Harnessing the Food Environment to make Healthy, the Easy Choice

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The Issue

- Since the 1970s, the developing world has seen an unprecedented obesity epidemic that has never reversed its course.

- In Australia, 2014-15, 63.4% of >18 yrs were overweight or obese (27.9% were obese)
Prevalence of obesity for adults aged > 15 yrs in 5 OECD countries
From 1970 to now... a visual

- https://c15119308.ssl.cf2.rackcdn.com/index.html
WSLHD is a diabetes hot spot

9.4% of the NSW population had diabetes or high blood glucose in 2014, up from 6.5% in 2002.

Projected change in expenditure for type 2 diabetes in Australia

$7 billion

2012-13
2022-23
2023-33
How did we get here?

- Between 1963-1980, among children 6-11yrs, a 54% increase in obesity prevalence and 98% increase in 'superobesity'

- "Rarely do chronic conditions such as obesity spread with the speed and dispersion characteristic of a communicable disease epidemic"

A radical and toxic change in our food environment

Modern food era: "a smorgasbord of hyperpalatable, flavour-enhanced, additive-laced, convenient, and relatively affordable foods that are high in added sugar, unhealthy fats, and salt, and engineered to overcome our internal homeostatic eating signals."


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The turning point

- While weight (and dental caries) are, of course, partly a matter of personal responsibility, it is understood now that the obesity epidemic is mainly driven by upstream influences from industry, federal policies, and social norms.

- Today, people are starting to see those upstream forces.
Restricting junk food ads to children

- At least 20 countries have implemented varying degrees of bans on advertising unhealthy foods to children
- (2006) UK restrictions intended to limit children’s exposure to television advertising of food and drink products high in fat, salt and sugar.
- Recently been extended to all children's media, including online and social
City/council Sugar Taxes

- 7 U.S. cities or counties have approved taxes on sugar-sweetened beverages
- Mexico's sugar tax: 5.5% drop in the first year, then a 9.7% decline in the second year, averaging 7.6% over the two-year period
- UK just passed a tax on sugary drinks, with money raised going to the Department of Education and school sports
Healthy Beverage Initiatives

- (2011) Boston, Massachusetts, phased out the sale, advertising and promotion of sugary drinks on city-owned properties
- (2015) UCSF (University of California, San Francisco) has eliminated the sale of sugar-sweetened beverages (SSBs) from campus & hospitals
- (Oct 2016) WHO has banned all sugary beverages from its headquarters
- Australia:
  - (VIC) 13 Health Services announced they would remove SSBs from their cafeterias and vending machines in March 2016
  - (NSW) Murrumbidgee Local Area Health District announced in April 2016 that it would do the same
  - (VIC) YMCA has also removed SSB and changed their vending machines to only offer healthier choices
Dentistry leads the way!

- The faculty of dental surgery (FDS) at the Royal College of Surgeons is tackling workplace “cake culture” which is contributing to the obesity epidemic and poor oral health.
- The faculty is urging companies to
  - swap biscuits for fruit and nuts in meetings
  - scrap the most sugary treats from vending machines and make low-sugar options more available and visible
- “We need a culture change in offices and other workplaces that encourages healthy eating and helps workers avoid caving in to sweet temptations such as cakes, sweets and biscuits,” said the dean of the faculty, Prof Nigel Hunt.

Australian government regulation to improve food environments

- (2013) ACT - Policy: Healthy Food and Drink Choices
- (2016) VIC - Healthy choices: policy guidelines for hospitals and health services
- (2011) NSW Live Life Well @ Health
- (2017) Healthy Food and Drink in NSW Health facilities for Staff and Visitors Framework
Local Action - WSLHD

- Launched in February 2017
**EVERYDAY Foods & Drinks**

Consisting of foods in the 5 food groups based on the Australian guide to Healthy Eating (e.g. sandwiches, soups, yoghurt, and fruit)

**25%**

**OCCASIONAL**

High in saturated fat, sugars and/or salt and often have little nutritional value

**75%**
Portion sizes and quality of ingredients

- The framework provides additional guidance within the above categories relating to portion sizes and quality of some products (e.g. a maximum portion size of 50g for chips and popcorn, no added sugar in beverages other than flavoured milk and no added confectionary to everyday snacks).

BMJ 2015;351:h5863
https://doi.org/10.1136/bmj.h5863 (Published 02 December 2015)

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The 4 Ps of Marketing

- Product availability (75% Everyday / 25% Occasional)
- Placement - only Everyday foods in prominent locations
- Promotion - posters, special ads, master branding
- Pricing - only Everyday foods in meal deals
NO Sugary Drinks

- Sugary drinks are drinks with any sugars added during processing (excluding milk drinks).
  - Examples: soft drinks, some flavoured waters, fruit drinks, cordials, iced teas, energy drinks and sports drinks.
  - Acceptable but occasional: diet soft drinks, no sugar energy or sports drinks
  - >99% fruit juice and flavoured coffee and milk drinks acceptable
Implementation

- No sale of sugary drinks by end of December 2017
- Implementation of other goals by December 2018

- Westmead has already initiated with a well-received 3-month ban on sale of sugary drinks
- Will be continued, as consumer feedback was positive
Baseline food environment audits

Westmead and Blacktown Hospitals
Next steps!

- Our baseline data has shed light on what areas could be improved...

- Possible intervention study that harnesses one of the 4 Ps to improve the healthiness of the food environment
The Alfred Hospital Example

WE REMOVED ‘RED’ DRINKS FROM DISPLAY AT THE MAIN FULLY-SERVICED CAFÉ
(consumers could only see the ‘green’ and ‘amber’ drinks. The ‘red’ drinks were concealed behind the counter)

- 28% decrease in proportion of ‘red’ drinks sold
- 22% increase in the proportion of ‘amber’ drinks sold
- 19% increase in the proportion of ‘green’ drinks sold

WE REMOVED ‘RED’ DRINKS FROM SELF-SERVICE REFRIGERATORS AT ANOTHER ONSITE CAFÉ
(consumers could only see and grasp for ‘green’ and ‘amber’ drinks. The ‘red’ drinks were concealed behind the counter)

- 71% decrease in the proportion of ‘red’ drinks sold
- 49% increase in the proportion of ‘amber’ drinks sold
- 19% increase in the proportion of ‘green’ drinks sold

WE INCREASED THE PRICE OF ‘RED’ DRINKS BY 20% AT THE ONSITE CONVENIENCE STORE
(but kept ‘green’ and ‘amber’ drinks the same price)

- 10% decrease in the proportion of ‘red’ drinks sold
- 10% decrease in the proportion of ‘amber’ drinks sold
- 36% increase in the proportion of ‘green’ drinks sold

WE INCREASED THE PRICE OF ‘RED’ DRINKS BY 20% IN OUR VENDING MACHINES
(in a randomised controlled trial but kept ‘green’ and ‘amber’ drinks the same price)

- 12% decrease in the proportion of ‘red’ drinks sold
- 13% increase in the proportion of ‘amber’ drinks sold
- 19% increase in the proportion of ‘green’ drinks sold
The Alfred Hospital Example

The result:

No significant difference in total drink sales.

And around 36,500 fewer ‘red’ drinks sold at The Alfred each year.

HAPPY RETAILERS
USYD Healthy Beverage Initiative (HBI)

- Think about our University as a whole...
- The key issue is that the sale and promotion of sugary drinks on our campuses is harmful to the health of our students, staff and visitors, and is not compatible with the University's vision, values and education and research activities.
- Faculty of Dentistry has already endorsed the 3 asks of the HBI
- Help support the initiative http://www.sydneyhealthybeverage.org