year-on-year growth of childhood obesity by 2010. Indeed it is widely anticipated that the Government will drop this target around the time of publication of the Foresight report into obesity.

This Pamphlet makes that case that much more could have been done – and can still be done now – to reduce levels of childhood obesity and improve children's health and wellbeing. The measures advocated here include:

- A 9pm watershed for junk food television adverts
- A much stronger set of statutory controls to cut children's exposure to other forms of junk food marketing, such as the internet
- Making cookery a compulsory part of the National Curriculum

Over the course of the next year, key decisions are due to be made that will determine policy for the foreseeable future on how to solve the obesity crisis. If the decision is made that the interests of the nation's health should be put above narrow financial concerns, this pamphlet sets out some of the steps forward we should take.

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Foreword

By Sir Al Aynsley-Green, Children's Commissioner for England.

As the first Children's Commissioner for England, I am privileged to meet so many children and young people around the country. I hear about the fun and exciting things that are happening in their lives. At home, in their communities or in the school playground they tell me about their friends, volunteering in their neighbourhoods and keeping up with the latest fashions.

Sadly, it concerns me greatly that many children and young people tell me about real obstacles to their health. Most of us are all too aware that falling levels of physical activity and increasing levels of obesity are now a major factor in many children and young people's lives. For many of them, living with obesity comes with the everyday reality of bullying, and feelings of low self-esteem or depression, which can lead to poor attainment at school and social exclusion.

"We cannot afford to ignore the stark and real effects of obesity on their lives and the impact that a 'fast food culture', with its fatty and high sugar foods, is having on the health of our young."

We cannot afford to ignore the stark and real effects of obesity on their lives and the impact that a 'fast food culture', with its fatty and high sugar foods, is having on the health of our young.

This is the first generation of children who are predicted to have a shorter life expectancy than their parents because their lives are cut short by the consequences of obesity. It is unacceptable that this generation will live in poor health as a result of our society's failure to prioritise their best interests. Children, young people and their parents say they are confused about making healthy food choices and they need much greater support to maintain a good diet.

Now, more than ever before, there is a need for creative thinking and commitment in the promotion of healthy foods to children and young people. Children need help to better understand what's contained in their food and if we want to see lasting improvements, we have to listen to what they say will help them to maintain a balanced diet. Children and young people must be involved in strategies to promote healthy lifestyles and initiatives that aim to highlight the risks of over consuming certain ingredients.

I am encouraged by recent Government announcements, including Gordon Brown's ambition for pupils to take part in five hours of sport a week. I welcome other positive steps to change attitudes towards our young people's health and commend the efforts of the Children's Food Campaign to improve children's dietary health and wellbeing. Free fruit and vegetables are now available for four to six year old schoolchildren, campaigns are encouraging young people to walk or cycle more, and adults are beginning to realise the benefits of involving children in the creation of healthier school meals. The Food Standards Agency's traffic light labelling has the potential to clearly inform parents about which foods are high in fat, salt and sugar.

But there is still some way to go before we see long-term and sustainable improvements in the health of our children and young people. The Government is predicted to miss its target to reduce childhood obesity by 2010. The National Playing Fields Association is still seriously concerned about a decline in the number of school playgrounds and safe areas for children to play and the push to consume nutritious

food and drink is not reaching many of our communities. Although some manufacturers have reduced the fat, salt and sugar content in foods, and Ofcom has moved to limit junk food advertising, the food industry needs to go further with bolder efforts to demonstrate a serious commitment to improving the health of all our children.

Above all, we must acknowledge that the responsibility for our children's health doesn't lie with any one particular section of society. Business, families, Government, schools and health professionals, we must be united and bold in our efforts to ensure that our children are offered a choice of healthy foods, not just fizzy drinks, crisps and sweet snacks at school, at home and in the places where they hang out. Our children's right to good health is everybody's business.

How bad is the obesity problem?

Obesity has become the country's most pressing public health problem argues Dr Colin Waine, OBE, FRCGP, FRCPath, Chairman of the National Obesity Forum. In this chapter he sets out the horrifying rise in rates of childhood obesity and states that it will take bravery from our politicians to introduce the kind of measures necessary to tackle this problem.

Childhood obesity in the United Kingdom has now reached epidemic proportions and will have disastrous consequences for the future health and well being of our present generation of children. In fact the implications are so serious that they could well have a shorter life expectancy than their parents.

The Health Survey for England has shown that over a 10 year period, obesity in children aged 2 to15 nearly doubled, from 11% to 19% in boys and from 12% to 18% in girls.[1] Between 1995 and 2004 the proportion of younger children aged 2 to 10 classified as either overweight or obese rose to 28%, while for older children it rose to 40%[2].

"Obesity causes about 18 million sick days and 30,000 deaths a year in England alone and the llifespan of an obese person is thought to be shortened by an average of nine years."

If these trends continue, estimates suggest that at least one fifth of boys and one third of girls will be obese by 2020. Newspaper reports earlier this year suggested that the forthcoming Foresight report on obesity will conclude that up to half of boys will be obese by 2050 unless we take effective action.

This rise in childhood obesity will have consequences long into the future. The Bogalusa Heart Survey found that 77% of overweight children remained obese as adults[3]. Thus, the strain put on the NHS, social services and the economy as a whole by the current obesity epidemic will continue for generations. Indeed Sir Derek Wanless, the Government's advisor of choice on the future of the NHS, listed obesity as a key reason why the service was struggling to cope.

