

# Sugar Smart Island

## Report of the debate and action plan

### 1.0 Introduction

Many of us are consuming too much sugar, especially children<sup>1</sup>. Diets high in sugar can contribute to excess calorie consumption which, if sustained, leads to weight gain and obesity<sup>2</sup>. Obesity is associated with a range of social and health problems including type 2 diabetes and cardiovascular disease as well as psychological and social problems such as stress, depression and bullying. There are substantial economic costs too. The annual cost of obesity is estimated at £27 billion<sup>3</sup>. In the UK more money is spent on the treatment of obesity and diabetes than the police, fire service and judicial system combined<sup>4</sup>. High levels of sugar intake also increase the risk of tooth decay and is another significant cost to the NHS and families<sup>5</sup>.

### 1.1 Sugar Recommendations

The Scientific Advisory Committee on Nutrition (SACN) published new recommendations on sugars in 2015<sup>6</sup>. Free sugars, the ones we want to cut down, are added to foods by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups and unsweetened fruit juices.

SACN recommends that the average population intake of free sugars should not exceed five per cent of total dietary energy for age groups from two years upwards, and that the consumption of sugars-sweetened beverages should be minimised in children and adults. This is about 30g (six teaspoons) of added sugar a day for those aged 11 and over.

This amount is less for those who are younger. It's suggested those aged seven to ten should have no more than five teaspoons (24g) of added sugar and four to six 4-6 year olds should have no more than four 4 teaspoons (19g) of added sugar each day<sup>7</sup>. A recommendation is to avoid giving children under five years ~~5yrs~~ avoid sweet snack foods and only offer water or milk to drink.

### 1.2 National policy and action

Government policy recognises that obesity is complex with many drivers including our genetics, behaviour, environment and culture and is focused on providing an overarching approach to combatting the multiple causes of obesity. However, at its root obesity is caused by an energy imbalance: taking in more energy through food than we use through activity.

-'Healthy Lives, Healthy People: A call to action on obesity in England' in 2011 set out the government's ambition to achieve a sustained downward trend in the level of excess weight in children by 2020 and a downward trend in the level of excess weight averaged across all adults in 2020. The main components to this approach include empowering individuals, giving local government the lead role in driving health improvement, building the evidence base and giving partners the opportunity to play their part. The call to action recognises that there is 'no one size fits all' to helping people reach or maintain a healthy weight. It suggests local areas are best positioned to develop a locally tailored strategy and to create evidence-based intervention to meet the needs of the community.

The 'Childhood Obesity: A Plan for Action' (2016)<sup>8</sup> sets out national and local measures to address childhood obesity. The measures include a soft drinks' levy; working with manufacturers to reduce sugar by 20 per cent in products; supporting innovation to help businesses make their products healthier; development of a new framework to help families recognise healthier choices; making healthy options available in the public sector; supporting the cost of healthy food through the Healthy Start scheme; and helping children to enjoy an hour of physical activity every day.

Public Health England published 'Sugar Reduction: the evidence for action'<sup>9</sup> in 2015. The report highlighted the change in our relationship with food over the last 30 years including how we shop, where we eat and how food and drink is produced. It purports that no single action will be effective in reducing sugar intakes, suggesting that implementing a broad, structured programme of parallel measures is needed to achieve meaningful reductions across the population. Different mechanisms in reducing sugar intakes were explored which included reducing the impact of influences that increase consumption (-price promotions in retail outlets, advertising, sponsorship), reducing the sugar content of food and drinks and supporting people in making healthier choices through information and education (-buying standards in the public sector, providing practical steps to help people lower their own and their family's sugar intake).

### 1.3 National and local picture

#### Obesity

Nationally nearly a third of children aged two to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. The Foresight report - Tackling Obesity<sup>10</sup> - forecasts that by 2025 40 per cent of Britons will be obese and by 2050 Britain could be a mainly obese society.

