

# KARLA SUÁREZ - WRITTEN EVIDENCE (FDO0067)

## Background

1. I am Karla Suárez, a student of politics and law, who has conducted an extensive examination of the ramifications of obesity within the United Kingdom. This research has utilised written and visual material from esteemed national and international institutions.
2. These organizations include the European Commission, and the Government of the United Kingdom, among others.

## Executive Summary

3. Obesity is a multifactorial chronic disease defined by the excessive accumulation of harmful adiposity to health (WHO, 2024). Body Mass Index (BMI) is a marker that takes weight (kg) and height ( $m^2$ ) as variables. Although categories vary according to age and sex, obesity is defined by a BMI equal to or greater than  $30\text{kg}/m^2$  (WHO, 2022).
4. Elevated BMI affects biological, psychological, and social aspects of an individual's life, while also increasing the risk of non-communicable diseases (Government Office for Science, 2007).
5. Obesity is not cured it is managed. Its proper management involves a healthy and sustainable diet for all members of society. **Healthy diet:** In adults, it implies a minimum of 400 grams of fruits and vegetables daily, less than 5 grams of salt, less than 30% of calories consumed from fats, and less than 5% from sugars. In the first two years of a child's life, optimal nutrition involves breastfeeding and safe, nutritious foods. Complementary foods should not include salt or sugar (WHO, 2018).

6. Poor dietary habits, influenced by factors like the overconsumption of processed foods and alcohol, globalization, urbanization, and technological advancements, contribute to the obesity epidemic.
7. Food and beverage companies play a significant role in shaping our diets through their influence on the range of choices by affordability, availability, and attractiveness of healthy food compared to unhealthy foods.
8. International policies' approach to regulating lobbying interactions underscores the importance of transparency and accountability in policy formulation.
9. Addressing the obesity epidemic necessitated a societal perspective, encompassing initiatives aimed at reconstructing the environment through the promotion of outdoor physical activities, alleviation of traffic congestion, encouragement of cycling, and the design of sustainable communities. It is imperative to instil values about nutrition and physical activity, enact comprehensive policies, and institute measures for action at governmental, central, and local levels.

**This evidence responds to the following questions**

10. Key trends in food, diet and obesity, and the primary drivers of obesity, including the evidential base for identifying these trends.
11. The impacts of obesity on health, including on children and adolescent health outcomes, and the influence of pre-and post-natal nutrition on the risk of subsequent obesity.
12. Lessons learned from international policy and practice, and the devolved administrations, on diet-related obesity prevention.
13. The effectiveness of Government planning and policymaking processes concerning food and drink policy and

tackling obesity, including the impact of recent policy tools and legislative measures intended to prevent obesity.

14. Future policy tools that could prove to prevent obesity.

### **Key trends in food, diet and obesity, and the primary drivers of obesity**

15. A poor nutritional diet is the result of progressive habits. Causes include overconsumption of processed foods and fast food, excessive alcohol and energy drink intake, eating more than necessary, close influences on poor eating habits since childhood, and “comfort food” trends fuelled by the abundance of densely energy-dense foods (NHS Report, 2023).
16. Globalization promotes obesity. People’s food and physical activity choices are influenced by the world they live in. The food environment: availability, affordability, and the appeal of foods; the built environment: buildings, neighbourhoods, transportation systems, and other human elements; and new technologies.
17. As countries become wealthier, obesity rates also increase. The most disadvantaged sector may have enough money to acquire “modern habits associated with obesity” – such as watching television – but lacks healthcare and knowledge about healthy food and physical activity to maintain a healthy weight (Harvard T.H. Chan, 2024; Government Office for Science, 2007).
18. Urbanization and economic growth lead to predictable changes in diet known as “nutrition transitions”. As wealth and technology grow and hunger recedes, calorie intake increases, leading to overeating and obesity.
19. Labour-saving devices have reduced physical activity in many facets and decreased individual energy expenditure in society, accelerating the spread of obesity. The workforce has

been particularly affected by the transition to less active roles in manufacturing and service industries. Even in traditional jobs such as farming and agriculture, mechanization reduces energy expenditure. Regarding leisure, with the evolution of media and information technology, the amount of indoor free time spent surfing the web has been exacerbated, especially since the COVID-19 pandemic. The development of cars and mopeds has also affected the physical activity of the population. Finally, the ease of access to microwaves, washing machines, and other labour-saving devices has reduced human energy expended in household work.

