Food and Well Being

Reducing inequalities through a nutrition strategy for Wales

FOOD STANDARDS AGENCY
WALES
ASIANTAETH SAFONAU BWYD
CYMRU

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Food Standards Agency Wales
1st Floor
Southgate House
Wood Street
Cardiff CF10 1EW
Tel: 029 2067 8999
Fax: 029 2067 8918
Email: nutritionstrategywales@foodstandards.gsi.gov.uk
Web: www.food.gov.uk

Welsh Assembly Government
Cathays Park
Cardiff CF10 3NQ
Tel: 029 2082 6723
Fax: 029 2082 5072
Email: maureen.howell@wales.gsi.gov.uk

February 2003
FSA/0724/1202

Contents

	Page Number
Foreword	**3**
Executive Summary	**4**
Introduction	**6**
Background	**6**
The Consultation Process	**6**
Implementing the Strategy	**7**
Cross-cutting Action	**7**
Food Poverty	**7**
Vulnerable Consumers	**8**
The Priority Groups for Action	**9**
Recommendations and Actions	**10**
Actions to be led by the Food Standards Agency Wales and the Welsh Assembly Government	**11**
Actions to be led by other key players	**19**
Targets and Milestones	**24**
Appendix	**25**
Summary of Background Evidence	**25**
References	**32**

Foreword

Improving the health of the population and reducing inequalities by tackling the underlying causes of ill-health is at the top of the Welsh Assembly Government's agenda. Diet has an important role to play in the prevention of coronary heart disease and cancer, the main causes of death in Wales. In Wales, as in the rest of the UK, our diet does not meet Government dietary recommendations. Integrated national and local policies and programmes are therefore required to effectively promote a healthier diet and to reduce inequalities in health. A national strategy for Wales will provide direction and context for the development of local strategies to meet these aims.

Following the establishment of the Food Standards Agency in April 2000, I asked them to lead on the development of a nutrition strategy for Wales, working closely with the Welsh Assembly Government and other key players.

A wide range of interested parties were involved in the production of the '**Nutrition Strategy for Wales Consultation Document**', by means of a series of workshops held in North, Mid and South Wales. The consultation resulted in many valuable responses which have been incorporated into '**Food and Well Being**'. I would like to thank all of you who responded to the consultation. I hope that this inclusive process has led to greater ownership of the strategy, which I am sure will enable the effective implementation of '**Food and Well Being**' across Wales.

The Assembly's recent '**Well Being in Wales**' consultation document makes explicit the links between health and well being and other policy areas and sets out proposals for further action to reduce health inequalities, including action on nutrition at a community level. My key priority for '**Food and Well Being**' is to enable the achievement of a healthier diet for the whole of the population of Wales and to reduce food poverty and inequalities in health.

Nutrition has a major influence on people's health at all ages and yet, in many disadvantaged areas, diets are especially poor. I therefore particularly support the emphasis at the heart of '**Food and Well Being**' on addressing food poverty and the promotion of food equality, by improving physical and economic access to food and support for community action. To fully realise the strategy's ambitions, the dietary inadequacies which have been identified will need to be tackled in a variety of ways; for example, working with primary producers and others to facilitate developments aimed at improved food access and, at the same time, focussing on education and training, both within our schools and in the community generally.

'**Food and Well Being**' will be of particular importance to the new Local Health Boards and local authorities in their preparation of local health, social care and well being strategies.

'**Food and Well Being**' is a major step forward in safeguarding the future health and well being of the people of Wales, especially those vulnerable groups that need our help the most. I therefore urge you to take on board the recommendations and actions in '**Food and Well Being**', thereby playing an important role in the future health of the people of Wales.

JANE HUTT AM
Minister for Health and Social Services

Executive Summary

The Welsh Assembly Government is committed to improving the health of the population of Wales and reducing inequalities by tackling the underlying causes of ill-health. Relatively high rates of chronic disease in Wales, such as coronary heart disease and cancer and a life expectancy two or three years less than the best in Europe have prompted closer attention to diet as one of the underlying determinants of ill-health.

The development of a nutrition strategy was requested by Jane Hutt, Minister for Health and Social Services. The resulting strategy, '**Food and Well Being**', outlines the actions required by key players to improve the diet of people in Wales. The key players include: policy and decision makers; health, nutrition and catering professionals; practitioners and educators at national and local levels, and the food production and retail industries.

Consultation with stakeholders was seen as an essential component in the development of an effective strategy. A series of nutrition workshops were held with stakeholders to discuss priority groups, barriers to healthy eating encountered by these groups and how these barriers might be overcome. In addition, a wide-based nutrition strategy steering group was established to oversee the development of the strategy. The resulting '**Nutrition Strategy for Wales Consultation Document**' was sent to over a thousand individuals and organisations in July 2002. Responses to this consultation, which can be found on FSA web-site(www.food.gov.uk) have been incorporated into '**Food and Well Being**'. Through these consultation processes, FSA Wales has endeavoured to engender a sense of ownership and allegiance among those concerned with delivery of this strategy.

Whilst the strategy aims to improve the diet of all people in Wales, certain groups need to be prioritised due to their poor diet and health. Stakeholders and consultees endorsed the selection of low income and other vulnerable consumers (including the elderly and ethnic minority groups), and infants, children and young people as the main priority groups, plus middle-aged men and women of childbearing age as additional priority groups.