The figures are staggering: the total costs of obesity to the NHS in 2003, in terms of admissions, appointments and prescriptions, were estimated to be around one billion pounds; this includes the costs of treating obesity and its consequences.[4]

Current estimates – expected to rise with the publication of the Foresight report – put the cost of obesity to the whole economy at £7.4bn, due to the loss of out-put resulting from sickness, absence from work and even the death of workers. Obesity causes about 18 million sick days and 30,000 deaths a year in England alone and the llifespan of an obese person is thought to be shortened by an average of nine years.[5]

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[1] Health Survey for England 1995-2004. See http://www.ic.nhs.uk/webfiles/publications/hsechildobesityupdate/HealthSurveyForEngland210406_PDF.pdf

[2] National Audit Office, Healthcare Commission & Audit Commission (2006) Tackling Childhood Obesity – First Steps (Norwich: The Stationery Office, available at: www.healthcarecommission.org.uk/assetRoot/04/02/44/68/04024468.pdf

3 Relationship of Childhood Obesity to Coronary Heart Disease Risk Factors in Adulthood: The Bogalusa Heart Study (2001). D. S. Freedman et al., Pediatrics Vol. 108 No. 3 pp. 712-718.

[4] National Audit Office, Healthcare Commission & Audit Commission (2006) Tackling Childhood Obesity – First Steps (Norwich: The Stationery Office), available at: www.healthcarecommission.org.uk/assetRoot/04/02/44/68/04024468.pdf

[5] National Audit Office (2001) Tackling Obesity in England (London: The Stationery Office

But the current obesity crisis has other social effects, which are equally pernicious. The Health Survey for England showed what many suspected for a long time: that education, social class and poverty have an important influence on the risk of becoming obese.[6] Put another way, the poorer you are, the more likely you are to be obese. This trend puts the obesity epidemic in another light: that over time the obesity epidemic will hit hardest the most vulnerable in our society. This will make the current inequalities in health significantly worse as obesity means some people are even less able to work, even more prone to ill health and even more likely to die early than their more affluent neighbours.

Other contributors to this pamphlet will touch on the health consequences of the trends that I have outlined, but I want to provide a taste of the health problems the obesity crisis will create.

The most common and serious consequence is the premature onset of type 2 diabetes and the consequences of this have been revealed by researchers based in Winnipeg, Canada. In 1986 they began to record cases of type 2 diabetes occurring under the age of 17 years and developing as a result of childhood obesity. When they reported in 2002 they had collected 86 cases. There had been two deaths aged 28 and 31 years, three girls were on dialysis for end stage renal failure, one of whom was blind; and of 56 pregnancies only 35 had resulted in live births.

These figures starkly indicate what the future holds for generations of children unless we halt and reverse the relentless rise in the prevalence of childhood obesity.

At current rates of progress this is not going to be achieved, with the result that the future health of children remains threatened by what is our most pressing public health problem. Making pledges is easy but what we need is co-ordinated and effective action to address the rising trend in childhood obesity. This, in turn, will require political courage. Surely the welfare of children, the nation's future, demands that our political leaders replace words with deeds.

6 Joint Health Surveys Unit on behalf of the Department of Health (2002). Health Survey for England 2001. London: Stationery Office.

The health consequences of obesity

The state of the obesity epidemic set out in the previous chapter has the potential to seriously damage the nation's health. In this contribution Ruairi O'Connor of the British Heart Foundation sets out the likely consequences of rapidly rising rates of obesity to the nation's heart health. While Sarah Woolnough of Cancer Research UK sets out the clear link between obesity and cancer.

Over the last decade mortality from heart disease has come down. Many lives which might otherwise have been lost are now being saved due to better lifesaving techniques and better medical treatment for those with heart disease. Improvements in smoking cessation rates since the 1970s have also reduced death rates from coronary heart disease (CHD).

> "We continue to need clear leadership from the Government to combat overweight and obesity. This should not be solely down to a few individuals in the Department of Health – we need all Government departments to do what they can to improve the situation."

But however good this news is, it doesn't tell the whole story. Much of the progress that has been achieved over the last few years, in part due to the effective implementation of the National Service Framework for coronary heart disease, may be threatened due to rising levels of obesity.

The fact is that if you are obese you are more likely to have a heart attack, especially if the extra weight is carried around your middle in the form of abdominal fat. People who are overweight or obese are more likely to develop type 2 diabetes which in itself increases the risk of developing diseases of the heart and circulation. Being overweight increases the risk of developing high blood pressure which is a leading risk factor for stroke. Also obesity increases the risk of developing high total cholesterol levels and triglycerides, and reduces 'good' high density cholesterol (HDL). Because of this, projections of a rise in obesity amongst the population, including the nation's young, are extremely worrying.

Obesity is already a major health issue in many countries throughout Europe. But the UK has seen some of the world's sharpest increases in obesity rates in recent years. The BHF is playing its part to tackle this growing problem, and is a proud backer of the Children's Food Campaign's aim to regulate advertising of foods high in fat, sugar and salt.

But while the BHF is determined to find new ways to help people become more heart healthy, we continue to need clear leadership from the Government to combat overweight and obesity. This should not be solely down to a few individuals in the Department of Health – we need all Government departments to do what they can to improve the situation, particularly by looking at the environment that we live in. The British Heart Foundation believes we cannot ignore the ticking time bomb of obesity that could halt the decline of heart disease. Neither the public, the medical community nor the Government can afford to become complacent about heart health.

Sarah Woolnough of Cancer Research UK sets out the links between obesity and cancer:

There is now convincing evidence that being overweight or obese increases cancer risk.[7] After smoking, excess bodyweight is one of the most important lifestyle risk factors for cancer. Indeed, one third of all cancers are likely to be caused by poor diet, alcohol consumption, overweight and obesity.[8,9,10]

In the UK, estimates suggest that up to 12,000 cases of cancer a year could be avoided if no-one exceeded a body mass index (BMI)[11] of 25.[12,13] This represents more than 4% of all cancer cases. Being overweight or obese also increases risk of death from cancer,[14] which could reflect both the direct effects of obesity on survival and the indirect effects, due to differences in diagnosis or treatment.[15]

We know that obesity and overweight in children and adolescents often persist into adult life. [16,17] Cancer Research UK therefore strongly supports initiatives to prevent overweight and obesity, and programmes that encourage and enable people to achieve healthy weights.

