

# **ASSOCIATE PARLIAMENTARY FOOD AND HEALTH FORUM**

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## **Industrial Support for Public Health**

**Tuesday, 11 March 2003**

### **Committee Room 10, House of Commons**

**CHAIRMAN: Lord Rea**

**SPEAKERS: Professor Sue Southon, Institute of Food Research**

Professor Southon joined the Institute of Food Research in 1979 after gaining a distinction in the practice of teaching at the University of Newcastle, a first class honours degree in Biological Sciences and a PhD in nutrient metabolism, at the University of Lancaster.

After undertaking post-graduate research in the area of mineral metabolism, she diversified into the vitamin field and has led a wide range of research projects relating to the absorption, metabolism and bioactivity of micronutrients. She has been particularly successful in obtaining funding for, and the co-ordination of, large multi-centre European research projects. She is a member of a number of national and international expert panels and committees and is now Head of the Enterprise Unit at the Institute. The Key Activities of the Unit are to encourage knowledge transfer, and establish good communication flow in ways that are consistent with the 'Institute's Vision'.

#### **David Gregory, Marks and Spencer**

David Gregory is Head of Food Technology at Marks and Spencer and is responsible for ensuring that the company's foods are technically innovative, safe and meet consistently high quality standards. He is responsible for a team of over 70 technical specialists in food related fields as diverse as animal welfare, pesticides, marine biology, nutrition and material science and ensuring that they are all fully integrated into the commercial direction of the business.

David graduated in Applied Chemistry and subsequently trained and worked as an Environmental Health Officer specialising in food safety and health education. He joined Marks and Spencer in 1983 and has had a wide range of responsibilities working with food suppliers in the UK and overseas.

## Introduction

1. **Lord Rea** welcomed everybody to the meeting which looked at the relationship between the food industry and health. He then introduced the first speaker, **Professor Sue Southon** from the Institute of Food Research, who considered food, the food industry and health from the perspective of a food researcher.

## Professor Sue Southon

2. Recently, there has been a great deal of attention focused on government, industry, and consumer roles and responsibilities with respect to food safety, such that the recent consumer attitudes to the food safety survey indicates, an albeit small, but significant decrease in public concern about food safety.
3. In this presentation attention was given to the much larger, more important problem of the public health impact of life-long exposure to the whole complex bundle of nutrients and other chemicals that we call food. The presentation introduced the nature of consumer-food interactions; some current strategies to modify this interaction for health benefit; and considered whether the quantity, and particularly the quality of effort, is sufficient and appropriate.
4. Food can be viewed as a series of objects waiting to be eaten. However, if, how and when we choose to eat that food depends upon a long-standing, dynamic and intimate relationship between the consumed (the food) and the consumer (us). A relationship that is influenced by many factors: gender, age, health, culture, religion, lifestyle, marketing, media, individual personality traits, individual likes and dislikes, an individual's food history, availability of foods and the funds to purchase them. Thinking of food as a complex relationship, rather than a simple object, changes our perspective on how we might modify eating behaviour.
5. Professor Southon introduced three categories of consumer, (addicts, avoiders and appliers) and two categories of food, (eat more of and eat less of).

## Consumer Types – Addicts

6. The addict just cannot do without certain foods. These foods are important in their life – they are much loved. The addicts we are concerned with today are those who love high energy/high salt/high fat/low micronutrient density foods that, if over consumed, contribute to diet-induced disease and increasingly high health and social costs. There are many of these addicts about. Many addicts are aware of healthy eating guidelines and probably think about giving up their unhealthy ways on a regular basis (a bit like smokers) but find it extremely difficult to comply. They may read some public information on healthy eating and may occasionally look at food labels but the addict is easily led astray.