On the Isle of Wight nearly a quarter of Reception year children (aged four to five years) and a third of Year 6 (aged ten to 11 years) are overweight or obese. By adulthood, two-thirds are overweight or obese on the Isle of Wight. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight<sup>11</sup> and are more likely to get heart disease<sup>12</sup>. Although the levels of obesity are similar

to the England average, the prevalence of recorded diabetes on the Isle of Wight has increased from 5.7 per cent in 2010/11 to 6.6% per cent in 2014/15 and remains statistically higher than the national average (6.4 per cent).

### Oral health

Consumption of foods high in sugar can lead to tooth decay. Oral diseases are largely preventable and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. Prevention of dental disease needs to start early in life to lay the foundation for a lifetime of good oral habits and health<sup>13</sup>.

While children's oral health has improved over the past 20 years, almost a quarter (24.8 per cent) of five year olds still had tooth decay in 2014 in England. On the Isle of Wight 26.4 per cent of ~~five~~5 year olds examined had signs of decayed, missing or filled teeth<sup>14</sup>.

### 1.4 Sugar Smart on the Isle of Wight

A Sugar Smart Island initiative was proposed and developed by the Isle of Wight Council Public Health ~~I~~team in response to the prevalence of obesity in children and adults, prevalence of tooth decay in children on the Isle of Wight and national policy. Sugar was chosen as the focus of the debate because it has been discussed in relation to ~~g~~Government policy and the existing Brighton and Hove Sugar Smart campaign identified sugar as a good focus for public attention and more salient than using obesity or healthy diet as a focal point.

Following the national Sugar Smart campaign the Isle of Wight Council decided to consult with the public to find out their views on sugar consumption and to examine ways of reducing sugar consumption and encouraging healthy lifestyles.

The Sugar Smart Island initiative encompassed two approaches. Firstly the stimulation of a debate through a survey and secondly developing responses to the debate in the form of projects which reflect the views and concerns of Island residents.

#### The aim ~~\_~~is:

~~t~~To raise awareness of the impact of sugar consumption on health and to develop strategies to promote healthier choices.

The objectives are to:

- engage the council, local schools, leisure centres, food outlets, retailers and others in sugar reduction;
- elicit views on where and how action on sugar should be taken;
- increase the general awareness of sugar in food and drink and the ways people can modify their intake;

- engage residents and outlets in conversation about an optional sugar levy;
- engage residents and retailers in discussion about healthy choice provision.

## 2.0 The Sugar Smart **s**Survey

### 2.1 Methods

A mixed method research design was used consisting of surveys and interviews to elicit the views of the local residents about sugar and healthy eating. This methodology was used in order to gather a range of quantitative and qualitative data that would provide a sound overview of the views and opinions of Island residents. Public Health posted an online survey and conducted a number of semi-structured interviews about people's views at public events run by 'My Life a Full Life' - the ~~project organisation~~ developing new models of care on the Isle of Wight. Public Health representatives also engaged with students undertaking a BTEC Health and Social Care level 3 at a local secondary school and a variety of experts and agencies working with local people. These included hospital consultants; a public health GP; occupational health practitioner; public health practitioners; and representatives for teachers, councillor, school nurses, ~~the c~~Chamber of commerce, hospital and schools catering and community groups.

#### The **s**Survey

Two hundred and ninety four people took part in an online survey. Due to cuts in the council budget and taking into account people's views on how public money is spent it was decided that there would not be paper copies of the survey. However, to ensure that the circulation was as wide as possible the survey link was circulated via local press (County Press), the local radio station (Isle of Wight Radio) and various settings including libraries, the Job Centre and family centres where staff promoted the survey.

#### Interviews

Nineteen interviews were conducted at public events run by [My Life a Full Life](#). These were undertaken using an interview agenda asking people about barriers to eating healthily and changes they think could help people make healthier choices.

## School visit

A visit was arranged to meet students undertaking a BTEC course in hHealth and sSocial cCare who were running a health promotion campaign on encouraging healthy eating to talk about a survey they were undertaking. The students agreed to share the results of their survey with the sugar smart team. We are currently awaiting results.

