

innocent's Orange Paper

Making it happen:
healthy eating and 5-a-day*

*Our response to the Government's public health White Paper: *Healthy Lives, Healthy People*.



Contents

Foreword	5
Preface	6
Summary	7
Chapter 1: What a mess we've got ourselves into	11
Chapter 2: Why we love fruit and vegetables	13
Chapter 3: Ideas for change	21
Chapter 4: Our fantastic experts	26



Foreword

Innocent was born out of a desire to help people to do themselves some good. What someone eats is a critical factor in determining how long and how well they live and we want to help people get the right stuff inside them.

But it's a battle that society is losing. Half of Europe is now overweight, and the UK is the heaviest country in Europe¹. By 2050, every other person is expected to be obese² and just over 30,000 premature deaths each year could be avoided by people changing what they eat³.

We therefore celebrate the fact that the Government has published a White Paper, which outlines their strategy for improving public health, including diets, in England. However, we question the logic of asking the companies that sell some of the unhealthier food and drinks in the market to lead the thinking on how to improve matters.

We are not anti-business. But when it comes to knowing what's best for the nation's health, we are pro-transparency and fairness in policy-making. That's why this Paper represents the ideas from a panel of scientists and advisors who don't have a vested interest in selling food and drink products and who are clear on what simple steps should be taken to improve the diet of the nation.

We wanted to take the opportunity to share their ideas. We hope it's of use.



Richard Reed

Co-founder, innocent drinks

A handwritten signature in black ink, appearing to read 'R Reed', with a horizontal line underneath.

¹OECD (2010) **Health at a glance** [internet]. Available from: www.oecd-ilibrary.org

²Butland, B. (2007) Tackling obesities: future choices project report [internet]. Available from: www.foresight.gov.uk

³Scarborough, P. *et al* (2010) Modelling the impact of a healthy diet on cardiovascular disease and cancer mortality. **Journal of Epidemiology and Community Health**, Dec, ahead of print.

Preface

When it comes to improving health through diet, the single most important step an individual can take is to get their 5-a-day. No single dietary change has more of a beneficial effect. An estimated 15,000 premature lives could be saved every year in the UK if people achieved their 5-a-day⁵. However, with intakes still far from ideal, increasing the consumption of fruit and vegetables needs to continue to feature as an important goal of public health policy.

The Government has already started work on plans to improve intakes. Most recently, in 2010 they established a short term “Fruit and Vegetable Task Force”, which gathered thinking from a variety of sectors and provided recommendations for increasing domestic production and consumption⁶. We’re encouraged by the appointment of the Taskforce. But we’re also impatient at the rate of change overall.

The Coalition’s White Paper, “Healthy Lives, Healthy People”⁷, highlighted the importance of positively promoting healthy lifestyle choices and adapting the environment to make healthier choices easier. Two goals that chime with our own thinking. However, the overall vision in the Paper is one that moves responsibility for public health from being centrally to locally managed. We believe there are still some policies that need to be driven by the Government. This ensures coordinated action and leadership, where it is most needed and most effective.

In November 2010, we held a roundtable event and brought together independent experts from a variety of fields. We locked them in a room and told them that they weren’t allowed out for a cup of tea until they’d agreed on what should be done to increase fruit and vegetable intakes. And this Orange Paper is the output of that day: some of those ideas which may go some way to improving fruit and vegetable intakes. We hope you find it interesting and we hope it makes a difference, because that’s what we’re all about.



Vanessa Hattersley RD, RNutr
Company Nutritionist & Registered Dietitian

A handwritten signature in black ink that reads "Hattersley". The signature is stylized and cursive.

⁵Scarborough, P. *et al* (2010) Modelling the impact of a healthy diet on cardiovascular disease and cancer mortality. **Journal of Epidemiology and Community Health**, Dec, ahead of print.

⁶Fruit and Vegetables Taskforce (2010) **Report of the fruit and vegetables taskforce** [internet]. Available from: <http://www.defra.gov.uk>

⁷HM Government (2010) **Healthy lives, healthy people: our strategy for public health in England** [internet]. Available from: www.dh.gov.uk

Summary

Here's where we're coming from

When the Coalition published their public health White Paper: *Healthy Lives, Healthy People*⁸ in December 2010, it was met with a mixed reception. Considerable media focus was given to the role that big industry operators had played in the drafting of Government policy⁹ and we have to say we too were a little alarmed at the thought of the potential influence these big food and drink companies could have. We're not saying that industry shouldn't have their say and we're certainly not ignoring the fact that third sector parties were also involved to 'balance out' the interests represented. However, we believe that public health policies should be developed in a fair and transparent way and with less emphasis placed on the views of companies who sell a lot of unhealthier food and drinks that are part of the problem.