The nutrition workshops indicated that to achieve dietary change, a combination of information and training, local and national initiatives, and policies were required. This was endorsed by the consultation and led to the development of the strategy recommendations:

- Increase the uptake of a healthy balanced diet among the general population, especially among the identified priority groups, with an emphasis on tackling food equality priorities, to help ensure that nutrient and micronutrient levels meet recommended levels.
- Increase fruit and vegetable intake among the general population, especially among the identified priority groups.
- Develop and manage initiatives to prevent and manage overweight and obesity among the population.
- Ensure that national schemes and policies are in place to assist improvements in healthy eating.
- Provide information and training to key players, including policy decision makers, health professionals and other professionals, to tackle poor nutrition in Wales.
- Ensure that the public is well informed about nutrition and the need for dietary improvement, especially those belonging to the identified priority groups.

- Ensure that appropriate local initiatives are in place to tackle the main barriers to improving nutrition.
- Develop and promote initiatives with the food industry to improve healthy eating, especially initiatives relating to access to specific foods.
- The impact of activities resulting from the strategy is evaluated.

The actions required by all key players to achieve these recommendations are given on pages 11 to 23. The main actions appertaining to the Food Standards Agency Wales and the Welsh Assembly Government are to:

- Develop a public education campaign to promote healthy eating to the public.
- Encourage the provision of breakfasts in schools.
- Continue school fruit tuck shops on a cost-recovery basis.
- Assess the impact of new legislation on the provision of school meals.
- Develop a model of good practice in one locality in Wales to address issues of public access to fruit and vegetables.
- Encourage and facilitate the teaching of nutrition and cooking skills in schools.
- Improve the nutrition content of education and training for the full range of health professionals and related professions.
- Establish community cooking classes for more vulnerable sectors of the population and seek to increase their access to healthy food through liaison with primary producers.
- Launch an enhanced Community Food Initiative scheme.
- Discuss with the food industry the availability and feasibility of same price healthier product lines and continue to develop a consumer retail charter through the UK FSA Retail Forum.

In addition, the most pertinent actions relating to 'other key players' are to:

- Develop sustainable local initiatives to improve access to a healthy balanced diet, including free transport to supermarkets and delivery schemes, especially among the identified priority groups.
- Specify actions to improve nutritional status of the local population within strategies from Local Health Boards.
- Demonstrate good practice from a whole community approach.

To aid the assessment of performance related to the strategy, four targets and nine milestones were agreed, which can be found on page 24.

Introduction

Background

A poor diet is one of the main causes of ill-health and premature death. It has been estimated that approximately one third of deaths from heart disease and one quarter of deaths from cancer in the UK can be attributed to poor diet However, evidence suggests that a healthy diet may substantially reduce the risk of the major chronic diseases.

Health in Wales compares poorly with that in many other European countries, and is consistently worse than in England. There are also substantial inequalities in health between different communities in Wales, with death rates being highest in those areas experiencing the highest levels of social and economic deprivation.

Following a request by Jane Hutt, the Welsh Assembly Government Minister for Health and Social Services, the Food Standards Agency Wales (FSA Wales) led on the development of a nutrition strategy to improve the diet of all people in Wales, particularly those in disadvantaged groups. Tackling food poverty and promoting food equality was an underpinning theme, together with the needs of vulnerable consumers such as those on low income, and susceptible elderly and ethnic minority groups. A draft strategy presenting the recommendations for action and the supporting evidence base was produced for consultation between July and August 2002. This final strategy takes into account feedback from the wide range of key players and stakeholders consulted.

The Consultation Process

The 'Nutrition Strategy for Wales Consultation Document' underwent a period of written consultation between July and August 2002. Copies of this consultation document can be obtained from FSA Wales and from the FSA web-site (www.food.gov.uk).

Responses were received from a wide range of organisations including Local Health Groups, organisations in the voluntary sector, retailers, academics, consumer groups, public health professionals and community dietitians. Generally, the strategy was perceived to be motivational and timely, and received the support of the majority of respondents, many of whom were keen to contribute to, or become involved in the proposed actions. There was recognition of the limitations of the existing evidence, and concern over the ambitious programme of action with some impetus for focussing on fewer, better targeted actions with more potential to achieve change. Further clarification of the roles and responsibilities of organisations in relation to specific action points was also requested, together with a clearer definition of vulnerable groups to encompass ethnic minority groups and the elderly. There was also a call for more emphasis on community-based initiatives, building on best practice and supported by long-term funding, and evaluation of these was seen as an integral and vital component to determining success of the strategy and informing future activities.

These comments have been taken on board in producing this final version of the strategy, including those relating to the evidence base, a summary version of which is included in the Appendix.

Implementing the Strategy

To achieve dietary change, a combination of information and training, local and national initiatives, and policies is advocated. These form the basis of the nine strategy recommendations and associated actions. The onus for carrying forward the strategy does not fall to one single body. Rather, it's success will depend on a range of organisations working in partnership towards a common goal.