20. Changes in behaviour and cultural norms influence consumer preferences. Advertising of highly processed foods directly influences food choices at the point of purchase and significantly affects the most vulnerable groups: children and disadvantaged sectors are the most susceptible to influence.
21. Sleep deprivation is directly related to obesity. People who sleep less at night tend to weigh more. Causes contributing to reduced sleep include noise pollution, artificial lighting, and nightlife in urban environments.
22. Among Western countries, psychosocial stress is a risk factor for obesity (Bennett G; Wolin, KY; Duncan DT, 2008)—insufficient income to maintain a socially acceptable minimum standard of living. Although during the COVID-19 pandemic food insecurity was reduced through the Universal Credit Grant, its removal after lockdown reversed the results. the poorest fifth of the population would have to spend 50% of their income on food to meet the cost of a healthy diet.
23. The increasing participation of women in the workforce is related to increased consumption of commercially prepared foods. In high-income countries, this is associated with a higher risk of obesity in children (Pinot de Moira, A et al., 2010; Owen

CG, et al., 2005; Arenz S, et al., 2004; Harder T et al., 2005; Eurostat, 2024).

24. Meals are provided in the school canteen and establishments near educational centres and recreational areas. The proportion of ultra-processed calorie consumption at lunchtime in the school canteen and establishments near educational centres and recreational areas amounts to 73% in primary school and 78% in secondary schools.
25. 900.000 children living in poverty do not qualify for the government's free school meals plan, depend on packed lunches, or cannot afford any meal at all. State of Nation research finds that less than 2% meet the standards and are generally less nutritious than school meals.
26. Currently, climate anxiety has affected two-thirds of the population in the United Kingdom, and the food system is a significant contributor to climate change. Meat accounts for the largest proportion of emissions associated with diets (32%). Its incision in mental illness and depressive disorders determines a link with the rising obesity rates.

### **Impacts of obesity on health**

27. Obesity involves an energy imbalance between calories consumed and expended, leading the body to store unused calories as fat (WHO, 2024). The recommended daily calorie intake for a healthy average man is 2500 and for women is 2000 (NHS Report, 2023). However, most ultra-processed foods exceed this amount in minimal servings.
28. Elevated BMI increases the risk of non-communicable diseases, especially cardiovascular diseases – the leading cause of death in 2012 –, diabetes, musculoskeletal disorders, and cancer. In children, it affects growth and development, weight,

and causes respiratory difficulties and hypertension, among others (The Food Foundation, 2023).

29. The difficulty of preventing and reversing the effects of obesity is exacerbated with age. It is preferable to treat the disease during the early years (NHS, 2022; World Obesity, 2023), as childhood obesity is associated with a higher likelihood of obesity, premature death, and disability in adulthood (WHO, 2024). Nevertheless, foods sold for children under 21 months of age contain 47% ultra-processed fats.
30. Currently, to achieve a diet in line, meat consumption and foods high in salt and sugar must be reduced by 30 and 25% respectively, while increasing vegetable and fibre intake by 50%.

## **The Food and Drink Industry in Dietary Trends and Policy Formulation**

### **a. Standards**

31. The absence of a government action framework slows down the accountability process: business transparency, control, and sales proportion.
32. The wage gap in the food sector has favoured food insecurity since January 2023, particularly among minority groups, whose likelihood of earning below a living wage is three times higher in this sector (ShareAction, 2023). The absence of governmental action and willingness exacerbates inequality of conditions. A living wage is especially indispensable in periods of inflation as it directly promotes the purchase of cheaper, less nutritious products.
33. Eating healthy is essential for physical and mental health. Therefore, there is a directly proportional relationship with the contraction of diseases due to poor nutrition and mental disorders.

34. The absence of a legislative regulatory framework ensuring transparency of menu caloric content increases public ignorance.

**b. Affordability**

35. Recent events have forced high input costs that have reached record levels of inflation in prices (The Food Foundation, 2023). The relationship between price and economic capacity of different sectors plays a determining role in food choices people buy or choose when eating out. Rising food prices have exacerbated the difficulties faced by a large portion of the population to eat healthy and sustainably, as these foods are twice as expensive per calorie as unhealthy foods (The Food Foundation, 2022). For example, between March 2021 and April 2023, infant milk formulas experienced an increase from 24 to 45%, and plant-based chicken alternatives were 27% more expensive.

36. More than 27% of multiple purchases are in HFSS foods and beverages, 21% in meat and dairy products, and only 4.5% in fruits and vegetables.

**c. Availability**

37. Respectively, increasing the visibility of foods at the ends of aisles increases sales (Hawkes, 2009), and there is a positive correlation between availability and sales of vegan and vegetarian meals in restaurants.

38. However, over half of the restaurants assessed in the State of Nation report exceeding 50% of the daily salt intake. In particular, pubs constitute the least healthy sector and exceed 50% of saturated fats, sugar, and salt.

39. Proximity to fast food outlets is associated with increased fast-food consumption and increased body weight. Currently, in the UK, there is 1 outlet per 1200 people. This average ratio is much higher in the most disadvantaged areas of the country:

21% in the least disadvantaged local regions, compared to 31% in the most disadvantaged. 1 in 4 places to buy food are fast food outlets.