Needless to say, we weren't involved in the development of the Government policy but we care about what people eat and we want to help improve the health of the nation. So, we have worked with independent experts to identify four recommendations that would help drive consumption of fruit and vegetables and healthy eating overall.

The problem

It is now widely accepted that the country is facing an obesity epidemic. A quarter of people in the UK are currently obese and it is forecast to be over half the population within 40 years¹⁰. The reasons for the increase in obesity and related diseases are complicated, but if we could only do one thing to improve this diet of the nation, it would be to get people eating enough fruit and vegetables.

Ensuring people get their 5-a-day would prevent nearly half of the estimated 33,000 premature deaths every year that result from diet-related diseases¹¹. Fruit and vegetables are Nature's wonder products, that protect us from heart and circulatory diseases and some cancers¹². Our hearts are of particular concern to us because more people die from heart disease both in the UK and globally than any other disease¹³. But recent estimates suggest that only a third of adults in the UK reach the magic number of 5-a-day¹⁴, which means there's still more to play for.

⁸HM Government (2010) **Healthy lives, healthy people: our strategy for public health in England** [internet]. Available from: www.dh.gov.uk

⁹Lawrence, F. (2010) **'McDonald's and PepsiCo to help write UK health policy'**, 12th November [internet]. Available from: www.guardian.co.uk

¹⁰Butland, B. (2007) **Tackling obesities: future choices project report** [internet]. Available from: www.foresight.gov.uk

¹¹Scarborough, P. *et al* (2010) Modelling the impact of a healthy diet on cardiovascular disease and cancer mortality. **Journal of Epidemiology and Community Health**, Dec, ahead of print.

¹²World Health Organisation/Food and Agriculture Organisation (2003). **Diet, nutrition and the prevention of chronic diseases** [internet]. Available from: <http://www.who.int>

¹³Lopez, A. *et al* (2006) **Global burden of disease and risk factors**. New York: Oxford University Press.

¹⁴Bates, B., Lennox, A. & Swan, G. Eds. (2010) **National diet and nutrition survey: headline results from year 1 of the rolling programme (2008/2009)** [internet]. Available from: <http://www.food.gov.uk>

Here's what we did

To understand what could be done to improve this situation, we held a roundtable event in November 2010. The panel was chaired by Sheila Dillon and a further eight experts were selected to get a broad spread of specialist knowledge (see below). The experts talked about factors that influence food choices and the opportunities to intervene to help make healthy choices easier. This Orange Paper represents the best ideas from that discussion.

The chosen ones



Sheila Dillon

Presenter of the Food Programme, BBC Radio 4



Ian Campbell

GP and Obesity Specialist



Gill Fine

Independent Public Health Nutritionist



Jason Halford

Health Psychologist,
University of Liverpool



Anne De Looy

Professor of Dietetics,
University of Plymouth



David Marshall

Professor of Marketing
and Consumer Behaviour,
University of Edinburgh



Maureen Rice

Editorial Director,
Cedar Communications



Jane Symons

Media Consultant,
Journalist and Author



Bruce Traill

Professor of Food Economics,
University of Reading

The recommendations

Policy interventions can be grouped into those that support people making informed choices and those that change the market environment in which food choices are made. innocent's recommendations span both areas because we believe that both are essential for change to happen.

Creating a supportive market environment

1. Make healthier choices more affordable

We'd like to see an end to higher prices for healthier¹⁵ food and drinks and call upon the Government to explore ways of making healthier food and drinks more affordable for consumers. As one specific example of how this could be achieved: innocent believes that VAT should be reduced on fruit juice and smoothies.

Supporting informed choice

2. Re-balance the messages getting to children

We'd like to see more of the right messages getting to the public. Be it from the Government in their healthy eating campaigns, NGOs or from those in the food industry that make healthier products. We call upon the Government to ensure healthier products do not fall under any codes that restrict marketing.

3. Count me in: shop-bought recipes

Composite foods¹⁶ can make an important contribution to fruit and vegetable intakes. We call upon the Government to review the 5-a-day scheme so that it includes composite foods and we want to see greater consistency in the use of this single definition in surveys of dietary intakes.

4. Better use of credible nutrition professionals by the media

We'd like to see more science and evidence-based reporting of nutrition or public health stories in the media. So we call upon the media to use credible nutritional professionals to underpin their communications (either Registered Nutritionists with the Association for Nutrition or Registered Dieticians with the Health Professions Council).

¹⁵The definition of healthy/healthier/unhealthy is frequently debated however innocent supports the use of the Food Standards Agency's nutrient profiling model.