As a first step, FSA Wales has committed to work closely with the Health Promotion, Education, Agriculture and Rural Development and Communities Divisions of the Welsh Assembly Government on a number of areas that will support delivery of the strategy actions. These include further development of successful initiatives such as fruit tuck shops and activities under the Community Food Initiative. Innovative approaches, initially focussing on areas identified under the Welsh Assembly Government's Communities First initiative as experiencing high levels of social deprivation will be encouraged. It is also planned to develop: nutrition training for key players, including policy decision makers, health professionals and other professionals; a nutrition network for Wales; a database of projects; guidance on project evaluation; nutrition short courses in schools, and 'Get Cooking' programmes tailored to young people and other priority groups.

As programmes of work such as these become established in Wales, we will be closer to achieving our aims of long term improvements in the diet of the Welsh population and reducing inequalities in diet and health.

Cross-cutting Action

The production of a strategy specifically addressing nutrition provides a framework within which local action can focus on shared goals. However, it should not be considered in isolation. The Welsh Assembly Government is committed to adopting an integrated approach to policy development, which is particularly pertinent where health and well being are concerned. This is reinforced in the consultation document, 'Well Being in Wales' (Welsh Assembly Government, 2002), which provides an overarching framework for crosscutting action. 'Food and Well Being' will have a role in determining policies relating to education, transport and agriculture, and will contribute to the Assembly's health improvement objectives and the wider inequalities agenda.

Food Poverty

Whilst this strategy is intended to improve nutrition across all sectors of the Welsh population, specific consideration of the problems experienced by those on low income in accessing a healthy balanced diet is vital. Food poverty has been defined as the inability to afford, or have reasonable access to, food which provides a healthy diet. Whilst the link between nutritional status and low income is well established, food poverty extends beyond economic aspects to include issues such as access, ethnicity and education. Typically, those experiencing food poverty may have limited money for food after paying for other household expenses, live in areas where food choice is restricted by local availability and transport to larger supermarkets, or be lacking in the knowledge, skills or cooking equipment necessary to prepare healthy meals.

Tackling social disadvantage and reducing inequalities is one of the Welsh Assembly Government's key strategic aims. The action plan aims to address food poverty through targeting Communities First areas, supporting community food initiatives and local community projects, and through measures to improve physical and economic access.

Vulnerable Consumers

Research indicates that although the general population needs to improve their diet, emphasis is required on the key population groups that stand to gain the most benefit from improved nutrition. These groups have been identified through examination of the baseline evidence on diet and health, and the barriers to healthy eating, and ratified through the workshop process.

In the context of diet and nutrition, vulnerability may be conferred through several circumstances, including difficulty in assimilating the information needed to make informed dietary choices and lack of access to healthy food. These factors do not exist in isolation, and individuals may belong to more than one vulnerable group, with low income pervading all groups.

The Priority Groups for Action

Two main levels of priority have been identified, with the first tier recognised as needing the most attention. The justification for selection of each of these identified priority groups is described below.

Level One Priority Groups

(i). Low income and other vulnerable consumers

Rationale: Those who suffer social and economic disadvantage are clearly of prime concern. Disadvantaged groups have been shown to have lower consumption of certain recommended foods such as fruit and vegetables, which have an important effect on prevention of many disorders such as CHD and some cancers. These groups also have a higher incidence of these major diseases. Included here are black and minority ethnic groups who generally experience poorer socio-economic conditions and higher rates of premature death and illness than the white majority. The vulnerable elderly, many of whom suffer from limiting, longstanding illness and are on low income, also fall within this group.

(ii). Infants, children and young people

Rationale: Nutrition in infants and children appears to affect health in later life, while breastfed infants appear to have improved immune function compared to non-breastfed infants. Research indicates that the diets of young people in Wales are inadequate, with low intakes of fruit and vegetables, high intakes of snacks (mainly high fat, sugar and salt) and low consumption of breakfast. In addition, vitamin and mineral deficiencies are common in certain sub-groups. Boys tend to have poorer dietary intakes than girls. Further, healthy eating habits established at an early age may be maintained in the long-term.

Level Two Priority Groups

(i). Women of child-bearing age, particularly pregnant women

Rationale: Antenatal nutrition has been shown to affect health in infants, and appears to play a role in future adult health. For example, folate intake and neural tube defects, low birth-weight and immune deficiency and high birth-weight and obesity in adulthood. A good nutritional status in women of child-bearing age would ensure optimum antenatal nutrition. Pregnant women are a productive target group because of their high interest in nutrition.

(ii). Men, particularly middle-aged men

Rationale: Men have poorer dietary intakes compared to women, including lower intakes of fruit and vegetables. Middle-aged men are at high risk of coronary heart disease and have poorer nutrition compared to their younger counterparts. Middle-aged men are also a captive audience due to their higher perceived risk.

Recommendations and Actions

To improve nutrition among the whole population of Wales and in particular the above priority groups, we have prioritised nine recommendations, aimed at the whole population of Wales and particularly at the above priority groups. Recommendations one and two relate to required dietary changes, while recommendation three relates to initiatives to prevent and manage body weight, which will also involve dietary change. These are followed by five recommendations to bring about these changes, namely:

- National schemes and policies
- Information and training for key players
- Information for the public
- Local initiatives
- Initiatives with the food industry

Finally, recommendation nine relates to evaluation of activities under recommendations one to eight, to enable us to assess the impact of the strategy.

