

Healthy Eating in today's climate

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ABSTRACT

The information contained in this document is aimed to explore healthy and unhealthy foods, and the impact both can have. The reasons believed to factor into healthy food choices and the importance of maintaining a healthy diet for one's own health and the strain it places on public resources.

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INTRODUCTION: THE IMPORTANCE OF RESEARCH IN NURSING

When discussing research within the nursing field it can be defined “as any scientific (i.e. systematic) enquiry into the effectiveness or value of nursing practice” (NursingAnswers.net. 2018). Research has helped develop nursing practices within our (UK) healthcare to promote better health and care for the public when dealing with general health, illnesses, treatments, and recovery.

Evidence-based practice (EBP) is now accepted as an important part of enhancing the quality of healthcare provided, and the outcomes of that care. EBP occurs when a nurse combines available evidence, clinical expertise, and patient values, allowing for the best possible care for the patient. Florence Nightingale’s actions provide a great example of EBP. During the 1800s she maintained records of medical statistics that connected illnesses to injuries, and in doing so she was able to conclude that even today would have a great effect.

Whilst the aims of nursing research and evidence-based nursing seem to be very different, the number of studies now looking into transferring the research outcomes into practice is increasing. In order to obtain good results, research findings, where successful must be implemented effectively.

As much as implementing the research is important it is also important for a patient’s care, and ultimately the outcome so that they can understand this information in the terms of their individual circumstances and make informed decisions. The level of understanding that an individual can gain and process even basic health information is often referred to as health literacy. This too can play a huge role in the treatment resulting in a positive outcome. Most people do not have the medical knowledge that a nurse has but unless the nurse can communicate the technical aspects in a manner the patient can understand then how can the patient possibly make an informed decision about their care?

The following looks at the research itself, what have we learned, combined with the implementation of evidence-based practice about current views and promotion of healthy eating.

HEALTHY EATING IN OUR CURRENT CLIMATE

Healthy eating is more prominent today than it has ever been. From the knowledge available to the choice of foods that cater to a wide range of dietary requirements that are now widely available.

As a country, we are beginning to understand how important our diet is to our health and well-being. With our diet being linked to the control of medical conditions such as obesity, diabetes, inflammation, and even depression our diet is much more scrutinised in the treatment of such conditions.

A Global Burden of Disease Study (2010) discovered that 14.3% of the UK's health burden was attributed to unhealthy diets (Jones et al, 2014). Data gathered in 2006-7 estimated the cost to the National Health Service (NHS) was at £5.8 billion annually to treat illnesses related to unhealthy diets (Scarborough et al., 2011). According to Public Health England, this is estimated to increase to £9.7 billion by 2050 (Gov.UK, 2017).

The World Health Organization (WHO) advises that a healthy diet can prevent malnutrition (in all forms), including chronic diseases and conditions. Increased production of processed foods, rapid urbanization, and changing lifestyles have led to a shift in dietary patterns meaning people are now consuming more foods high in fats, energy (Kcal), sugars, and salt/sodium, and many people do not eat enough fruit, vegetables and other dietary fibre such as whole grains". (WHO, 2020)

What is considered a healthy diet continues to change as we learn more about different foods, essential nutrients, and the impact food has on our health and disease. What is known is that there is growing evidence that illustrates that dietary patterns can have a positive influence on health and the prevention of chronic diseases (Cena, Calder 2020).

A poor diet is seen as the biggest risk factor for preventable illness in England. A healthy diet is greatly dependent on the following factors: being affordable, available, and valued (The Health Foundation, 2017).

One such condition, obesity, especially the rise in obesity levels is a big focus for the UK today. Public Health England has produced a document containing a considerable amount of data showing the changes over the years and what has contributed to the rise in obesity through research. Obesity is considered by the National Institute for Health and Clinical Excellence (NICE) as anyone with a BMI of over 30 (NICE, 2011). This is also a measurement used by the National Health Service (NHS, 2019).

Due to healthy eating having such an impact on health and well-being it would be impossible to explore everything related. The following will look at what factors are contributing to unhealthy diets and consider some of the main health concerns that can have serious implications for a person's health.

FACTORS THAT CONTRIBUTE TO UNHEALTHY EATING

There are several reasons believed to contribute to unhealthy eating in today's world including, but not limited to living environment, cost of living, and marketing. These reasons often result in unhealthy choices being chosen more frequently, which leads to weight gain and ultimately obesity. Whilst obesity itself is seen to impact the prevalence of other diseases such as type 2 diabetes, diet can itself be used to manage a range of diseases.

Physical ease of access to food and drink outlets has been suggested as one of the reasons why people choose unhealthy foods. In 2017, 27.1% of adults ate from out-of-home food outlets once a week as a minimum. In children, this was one-fifth (see appendix 1). These meals have a tendency to be higher in Kcals (energy), saturated fats, fats, salt, and sugar. They also tend to contain lower levels of micronutrients. (GOV.UK. 2019).