## Presentation to anti-poverty group on Sugar Smart Island

A presentation on Sugar Smart was given at the Job Centre to a group of agencies working/-supporting people on limited incomes. These included the Citizens Advice Bureau, family centres, Department of Work and Pensions and a -fFuel pPoverty gGroup. [Change4Life Sugar Smart](#) children's packs were distributed and links to Sugar Smart resources and [One You resources](#) were given to the anti poverty group.

## Health and wellbeing events

At health and wellbeing events we spoke to people about the issue of sugar and gave out Ssugar Ssmart packs to parents and children. The packs included information about the amount of sugar in popular food, as well as links to the National Sugar Smart apps and social media links.

## 3.0 The rResults

### 3.1 The sSurvey rResults

The survey ran for a period of two months from -October to December. The survey was based on the survey carried out by Brighton Council with two additional questions. -It was a short survey which limited the detail of the responses -this was because it was thought that it would be quicker for the public to fill in and would be inclusive of people with a range of literacy levels. However, it was considered that the survey questions were valid and reliable. A possible threat to validity was that the survey may sample people's attitude to healthy eating in general rather than specifically on sugar.

### 3.1.1 Are residents concerned about sugar?

When those taking part in the survey were asked “Are you concerned about the amount of sugar in food and drink?” - **83 per cent** of respondents said they were either very concerned or fairly concerned.

One **p**erson said:-

—“The initiative is a good one as we all need to ensure more fruit and vegetable to children and adults as snacks rather than sweet goods. Educating people about the risk of disease from increasing sugar consumption is needed.”

**Two per cent** were not concerned at all:

“Stop mollycoddling people. People have their own mind. If they can’t educate themselves it’s up to them...”

**Eleven** per cent were neither concerned nor unconcerned and **four** per cent were fairly unconcerned.

### 3.1.2 Should we take action on sugar?

The majority of respondents (**76 per cent**) thought action should be taken to help people on the Isle of Wight reduce their sugar intake.

“I really hope this initiative is successful and like the use of ‘Sugar Smart.’”

“It is really important to take action now before the problem escalates.”

**Twelve** per cent said no action should be taken and **12 per cent** said they didn’t know.

“I thought we lived in a democracy not a nanny state.”

In open comment boxes the following themes were captured regarding action on sugar:

### **Public sector austerity**

Some respondents highlighted their concerns about investing in such programmes at a time of financial constraint across the public sector. To counter this point the wider longer-term economic benefits of investing in a public health programme such as the Sugar Smart initiative need to be made clear along with defined, measurable outcomes.

“Given the financial constraints of the Council and the difficult choices it has to make, speculative investment in initiatives without tangible, measurable, outcomes must be avoided at all cost.”

### **Individual's Responsibility**

Respondents highlighted the need for individuals to take responsibility for their own health and that of their families.

“The responsibility is with the individual and parents to control their intake for their children and it is not somebody else's responsibility.”

There were concerns that such an initiative would not reach all residents of the Isle of Wight.

“In any case the people you will engage in any sugar smart initiative will be predominantly middle class and well aware of what the score is without you.”

“Is the message about sugar going to reach the right type of people that need to eat healthier and exercise?”

### **Balanced Diet and Physical Exercise**

Respondents commented that the initiative should be wider than just 'sugar' to emphasise a need for a balanced diet and physical activity.

“Please do not focus on purely sugar, it should be part of a naturally balanced diet and confusing messages get over hyped by the media. If you actually want to make a long lasting impact on the Islands health you need to focus on a whole healthy diet with clear information, encouragement and motivation.”

“Must be matched with other healthy messages, like exercise.”

### 3.1.3 What action should be taken, if any?

Respondents were asked how strongly they agreed or disagreed with a number of statements:

#### *Information on how sugar affects my health*

**Forty six-46 per cent** of people agreed or strongly agreed that they needed more information about how sugar affects their health. **Twenty20 per cent** neither agreed nor disagreed and **34 per cent** disagreed.