To date, awareness of the link between obesity and cancer is low outside the health and scientific community. Less than a third of people in the UK are aware that being overweight or obese can increase their risk of cancer.[18]

There is a clear need to raise awareness of the links and offer guidance about how to maintain a healthy weight. Cancer Research UK is doing what it can to increase awareness in this area, but we need others, and crucially the Government, to do more also.

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[7] Diet, Nutrition and the Prevention of Chronic Disease: Report of a joint WHO/FAO expert consultation, in WHO Technical Report Series. 2002, World Health Organisation/Food and Agriculture Organisation: Geneva.

[8] Doll R & Peto R 1981 The causes of cancer: quantitative estimates of avoidable risks of cancer in the United States today. J Natl Cancer inst 66:1191–308

[9] WCRF & AICR. 37–145 (American Institute for Cancer Research, Washington, 1997).

[10] Willett, W. Diet, nutrition and avoidable cancer. Environ Health Perspect 103 Suppl 8, 165–70

[11] The DH defines BMI as 'the common method of evaluating individual people to see if they are under or overweight. It involves comparing their weight to their height by dividing the weight measurement (expressed in kilograms) by the square of the height (expressed in metres). DH. Health and Social Care Topics- Obesity: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Obesity/fs/en

[12] Cancer Research UK 2006 Lifestyle and Cancer, cancerstats report.

[13] A BMI of 25 or over is classed as overweight, 30 or over as obese.

[14] In a US cohort study, high BMI was associated with higher mortality rates from cancers of the bowel, oesophagus, endometrium (lining of the uterus), kidney, breast in postmenopausal women, liver, pancreatic, stomach, prostate, cervical and ovarian cancers, as well as non-Hodgkin's lymphoma and multiple myeloma.

[15] Calle EE, Rodriguez C, Walker-Thurmond K, Thun MJ 2003 Overweight, obesity and mortality from cancer in a prospectively studied cohort of US adults. N Engl J Med 348:1625–38

[16] Guo S, Roche S, Chumlea W, Gardner J, Siervogel R 1994 The predictive value of childhood body mass index values for overweight at age 35y. Am J Clin Nutr 59:810–9

[17] Whitaker R, Wright J, Pepe M, Seidel K, Dietz W 1997 Predicting obesity in young adulthood from childhood and parental obesity. N Engl J Med 337:869–73

[18] Cancer Research UK 2006 BMRB survey for Reduce the Risk

Dietary aspects of obesity – what is the future for our children's weight?

Diet is a crucial factor in the rising rates of obesity. In this piece Dr Becky Lang of the Association for the Study of Obesity argues that unhealthy 'energy dense' foods play a central role in the obesity crisis and that people need help to improve their diet.

At the heart of the obesity epidemic is an underlying tendency to eat more calories than the body requires. However this simplistic analysis conceals the complex determinants of energy balance. For diet, this includes the dual aspects of individual food choice and wider environmental determinants, ranging from access and availability to the whole system of food production and the social norms surrounding food habits and eating behaviour. Few people are unaware of the need to eat fewer calories to control their weight but the difficulties individuals face in making a consistent change imply that more systemic measures will be required to tackle this public health nightmare.

The World Health Organisation 2003 review of the contribution of specific dietary factors to the development of obesity highlighted the 'convincing' role of energy dense foods and 'probable' contribution of sugar-rich drinks and fast food outlets. Evidence also exists for the contribution of large portions. Since then, evidence has accumulated in relation to each of these factors, serving only to strengthen the associations with obesity.

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Data from highly controlled studies have shown that energy dense foods increase energy intake. In real life, energy dense foods tend to be high in fat, often high in added sugars too, with a low fruit and/or vegetable content and little water. This epitomises much of the fast food on offer in every high street. Observational studies show that those visiting fast food outlets the most frequently tend to gain the most weight over time and scientists have suggested that the high energy density of many of the foods on offer provides a plausible mechanism for this effect.

The issue of energy density relates only to solid foods. The high water content of drinks means that they have a relatively low energy density. However controlled experimental studies show that liquid calories supplement rather than substitute for other energy sources in the diet, making them a specific risk factor for excess consumption. Data from free-living studies show mixed results but a recent meta analysis illustrated that the totality of the data supports a small, but significant, positive association between sugar-rich drinks and increased risk of obesity. For children able to freely purchase and consume such drinks the impact on energy intake and hence weight status is likely to be significant.

Larger portions of solid food or liquid beverages are directly linked to greater energy intake. Critically this increased energy intake is not associated with proportionally greater satiety and there is limited compensation for the excess energy intake at subsequent eating episodes, making portion size a specific risk factor for weight gain. People do not 'choose' to be obese and therefore it is naïve to believe that personal choice alone will provide an effective solution.

Given this evidence, the challenge is to convert knowledge of the associations between diet and obesity into practical strategies to change dietary habits. It is not

sufficient merely to provide information to individuals and expect them to make healthier choices.

We need to recognise that the food environment in Britain today is tipped heavily in favour of over-consumption. Energy dense foods and large portions offer the cheapest cost/calorie option and they are heavily marketed, often including further price discounts. This may exacerbate existing health inequalities. Ready access and availability to foods whether at the checkout, in vending machines or on the school periphery, also drives consumption. These wider economic and environmental determinants of food intake need to assume greater priority in planning public health nutrition strategies to tackle obesity and other diet-related chronic disease if we are to see real change in our children's diet.

Changing children's food preferences

Given that improving diets is vital to solving the obesity crisis, it is important to look at why children choose the food they do. Dr Jason Halford and Emma Boyland of the University of Liverpool look at the role of food advertising in encouraging children to eat a junk food diet.

With the latest figures on childhood obesity indicating that targets for turning the tide of early onset obesity will be dramatically missed, the publication of the Foresight report will provide an opportunity for policymakers to reflect on why the 'obesity time-bomb' may have already exploded. Old debates on the relative importance of exercise versus food intake can be forgotten. It is clear that both a lack of one and too much of the other have compounded to produce an unprecedented change in the shape of today's children.