Living in less healthy environments, where healthier food choices are much less available, is another factor that contributes to an unhealthy diet. In 2009, the UK Health Security Agency published figures which show that 25% of all eateries were fast food outlets within England. Fast-food outlets are also more prevalent, up to five times more than that in more affluent areas. (Gov.UK, 2009). This makes it increasingly difficult to maintain a healthy diet (see appendix 2).

Another reason identified by several studies is that a healthy diet costs more to maintain and that is a factor when making dietary changes, especially for those with a low income difficult. (Sooman, A. et al, 1999). Jones et al (2014) completed the first study looking at the price gap between more and less healthy foods. Through quantitative research, they documented the prices of particular food groups and found there had been a consistent price difference with healthy foods costing more than less healthy foods. Using the Eatwell food groups, they found that fruit and vegetables were always significantly more expensive over a 10-year period. Starchy carbohydrate foods were continuously the least expensive and prices remained quite steady throughout the years (see appendix 3).

This information was also included in a document published by The Health Foundation in 2017 where it was recorded that healthy food was three times more expensive than unhealthy foods when comparing energy (see appendix 4).

The advertising of foods can also affect our choices of foods. In 2017, The Health Foundation (2017) found that 22% of food advertising costs were spent on confectionery, biscuits, ice cream, and cakes compared to 1.2% that was spent on vegetables. (The Health Foundation, 2017).

In 2019, the Transport for London network put restrictions in place to limit the advertising of high-fat, sugar, and salt products. When comparing expected with actual cases there was a decrease in obesity cases by 94,867, 2857 diabetes cases, and 1915 fewer cases of cardiovascular disease over a three-year period (BMJ, 2022)

WHY IS HEALTHY EATING IMPORTANT?

As mentioned earlier healthy eating is important to maintain good health but let's explore why is this.

Maybe our focus on healthy eating is due to an unhealthy diet being “the leading risk factor for deaths in the majority of countries in the world” and is “a larger determinant of ill health than either tobacco or high blood pressure” (quoted in Aubrey, 2019) which was part of a study undertaken by (Afshin et al. 2019) looking at the impact of an unhealthy diet in relation to mortality and morbidity (Barnhill, Bonotti, 2022).

There is so much more research, evidenced on how a healthy diet is good for the prevention and control of several non-communicable diseases (NCDs) such as cancer, obesity, diabetes, chronic respiratory diseases, and more.

A considerable number of epidemiological studies have shown the greater a person's BMI the higher the mortality. Manson et al, 1995 completed research titled Body Weight and Mortality among Women, which investigated the link between death and excess body weight using information gained from 1976 to 1992. Their research found, like many other studies that there was a link between BMI and mortality. Another study carried out over a ten-year period to 2005, identified the risk of death in overweight persons increased by 20-40% for people over or equal to 50 years old. When these figures are for individuals who have never smoked and have a low prevalence of chronic disease you can see why obesity is so concerning, especially when the risk increases for those obese by two and threefold (Adams, 2006).

When collecting qualitative data in relation to obesity, it often is unreliable due to issues with under-reporting. Increased awareness and body weight concerns often change a person's eating habits when being recorded meaning it is hard to draw accurate conclusions. To overcome this, much of the research to gain knowledge in understanding diet and its effect on obesity is usually completed in laboratories or highly controlled studies.

Whilst studies have widely documented that obesity is a very good indicator for the development of diabetes, not every obese person does in fact develop diabetes so it is not a sole factor in the cause. It is, however, very possible that a high percentage of the

population has the genes that allow the development of type 2 diabetes when a person is obese. What has been identified is that both obesity and diabetes have seen increases in recent years. The increased numbers in diabetes levels have been related to the increases seen with obesity.

Excluding the fact that an unhealthy diet can lead to obesity, which is a factor in developing type 2 diabetes, there is evidence to support that a controlled diet (irrelevant to BMI levels), can aid control of type 2 diabetes (Kumar, Barnett, 2009).

Diet can also affect the risks associated with cancer. In the western world, the diet generally consists of foods high in fat, sugar, red and processed meats, fruits, and vegetables, and low in dietary fibre, which according to a study by the World Cancer Research Fund contributed to an increase in colorectal cancer, which is the third most common type of cancer globally (Murphy et al, 2009). Furthermore, obesity is the second biggest cause of cancer in the UK, with more than 1 in 20 cancer cases a result of excess weight (appendix 5). Keeping a healthy weight can reduce the risk of 13 different types of cancer. (Cancer Research UK, 2021).