“We just do not know how to easily gauge the hidden sugar content of many per packed foods even when trying to eat healthily.”

“The hidden sugar in food and drink needs to be highlighted. We all know how sugary fizzy drink is, but what about the sugar added to processed food. Cook in sauce jars, ready meals, and flavoured yogurt all contain more sugar than is good for us (if we consume all those things in one day.)”

#### *The role of food outlets*

**Eighty nine89 per cent** of respondents agreed or strongly agreed that food outlets should make healthier options more available and more attractive.

“Influence businesses and shops to stop selling sweetened drinks, cakes, etc.”

“I see often more healthy foods and drink are more expensive.”

**Six6 per cent** neither agreed nor disagreed and **five5 per cent** disagreed or strongly disagreed.



### ***Availability of sugary drinks***

**Eighty80 per cent** agreed that fewer sugary drinks should be available in places like towns and leisure centres.

“Ban sweet machines/sugary snacks in leisure centres as it rather defeats the object of getting fit.”

“Start with councils own establishments e.g.; leisure centres – have never found anything I regard as healthy and appealing to eat there.”

“There are lots of places to buy holiday treats like ice cream. I am concerned that Islanders consume that sort of food more frequently.”

**Eleven14 per cent** neither agreed nor disagreed and **nine9 per cent** disagreed or strongly disagreed.

### ***Special offers on sweet foods at checkouts***

**Fifty six56 per cent** agreed that special offers of sweet food should not be placed near check outs.

“.....supermarket always has shelves with loads of really sugary and cheap food like doughnuts that you have to walk past to get to the check out. They could put seasonal fruit and veg offers instead with some recipe ideas that would encourage me to shop there more often.”

**Eight8 per cent** neither agreed nor disagreed and **seven7 per cent** disagreed or strongly disagreed.

### ***A voluntary levy on sweetened drinks***

**Sixty one** ~~61~~ **per cent** said they would support a voluntary 10p levy on sweetened drinks.

“Make a levy mandatory rather than voluntary.”

**Twelve** ~~12~~ **per cent** neither agreed nor disagreed and **27 per cent** disagreed or strongly disagreed.

There were a variety of comments by respondents regarding the levy. Some respondents said the levy should be on manufacturers, targeting energy drinks and banning artificial cancer causing additives in our food and drink. While others questioned the evidence base for tax levies and said it is unfair on those who are sensible and treat themselves. Some said it should be down to national government to implement. Others said it would cost more to implement and one respondent highlighted sugars in carbohydrates which also affect tooth decay but cannot be taxed.

### ***Children: Schools and clubs***

**Ninety two** ~~92~~ **per cent** of residents agreed children should be encouraged by schools and clubs to reduce sugar intake.

“Education needs to start at a very young age so get the message into school/pre-school and youth organisations.”

“.....making children aware to reduce sugar intake at school is probably the best way to ensure the next generation make the right choices.”

“More education in school and examples shown on displays. Information given to parents.”

**Five** ~~5~~ **per cent** neither agreed nor disagreed and **three** ~~3~~ **per cent** disagreed or strongly disagreed.

### ***Television ~~a~~Advertising***

**Seventy eight** ~~78~~ **per cent** of people said that advertising sweet food products on children’s TV should be stopped.

“Sugary products should not be promoted to children, children’s TV, schools etc.”

“I think there are too many toys for kids that involve sweets and chocolate ‘..... sell stacks of these and there are adverts everywhere and on YouTube for them.”

### 3.1.4 Comments regarding the Sugar Smart Island initiative

Respondents were invited to feedback their comments regarding the Sugar Smart Island initiative. The comments received have been themed into categories.

#### Education

The delivery of education across the life-course, to parents and the general public about how sugar affects health was a common theme.

“I feel education is key at all levels.”

“Education of children through to adults encouraging them to limit sugar intake.”