## Consumer Types – Avoiders

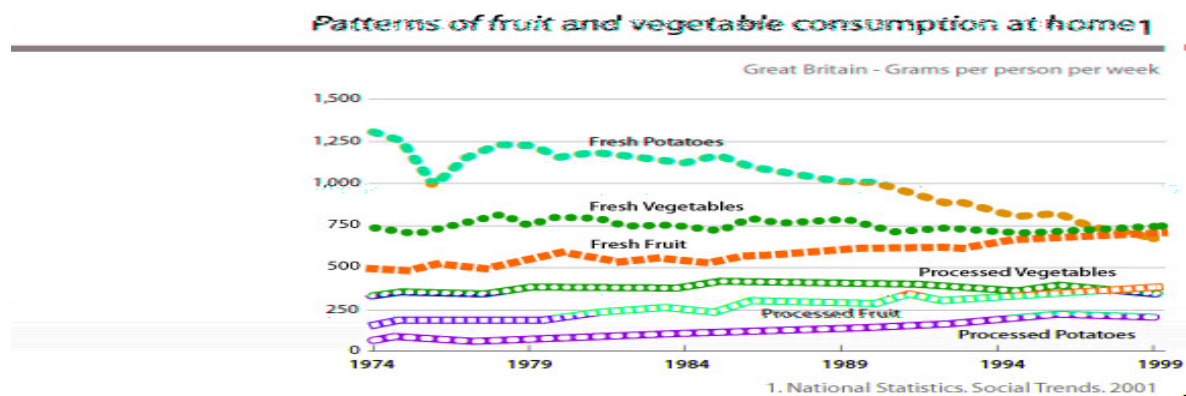
- Avoidance is about food anxiety. These people avoid healthy eating messages because life is difficult enough without having to be anxious about what they eat, or don't eat. Avoiders switch off. They avoid looking at leaflets in shops and health centres. The avoider may have a sense of optimistic bias – diet induced disease happens to other people. They may have personal circumstances that increase anxiety levels - limited money, limited transport to retail outlets and limited time to think about and organise eating activities. The avoider either does little or nothing to rethink or reshape their diet. Avoiders do not read labels, although they might join in a media instigated hue and cry about some food issue or other, because confusion and controversy supports inaction.

## Consumer Types – Appliers

- A very much smaller group of the population, who want to apply healthy eating knowledge and guidelines for themselves and their families but need the support of clear, practical, helpful information, focused on their individual circumstances. Such practical help and guidelines by necessity need to take account of the growth in pre-prepared convenience foods available to them and the growth in meal consumption outside the home. The applier wants to know how food is produced and what it contains. They want informed choice. The applier reads labels.

## Different types of food - The 'eat lots of' foods and the 'eat less of' foods

- The 'eat lots of' category of food is associated with better health, initiatives to support increased consumption and research funding to gain better understanding of the basis for their health effects. A prime example in this category is fruit and vegetables. Eat 5, 6, 7, 8, 9 portions per day depending on the source of the information. There is little doubt that: if everyone in the UK ate more fruits and vegetables, public health would improve substantially; the more we understand about the mechanistic basis for health effects of specific fruits and vegetables, the better and clearer our dissemination; and initiatives to introduce our children to the joys of eating fruits and vegetables are to be encouraged in order to train their taste acceptance and encourage good diet in youth and in later life. However, whilst this message is being put out loud and clear, the addicts are not increasing intake, the avoiders are burying the message and the appliers are creating little impression on average consumption figures for fruits and vegetables or on health and social costs associated with diet related disease.



10. Apart from fresh potatoes, vegetable consumption has remained at a similar level over the 25 years between 1974 and 1999. The consumption of both fresh and processed fruits has risen a little and that is encouraging. It should be noted that these data do not take account of what is consumed outside the home (which is an increasing proportion of food) but this activity is not usually centred on fruits and vegetable consumption. However, not to be too despondent, it is probable that without the excellent efforts of many organisations, including the food industry and retailers, to promote fruit and vegetable consumption, we might actually have seen a decrease.
11. These data are also average values and many consumers eat minimal amounts or no fruit and vegetables. Unfortunately, the simple fact that we have to constantly urge people to increase consumption of the ‘eat lots of’ category of foods demonstrates that there is a high degree of consumer resistance. Dietary change, if it occurs at all, will be slow and we might have to be content with the fact that consumption of these foods is not declining in the face of opposing market and media driven influences on our eating habits.
12. The second category of foods is the ‘eat less of’ category – eat less fatty, salty, high-energy foods etc. What we are actually saying here is eat less of the foods you like; less of the foods that are easily accessible at almost every snack bar, snack machine, retail store, fast food outlet, cafe and restaurant in the country; less of the foods that have some of the best marketing strategies associated with them; less of the foods that business finds relatively easy to sell and profit from.
13. The ‘eat less of’ foods are of low resistance in terms of consumer choice. This leads to –

### **The modern dilemma**

14. We know that the ‘eat more of foods’ will contribute to better health and lower health care costs but these foods are limited, are associated with high consumer resistance. A thriving food industry or varied family diet cannot be based on fruits, vegetables, whole-grain and a portion of oily fish once a week. However, if we do not eat less of many of the foods available to us, both in terms of amount and type, then diet-related chronic disease will continue to be a major public health problem which will cost huge amounts both in terms of caring for the chronically ill and funding costly drug-based (and other) interventions to prolong their life.