CONCLUSION & RECOMMENDATIONS

From the information gained, discussed, and even explored it is clear how the food we eat can affect us. Having an unhealthy diet especially can expose a person to so many diseases, health complications, and even early death. The cost to treat conditions related to unhealthy diets is also a massive burden to our health service. Having a healthy diet and a healthy weight has huge health benefits for daily well-being and reducing the risks of so many life-threatening illnesses as well as aiding the recovery of diseases.

The comparison between a healthy weight and obesity in terms of risk of disease is vast and understanding the risks in order to treat, manage the disease and especially prevent obesity is essential. Whilst there is currently a vast amount of information from research it is ever-changing and as such, there is a constant need to continue to develop knowledge, understanding, and effectively communicate this information.

Outside research there are other ways healthy eating can be encouraged. Reducing exposure to unhealthy foods via advertising is one way as shown by the actions of Transport for London. The UK is already taking action, from April 2022, restrictions were put in place for advertising unhealthy foods, such as restricting retailer promotions on high-fat, salt, and sugar food and drink items. Restaurants are required to include calorie information on menus as an additional measure (Just-Food.com, 2021).

Further steps would be to limit access to unhealthy food establishments by ensuring the density is kept within a reasonable limit, especially in less affluent areas. Other government schemes suggested have been reward vouchers for those losing weight and exercising.

Ultimately, I believe the public needs to be kept informed and updated on the reasons a healthy diet is so important and the risks involved if not followed so that educated decisions can be made.

APPENDICES

Appendix 1; Food and drink environment



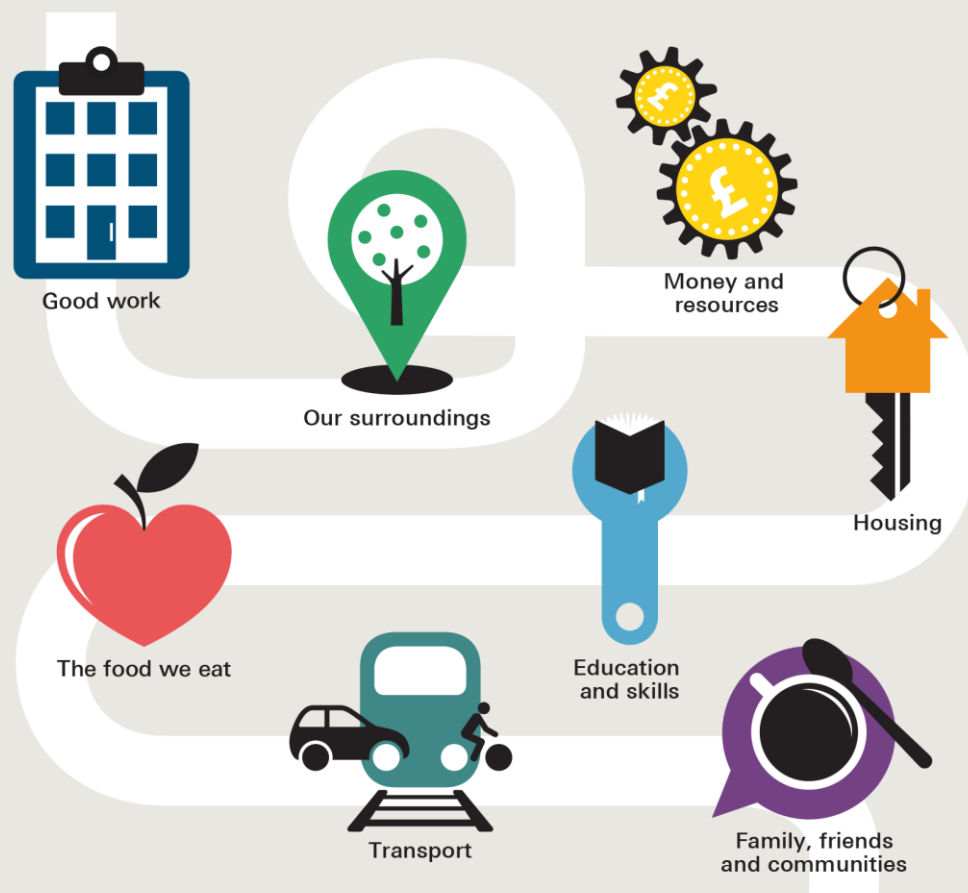
(Gov.UK, 2017)

Appendix 2: Life expectancy gap between most and least deprived areas in England

What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: [health.org.uk/what-makes-us-healthy](https://www.health.org.uk/what-makes-us-healthy)