The action plan to achieve these recommendations is presented as actions to be led by the Food Standards Agency Wales and the Welsh Assembly Government, and those to be led by other key players. These actions will commence over the next three years. Some of these actions apply to the general population and others to particular priority groups. The lead organisations, and priority groups are identified against individual action points.

Actions to be led by the Food Standards Agency Wales and the Welsh Assembly Government

Recommendation One: Increase the uptake of a healthy balanced diet among the general population, especially among the identified priority groups, with an emphasis on tackling food equality priorities, to help ensure that nutrient and micronutrient levels meet recommended values		
Action	**Priority groups**	**Lead Agency**
1. Develop a public education campaign to promote healthy eating to the public	General public, elderly, ethnic groups, low income & other vulnerable groups	FSA
2. Encourage the provision of breakfasts in schools	Children and young people, low income groups	Welsh Assembly Government
3. Disseminate information to key players on the impact of community initiatives on access to a healthy balanced diet and ensure database of Welsh healthy eating projects and their effectiveness are made available to key players	General public, low income & other vulnerable groups, elderly, children and young people, ethnic groups.	FSA
4. Through the Corporate Standard support nutrition policy development and implementation in workplaces, including the provision of information to promote healthy eating and to provide healthy choices where food is provided on site	General public	Welsh Assembly Government

Recommendation Two: Increase fruit and vegetable intake among the general population, especially among the identified priority groups		
Action	**Priority groups**	**Lead Agency**
1. Develop and encourage innovative approaches to increase fruit and vegetable intake in schools	Children and young people, low income groups	FSA + Welsh Assembly Government
2. Develop a model of good practice in one locality in Wales to address issues of public access to fruit and vegetables	General public, children and young people, low income and other vulnerable groups, elderly, ethnic groups	FSA + Welsh Assembly Government
3. Continue school fruit tuck shops on a cost-recovery basis	Children and young people, low income groups	Welsh Assembly Government

Recommendation Three: Develop and manage initiatives to prevent and manage overweight and obesity among the population		
Action	**Priority groups**	**Lead Agency**
1. Develop guidance on weight management, including an assessment of popular weight management techniques, healthy eating and physical activity	General public, particularly minority ethnic groups	FSA + Welsh Assembly Government
2. Expand support for healthy eating initiatives and physical activity initiatives	General public, children and young people, low income and other vulnerable groups, elderly, ethnic groups	FSA + Welsh Assembly Government
3. Develop a Wales national quality framework for GP exercise referral in relation to assisting weight loss	General public	Welsh Assembly Government
4. Through smoking cessation services pilot a scheme to prevent obesity in people who quit smoking, who are recognised as at risk for weight gain	Low income groups, general public	Welsh Assembly Government

Recommendation Four: Ensure that national schemes and policies are in place to assist improvements in healthy eating		
Action	**Priority groups**	**Lead Agency**
1. Encourage and facilitate the teaching of nutrition and cooking skills in schools and ensure full consideration of these in the next curriculum review	Children and young people	FSA + Welsh Assembly Government
2. Assess the impact of new legislation on the provision of school meals	Children and young people	FSA
3. Take action on food labelling to assist choosing a healthy diet and work with industry on food advertising and promotion	General public	FSA
4. Undertake a study of healthy eating policies in schools	Children and young people	Welsh Assembly Government
5. Take action to increase the take-up of school milk, including free school milk	Children and young people, especially those from low income groups	Welsh Assembly Government
6. Develop and implement a national award scheme to recognise individual/team contributions to nutrition in the community	General public	FSA
7. Encourage action on food and nutrition within schools participating in the Welsh Network of Healthy School Schemes, particularly those in disadvantaged areas	Children and young people, particularly those from low income groups	Welsh Assembly Government
8. Start a process of improving patient nutrition and hospital catering services by implementation of the NHS Nutrition and Catering Framework 2002	Hospital inpatients	Welsh Assembly Government

Recommendation Four (Continued)		
Action	**Priority groups**	**Lead Agency**
9. Through Healthy Start (a reformed Welfare Food scheme), aim to improve nutrition for pregnant women and young children by widening the foods that will be available under the scheme from April 2004	Infants and children under 5, pregnant women, low income families	Welsh Assembly Government
10. Through implementation of the breastfeeding strategy support improvements in the rates of initiation and continuation of breastfeeding in all sectors of the Welsh population	Infants and children	Welsh Assembly Government

Recommendation Five: Provide information and training to key players, including policy decision makers, health professionals and other professionals, to tackle poor nutrition in Wales		
Action	**Priority groups**	**Lead Agency**
1. Develop a nutrition network involving health professionals, teachers, voluntary organisations and others	All	FSA with Wales Centre for Health
2. Produce resources on healthy eating for key players	General public, all priority groups	FSA
3. Develop a series of web based nutrition resources for health professionals	All	Welsh Assembly Government
4. Improve nutrition content of education and training for full range of health professionals and related professions	All	FSA with Wales Centre for Health
5. Set-up multidisciplinary conferences and workshops on nutrition	All	FSA
6. Provide appropriate data to key players on all priority groups, covering diet and barriers to healthy eating	All	FSA
7. Carry out a schools audit of the extent and impact of snacks on children's food intake	Children and young people	FSA
8. Encourage the introduction of fresh water dispensers in all schools	Children and young people	Welsh Assembly Government
9. Act on nutritional issues arising from the current Further Education scoping exercise on health promotion. Carry out an audit of the nutritional content of meals provided by public sector and Further Education catering facilities and produce guidelines	Young people, general public	FSA + Welsh Assembly Government