“Also, kids need to learn more about food at school so they can be healthy adults.”

“Everyone including parents need to be educated as a preventative measure against disease and illness including cancer.”

“Children will only have access to whatever their parents allow them to have so the target group for this should be parents and not children.”

Respondent’s highlighted the need for clear information on the hidden sugars in foods, how to read nutritional labels and cookery lessons.

“Education in schools regarding sugar, cooking classes.”

“This should not just be an island initiative it should just be taught and expected that people will make informed choices, there needs to be better access to simple cookery classes to help those who have never been taught.”

## **Place: The setting**

Linked to education, the role of various settings including schools, supermarkets, employers, local shops, hospitals, eateries and leisure centres were identified as key players in educating, influencing and changing behaviour of local residents. Settings such as supermarkets were identified as potential barriers to rolling out an initiative. Overcoming these barriers will need to be addressed in the recommendations.

### **Schools**

“In schools: healthy eating lunch box policies, limiting sweet puddings, free fresh fruit and vegetables for key stage two and beyond. Not rewarding with sweets in schools. Stopping sweets given out to class by each child for Birthdays - now the done thing - book for library or non-sweet gift instead. Healthy snacks on sale at discos and school fundraising. More healthy cooking clubs for children and parents. Put food technology back on the national curriculum. More education for parents about safe sugar limits for children and themselves -...”

“I am involved in the PTA and we often sell sweets and candy floss, ice-cream etc at events - they are very popular and always help us make money, but I feel concerned about encouraging children to have more sweet stuff.”

“School dinners should not be serving cake, biscuits or shortbread for dessert.”

### **Leisure centres**

“Leisure centres need to offer healthy snacks. The Heights cafe on a Saturday is never open and all the children going for their healthy swimming lesson have sweets from the vending machine after. Such a wasted opportunity. Please think about situations like this. A healthy vending machine will be used if no sweet filled alternative is there.”

“I have noticed that particularly in leisure centres (the Heights) that the café and vending machines stock fizzy drinks and sugary snacks. I find it shocking that in a fitness centre there are no healthy options for food and drink.”

### **Employers**

“Are employers and occupational health supporting this initiative?”

### **Eateries**

“I would argue that there is a need for a wider campaign to promote healthier options in food outlets across the island. It is very difficult, nigh on impossible to go to a pub (for example) and be able to choose a healthy dish.”

### **Supermarkets/~~s~~Shops**

“You need to consult local supermarkets and other places where sweets are sold.”

“It’s a great opportunity to test a policy on this; however the difficulty will be getting the big brand supermarkets to do something differently down here.”

“Tesco in Ryde, at the store entrance, are offering a free piece of fruit for children. That is an excellent idea.”

### **Affordability and ~~c~~Choice**

A common theme ~~t~~ was regarding the affordability of healthy foods and the availability of healthy food. Some respondents commented that fatty foods were far more readily available than healthy alternatives.

“Bugbear is it cost a lot more to buy healthier food in supermarkets than .normal foods ~~-~~ there should also be something to parents.”

“I recently received healthy lunchbox ideas from my sons school with healthy ideas all of which would cost more than my average shop which I can't afford and my 5 year old will not consider humus and carrot sticks as a lunch option which was suggested.”

“Often sweet foods are cheaper than the healthier alternatives which doesn't encourage people on lower incomes to eat healthier foods. Eating healthy is more expensive than eating rubbish sugary foods.”

“I think it is criminal that it is cheaper for me to feed my family calorie, sugar laden food rather than healthy foods. Fruit and veg are soooooo expensive.”

### **Social norms**

Social norms were identified as another theme for influencing behaviour around food with several respondents identifying the expectations of others in their social group putting pressure on them to comply. Some respondents focused on the impact of children learning behaviours from their parents, peer pressure and rewards.

“Children follow their parents and the obsession with chocolate as a reward for a bad day is deeply rooted.”

“It’s very hard as a parent to encourage healthy eating without looking like the mean parent.”