Appendix 3: Food prices 2002-2012

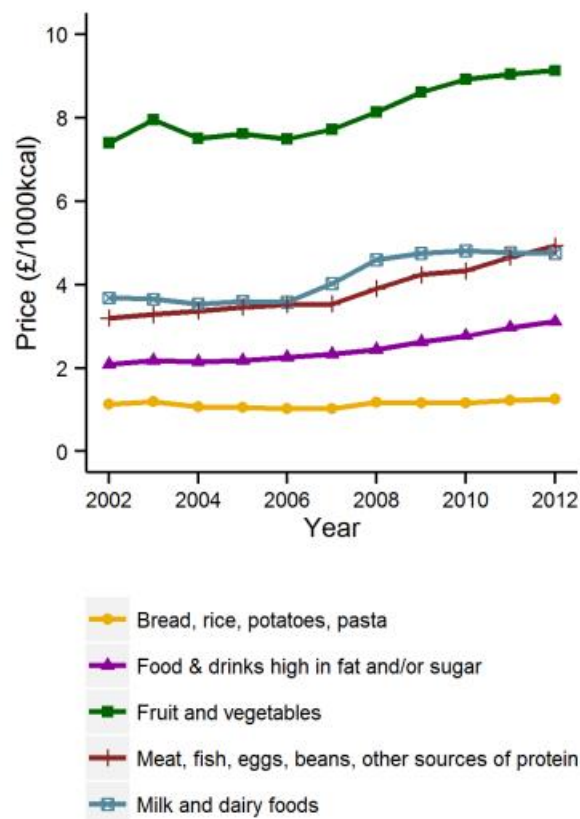


Figure 1. Mean price of foods by Eatwell food group, 2002–2012. Mean price (£/1000 kcal) by Eatwell food group of foods and beverages remaining in the UK Consumer Price Index basket across the entirety of the period 2002–2012 (n = 94).
doi:10.1371/journal.pone.0109343.g001

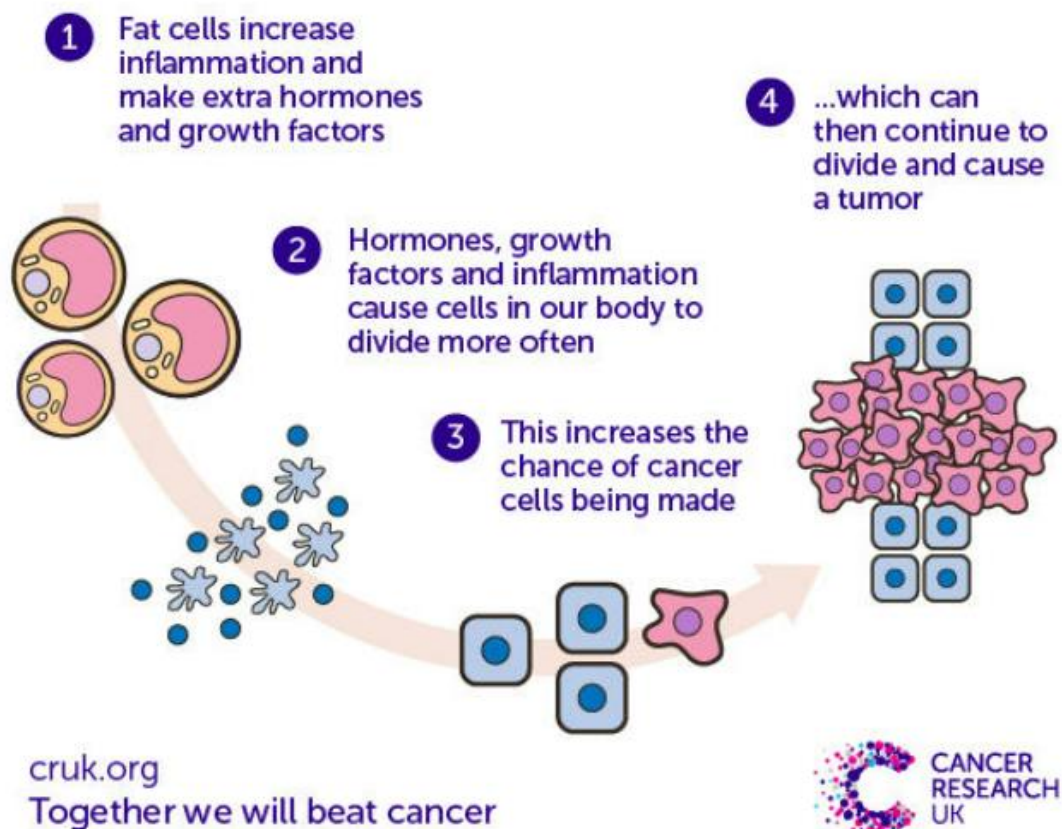
(Jones et al, 2014)

Appendix 4: What healthy food should be.



Appendix 5: Obese facts for cancer

How can overweight and obesity cause cancer?



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