¹⁶A composite food is one which contains fruit and vegetables and at least one other ingredient that is not a fruit or vegetable e.g. vegetable lasagne.



Chapter 1

What a mess we've got ourselves into

If Martians came to earth

The number of people going to hospital to have bariatric surgery¹⁷ (or in other words, having their biology replumbed) has increased by nearly 1300% in the last six years, from 470 in 2003/04 to over 6,500 in 2009/10¹⁸. Now we don't know about you, but when we were thinking about what we wanted for ourselves when we were growing up, having surgery to make us eat less was certainly not up there on our lists. It's difficult to imagine that anyone would be happy resorting to this sort of surgery as a way to lose weight.

"If a Martian came down they would ask what the hell we are doing with our lives, that we are now spending such an enormous amount of the NHS' money on surgery at the other end of the problem"

Sheila Dillon, Presenter of the Food Programme on BBC Radio 4

Obesity also gives rise to a whole host of health problems, including heart disease, cancer and type 2 diabetes. They weren't on our lists either.

So are surgery and obesity our only two options? If recent research is anything to go by, you would be inclined to think they are, or at least will be in the coming years, if we don't do something about it. At the moment about a quarter of people are obese¹⁹; by 2025 it's estimated that 47% of men and 36% of women will be obese; and by 2050, wait for it, 60% of men and 50% of women will be obese²⁰. So, basically, every other person you come across is going to be obese. Look at the person sat next to you whilst you're reading this. It's either you or them my friend.

Now, this is only incredibly depressing if we accept that it is inevitable. And of course we don't think that. If we did, we'd definitely be in the wrong business. However, we do know that there isn't a simple solution to this mess that we've got ourselves into. Obesity and diet-related diseases are increasing as a result of (and we quote super-smart scientists here) "people's latent biological susceptibility interacting with a changing environment that includes more sedentary lifestyles and increased dietary abundance"²¹. Unfortunately, we don't have time to wait for evolution to sort out our biology (sorry Darwin) and we certainly don't like the idea of fiddling about with our biology. We need to find a better way.

To help us to understand what measures could be taken to improve the situation, we gathered together a group of nine experts (see page 26) and held a roundtable event in 2010. The experts talked about the factors that influence food choices and the opportunities to intervene to make healthy choices easier. The next bits in this Orange Paper share some of the best ideas from that discussion.

¹⁷This is a generic term for any weight loss surgery that reduces the size of the stomach.

¹⁸Dent, M. (2010) **Bariatric surgery for obesity** [internet]. Available from: www.noo.org.uk

¹⁹The NHS Information Centre (2010) **Statistics on obesity, physical activity and diet: England 2010** [internet]. Available from: www.ic.nhs.uk

²⁰Butland, B. (2007) **Tackling obesities: future choices project report** [internet]. Available from: www.foresight.gov.uk

²¹Ibid, pp.43.



Sheila Dillon and Bruce Traill at the roundtable discussion

Chapter 2

Why we love fruit and vegetables

Eat food, not too much, mostly plants²²

Plant-based diets include a good intake of fruit and vegetables, a goal that is found in most public health policies around the world and that is supported by both the World Cancer Research Fund²³ and the World Health Organisation²⁴. What we're saying here is nothing new. In fact, the foundations of the 5-a-day recommendation were laid in a report that is over twenty years old now, from the US National Academy of Sciences: *Diet and health, implications for reducing chronic disease risk*²⁵. The report concluded that high intakes of plant foods including fruit, vegetables and legumes are associated with reduced incidence of coronary heart disease and some cancers. This conclusion was carried forward in a subsequent report from the World Health Organisation: *Diet, nutrition and the prevention of chronic diseases*²⁶, which set a population goal of at least 400g of fruit and vegetables (not including potatoes) every day. The 5-a-day recommendation eventually found its way into UK health policy in 1994²⁷. Some other countries (not afraid of a challenge) even set their fruit and vegetable target higher than 5 portions, like Canada with a recommendation for adults ranging from 7 to 10 portions²⁸ and 10-a-day in France²⁹.

All hail fruit and vegetables

An adequate intake of fruit and vegetables may reduce our risk of becoming obese^{30,31}, and also protect us from cancers of the mouth, pharynx, larynx, oesophagus and stomach³² (if you want to be specific), heart and circulatory diseases. Heart and circulatory diseases are a particularly serious issue in both the UK and the world, causing almost 198,000 deaths a year in the UK (1 in 3 deaths)³³ and being responsible for more deaths globally than anything else³⁴.

²²Pollan, M. (2008) **In the defense of food**. London: Penguin Group, pp.1.