Recommendation Six: Ensure that the public is well informed about nutrition and the need for dietary improvement, especially those belonging to the identified priority groups		
Action	**Priority groups**	**Lead Agency**
1. Provide healthy eating education resources specifically designed for priority groups	All priority groups, particularly young people, minority etnic groups and middle-aged men	FSA
2. Secure the co-operation of local media and the retail industry to convey the correct messages to the public	General public	FSA
3. Investigate the options for reaching priority groups through alternative settings	All priority groups, particularly young people and middle-aged men	FSA
4. Develop nutrition-based resources appropriate for teaching English, Welsh and maths	Children and young people	FSA + Welsh Assembly Government

Recommendation Seven: Ensure that appropriate local initiatives are in place to tackle the main barriers to improving nutrition		
Action	**Priority groups**	**Lead Agency**
1. Work with primary producers and others to facilitate developments aimed at improving food access including setting up of food co-ops	General public, particularly low income and vulnerable groups, including the elderly	FSA + Welsh Assembly Government
2. Establish community cooking classes	General public, particularly young people with children	FSA
3. Clarify that food and cooking resources are eligible for funding under the Assembly's grants for education support and training	General public, young people	FSA
4. Participate in the National Grid for Learning, Welsh portal	Children and young people	FSA
5. To launch an enhanced Community Food Initiative scheme in April 2003, following evaluation of the current grant scheme. The initiative will address food poverty issues such as the barriers to healthy eating among disadvantaged and vulnerable groups by increasing access to healthy food, improving basic skills and addressing issues of cost, preference, accessibility and availability	Socially disadvantaged and vulnerable groups	Welsh Assembly Government
6. Through the Inequalities in Health Fund continue to stimulate and support new local action to address inequalities in health and the factors that contribute to it, including tackling food poverty issues	General public, socially disadvantaged and vulnerable groups	Welsh Assembly Government
7. Provide enhanced central guidance, training and checklist to assist LHBs and LAs in drawing up nutrition and food equality aspects of Health and Well Being strategies	General public particularly low income	FSA + Welsh Assembly Government

Recommendation Eight: Develop and promote initiatives with the food industry to improve healthy eating, especially initiatives relating to access to specific foods		
Action	**Priority groups**	**Lead Agency**
1. Through the UK FSA retail forum, discuss with industry the availability and feasibility of same price healthier product lines; continue to develop a consumer retail charter to raise profile and encourage promotion of healthy eating by retailers	General public and low income groups	FSA
2. Encourage and facilitate links between major retailers and Local Health, Social Care and Well Being partnership arrangements in Wales.	All	FSA

Recommendation Nine: The impact of activities resulting from the strategy are evaluated		
Action	**Priority groups**	**Lead Agency**
1. Establish a monitoring group to oversee the impact of the strategy, to consider current surveys providing nutrition data for Wales, and to make recommendations on future survey requirements	All	FSA
2. Investigate the potential for the Wales Office of Research and Development to provide assistance with evaluation where required by people working in the field	All	Welsh Assembly Government
3. Ensure that nutrition projects funded by the Welsh Assembly Government and FSA Wales are evaluated and their results disseminated	All	FSA + Welsh Assembly Government

Actions to be led by other key players

Recommendation One: Increase the uptake of a healthy balanced diet among the general population, especially among the identified priority groups, with an emphasis on tackling food equality priorities, to help ensure that nutrient and micronutrient levels meet recommended values		
Action	**Priority groups**	**Key players**
1. Develop local strategies to address locally identified breastfeeding and weaning issues	Pregnant women, infants	Local Health Boards and Local Health Alliances, midwives and health visitors
2. Investigate new approaches to the promotion of healthy eating through Universities, Colleges and youth organisations	Young people	Universities, Colleges, youth organisations and voluntary sector
3. Increase the number of workplaces further promoting healthy eating to their workforce through award schemes such as the Corporate Standard	General public	Local Health Alliances, public sector caterers
4. Examine the impact of teaching cooking skills in extracurricular activities among children and young people	Children and young people	Local Education Authorities, schools, ACCAC, youth organisations
5. Investigate extent of provision and content of 'meals on wheels'	Elderly, particularly in rural communities	Local Authority Social Services, voluntary sector (WRVS)

Recommendation Two: Increase fruit and vegetable intake among the general population, especially among the identified priority groups		
Action	**Priority groups**	**Key players**
1. Support establishment of 'grow your own' schemes and local food sourcing initiatives to improve the availability of fresh and affordable local produce	General public, low income and vulnerable groups	Local Authorities, farming bodies, community food workers, allotment associations

Recommendation Three: Develop and manage initiatives to prevent and manage overweight and obesity among the population		
Action	**Priority groups**	**Key players**
1. Disseminate a review of the effectiveness of community and primary/secondary care initiatives to prevent and manage overweight and obesity	General public	Wales Centre for Health, Research Institutes