“I hate that in my daughters school children bring in sweets on their birthdays for every child in the class, and hand them out at the end of the day - with 30 children in the class that’s a lot of sweets over the year! I want to say something, but I feel like the mean Mum and I don’t want my daughter to be singled out by not doing it when other children do.”

The link between sugar and emotional health was also identified.

“Sugar is an addictive substance and a great treat and a comfort when stressed.”

### **Local/national role**

Respondents identified the role of national government action in tackling sugar.

“This should be left to national government. Lobby government, yes; but act locally that will have an impact and be led by the evidence.”

“This needs to have national backing as well as a local initiative.”

### 3.2 The interview findings

The aim of the interviews was to explore respondent's dietary habits and identify facilitators and barriers to improving their diets. An interview schedule covering a range of questions guided the interview process.

#### Sugar ~~L~~Levy

When asked about their ~~v~~views about the implementation of a sugar tax by the national government on soft drinks the majority were supportive and two thought that the tax should be extended to ~~c~~cakes and biscuits. One, however, said it might seem a bit 'nanny state' but still viewed it as a good idea. Several participants said that they thought it was particularly important to prevent children from consuming and becoming use~~d~~d to high sugar and high fat foods.

"It is good but it doesn't go far enough, they should put it on cakes and biscuits."

However, there were some respondents who felt the levy would not make any difference to people's buying behaviour.

"It won't make any difference ~~e~~."

"It's only on fizzy drinks so I don't think it will make any difference people will just switch to a cheaper brand."

#### Factors influencing consumer buying behaviour

The main themes influencing consumer buying behaviour were cost (affordability), taste and the impact on health.

Eleven of the respondents viewed cost as a factor in their decision when purchasing food. In terms of the cost of food ten respondents cited the cost of fruit and vegetables as a barrier to eating healthily while two respondents said that they did not view fruit and vegetables as expensive.

Food variety and the time it takes to prepare the food were also identified by respondents as factors influencing buying behaviour.

### **Health literacy: nutrition labels**

There was a mixed response when respondents were asked if they read food labels to find out what is in their food. Three people said that they always read food labels while the others said that they did most of the time. There were two respondents who said that they never look at food labels. All the respondents were aware that fruit and vegetables or a balanced diet was healthy.

### **Impulse purchasing**

The majority of respondents said they plan their food shopping but will sometimes buy on impulse while shopping. Factors influencing impulse purchasing included promotional offers or trying something new.

“Sometimes I get caught out by chocolate at the end of rows on offer. I think I will have one then two if it’s on offer.”

“Mainly [I plan], sometimes I try something new.”

The reasons why respondents planned their shop included planning for recipes and for budgetary reasons.

### **Knowledge about hHealthy fFood**

When asked about their perceptions of healthy food, all the respondents cited fruit and vegetables and some suggested a balanced diet as healthy. When asked “*what do you view as a balanced diet?*” there were a variety of replies all suggesting that food variety was important.

“Well, a mixture of things like protein and grains and some fat, a little fat.”



Respondents did indicate that eating 'healthy food' had beneficial health impacts and made them feel better - several stated that they felt more energetic. Further exploration is required to provide insight into the level of dietary knowledge that people have.

### Portion size knowledge

All participants said they knew what a portion was although two said they were sure that they gave themselves and their families slightly too large portions. However, during the interview process there was no way of measuring the size of the portions respondents were referring to. Therefore, further exploration is required to provide a measurable way of evaluating portion size knowledge.

"Well I do have a good idea what a portion size is but I don't always stick to it."

Another said that she had learned about portion size through being a member of slimming world. She said:

"I realised that I was giving myself way too big portions, and once I started cutting down and saw the effect (losing two stone) I make sure that I keep to the right amount."

### Barriers to eating healthily

Residents gave a variety of responses to the question about barriers to eating healthily. Some people saw the cost of fruit and vegetables as a barrier while others referenced advertising and the placing of food in supermarkets. Other factors cited by respondents were parental attitudes to food, the physical addiction to sugar, the availability of fast food, lack of education and the amount of time that people have to cook.