²³World Cancer Research Fund (2007) **Food, nutrition, physical activity and the prevention of cancer** [internet]. Available from: <http://www.dietandcancerreport.org>

²⁴World Health Organisation/Food and Agriculture Organisation (2002) **Human vitamin and mineral requirements** [internet]. Available from: <http://www.fao.org>

²⁵National Academy of Sciences (1989) **Diet and health: implications for reducing chronic disease risk**. Washington DC: National Academies Press.

²⁶World Health Organisation/Food and Agriculture Organisation (1990) **Diet, nutrition and the prevention of chronic diseases** [internet]. Available from: <http://www.who.int>

²⁷Committee on Medical Aspects of Food Policy (1994) **Nutritional aspects of cardiovascular disease**. London: HMSO.

²⁸Health Canada (2007) **Eating well with Canada's food guide** [internet]. Available from: <http://www.hc-sc.gc.ca>

²⁹Pomerleau, J., et al (2004) **Effectiveness of interventions and programmes promoting fruit and vegetable intake**. Geneva: World Health Organisation.

³⁰Alinia, S., Hels, O. & Tetens, I. (2009) The potential association between fruit intake and body weight- a review. **Obesity Reviews**, 10, pp. 639-647.

³¹He, K., et al (2004) Changes in intake of fruit and vegetables in relation to risk of obesity and weight gain among middle-aged women. **International Journal of Obesity**, 28, pp.1569-1574.

³²World Cancer Research Fund (2007) **Food, nutrition, physical activity and the prevention of cancer** [internet]. Available from: <http://www.dietandcancerreport.org>

³³<http://www.heartstats.org>. Accessed November 2010.

³⁴Lopez, A. et al (2006) **Global burden of disease and risk factors**. New York: Oxford University Press.

A report from the University of Oxford showed that just over 33,000 premature deaths could be saved every year if people managed to reach dietary recommendations for fibre, fats, salt, fruit and vegetables³⁵. But that's not all: nearly half of this figure is down to meeting the 5-a-day recommendations alone (Table 1). This means that getting 5-a-day is the single most important dietary recommendation for saving lives in the UK.

Table 1: Potential reduction in deaths by achievement of 5-a-day recommendation

Coronary heart disease	7053
Stroke	3383
Cancer	4741
Oesophagus	2441
Colorectal	
Gallbladder	
Pancreas	
Breast	
Endometrial	
Kidney	
Mouth/larynx/pharynx	823
Stomach	172
Lung	1305
TOTAL	15 177

If we could do one thing (well, five really)

"The total [diet] picture is complicated. You want a couple of strong, simple take-home messages that everybody can absorb and do. Once the task becomes bigger or more complicated, I think we're lost. We haven't even been able to persuade people to get their 5-a-day yet."

Maureen Rice, Editorial Director, Cedar Communications

So, what we're saying is that if we can only get one thing right, fruit and vegetables seem like a good place to start. Well, actually what we really mean is that they are a good place to continue, because the Government has been working hard on this already. The UK 5-a-day campaign was launched in March 2003, with an objective of reaching "5 portions of fruit and vegetables per day for the whole UK population by the year 2015, with intermediate objectives of 4 (by 2005) and 4.5 (by 2010)"³⁶. An evaluation of the first three years of the campaign from 2003 to 2006 concludes that the campaign increased fruit and vegetable portions by +0.3 portions per person per day³⁷. Depending on how you look at that number, you'll either be feeling very glum at the size of it or quite optimistic that intakes can change in the right direction.

³⁵Scarborough, P. *et al* (2010) Modelling the impact of a healthy diet on cardiovascular disease and cancer mortality. **Journal of Epidemiology and Community Health**, Dec, ahead of print.

³⁶Capacci, S. & Mazzocchi, M. (forthcoming) Five-a-day, a price to pay: an evaluation of the UK program impact accounting for market forces, **Health Economics**.