Children eat what they like; their food preferences are powerful determinants of the composition of their habitual diet. It is, therefore, essential to understand the processes that underpin the development of food preferences if we are to successfully change children's diets. It is concerning that intake of fruit and vegetables among UK children is extremely low, and it is clear that most children are not choosing a diet in line with health recommendations.

> "Food promotion has been shown to affect food choice, and whilst foods high in fats and sugar continue to be promoted, this can only be to the detriment of children."

Food choices, likes and dislikes, shaped from the very start of life, have an impact on child health. Maternal diet, both during pregnancy and breastfeeding has been shown to influence infant development of food preferences for fruits and vegetables. However, as children develop and become more independent, nurturing influences give way to external stimuli. A multitude of environmental influences then come into play, including family, media, culture, school, and peer groups, either supporting or undermining healthy food choices. It is vital for tackling rising childhood obesity that we identify those specific aspects of the environment acting to promote the food preferences that cause obesity. It is in this context we must place commercial food promotion.

Numerous studies have shown that childhood obesity is linked to TV viewing. Not only that, but viewing habits can predict weight gain, and restricting them can reduce it. Worryingly, it has also been shown that television viewing in childhood can independently predict increased adult obesity. The relationship between TV viewing and the food choices of children and adolescents has also been well established. A study in teenage girls showed that those who ate in front of the TV consumed more food, particularly dietary fat[19]. An Australian study also demonstrated that extensive TV viewing was associated with the frequency of unhealthy foods eaten[20].

To study the effects of advertisements, researchers have employed experimental designs, exposing groups of children repeatedly to different types of adverts, to isolate their effects. For over 30 years researchers have been able to clearly show the effects of food adverts on product choice, as advertisers would hope. However, recently, the more general impact of television food adverts on food preferences has increasingly become apparent. In our own studies, the effects of adverts on food preference and choice have now been replicated five times in over 500 children. An

[19] Francis et al. (2003) Obesity Research 11, 143-151.
[20] Woodward et al. (1997) Journal of Human Nutrition and Dietetics 10, 229-235.

association has also been found between the proportion of children overweight, and the number of advertisements shown each hour during children's television

As Hastings[21] noted, now over four years ago, children in the UK are exposed to extensive food advertising. Moreover, the diet advertised to children in the UK is considerably less healthy than the diet healthcare experts would recommend. Hastings and colleagues concluded that the scientific literature clearly demonstrates that food promotion not only affects preference at the brand level (crisp brand A versus crisp brand B), but more importantly at category level (e.g. the child is more likely to choose crisps than, say, fruit). Since the publication of the Hastings report, there has been a struggle to remove adverts for foods high in sugar and fats from children's programming. Disappointingly for many, the ban does not cover the majority of programming viewed by children, and does not cover food promotion in any other form of media (broadcast or non-broadcast), at point of sale, indirectly through sponsorship or general branding activity. However most worryingly of all is that there is still no independent systematic assessment of how much food promotion material children in the UK are exposed to, never mind the media, the message used, or the nutritional composition of the foods promoted.

Undoubtedly, other factors also affect children's food preferences. However, food promotion has been shown to affect food choice, and whilst foods high in fats and sugar continue to be promoted, this can only be to the detriment of children. Manufacturers contend that there is no such thing as an unhealthy food, only an unhealthy diet. Even if we accept this position, to promote this healthy diet we need to target children's food preferences from infancy to adolescence. Given the effects of the promotion of foods on children's food preferences, any such effort must include advertising. Indeed, now the influential effect of television food advertising is becoming apparent, it seems an opportunity is being missed to wield this power to promote healthy foods and to support healthier dietary choices.

We need to do a great deal more to improve children's diet, from changing maternal nutrition and infant feeding practices, to changing the food environment in schools (what is taught as well as what is eaten). Systematic interventions with both parents and schools need to be sufficiently funded and assessed, so that we may identify the most effective way of targeting these factors. However, the ever rising levels of childhood obesity demands that we deal with factors we can more immediately address.

Banning adverts for foods high in fat and sugar will not cure childhood obesity on its own. However; controlling what is promoted, when or where, is one of the easier ways to start to change children's foods preferences, alter diet and prevent excessive weight gain. While the food and advertising industries appear more concerned with protecting commercial freedoms than protecting child health, the current trend of weight gain will only continue.

[21] Hastings et al. (2003) Review prepared for the Food Standards Agency. Centre for Social Marketing: The University of Strathclyde.

Television advertising

Food marketing is an important part of deciding why children eat what they do. Television advertising remains the primary method for marketing unhealthy food to children. Dr Vivienne Nathanson, Head of Professional Activities at the British Medical Association, argues that efforts to protect children from junk food TV advertising have so far failed to put the interests of children's health first and that a 9pm watershed is urgently needed.

The British Medical Association shares the concerns of the Children's Food Campaign and its supporters about the imperative to tackle the rise in childhood obesity and improve the diets of children and young people in the UK. The health impact of obesity and poor diet threatens to be immense: doctors are already seeing a rise in obesity related co-morbidities including chronic heart disease, hypertension and some cancers. Alarmingly they are even starting to encounter cases in children and adolescents of type-2 diabetes, a disease normally seen in adults. While we must hold the food industry to account over the methods they use to influence consumers' diets and expect individuals to take responsibility for their own lifestyle choices; the Government must take the lead in the fight against childhood obesity and ensure that the targets it has set do not become meaningless. Ending junk food television advertising before the 9pm watershed is one way for Government to demonstrate such leadership.

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There is broad agreement that enabling parents and carers as well as young people to make informed diet choices is crucial in the fight against obesity and poor nutritional health among children. Of course this requires effective health education, clear nutritional labelling and improved access to healthy food. It also means protecting children from the advertising of energy-dense, micronutrient-poor food and drinks, which is a significant contributory factor to the rise in obesity. Of particular concern is the prevalence of television advertising of unhealthy foods both during children's programming and at times when large numbers of children are viewing. We cannot expect children to have a critical understanding of advertising. It must, therefore, be restricted if they are to be free from pressures to adopt unhealthy food preferences and given adequate opportunities to develop their own understanding of healthy living. Restrictions would also ease the pester power influence with which parents are faced.