"I get fed up about people talking about cost it's cheaper and healthier to have an apple than a packet of crisps. It's all about education isn't it?"

"I think a lot of it is upbringing what you are used to eating, like I was brought up never to leave an empty plate."

## **Pre-prepared and homemade foods**

When asked about the amount of food preparation they usually undertook the responses were mixed. The majority of respondents said they brought some pre-prepared ingredients such as pasta sauce and tinned soups. One respondent said that she made all her sauces and soups and never brought ready-made meals while another said they always ate take-away food as they were not interested in spending time preparing food. Several people said they would cook more but didn't have enough time and several said that they couldn't be bothered.

## **Treats**

Some research studies exploring the reasons people are overweight or obese have indicated that there is a propensity for people to eat for reward or for comfort<sup>15</sup>. Advertising companies also use classical conditioning approaches to create positive associations with foods and drinks that they are advertising. Therefore a question was asked about what types of food people viewed as a treat or a reward.

Respondents mainly chose unhealthy treats such as chocolate, cakes, crisps and take-aways. One participant said that fruit salad would be a treat.

## **Mental wWellbeing and food**

There is further evidence that psychological factors play a part in obesity. A systematic review of obesity and mood disorders indicated that there was a positive correlation between them -; this is not necessarily causal but suggests that there is a link between negative mood and obesity<sup>16</sup>.

With one exception all participants said that they ate when they were in a negative emotional state and that their tendency was to eat sweet foods. The 11 participants who said that they do eat when sad, angry or bored all said that they ate sweet things like chocolate or cake. Several people pointed out that advertisements often associate sweet foods with treats and rewards or as a mood enhancer.

## **Advice to promote healthy eating**

The most common theme when respondents were asked if they can think of any advice that would help to promote healthy eating was education.

“It’s education, education, education.”

“Education, you need to make sure that there is education about it.”

#### **4.0 Conclusion**

Excess intake of sugar is central to two key health issues – obesity and oral health. In response to local statistics on weight, government policy and the national direction of tackling sugar, the Isle of Wight Council Public Health Team invited local residents to take part in an online survey and interviews to establish their views on sugar and healthy eating and what actions should be taken (if any) on the Isle of Wight.

The majority of respondents were concerned about the intake of sugar and supportive of action being taken to help people reduce their sugar intake. This provides a clear mandate for local action. However, concerns about the longer term economic impact of implementing preventative programmes need to be publicised and clear measurable outcomes of the programme need to be established.

Reflecting the views of local residents, the Sugar Smart Island initiative could incorporate action on the following:

##### ***Individual’s responsibility***

The Sugar Smart Initiative should empower individuals to make an informed choice. Individual and parental responsibility was a theme that resonated with a number of respondents.

There were a number of factors identified that influence an individual’s choices. These included education, the environment where food/drink is consumed/promoted and the price and the promotion of food/drink.

##### ***Education across the life-course***

Education was identified as essential to raising awareness of sugar, the impact it has on health and how people – young and old – can reduce their intake and avoid ‘hidden’ sugars. Respondents were also in favour for the initiative to be wider than just sugar emphasising the need for a balanced diet and physical activity.

There were a number of suggestions put forward as tools to educate and to provide opportunities to eat more healthily: cookery lessons for those who have never been taught (face-to-face and online via YouTube), health promotion days, a pop-up **S**sugar **S**mart shop or mobile unit, promotional stands in supermarkets, apps to understand and interpret nutritional labels, and community growing schemes in housing estates.

### ***Place (settings)***

There were a number of settings in the environment identified that could influence the amount of sugar consumed. –These included: pre-schools; schools; youth organisations; leisure centres; hospitals; employers; eateries; supermarkets and local retailers.