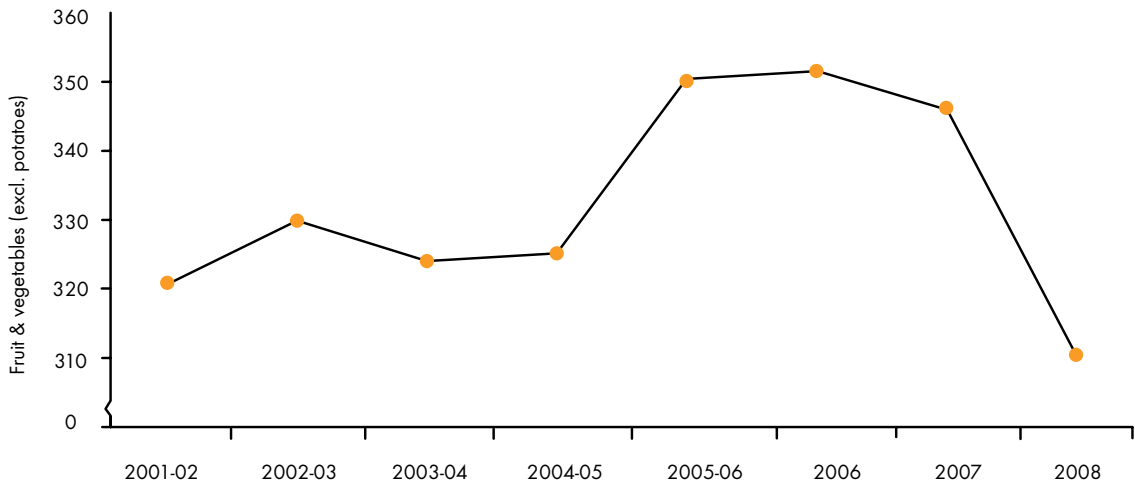
³⁷Ibid.



So, how are we doing on our intake of fruit and vegetables?

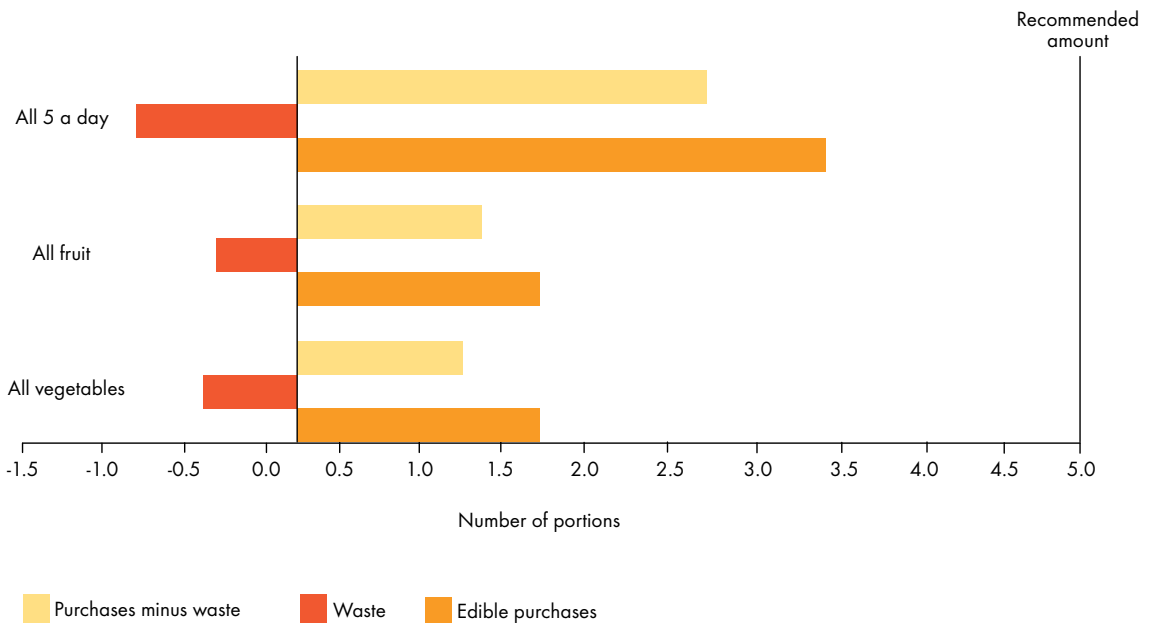
Since the early days of the campaign, as prices have increased and focus on 5-a-day has dwindled, intakes have fallen (Graph 1)³⁸.

Graph 1: Intake of fruit and vegetables from 2001 to 2008



However, this data does not properly account for the fruit and vegetables which are wasted and includes nuts (which are not part of your 5-a-day). So, the figures are not as accurate as we would like them to be. The Government has recently looked at the data again, stripping out the nuts and accounting for waste and we're afraid that the results are more depressing (Graph 2)³⁹.

Graph 2: Average number of portions of fruit and vegetables purchased and wasted per person per day



³⁸DEFRA (2010) **Family food: a report on the 2008 family food module of the living costs and food survey**. London: The Stationary Office.