Back in 2004 the Government acknowledged the influence that advertising and promotions have on food preferences and consumption and noted the need to restrict television advertising of foods which are high in saturated fat, salt and sugar (HFSS). Indeed their own public health white paper called on Ofcom to consult on restrictions to broadcast advertising to ensure that 'children are properly protected' from such advertising 'during children's programmes and at other times when large numbers of children are watching'.[22]

After a long, but flawed, consultation process, on 1 July 2007 Ofcom finally introduced regulations for restricting the exposure of children to junk food advertising.

[22] Department of Health (2004) *Choosing health: making healthy choices easier*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

The BMA and the Children's Food Campaign acknowledge that this was a significant step forward and wholeheartedly welcome some aspects of the regulations. We congratulate Ofcom, for example, for extending the restrictions to include all children under 16, for introducing the nutrient profiling model to identify junk foods, and for including programme sponsorship in the restrictions. As they stand, however, these restrictions fall well short of what is needed to help improve the dietary health of children.

The current regulations include the use of the 120 viewing index to decide which programmes are of particular appeal to children under 16.The use of this index means that, while the restrictions cover programmes which are relatively more popular with children under 16 compared to adults, the majority of programmes that have the greatest numbers of children viewing are not subject to the regulations as they are also popular with a large number of adults. This has been clearly illustrated by Which?, whose research shows, that during a two week period in May/June 2007 all of the top 20 ITV programmes viewed by children aged between 4 and 15, in terms of absolute numbers watching, fell below the 120 index threshold and would not have been covered by the new regulations.[23]

Despite the Government's expressed commitment to 'properly protect' children from exposure to junk food television advertising they have completely failed to hold Ofcom to account and allowed them to complete a consultation which, without justification, excluded the option which would afford the greatest level of protection; i.e. ending such advertising before the 9pm watershed.

The 9pm watershed helps to empower parents as it is a well-recognised boundary by which they can monitor children's television viewing. While the pre-9pm option was not formally included in Ofcom's proposals, it is clear from their own regulatory impact assessment[24] that it would also result in the biggest reduction in children's exposure to junk food advertising; a significant 82% reduction for under 16s. By their own estimations, the option which was chosen would have 60% less impact than a pre-9pm restrictions. Ofcom's own assessment shows that there are significant health improvement gains to be had from adopting a 9pm watershed compared to the current regulations. The reason given for excluding the pre-9pm option from the consultation was that it would have a disproportionate impact on broadcasters.

We do not accept this. Ofcom's data clearly show that the estimated ranges of social and health benefits for this option are similar to if not greater than the estimated costs to broadcasters. It is clear that by adopting the 120 index approach, Ofcom has put the interests of advertisers, broadcasters and manufacturers before the health of the nation's children. This cannot be justified and must not be accepted. We call on the Government to redress this situation and fulfil its commitment to protecting children from junk food television advertising as part of its approach to tackling childhood obesity.

[23] Which? website accessed August 2007 http://www.which.co.uk/press/press_topics/campaign_news/food/tv_rules_kids_300607_571_117155.jsp

[24] Ofcom (2006) Television Advertising of Food and Drink Products to Children Consultation. Annex 7 – Impact Assessment http://www.ofcom.org.uk/consult/condocs/foodads_new/

Non-broadcast marketing

In this piece Professor Gerard Hastings, Director of the Centre for Social Marketing at the University of Stirling and the Open University argues that it is a mistake to think that regulations on television advertising will not, on their own, protect children from junk food marketing. He argues that any comprehensive package of measures on food marketing must include 'non-broadcast' advertising.

It has now been well established that food advertising is implicated in childhood obesity. A range of studies have shown that it influences what children know, think and feel about food, as well as what they buy – or persuade their parents to buy – and what they eat[25] [26]. Problems then arise because the advertised diet is so unhealthy: the great majority of the foods promoted to children are high in fat, salt and sugar (ibid).

> "Marketing is a powerful and multifaceted phenomenon; brands are its smart weapons and the economics of food processing determine that they will inevitably be attached to unhealthy foods"

Much of the research and policy makers' attention has focussed on broadcast advertising. This is understandable: for the last thirty years television has been the dominant medium for food promotion. This focus has brought significant benefits. Ofcom's recent decision to limit the advertising to children of food deemed to be unhealthy is a major step forward. Not least, it establishes the principle that nutrient profiling *can* distinguish between good and bad products.

However the focus on television is also dangerous. As regulation is applied to it, so other, less controlled options become more attractive and promotional budgets are juggled accordingly. This phenomenon is perhaps most graphically illustrated by experiences with tobacco. In 1965 television advertising for cigarettes was completely banned in the UK, yet advertising expenditure steadily increased throughout the decade. Indeed an examination of the figures on how much is spent on advertising in isolation gives no indication that the most important medium had been closed off. This 'balloon squeezing' tendency for advertising money to migrate to less regulated media makes the recent refusal of the Committee for Advertising Practice to adopt nutrient profiling particularly regrettable.

Non broadcast media are also burgeoning because of wider changes in the business environment. Mobile communications and the internet are now swallowing around a quarter of most companies' promotional budgets. When added to more traditional options like direct mail, point of sale and press advertising, they become a real force to be reckoned with, a force we ignore at our peril.