### **The response**

15. The response of the ‘purist’ nutritionist to consumer intransigence in taking up healthy eating messages is to put more and more effort into encouraging the public to consume more of the ‘eat lots of’ foods and that the role of the industry, including the retailer, is to support and promote this position irrespective of whether or not it is commercially sound to do so. Some industries and retailers have tried to support this position, especially if it makes good commercial sense for them to do so. Others sections of the food industry, whilst having bought into the diet and public health story, state that the consumer will never change their eating habits, and we need to extend the pharmacy into the food area by developing so-called functional foods, or nutraceuticals. Some industries respond to public health issues only in the face of legislation, or name and shame policies. So what else can be done in addition to the ‘purist’ approach which relies entirely on changing consumer behaviour, or industry-led functional food initiatives.

- Limit pack sizes – jumbo packs should be banned. Consumers justify finishing the product on the grounds that they do not want it to ‘go-off’, or be wasted
- stop the ‘buy one get one free’ offers on ‘eat less of’ foods
- Provide **accurate** information which is **relevant** to how we eat food. For example:
  - get the information right – incorrect statements are sometimes made on promotional literature – information needs to be checked by experts
  - Is it ok to get our fruit and vegetables from a triple-decker sandwich with associated mayo?
  - How about a Big Mac with a side salad?
  - Is a fruit pie a portion of fruit or does the fat, sugar and cream negate the beneficial effect?
  - How about tomato ketchup? Will that help?
  - I hate healthy foods? How do I cope? Do I take supplements?
  - Should I try and replace all refined cereals with whole grain?
- Get children more engaged with their food. They love cooking. Cooking should be brought back into the national curriculum. Learning about food is as important as sex and drugs education.
- Target disease priorities and mean it. The whole issue of labelling needs to be sorted out if we are serious about dealing with diabetes and obesity. An example here might be to change the information on energy content currently written in tiny font – blow it up to three times the size – put it on the front of the product – and state what proportion of the daily energy needs of a moderately active person that equates to.

### **Individual needs – society’s benefit**

16. And what about the longer term. In this post genomic era the challenge for the fundamental nutrition researcher is to learn more about individual response to foods, the genetic push and pull influencing our health response so that those who disseminate information can also refine that information for the person who really matters – me - the individual consumer. In this field it is crucial that the scientist engages with society with regard to whether their research and proposed research exploitation is acceptable.
17. And what about food supply, the industry and public health? The present day UK diet is very different from that of a hundred or even 50 years ago. It is evolving. For some of us it is supporting longer life but not adding quality to those added years. So do we leave the course of this evolution entirely in the hands of food producers and consumer choice or do we try and influence the future? We should start now to develop better partnerships to promote more extensive thought and innovation with regard to developing foods with high consumer acceptance that are formulated in such a way as to contribute to specific nutrition goals. We need the help of foods that look like and taste like foods we like to eat.
18. Moves have already been made in this direction for some foods, but often the very low fat, or low sugar, or low salt alternative just doesn’t have the same appeal in the food-consumer relationship. But what if all food was very slightly lower in fat, salt and sugar, slightly higher in more absorbable minerals and vitamins? Setting standards for foods that have minimal effect on taste or texture would make a significant difference over a life-time.

19. We also have evidence that changing the physical structure of food, rather than its chemical composition, can have a significant effect on the rate of nutrient absorption, fat metabolism, deposition, and satiety. The UK has the best research food chemists, physicists and technologists in the world straining at the bit to help with this sort of problem but with no real vision in the industry, (because they see it as a public health issue), or sufficient research initiatives from research funding bodies who see it as an industry issue.

### **In conclusion**

20. Sue Southon stated that at the moment we are playing around the borders of diet and health. The relationship between food and public health is complex, thus over simplistic; quick fix, single food, single nutrient or supplement approaches to the challenge of decreasing diet-induced disease are not viable. We need joined up thinking; research strategies and ‘application’ strategies that address real-life. These strategies must accept and understand that most of us want to eat what we like and damn the consequences and that the industry, while trying to help where they can, is there to sell and make a profit. However, we cannot afford the consequences. The health care services are over-burdened and financial and staff resources over-stretched. Sensible intervention is needed using several parallel approaches and not relying entirely on our hope that the consumer will see the light and substantially change their behaviour.