³⁹DEFRA (2010) **Household food and drink waste linked to food and drink purchases** [internet]. Available from: <http://www.defra.gov.uk>





David Marshall at the roundtable discussion

Count me in

“Let’s not forget that from a nutritional point of view it’s not just about fresh fruit and vegetables. Frozen, canned, dried and juiced all count towards your 5 a day”

Gill Fine, Public Health Nutritionist

It’s often forgotten that 5-a-day does not just include fresh fruit and vegetables but also includes frozen, canned, dried, juiced and pureed varieties too. There are also the fruit and vegetables that you get from composite foods (a technical word for foods with at least one other ingredient that is not a fruit or vegetable e.g. a vegetable lasagne). Thankfully, the Food Standards Agency has now started to count the fruit and vegetables from composite foods into their National Diet and Nutrition Survey⁴⁰. In their latest survey, results suggest vegetable intakes (in particular) may have been underestimated by as much as 40-50g (half a 5-a-day portion) by not including composite foods⁴¹. This not only shows how important it is to get accurate reporting of intakes, but also highlights the value of composite foods in contributing to our 5-a-day.

However, the reporting of average intakes can also hide a multitude of problems. For example, in the latest data from the Food Standards Agency, the average 5-a-day consumption for adults is given as 4.4 portions⁴². However, in men, intakes range from 0.9 to 10.2 and in women, intakes range from 0.3 to 8.3, meaning that according to this data, only 37% of men and 33% of women manage to get their 5-a-day.

In short, things are not looking good.

⁴⁰Fitt, E. *et al* (2010) Disaggregating composite food codes in the UK National Diet and Nutrition Survey food composition databank. **European Journal of Clinical Nutrition**, 64, pp. S32-S36.

⁴¹Bates, B., Lennox, A. & Swan, G. Eds. (2010) **National diet and nutrition survey: headline results from year 1 of the rolling programme** (2008/2009) [internet]. Available from: <http://www.food.gov.uk>

⁴²*ibid.*



Chapter 3

Ideas for change

Rather than reinventing the wheel, some bright sparks at the EATWELL Project have done a really useful review of policy interventions to encourage healthy eating⁴³. So useful in fact, that we thought we would use this as a basis for the grouping of recommendations in this Orange Paper. In surveying existing policy interventions, they looked at a total of 119 and found that these could be split into those that support more informed choices and those that change the market environment, with the number of examples heavily skewed towards providing informed choice (Table 2).

Table 2: European healthy eating policy interventions

Policy classification	# of policy interventions
Supporting more informed choice	80
Advertising controls	3
On advertising to children	2
On general advertising	1
Public information campaigns	38
Nutrition education	35
For children at school	31
For adults / generic public (e.g. at Workplace)	4
Nutritional labelling	4
Nutritional information on menus	0
Changing the market environment	29
Fiscal Measures	3
Tax/subsidies on foods to the population at large	0
Subsidies to disadvantaged consumers	3
Regulate meals	14
School meals (including vending machine bans and provision of free fruit and vegetables)	13
Workplace canteen meals	1
Nutrition-related standards	1
Government action to encourage private sector action	9
Availability measures for disadvantaged consumers	2
Liability laws	0
TOTAL	119

⁴³EATWELL (2010) **Benchmarking nutrition policies in Europe, their evaluation and identification of successes and failures** [internet]. Available from: <http://eatwellproject.eu/en/>. Accessed November 2010.

The recommendations

“The nation’s dietary preferences will only improve when a healthy diet becomes more attractive, more affordable, and more available, than an unhealthy one. It’s no good just telling people what to do. The Government needs to take the lead in making it easier for people to live healthier lives”

Dr Ian Campbell, GP and Obesity Specialist

One thing we know is that you can’t expect people to make healthy choices if everything is stacked against them. So, our recommendations are about helping people to know what they ought to be doing and then changing the environment to make those choices easier.

Creating a supportive market environment

1. Make healthier choices more affordable

We need to find ways of making healthier choices more affordable. And by this we mean in terms of time (by producing food that is both healthy and convenient) but also in terms of cost. This last point is particularly important at a time when purse strings are being tightened and people are looking to cut costs where they can. We’re worried that 5-a-day consumption will take a hit in hard times.

The Government has made some progress already through their Healthy Start scheme, which provides vouchers to low income families to purchase fresh fruit and vegetables, milk and infant formula⁴⁴. Although no work has been done to look at the impact of the Healthy Start scheme on fruit and vegetable intakes, research from the US suggests that vouchers do show potential⁴⁵. Other options to make healthier choices more affordable include for example price promotions and fiscal policies in the way of taxes and subsidies⁴⁶.