But the biggest danger of getting fixated on the box is that it distracts us from the fact that the real game in town is marketing not advertising. Marketing aims to get the right *products* in the right *place* at the right *price*; the job of advertising (or *promotion*) is simply to tell us about them. 'Right' in this context means liked by the consumer

[25] Hastings GB, Stead M, McDermott L, Forsyth A, MacKintosh AM, Rayner M, Godfrey C, Caraher M and Angus K (2003). *Review of Research on the Effects of Food Promotion to Children - Final Report Prepared for the Food Standards Agency.* Glasgow: University of Strathclyde, Centre for Social Marketing. Online: http://www.food.gov.uk/news/newsarchive/2003/sep/promote

[26] McGinnis JM, Gootman JA, Kraak VI (eds) (2006). *Food Marketing to Children and Youth: Threat or Opportunity?* Committee on Food Marketing and the Diets of Children and Youth; Food and Nutrition Board; Board on Children, Youth, and Families; Institute of Medicine of The National Academies. Washington, DC: The National Academies Press.

and profitable to manufacturer; it has nothing to do with being healthy - at least not in the children's food market.

Product, price and place are potentially powerful determinants of our consumption behaviour. Taking them in reverse order, ubiquitous distribution is key in the fast food business. Coca Cola's now infamous mission statement by company chairman Robert W. Woodruff to have a Coke "within an arm's reach of desire" recognises the need to be where the consumer is when the urge strikes. Equally unnerving, a recent study by the Medical Research Council showed that the UK distribution of McDonald's outlets correlates precisely with disadvantage[27].

Pricing is also a crucial influencer. Money off deals and 'buy one get one free' offers are designed to encourage additional purchases because marketers know that once the item reaches our kitchen cupboard we will eat it without giving much thought to portion control or the household budget. Similarly, work in the fields of both alcohol and tobacco has shown that there is a direct relationship between the price of drink and our levels of consumption [28] [29] [30].

Finally, we come to the product itself. For obesity this is the most important of marketing's four Ps. The root cause of the problem is that the foods being pushed at children are so unhealthy; if cheeseburgers were carrots, our worries would vanish. Unfortunately, marketers are wedded to unhealthy foods because the processing that makes them unhealthy also generates marketing budgets. A potato multiplies in value when it is turned into a potato crisp.

The four tools of product, price, place and promotion are used in combination to develop powerful and evocative brands. These influence us all, but children are particularly susceptible – and like a man's heart, they are most readily reached through their stomachs. A recent study showed that youngsters preferred food of any sort if it came in branded containers[31]. McDonald's carrots are apparently better than generic ones.

"Food marketing is a Goliath of an operation; the least we can do is provide public health's David with a decent slingshot."

This does suggest an opportunity; public health could take a leaf from the food industry's book and develop its own brands. The growing field of social marketing is encouraging precisely this sort of thinking. However it also sounds a salutary warning. Marketing is a powerful and multifaceted phenomenon; brands are its smart weapons and the economics of food processing determine that they will inevitably be attached to unhealthy foods.

In this context Ofcom's move on television advertising, welcome though it is, seems a little puny. Food marketing is a Goliath of an operation; the least we can do is provide public health's David with a decent slingshot.

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[27] Macdonald L, Cummins S, Macintyre S (2007). Neighbourhood fast food environment and area deprivation-substitution or concentration? *Appetite*, 49(1): 251-254.

[28] Laugesen M & Meads C (1991). Tobacco advertising restrictions, price, income and tobacco consumption in OECD countries, 1960-1986. *Addiction*, 86(10): 1343–1354.

[29] Chaloupka F (1999). Macro-social influences: The effects of prices and tobacco-control policies on the demand for tobacco products. *Nicotine & Tobacco Research*, **1**(Suppl. 2): S77-S81.

[30] Chaloupka FJ, Grossman M, Saffer H (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research & Health*, 26(1): 22-34.

[31] Robinson TN, Borzekowski DLG, Matheson DM,. Kraemer HC (2007). Effects of Fast Food Branding on Young Children's Taste Preferences. *Archives of Pediatrics & Adolescent Medicine*, 161 (8): 792-797.

Food labelling

Clear nutritional labelling is both a consumer right and an important public health measure to combat rising obesity rates by signalling energy dense foods and making healthier food choices, easier choices. Jane Landon, Deputy Chief Executive of the National Heart Forum argues it is time for the government to put pressure on food companies to adopt 'traffic light' labels and to champion better labelling in Europe.

As consumers, it is our right to have easy-to-understand information about what food companies put in their products and the impact this may have on us and our family's health. Prepared and processed foods such as sandwiches, ready meals, breakfast cereals, and processed meat products often contain unexpectedly high levels of hidden fat, sugars and/or salt. The public health community has argued for decades that healthy eating initiatives need to be supported by objective information provided by food companies on front-of-pack labelling. Until recently, however, the industry has shown little appetite to provide the public with clearer information about the nutrient value of foods on the front rather than the back of packaging, unless it was to promote 'healthy' or 'better for you' products.

"It is no coincidence that the companies which rely heavily on sales of snacks, confectionery, fizzy drinks and processed foods are most resistant to traffic light labels."

With consumers increasingly reliant on processed foods, and with rising rates of obesity and other diet-related diseases, there is both an urgent need and clear public demand to replace a plethora of promotional gimmicks and weasel-worded disinformation on food products with one labelling scheme based on consistent principles that helps all consumers make healthier choices.

Over the last couple of years, food products bearing front-of-pack nutritional labels have become increasingly available in British shops. But it is not all good news for consumers. Some brands such as Waitrose, Sainsbury's, the Co-op and Marks & Spencer use the Food Standards Agency's 'traffic light' labels which use green, amber or red colours to indicate low, medium or high amounts of fat, saturated fat, sugars and salt per 100g. But, despite thorough, independent research showing that traffic lights work best for consumers, other brands, including Tesco, Nestlé, Kellogg's and Kraft have chosen to use labels without colour coding and instead use numbers to indicate the nutrient levels as percentages of Guideline Daily Amounts (GDAs).

