

**Food and Health Action Plan**  
**Response from The Community Practitioners' and Health Visitors' Association.**

The Community Practitioners' and Health Visitors' Association welcomes the opportunity to comment on the above consultation document.

The Community Practitioners' and Health Visitors' Association is the UK professional body that represents registered nurses and health visitors who work in primary or community health setting. The CPHVA is an autonomous section of the amicus trade union

With 18,000 members, it is the third largest professional nursing union and is the only union, which has public health at its heart.

**Food and health in context: an overview of policies and initiative.**

***Are these policy drivers consistent with the goal of improving health through better diet?***

***Is there a need for new mechanisms to ensure better co-ordination on food and health policy initiatives?***

The CPHVA believes that a Life Cycle approach would be beneficial when reviewing current policies and initiatives. Therefore breast-feeding initiatives are an important area that should not be excluded. As they provide the starting point for both infant and maternal health and evidence has clearly shown a long-term health benefit. Further the National Healthy School Standard and National Healthy Care Standard is not mentioned or reflected in any way in the document. The CPHVA would also urge that a review of the nutrition and cooking skills component of the National Curriculum be undertaken.

The CPHVA would echo the concerns expressed by members of the National NGO Forum in that there is need to ensure that health policy and policy from other areas does not conflict. For example conflicting messages on what consumers should and should not eat. Advertising being another key area where mixed messages are delivered especially to children and young people; Cadburys Get Active campaign and Walkers Crisps books for schools programme. The deregulation of TV advertising likely to come about with the forthcoming Communications Bill could further subject our children to unhealthy food advertising at prime children's viewing time. Environmental issues including town planning, a key example is a fast food outlet on the boundaries of Guy's Hospital.

**Food and health: what are the problems?**

**Does this section correctly identify the major health problems attributed to diet?**

**What additional research would be help to identify the scale of the problem, and give a sense of emerging trends?**

The CPHVA would like to see the inclusion of dental health and anorexia in this section. Anorexia is a growing concern with today's youth especially when we are seeing children as young as 6 years of age being diagnosed with anorexia. The very drivers that are aimed at preventing obesity in the population can impact at the other end of the spectrum. The CPHVA would suggest that using words like 'healthy' and 'unhealthy' in association with diet and nutrition are unhelpful and may in fact be counter-productive.

## **Food and diet today; what are people eating?**

**What general conclusions can be drawn from this evidence about the state of the nation's diet?**

**What are the main dietary problem areas on which action needs to be taken?**

It is clear from the evidence presented in the document that changes in dietary habits have occurred but equally there is some considerable way to go. There are some changes that could be made which are not in the control of individuals. For instance, the salt content of processed foods. The Scientific Advisory Committee on Nutrition has already issued targets for restricting children's salt intake. This should be taken further and include the salt content in all processed foods.

In addition to salt content the CPHVA believes that the same should be undertaken with regard to fat and sugar. Foods deemed low in fat often mean a higher sugar content.

It is also a poor indictment that we have only recently re-introduced standards for school meals. However the CPHVA believes that these do not go far enough in that there is still too much provision of fast food, snack type choices on school menus especially in secondary schools. That the standards should go further and reflect meal times as a whole social and cultural learning experience. Also to include the provision and free access to drinking water for students. As a point of interest there are several school districts in the United States that have a total ban on the sale of 'junk food' and sugar sweetened drinks in school. We should apply the same to schools in the UK.

In addition to standards for hospital food there is also need to develop standards for residential and care home settings. But here again we would urge a review of standards for hospital food.

## **Food and diet today: trends and influences**

**Have we correctly identified the different facets of today's consumers?**

**How can healthy eating policies meet the needs of time-poor, convenience-focused consumers?**

**How can the food chain contribute to healthy eating?**

**How can different sectors contribute to healthy eating?**

The CPHVA believes there is much that can be done to de-medicalise diet and nutrition. To end the culture that there is a pill for all ills. For example recent media coverage of a new obesity pill only helps to maintain this culture. Eating a balanced diet is unfortunately something we have to relearn through experience and example which has to start from birth. This is only sustainable with increased knowledge and skills. Increased knowledge and skills is likely to impact on time-poor consumers coupled with the appropriate recommendations on processed foods. But there is a need for more focus on money-poor consumers who are more likely to be those families with young children, families where English is a second language and the elderly.

**CPHVA**  
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