There were a number of ideas put forward including the following:

Schools: Reviewing sugar in school dinner menus, nutritional education, undertaking education ‘sugar aware’ events, school food policy birthday treats and PTA events, teachers engaging in PE activities with children and the promotion of healthy lunch boxes.

Leisure centres: Work with leisure centres to provide a wider choice of healthy options alongside the food normally sold and given equal placing.

Supermarkets/local retailers: Work with supermarkets and local retailers to identify ways to promote the Sugar Smart initiative.

### ***Price***

Affordability was identified as a key factor influencing intake of sugar. Healthy food was deemed to be more expensive than unhealthy food. The realms of influencing price of healthy food locally as part of the Sugar Smart Island could be explored.

A ‘stick’ approach to price is putting a voluntary levy on sweetened drinks. Respondents had mixed views on this. Just over half (61 per cent) of respondents were supportive of the levy. More engagement would be needed with commercial settings to understand the impact of a voluntary levy.

A ‘carrot’ approach would be to make healthier food more affordable for all families and ideas of how to cook healthy and enjoyable food on a budget.

### ***Promotion***

Respondents highlighted the importance of the media promoting non-patronising messages and thought that promoting clear messages over time was worthwhile and the sustained campaign against smoking was cited on several occasions in the survey and in interviews.

Social norms appeared to be a pressure to conform, particularly for parents who wanted to reduce the amount of sweet food and drinks consumed by their children. School events and children's birthdays were often mentioned. It was indicated that not eating sweets or opting for healthy options was perceived as potentially stigmatising for children.

Advertising was cited as a source of social influence on children and the impact of targeted children focused advertising on social media was viewed as a powerful media too. Many parents both in survey comments and in interviews wanted educational campaigns.

### ***Psychological factors***

In the in-depth interviews most participants talked about using sweet food either as a reward or more often when sad or bored. Given the evidence of links between overeating and mental health it would appear to be important to consider this issue in any local projects perhaps by establishing positive associations with healthy food and an emphasis on social aspects of food through influencing social norms.

#### **4.1 Limitations to the consultation**

One of the main limitations of the consultation is that the respondents were self-selecting for the survey and those who were interviewed were attending a community event. The main potential bias with the sampling is that the participant views may not have been representative of the whole population. However, the survey respondents and those interviewed did represent a range of ages and occupations.

The survey was short and was based on only limited aspects of food consumption. The reason for this was to encourage people to participate and to make the survey 'user friendly' taking into account literacy limitations.

The reliability of the questions was assumed because they had been used in the Brighton survey.

#### **4.2 The role of local government in reducing sugar consumption**

It will be important to continue to engage with Island residents as the Sugar Smart project develops to ensure that it is meeting the needs of the community.

## 5.0 Recommendations/ next steps

### The Sugar Smart Steering Group

#### Purpose of the group

The Sugar Smart Steering Group was formed soon after the launch of the survey. Stakeholders were invited to attend the group from a variety of areas including; business, health care, schools, pre-schools, nursing, hospital catering, dentists, the wellbeing service, public health and others with an interest in improving health and wellbeing. Stakeholders were invited to establish whether they would like to take part in evolving projects and/or actions in response to the views of residents and also to discuss what they may be able to contribute towards raising public awareness in terms of negative impacts of excess sugar consumption.

#### Aims and Objectives

The aim of the group is to raise awareness of the impact of sugar consumption on Isle of Wight residents health and to steer the planning and development of projects (informed by local residents) to promote healthier choices.

The objectives are to:

- identify existing projects and their scope and to disseminate that information to prevent duplication;
- continue to engage with Island residents to ascertain their views about sugar consumption and actions that they would like to see;
- identify priorities from engagement for future action and facilitate the development of future projects;
- programme manage the projects;
- provide leadership and support on the sugar smart agenda across the system;
- develop an effective communications plan providing a link between national and local priorities.

Potential areas for projects have been identified in response to the views of Island residents.

An action plan time frame has been created through the steering group to develop and progress the Island Sugar Smart initiative.

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