The key advantage of the FSA traffic light scheme is that it enables consumers - easily and at a glance - to assess nutrient levels and to compare between different products. Crucially, the system can be used easily by people from all socioeconomic groups, whatever their level of education or familiarity with English. Labelling schemes that are only useful to the more literate and numerate consumers risk widening existing inequalities in diet and health. Government surveys show that almost a half of adults have difficulty with simple percentages.[32] Add to this the complexity of juggling between inconsistent portion sizes and different GDA values for adults and for children, and - in the few seconds most shoppers spend on each purchase - the information on GDA labels is of little practical use to most people[33]. Even if consumers do overcome the numerical challenges of interpreting GDA labels,

[32] Department for Education and Skills. 2003. The Skills for Life Survey. London: The Stationery Office.
[33] National Heart Forum. Misconceptions and misinformation: the problems with GDAs. NHF. 2007. Available at www.heartforum.org.uk/downloads/NHFGDAreport.pdf.

the scheme creates confusion between upper and lower levels of nutrients and may actually encourage over-consumption of fats, sugars and salt to 'achieve' the guideline daily amounts.

The other important effect of traffic light labels is the incentive they give to manufacturers to reformulate products to achieve a healthier profile, and, as experience shows, to boost sales of healthier foods. Both Sainsbury's and Waitrose report they have reformulated products in order to remove red traffic light signals. They also report significant shifts in sales trends with reduced sales for less healthy products and increased sales for healthier products.

It is no coincidence that the companies which rely heavily on sales of snacks, confectionery, fizzy drinks and processed foods are most resistant to traffic lights, preferring instead to promote 'low fat', 'reduced sugar' or 'better for you' versions of their standard ranges which – if labelled with traffic lights – would be exposed as offering less benefit than their customers might be led to suppose. Publicly available research from the FSA and from Which?, the consumer's association, shows traffic lights work best to enable healthier food choices, and it is hard not to conclude that companies doggedly persisting with GDA labels are putting profits before customers' interests[3435].

The current battle of labelling schemes is perhaps inevitable under a voluntary rather a statutory approach. Does this matter? Isn't it better to have several forms of nutritional labelling rather than none? When asked, consumers are very clear that multiple schemes are confusing and unhelpful. Repeated surveys show that when people are out buying their groceries they want a single, trusted system of labelling that uses a consistent approach whatever the brand and wherever they shop. Health and consumer groups have scrutinised the evidence and conducted research and are strongly in agreement that the traffic light scheme is shown to work best for all consumers. The National Heart Forum, the British Medical Association, the Royal College of Physicians, the British Dietetic Association, the British Heart Foundation, Cancer Research UK, Which?, the National Federation of Women's Institutes, the National Consumer Council, Sustain and Netmums all publicly support the FSA scheme. It is telling that not a single health or consumer group champions the GDA scheme.

Because food labelling comes under EU law, the government cannot simply enforce the recommendations of the Food Standards Agency. But it could do much more to publicly encourage food manufacturers and retailers to adopt the FSA recommendations and support a single traffic light system across the industry. And, as the European Commission is pondering action on nutritional labelling, now is the time for the British government to show leadership in food labelling policy in Europe. If decisions are left to the Commission – at the mercy of the lobbying juggernaut of the food industry - the important progress made by the Food Standards Agency may be impeded or even reversed.

[34] Food Standards Agency. Signpost Labelling Research summary and full research reports. http://www.food.gov.uk/foodlabelling/signposting/signpostlabelresearch/
[35] Which survey of 636 people representative of shoppers in Great Britain.

The importance of cooking skills

Unless people can cook they are, by definition, relegated to diet of processed and fast food, largely high in fat, salt and sugar. Dr Martin Caraher, Reader in Food and Health Policy at City University, makes the case that improving cooking skills must play a contributing part in the solution to the obesity crisis. In particular he suggests that cooking skills should be taught to all children in schools.

Teaching cooking skills empowers people not only with the skills to prepare food but also with knowledge about ready-prepared food in the shops, thus making them cannier shoppers. The link between cooking skills and health may therefore have as much to do with people acquiring knowledge, skills and confidence, as it does with improving the nutritional quality of their meals. This applies across all social groups. Colleagues of ours have instituted cooking programmes on degree courses in nutrition on the basis that you cannot confidently give nutrition advice if you cannot cook.

> "An important step forward would be to ensure that the teaching of culinary skills is compulsory at Key Stage 3."

The capacity of even the most well-informed consumer to control his or her food intake and to follow health advice may be weakened if they cannot choose to cook and they simply have to purchase pre-prepared foods. Conversely, an absence of cooking skills means people have to rely on abstract knowledge and information on packets. Food labels, while important, should be the last line of defence in public health policy, not the only line of defence.

Better nutrition is not the only reason for emphasising cooking skills. The Pennington Report on outbreaks of E-coli food poisoning highlighted the importance of teaching food hygiene from an early age in schools. Unfortunately, the national curriculum in England and Wales has long since removed traditional home economics, which used to be the prime non-domestic source of teaching cooking skills, and replaced it with a focus on technology.

Concerns were expressed, at the time of the curriculum change, about the long-term impact on health. As a result, voluntary cooking skills classes have mushroomed all over the country under the auspices of health promotion and the voluntary sector. Many schools have also started cooking skills classes, either out-of-hours or woven into the curriculum under different guises. The government's School Food Trust, using funds from the Big Lottery, is about to set up even more out-of-school cooking clubs.

While voluntary cookery classes are useful, they rarely attract the most vulnerable: those with the worst cookery skills or with no tradition of cooking in the family. An important step forward would be to ensure that the teaching of culinary skills is compulsory at Key Stage 3, when children are aged between 11 and 14. This option was recommended to the government by its own expert body, the Qualifications and Curriculum Authority, but it was rejected, it is assumed on grounds of cost, which is deeply disappointing.

In summary, cooking skills for all children are vital because:

1. They are necessary to understand what constitutes a healthy diet. An emphasis on nutrition education without this important aspect is doomed to failure.

2. They are an important part of an empowerment process. Individuals with cooking skills can exercise control over their diet and food intake, whether by cooking and preparing their own food or by knowing/understanding the process of food preparation that goes into ready prepared foods.

Finally, support for cooking skills should not be confined to its positive effects on health issues such as obesity. In a world where food is central to our existence and identity, cooking skills are necessary for to allow people to engage fully in society.