40. The number of online food delivery outlets is 50% higher in the most disadvantaged neighbourhoods. Food ordered online increased with deprivation (Keeble et al., 2021). Since food deliveries tend to be more energy-dense and less nutritious, their higher prevalence in disadvantaged areas of the country will further exacerbate health inequalities.

#### **d. Appeal**

41. Its impact is studied through marketing and product development.
42. Advertising of highly processed foods through social media, digital and physical mediums is particularly detrimental. Nowadays, less than 1% of advertising spending is dedicated to fruits and vegetables.
43. Multipurchase offers: "buy one get one free" (BOGOF) or "3 for 2" although reducing the cost of the product, generally leads to buying more than expected. Considering that 21,5% of multi-purchase offers are for meat and dairy products, compared to 4.5% for fruits and vegetables, and 2.2% for plant alternatives (Questionmark Foundation, 2023), these purchases indirectly influence obesity rates as food portions exceed those recommended by the Government (Eating Better, 2022).

### **Lessons Learned from International Policy and Practice, and Decentralized Administrations in Prevention**

44. Sustainable Development Goals 2030 and the second political commitment of the United Nations HLM on Universal Health Coverage, establish 7 priority actions in the identification of obesity. These actions include high-level political commitments and investments, leaving no one behind



regardless of race, gender, age, nationality, or ability; investment in health sector workers; improvement in surveillance and data collection of disease prevalence; increasing public health funding, and strengthening accountability mechanisms. The goal is to ensure social, commercial, and environmental determinants of health, thereby increasing the effectiveness of treatments (World Obesity, 2023).

45. In the European Union (EU), decentralized administration allows for strict regulation of lobbying interactions between parties. Interactions must be registered in the European Commission's Transparency Register before they can participate in any meeting with EU officials. The UK should learn from this system to improve transparency, accountability, and how it affects policy formulation, whose indirect effects impact obesity rates.
46. Similarly, the Eiweet method in the Netherlands allows for measuring and monitoring absolute protein sales, determining sales transparency and goals in supermarkets.
47. Plant-based alternatives to meat and dairy have significantly reduced their price in the Netherlands, becoming cheaper than these animal-based products (ProVeg, 2022). In Germany, prices have equalized (Vegconomist, 2023a). In contrast, the UK still maintain higher prices by 32%.
48. The active promotion of healthy lifestyles ensures a world free from malnutrition in all its forms (World Obesity, 2024). In Mexico, the agreement for food health and the anti-obesity law establishes a minimum of 30 minutes of exercise during the school period, as well as avoiding the consumption of high-fat and simple sugar foods in school cafeterias.

49. The PABI code in Mexico promotes the creation and broadcasting of advertising for food and non-alcoholic beverages.

### **Effectiveness of current tools**

50. The prevention and control of obesity is a joint effort, involving civil society, the business sector, and governmental intervention. Faced with price inflation since July 2021, exacerbated by the UK's exit from the EU and the Russia-Ukraine conflict, achieving a healthy diet demands an increasingly higher price, which only serves to increase inequalities among the most disadvantaged sectors.
51. So far, Government measures include prevention research initiatives through the promotion of healthy lifestyles and the prevention of chronic diseases. For example, the British Medical Association's Science Board (BMA) produced a policy report on nutrition in early life and its effects on adult health, including predisposition to obesity (Government for Science, 2007).
52. Voluntary adherence policies aim to re-educate civil society. However, as the obesogenic environment continues to grow, the consumption of ultra-processed foods (UPF) will continue to increase. Voluntary adherence, combined with the absence of public scrutiny and government regulation, allows OOH food sector companies – catering, restaurants, and fast-food services – to remain under the radar. Guidelines on the nutritional content of foods targeting children and infants allow for the absence of limits on salt and sugar content. Although the Food Foundation's Children's Food Guarantee provides a route of actions that retailers must take to ensure children can eat well during the cost-of-living crisis and thus avoid lasting damage to their health and well-being, 1 in 5 children in England are starting school overweight.