Now it’s no secret that innocent have long campaigned for the reduction of VAT on fruit juice and smoothies to make them more affordable. We still find it incredulous that cakes and flap jacks (as a couple of examples) are zero rated and these important contributors to 5-a-day intakes are standard rated. We’re not going to bang on about it anymore in this Paper. But what we would like to say is that as a minimum, the Government should be exploring and developing at the evidence base to understand what can be done here and put an end to higher prices on healthier food and drinks.

We’d like to see an end to higher prices for healthier food and drinks and call upon the Government to explore ways of making healthier food and drinks more affordable for consumers. As one specific example of how this could be achieved: innocent believes that VAT should be reduced on fruit juice and smoothies.

⁴⁴<http://www.healthystart.nhs.uk>

⁴⁵Hawkes, C. (2009) **Financial incentives and disincentives to encourage healthy eating**. London: Which? Ltd.

⁴⁶Ibid.

Supporting informed choice

2. Re-balance the messages getting to children

“You’ve got to think of the cumulative effect of a child seeing thousands of adverts for unhealthy foods versus a small number of adverts for healthy foods. Just think of the balance. For every dollar the WHO spends on healthy marketing campaigns, the food industry spends five hundred dollars promoting their products⁴⁷”

Dr Jason Halford, Health Psychologist

You might think of marketing like The Force in Star Wars⁴⁸. It can be used for good or evil (evil is a bit harsh, but go with us on this one). Marketing has the potential to influence eating habits and because of this has had quite a bit of bad press in recent years. But we love it. With clever marketing (just our opinion), we’ve managed to make fruit and vegetables interesting again and we know loads of people that now love them as much as we do. The point here is that marketing per se is great. The Government has even cottoned on and has been using it in the Change 4 Life campaign.

However, the problem we face is that not enough of the good messages are getting through. As Dr Halford (a Jedi Knight in psychology) points out, the overall balance of messages being received is far from ideal. The situation has improved to some extent with OFCOM’s restrictions on advertising of high fat, salt and sugar products during children’s programming. A review of this policy suggested that children now see around 37% less advertising of high fat, salt and sugar products⁴⁹. But we know that there’s still more to do.

We think it’s important that if and when the Government looks for opportunities to extend controls on marketing of food and drinks, that they do not lose sight of the overall objective of rebalancing the messages. We don’t want healthier products to be restricted as part of those controls. That wouldn’t make sense to us because firstly, we should be encouraging kids to form healthy eating habits from an early age, and secondly, because we should provide incentives for food companies to improve the nutritional profile of their products.

“Some of the more forward-looking food companies have tended to develop their own internal guidelines on responsible marketing to children. Couldn’t these be more widely shared and used to identify a common basis on which to build a more consistent and wide reaching approach to the promotion of food and drinks which would be supported by Government, Industry and NGOs?”

Gill Fine, Public Health Nutritionist

We’d like to see more of the right messages getting to the public. Be it from the Government in their healthy eating campaigns, NGOs or from those in the food industry that make healthier products. We call upon the Government to ensure healthier products do not fall under any codes that restrict marketing.

⁴⁷Consumers International (2009) **Left wanting more: food company policies on marketing to children** [internet]. Available from: <http://www.junkfoodgeneration.org>

⁴⁸Sorry for those of you who are not Star Wars fans and have no clue what we’re talking about here. Perhaps you’re a Trekkie instead or perhaps you like to get out more than us. Either way, here is a 30 second guide to what we’re talking about. Set a long time ago, in a galaxy far, far away, Star Wars is the story of good (the Jedi) against evil (the Sith). Battles are fought between both sides, who use The Force (this invisible stuff that surrounds us) to their advantage. Good wins in the end (phew) but not without some crazy stuff happening along the way.

⁴⁹OFCOM (2010) **HFSS advertising restrictions: final review** [internet]. Available from: <http://stakeholders.ofcom.org.uk>



3. Count me in: shop-bought recipes

Including composite foods⁵⁰ into the 5-a-day scheme is really important because it means that clearer labelling can be introduced that allows people to choose more easily those products that contribute towards their 5-a-day, thus increasing their intakes. But also, you might find that if companies can talk about the 5-a-day in their products, then they might like to squeeze a little more extra fruit and vegetables in. Bonus.

We find it quite peculiar that if you buy your vegetables from the shop (or pick them from the veg patch) and then cook them up at home into a tasty vegetable lasagne, then that vegetable lasagne counts towards a person's 5-a-day. Yet, if you buy a vegetable lasagne ready-made from the shop (nature doesn't grow these, yet), it's not allowed to count. As in, it's not allowed to display the Government's 5-a-day logo. This leaves us utterly discombobulated and it needs to change. To be fair, we know that the Food Standards Agency has recognised the importance of composite foods in contributing towards our 5-a-day and counts these in its National Diet and Nutrition Survey. But you still can't put a 5-a-day logo on these foods and other surveys, like DEFRA's Family Food Survey, haven't caught up with the Food Standards Agency yet. So we'd like them to get a move on with this one if they can.