Recommendation Four: Ensure that national schemes and policies are in place to assist improvements in healthy eating		
Action	**Priority groups**	**Key players**
1. Local Health Boards and strategic partnerships to specify actions to improve nutritional status within their required strategies	General public, low income and other vulnerable groups	Local Health Boards
2. Monitor provision and intake of meals and water in hospitals, particularly among elderly, in line with NHS Nutrition and Catering Framework 2002	General public, elderly	Local Health Boards
3. Provide training for local authority social service personnel on nutritional needs of children and young people in care	Looked after children and young people	Local Authority Social Services
4. Consider including reference to whole-school approach to healthy eating in the inspection framework	Children and young people	Estyn

Recommendation Five: Provide information and training to key players, including policy decision makers, health professionals and other professionals, to tackle poor nutrition in Wales		
Action	**Priority groups**	**Key players**
1. Ensure effective education on breastfeeding as part of pre-registration and continuous professional development for relevant health professionals	Pregnant women, infants	Health professional course organisers
2. Investigate food provided by childcare providers and produce information where appropriate	Infants and young children	Local Authority Social Services
3. Review the extent of training on diet and health in teacher training courses and develop recommendations based upon findings	Children and young people	Initial teacher training providers

Recommendation Seven: Ensure that appropriate local initiatives are in place to tackle the main barriers to improving nutrition		
Action	**Priority groups**	**Key players**
1. Investigate potential uptake and effectiveness of a 'healthy take away meal' in schools and other innovative approaches to reduce queuing for school meals	Children and young people	Local Authority Caterers, schools, Local Education Authorities
2. Develop sustainable local initiatives to improve access to a healthy balanced diet, especially among the identified priority groups. These include food co-operatives, community cafes, fruit tuck shops, breakfast clubs and food growing projects	General public	FSA + Welsh Assembly Government

Recommendation Eight: Develop and promote initiatives with the food industry to improve healthy eating, especially initiatives relating to access to specific foods		
Action	**Priority groups**	**Key players**
1. Review free transport schemes to supermarkets, particularly from rural areas, and investigate the feasibility of free delivery	General public, low income groups, elderly, those living in rural areas	Local Authorities, retailers
2. Produce recipes designed to meet local needs, taking account of lower income consumers where appropriate	General public, minority ethnic and low income groups	Food retailers and producers
3. Ensure resources on healthy eating are produced in line with current recommendations on healthy eating, including Welsh and other ethnic language versions where possible	General public, minority ethnic groups	Retailers
4. Investigate the feasibility of introducing healthy eating loss leaders	General public, low income groups	Retailers
5. Provide small portions in certain lines without increase in cost to the consumer, aimed at those living alone	General public, elderly	Retailers
6. Investigate the feasibility of further development and marketing of healthy lunch options, particularly for young people	General public, young people	Retailers

Recommendation Nine: The impact of activities resulting from the strategy are evaluated		
Action	**Priority groups**	**Key players**
1. Investigate whether information on purchasing trends might be used to inform strategy evaluation without breaching commercial confidentiality	All	Retailers
2. All key players to assess the impact of their activities and disseminate results to enable information exchange	All	All key players

Targets and Milestones

Targets and milestones to aid our assessment of performance related to the strategy are presented. These targets and milestones relate to the recommendations and actions within this strategy that will help achieve the final health outcomes of improvements in nutrition.

Milestones

Milestone 1: Appropriate information on healthy eating will be made available to the public, focussing upon priority groups, from 2003

Milestone 2: Guidance on weight management will be available from 2003

Milestone 3: A monitoring group will be set-up in 2003 by FSA Wales to oversee the impact of the strategy, with initial key activities relating to evaluation of the strategy commencing in 2004

Milestone 4: Training, resources and guidelines for key players will be available from 2003

Milestone 5: Community cooking classes will commence by 2004 together with other sustainable initiatives to improve access to a healthy diet dependent upon resources.

Milestone 6: Representative, good quality national and local level data on nutritional intake and barriers to healthy eating will be collected for both adults and young people, including the identified priority groups, at least every five years, commencing in 2005

Milestone 7: Initial strategy evaluation results will be available in 2006, including those relating to access and to initiatives to overcome other barriers to healthy eating

Milestone 8: A national award scheme for nutrition in the community will be in place by early 2004

Milestone 9: The impact of new legislation on school meal provision will be assessed by 2003

Targets

Target 1: Knowledge of recommended number of portions of fruit and vegetables, and correct estimation of a portion size will increase by 10% from 31% by 2005, particularly among low-income groups (20%) (FSA Wales baseline data, 2000)

Target 2: Perception of access as a barrier to a healthy diet by low income and other vulnerable groups will decrease by 10% from 38% by 2010 (FSA Wales baseline data, 2000)

Target 3: Average daily intake of fruit and vegetables will increase by 10% from 3.1 portions per day for the general public by 2010, with most increase for low income and vulnerable consumers (FSA Wales baseline data, 2000)

Target 4: The balance of the diet will come closer to government recommendations among all priority groups from 2010, relative to baseline data