53. Advertising significantly contributes to normalizing unhealthy foods in society. It reliably influences children's food preferences and purchasing habits, increasing their calorie consumption. Additionally, individuals from lower socioeconomic groups are more likely to be exposed to this type of advertising than those from higher socioeconomic groups. The UK Government recognized the harmful influence of advertising in its 2020 Obesity Strategy, and subsequently passed legislation to restrict the advertising of high-fat, salt, and sugar (HFSS) food and beverages online and on television before 9 p.m. Nevertheless, it has since delayed the implementation of these policies.
54. The slowdown and voluntariness of current policies do not constitute a solution to obesity. Regardless of the Food Data Transparency Association (FDTP) announcement of the Government's Food Strategy for 2022, progress falls short of the necessary scope and speed. The reduction of the health department's workload and the delay until 2025 in implementing policies such as the ban on volume promotion of HFSS and HFSS restrictions, mean that the FDTP health working group has not yet agreed on a coherent approach to monitoring and reporting (Quinn, 2023).
55. According to the FDTP, a good indicator of how healthy and sustainable business portfolios are is the balance of products sold by companies. Companies that report and set goals follow three labels: the percentage of sales from HFSS foods, fruits and vegetables, and types of proteins, both animal and plant-based. In 2023, none of the companies investigated by the State of the Nation study met the first requirement.
56. Currently, the disclosure of health and sustainability performance is inconsistent and irregular. A lack of knowledge prevents investors from understanding the sector's

implications and accurately comprehending which goals are being pursued (ShareAction, 2021).

57. In 2022, obesity-related conditions reached £60 million, including costs for the National Health Service (NHS) and the cost of social care, lost productivity, and workforce inactivity (Frontier Economics, 2022). Reduction is not expected; on the contrary, estimates suggest a rise of \$800 billion annually by 2035, equivalent to 2.6% of the region's GDP at that time (World Obesity, 2024). Even currently, the Institute for Public Policy Research (IPPR) reported that 2.5 million people are economically inactive due to long-term health reasons, with a significant portion experiencing issues stemming from diets (IPPR, 2022).

### **Recommendations on future policy tools**

58. The obesity epidemic cannot be prevented by individual action and requires a societal perspective. The reconstruction of the environment is necessary: actively promoting outdoor physical activities – reducing traffic congestion, promoting cycling, designing sustainable communities –, educating values regarding food and physical activity, integrating policies that understand the population and governmental, central, and local action measures, as well as industry, communities, families, and society as a whole. Obesity is a joint action that requires changes at multiple levels: agreements between government, science, industry, and civil society (Government Office for Science, 2007).
59. Public determination of the healthy diet from which policy shaping must be interpreted. Starting with the reduction of proportions and multi-buy offers for market benefits, policies must be redirected for individual benefit.

60. The construction of a legal framework allows for the regulation of marketing policies that must be mandatory to ensure business transparency. Bans on advertising high-fat, high-sugar, and high-salt foods must be established. Obesity prevention begins with being overweight. Therefore, due to the 64% rate among adults, it is imperative to advance the ban on advertisements for HFFS food before 9 p.m., postponed to October 2025.
61. Due to contemporary interconnectedness, redirecting the focus of advertising to healthier and more sustainable foods, such as fruits and vegetables, legumes, and whole grains, will have an amplified impact. It is necessary to eliminate the tax subsidy for television advertising that markets unhealthy foods.
62. Restriction of spaces and relocation of unhealthy foods in establishments facilitated access to fresh and densely energetic foods.
63. Regulation and standards for the opening of fast-food outlets.
64. Lobbying interactions must be registered in a Transparency Register before parties can participate in any meeting with relevant officials.
65. Re-evaluation of taxes should favour sales of healthier foods, simultaneously distinguishing from production to market availability HFSS and NPM foods.
66. It is also important to strengthen protection mechanisms in the policy formulation process to prevent negative impacts on industries.
67. Promoting healthy diets must start from an early age. School initiatives aimed at re-educating in cooking must be mandatory, as well as teacher training. Similarly, setting food standards in school cafeterias and nearby establishments at significantly reduced free prices is necessary to prevent the

- production of a lunchbox within the most disadvantaged families.
68. Government support should be redirected to the production of plant-based meat alternatives and products with a better nutritional profile at lower or equal prices to less healthy foods, to promote increased consumption of lower-carbon foods.
  69. Support for households during the cost-of-living crisis is imperative. Although the cost has gradually slowed, the price of an adequate diet has increased by 29% since 2022 (The Food Foundation, 2022). According to the Food Foundation, half of the surveyed households experiencing food insecurity reported reducing their vegetable consumption (The Food Foundation, 2023). Re-implementing universal Credit granted to the most deprived areas during the COVID-19 lockdown would be a determining factor in food choices for low-income families.
  70. Establishing standards that prohibit inappropriate promotion of foods for babies and toddlers and making low-sugar options available in key food categories for children to the public.
  71. A benefit system based on the price of essential foods. The price of foods and beverages should be in line with the nutrient profiling score category.
  72. Lastly, accountability in achieving health and sustainability goals through mandatory reporting will allow both investors and society to understand the risks facing the food system. Comparing objectives, commitment, and progress of companies. Mandatory reporting should be fundamental to the FDTP process; otherwise, the FDTP risks becoming another ineffective voluntary framework.

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