Composite foods can make an important contribution to fruit and vegetable intakes. We call upon the Government to review the 5-a-day scheme so that it includes composite foods and we want to see greater consistency in the use of this single definition in surveys of dietary intakes.

4. Better use of credible nutrition professionals by the media

"Credible experts are vital to build media and public trust. There is no legal protection for the title 'nutritionist' and unfortunately there are many with no scientifically recognised qualifications. The pseudo-scientific quackery promoted by many of these so-called nutrition experts has created a lot of confusion around healthy eating messages"

Jane Symons, Media Consultant

Making sure that people are receiving accurate and consistent messages to support their food choices is clearly important. Otherwise, how will people know what they should be doing otherwise? Consumers are on the receiving end of an endless barrage of nutrition and health information from the media. You only need to read Dr Ben Goldacre's blog⁵¹, which regularly highlights examples of poor reporting. So it's no surprise to us that consumers are either confused about what to eat or have switched-off completely. Thus, to save the sanity and health of our nation:

We'd like to see more science and evidence-based reporting of nutrition or public health stories in the media. So we call upon the media to use credible nutritional professionals to underpin their communications (either Registered Nutritionists with the Association for Nutrition or Registered Dietitians with the Health Professions Council).

⁵⁰A composite food is one which contains fruit and vegetables and at least one other ingredient that is not a fruit or vegetable e.g. vegetable lasagne.

⁵¹<http://www.badscience.net>

Chapter 4

Our fantastic experts

Sheila Dillon

Presenter of the Food Programme, BBC Radio 4

Sheila is an award-winning food journalist, with nearly three decades of experience. For the past twenty years she has worked on the popular Radio 4 Food Programme. In 2008, Sheila was awarded an honorary doctorate by City University for her work, which “has changed the way we think about food”.

Ian Campbell

GP and Obesity Specialist

Ian is a full time GP and prominent campaigner for the prevention and treatment of obesity. He was the Founder and first Chair of the National Obesity Forum and is now the Honorary Medical Director of the leading charity Weight Concern. In 2009, Ian was awarded an MBE for his services to healthcare.

Gill Fine

Independent Public Health Nutritionist

Gill has more than 28 years of experience as a public health nutritionist, working in the private, public and voluntary sectors. She was Director of Consumer Choice and Dietary Health at the Food Standards Agency before taking early retirement in order to move to Cornwall. In 2010, she was elected to the Board of Trustees at Diabetes UK.

Jason Halford

Health Psychologist, University of Liverpool

Jason is the Head of the Department of Biological and Developmental Psychology at the University of Liverpool and Chair of the Association for the Study of Obesity. He has published widely on the subjects of eating behaviour and weight control.

Anne De Looy

Professor of Dietetics, University of Plymouth

Anne was the first ever Professor of Dietetics in the UK at Queen Margaret College in Edinburgh. She then moved to the University of Plymouth and in 2005 became the Head of the School of Health Professions. She is currently the President of the European Federation of the Association of Dietetians and the Honorary Secretary of the Association for Nutrition. In 2005, Anne was made an Honorary Fellow of the British Dietetic Association.

David Marshall

Professor of Marketing and Consumer Behaviour, University of Edinburgh Business School

David has lectured in marketing since 1988 and is now the Head of the Marketing Group at the University of Edinburgh Business School. He has published widely on the subjects of consumer behaviour and marketing, with a special interest in the food industry and most recently authored a book Understanding Children as Consumers.

Maureen Rice

Editorial Director, Cedar Communications

Maureen is currently responsible for the Tesco portfolio of magazines, including Tesco Magazine and Real Food magazine. She was previously editor of Psychologies magazine for over four years and in 2008, was given the Periodical Publishers Association award for consumer magazine editor of the year.

Jane Symons

Media Consultant, Journalist and Author

Jane has an extensive career in health media having previously edited the health pages of both The Sun from 2004 to 2009 and Woman's Own magazine, before leaving to set up her own consultancy. She continues to write on health issues and has contributed to many of Britain's national newspapers.

Bruce Trill

Professor of Food Economics, University of Reading

Bruce is Head of the Department of Food Economics and Marketing at the University of Reading. He has published widely on the subjects of food choice, diet and health, and most recently co-authored a book Fat Economics: Nutrition, Health and Economic Policy. He is the co-ordinator of the EU funded EATWELL project (interventions to promote healthy eating habits: evaluation and recommendations).



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