Appendix

Summary of background evidence

Dietary benefits and consequences
• Approximately one-third of deaths from heart disease and a quarter of deaths from cancer in the UK can be attributed to diet. • The type of fat in our diet affects our risk of CHD due to the effect on our blood cholesterol, blood triglycerides and blood clotting. Saturated fatty acids and trans-fatty acids have a detrimental effect on our blood cholesterol. However, omega-6 (n-6) polyunsaturated fatty acids, omega-3 (n-3) fatty acids and monounsaturated fatty acids have cholesterol-lowering properties and thus lower the risk of heart disease. Omega-3 fatty acids, mainly from oily fish, also reduce blood clotting, blood pressure, inflammatory response and blood triglycerides. • Diets high in fruit and vegetables are associated with reduced risk of heart disease and cancer of the stomach. There is a dose relationship between intake and risk, higher intakes being associated with lower risk. The protective effects are most likely due to non-starch polysaccharides, antioxidants, plant sterols, glucosinolates and potassium. • A diet high in soluble fibre, such as pulses and oats, is associated with a lower risk of heart disease and cancer of the colon and pancreas. • Insufficient iron in the diet or poor absorption results in iron deficiency anaemia. This is the most common deficiency disease in the UK. • Vitamin D deficiency is linked to rickets in children and osteoporosis in adults. Infants, young children and pregnant women from Asian families are most vulnerable to Vitamin D deficiency, while elderly people, particularly those who are housebound or in care, are also at risk. • A high intake of folic acid by women pre-conception and during the first 12 weeks of pregnancy helps prevent neural tube defects in babies. Folic acid deficiency is also a cause of anaemia and is linked to increased risk of CHD and stroke. • Populations with higher sodium intakes have high blood pressure levels. Obese, elderly and black people are most susceptible to hypertension.

Dietary benefits and consequences (Continued)

- Frequency of consumption of fermentable carbohydrate is the main cause of dental caries.
- Breast milk is the best food for the young baby, conferring a reduced risk of infection. It may protect against asthma and eczema and is associated with intellectual development. Breastfeeding may also be associated with lower rates of premenopausal breast cancer and some forms of ovarian cancer.

Current Recommendations

- Department of Health (1991) recommendations for foods, nutrients, vitamins and minerals, and proportions of five different food groups in the diet (Balance of Good Health, 2001):
- Fat: 35% of food energy; saturated fat: 10% of total dietary intake.
- Fruit and vegetables: at least 5 portions of a variety a day.
- Starchy food: 37% of total dietary intake.
- Salt: reduce average intake to 6g/day.
- Sugar: average intake of non-milk extrinsic sugars to not exceed 60g/day.
- Iron: 14.8 mg/day for females aged 19-50.
- Calcium: 700mg/day for 19-50 year olds, 800 mg/day (F), 1000mg/day (M)
- Folate: 200ug/day.
- Vitamin D: 10ug/day for over 65 year olds.
- Balance of Good Health: applies to adults and children over 5 years old. Gives recommended proportions of 5 food groups: bread, cereals and potatoes; fruit and vegetables; milk and dairy; meat, fish and alternatives; foods containing fat and foods containing sugar.

Major Chronic Diseases

- The chief causes of death in Wales are circulatory disease (40% of deaths), cancers (25%) and respiratory diseases (18%).
- There is wide variation in mortality from CHD and cancer rates between unitary authorities, with highest mortality in most deprived areas.
- Over 60% of children in the UK have at least one of the following risk factors for CVD, other than overweight and obesity: high blood pressure, high blood lipids, low insulin resistance.
- In males, the most common cancers are prostate, lung and colorectal cancer. For women, the most common cancers are breast, colorectal and lung cancer, accounting for over half of all new cases.
- Currently approximately 68,000 people in Wales have diabetes, 85% having type 2 diabetes. While type 2 diabetes usually occurs in the over 40s, it has recently been found in overweight adolescents in SW England.
- Overweight and obesity are risk factors for CVD, diabetes and high blood pressure. There is a relationship between income group and Body Mass Index for women, with women in the lowest income group having the highest BMI.
- Iron deficiency anaemia is more common in children and women of childbearing age than in men, with approximately 8% of the population and 14% of menstruating women being anaemic.
- Low birth weight below 2,500 grams and poor weight gain during infancy is associated with increased rates of CHD, strokes, diabetes and hypertension in later life. There has been no recent decrease in the proportion of low birth weight babies in Wales.
- The level of dental caries in 5 year olds is high (52% in 1999/2000), showing little decrease over recent years.

Assessing Dietary Intake

- No single survey adequately assesses dietary intake in Wales, due to a lack of representative data for different population groups and measures which do not enable assessment of dietary intake in line with current recommendations.

- The Health Promotion Division of the Welsh Assembly Government produce two surveys: the Health in Wales survey of adults aged under 65 years, and the Health Behaviour of School-aged Children Survey (HBSC). These measure frequency of food intake, and while current measures do not relate to current recommendations, these are currently being updated.

- The Welsh Assembly Government commissions the Expenditure and Food Survey in Wales. The sample size is extremely small (80 households in Wales). Nutrient intakes are calculated using household purchases.

- The FSA consumer survey of adults measures frequency of intake of certain foods, in line with current recommendations, as well as barriers to dietary intake. This information is collected for different income groups in Wales, as well as for the general population.