Conclusion: What should be done now?

No public health expert now thinks the Government will meet its target to stop the growth of obesity among children under the age of 11 by 2010. Dr Mike Rayner, Director of the British Heart Foundation Health Promotion Research Group at Oxford University and Chair of the Children's Food Campaign, argues that the Government could have done far more to combat childhood obesity; and has failed to do so because of an unwillingness to take on the food industry.

> "The Government has to make a philosophical leap. It should no longer see its role as gently guiding the food industry towards more responsible behaviour, but instead as the protector of children's interests, ready to take tough action to improve children's diet and well being."

The message from the various contributors to this pamphlet is clear: obesity is the most pressing public health issues facing this, and future, generations; improving diet is vital to defusing the obesity time bomb; and much more can be done to improve the nation's diet.

In 2004 the Government set itself the target of stopping the year-on-year rise in childhood obesity in younger children by 2010. Half way through the six years in which this target is supposed to be achieved, no public health expert believes it will be. Indeed it seems likely that this target will be dropped altogether in the near future, as the Government seeks to set a more achievable objective.

So, why has the target been missed? Was it impossible ever to reach it, or could the Government have done more to stop the growth of childhood obesity? Stopping the growth of obesity among young children by 2010 was certainly an ambitious target. The rate of childhood obesity is rising across the world – in poor as well as rich nations - and no country has yet managed to stem the tide.

But the question remains; could the Government have done more to meet its target? The answer is unambiguous: yes.

To date, the Government has failed to take the steps necessary to get to grips with children's dietary health. There have been a range of major steps advocated by the Food Standards Agency, academic experts and public interest groups that the Government has consistently failed to take. And the reason for this is that the food industry won an early battle to be allowed to regulate itself.

The food industry derives most profit from the food it processes most heavily, and the most heavily processed food tends to be the unhealthiest. Farmers growing healthy, nutritious but unloved potatoes, for example, are rarely wealthy but manufacturers of fatty, salty crisps can afford multi-million pound advertising campaigns. Of course there are exceptions to this rule, but it helps to explain why, in general, industry's approach to the obesity crisis could be described as going through the following stages:

1) deny there is a problem,
2) recognise there is a problem but claim it is caused by a lack of exercise and so is not their fault, then
3) admit there is a problem, recognise poor diet is a key reason for it and then claim that they are already doing enough, and so do not need to do any more.

Against this background the Government has largely hesitated from being tough with industry, preferring to give self regulation longer and longer to show that, this time, it

might work. In 2003 Government challenged industry to change the nature of food and drink promotion to children and repeated this in the 2004 Choosing Health White Paper. However, the assessment of whether a change has taken place has been delayed from early 2007 to late 2008, and no agreed set of criteria has been published yet to decide whether the challenge has been passed. At the same time, Ofcom took almost three years to issue a consultation document on junk food advertising on television. And there were few objections when the industry-run Committee on Advertising Practice largely ignored Ofcom's rules and issued its own, much delayed, guidelines for non-broadcast junk food marketing, such as magazines, posters and some online ads.

Instead of this fudge and delay, the contributors to this pamphlet have pointed out a number of practical steps that will, together, significantly improve children's diet. The Government should:

- Introduce a 9pm watershed for junk food advertising on television;
- Introduce statutory controls to reduce children's exposure to other junk food marketing, particularly online and via mobile phones;
- Make food skills, including cooking, a compulsory element of the curriculum, so that every child leaves school knowing how to make simple nutritious meals;
- Support the Food Standards Agency's traffic light labelling model by accelerating the process of making it a legal requirement (which will mean working with other EU countries).

To do any of this, the Government has to make a philosophical leap. It should no longer see its role as gently guiding the food industry towards more responsible behaviour, but instead as the protector of children's interests, ready to take tough action to improve children's diet and well being.

No one would argue that the package of measures advocated in this pamphlet will, on their own, solve the obesity crisis. But combined they will have a number of positive effects in both the short-term and long-term.

In the short term, the changes we proposed will lead to a noticeable shift away from purchasing unhealthy food and drinks and towards healthy foods. The changes will also provide a substantial incentive to the food industry to carry on reformulating their food so that more foods are allowed to be advertised widely, and will have fewer red-light labels. Both of these effects will help to combat obesity and improve children's health.

But the long term effects are far more significant. I agree with Dame Deirdre Hutton, Chair of the Food Standards Agency, when she says that "Britain has a troubled relationship with food."[36] For many years we have been perceived as having the worst diet in Europe. In the same interview Dame Deirdre went on to say: "Although other countries in Europe are catching us up, or at least showing a trend growing the same way, we nonetheless remain right at the bottom in terms of poor nutrition and obesity."

The package of measures proposed by the pamphlet are the steps necessary to improve our relationship with food. At present most people get most of their food

[36] 11 October 2006. Reported in the Daily Mail: http://www.dailymail.co.uk/pages/live/articles/health/dietfitness.html?in_article_id=409813&in_page_id=1798

information from adverts, which are almost entirely for unhealthy products[37]. By replacing these with adverts for healthy foods, and at the same time ensuring that everyone is taught practical food and cookery skills, we could start a revolution in our food culture. Change will be slow but our proposals would start the process of giving consumers real choice over what to eat – based on knowledge, skills and confidence.

Gordon Brown has made an encouraging start to his tenure as Prime Minister. I welcome the centralisation of policy on childhood obesity within the newly formed Department for Children, Schools and Families, and the new administration's clear signal of a break with the past by insisting on a 9pm watershed for gambling adverts.

But the Government now faces a choice. Does it want to continue down our current road towards an increasingly obese nation, which the Foresight report will describe in its full horror; or does it want to take decisive action to protect and improve our nation's future health? If so, this pamphlet provides a series of proportionate and popular steps to take that will definitively shift public policy in favour of children's health.

[37] Figures from Ofcom: http://www.ofcom.org.uk/consult/condocs/foodads/