- The FSA and the Department of Health jointly commission the National Diet and Nutrition Surveys (NDNS), covering the UK. While these surveys give the best estimate for dietary intakes of current surveys, the sample size in Wales is extremely small (80 people) and the surveys are carried out infrequently.

Dietary intake in Wales

- Intake of total fat and saturated fat are higher than recommended among adults.

- Most age groups have low iron intake, especially children aged one and a half to four and a half.

- Vitamin D intake is low among infants, eleven to eighteen year olds and among adults aged over sixty five living in residential homes.

- Fruit and vegetable consumption is considerably lower than recommended. Intake of fruit and vegetables is particularly low among those on a low-income, men and those aged 18 to 24 years. Intake decreases with increasing age among 11 to 15 year olds.

- The percentage energy from non-milk extrinsic sugars is higher than recommended, while salt intake is double the recommended level in children and young people and high among older adults.

Barriers to Dietary Change

- The main barriers include access, knowledge, attitudes and culture. Barriers are more prevalent among certain population groups.
- Access problems include: provision of shops, particularly relevant among lower social class areas; transport to shops, particularly limiting among older people and those living in rural areas, and cost of food, of particular concern among women on a low income.
- There are gaps in public knowledge regarding specific recommendations for fruit and vegetables such as number of portions and assessment of portion size, particularly among those on a low income, men, those aged under 24 years and over 65 years.
- Misperceptions regarding personal intake of fat and fruit and vegetables results in a lack of need to change dietary intake. Correcting this misperception can lead to dietary change.
- Negative beliefs and attitudes towards healthy eating include a lack of time to prepare a healthy meal, a lack of interest in healthy eating, difficulties eating healthily when eating away from home and a lack of healthy eating recipes.
- Cultural barriers include the cooking and eating of new dishes that do not conform to the cultural norm, a lack of acceptability of breastfeeding in public, and television adverts aimed at children showing peers eating foods that do not promote the healthy eating message.

Education and Training

- A review of current nutrition training for health professionals and relevant local authority officers in Wales indicated that further development of nutrition training would be welcomed.

- Undergraduate and basic professional training: The local availability of teachers qualified in the field of nutrition was quoted as a limiting factor, although the development of multi-disciplinary modules was seen as an effective way of utilising qualified teachers.

- Postgraduate and GP training: There was potential for the further development of the nutrition content of post-graduate courses, perhaps through the establishment of a specific nutrition module. The three-year vocational training scheme for general practice training may not cover nutrition. The option to extend this by a year should be encouraged since it allows for nutrition to be studied to Masters or Diploma level.

- Other study options and learning resources: Programmes of continuing professional development could be used as a vehicle for dissemination of the Nutrition Strategy. Internet based learning support and electronic learning resources are important ways of communicating information to health professionals.

Effective Interventions

- General population interventions: The most effective interventions took place in school, workplace, primary care and community settings. These were based on theories of behavioural change, involving personal contact, small groups or family members. The greatest changes were seen in highly motivated individuals taking part in intensive programmes.

- Infants and children: Successful breastfeeding practice involved multiple contacts with a professional breastfeeding counsellor and peer support. Interventions aimed at children aged 1 to 5 years improved nutrition knowledge where parents were involved in video or computer-based teaching methods. A whole school approach to increasing fruit and vegetable intake in children had a significant but modest effect on awareness and attitude to intake, while fruit tuck shops had little impact on fruit consumption. The use of video role models and a reward scheme had an impact on fruit and vegetable intake, although further research was needed.

- Low income and other vulnerable consumers: individual, needs focused dietary counselling and the development of food related skills in mothers improved diet quality.

Effective Interventions (Continued)

- Minority ethnic groups: one-to-one, group and community educational approaches in homes, schools or community settings were most effective, together with policy measures and technological measures such as food supplements.
- The elderly: interventions using group participation and goal setting appeared to be the most effective.
- Pregnant women: community-based programmes with an educational component were effective in the short term.
- Overweight and obese people: among children, reducing sedentary behaviour was effective in reducing overweight, while family therapy was more effective in reducing obesity than standard dietary and exercise interventions. Consumption of reduced fat foods helped reduce fat intake.

Local Initiatives

- A review of 70 food projects across Wales by FSA Wales showed a wide diversity of community-based food initiatives, with most being engaged in improving access to food or in educational activities.
- These included producer markets, food co-operatives, school breakfast clubs, fruit tuck shops and cooking skills development projects.
- Most targeted children (56%) or women and children (33%).
- Over 40% of projects took place in rural communities.

References

Food Standards Agency Wales (2002). Nutrition Strategy for Wales Consultation Document. Food Standards Agency Wales, Cardiff.

Food Standards Agency Wales baseline data (2000). Food Standards Agency Wales Consumer Survey Report. Nutrition reports series No: WAL-004. Food Standards Agency Wales, Cardiff.

Levy, L. (2001) Improving the health of the UK population: the Food Standards Agency's Nutrition Strategic Framework. Nutrition Bulletin 26: 309-310.

Welsh Assembly Government (2002). NHS Wales Nutrition and Catering Framework. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2002). Well Being in Wales Consultation Document. Welsh Assembly Government, Cardiff.