### **Lord Rea**

21. **Lord Rea** thanked **Sue Southon** for her presentation and invited **David Gregory** to make his presentation before opening the meeting up to questions from the audience.

### **David Gregory**

22. Remarking that it was always a challenge to speak after Sue Southon, David Gregory explained that his talk would cover four areas: (1) The background to Marks and Spencer including peoples misconceptions about the company (2) How do we respond to public health issues – what can and cannot be done (3) Nutrition (4) Challenges and concerns.

### **Marks and Spencer**

23. Marks and Spencer is a repertoire shop selling specifically targeted products. Supermarkets typically sell around 30,000 individual products – Marks and Spencer has a targeted range of around 4,000. The company only stocks its own brand products and thus has complete control over what is sold. David Gregory presented tables showing the diverse customer base that Marks and Spencer has – this runs against the perception that people have about food at Marks and Spencer.
24. The tables showed that Marks and Spencer has a slightly older customer profile than other food retailers. Another table presented by David Gregory clearly showed that the socio-economic profile is very broad. ABC1s are very important to Marks and Spencer but the customer base extends beyond those three groups. This is because the company has not given up on the high street and thus there is a good bond between the store and their consumers.

25. A new employee at Marks and Spencer recently commented that the company 'walks the talk' on values, for instance, the intrinsic value of public health. The vision, mission and values of Marks and Spencer are:

Vision – The standard against which all others are measured

Mission – Making aspirational quality accessible to all

Values – Quality, value, service, innovation and trust

## **Retailer support for public health**

26. There are three aspects to this:

### **(1) Food Safety**

27. Marks and Spencer has been active in establishing manufacturing guidelines. The company pioneered the vaccination of laying hens, which reduced the levels of salmonella in eggs. The company and its suppliers has invested over £1m in animal health research before BSE. Marks and Spencer also has a seat on a number of food safety and animal health bodies. The company can guarantee the safety of what it is selling as it sells only its own branded products.

### **(2) Food Concerns**

28. All products are made with free-range eggs. The company is working with groups such as Friends of the Earth to phase out pesticides, and it is phasing out the use of PVC packaging. Marks and Spencer has also won awards for its approach including a Compassion in World Farming Award.

### **(3) Nutrition**

29. Nutrition is a far more complex issue as we can offer products but cannot force them on people. Poor nutrition can lead to obesity, diabetes, coronary heart disease and cancer. At present, 8% of New York residents have been diagnosed with type 2-diabetes. In 2001, a report on obesity by the National Audit Office concluded that the disease costs around £½bn in NHS treatment costs and has a £2bn a year impact on the economy. This presents a challenge in itself.

30. The Marks and Spencer policy on nutrition is:

- to offer a wide range of wholesome foods which through informed choice can form part of a healthy well balanced diet
- provide healthy food ranges and healthier alternatives
- provide solutions to those with specific dietary needs
- to use minimum salt in our foods
- to provide clear on-pack information
- to support the Government and other stakeholders in developing a national nutritional strategy

31. **Salt** In 1998, Marks and Spencer launched a policy advocating the minimal use of salt in its products without compromising flavour or food safety. This policy initially targeted

bread but was subsequently extended to cover sandwiches, pizzas, ready meals and grocery products.

32. The company got going early on the issue of salt and by January 2001 over 100 tonnes of salt had been removed from its products - 26 tonnes from bread, focusing on top selling lines, and 20% of this was from top selling lines. 30 tonnes had come from ready meals and 6 tonnes from canned Danish ham (60 tonnes to date). The figures for canned Danish ham are particularly significant as salt is an essential part of the preservation process and required extensive research. **Alan Long** of VEGA Research raised the question of iodised salt which was briefly but inconclusively discussed.
33. **Diet Food** The same thinking was applied on 'diet food' and in particular, the 'Count On Us' product range. The challenge was to apply the knowledge and expertise and still come up with an attractive product. The 'Count On Us' range was introduced in January 1999. It is hugely successful and makes up a significant part of the company's product range. Calorie, fat and salt levels are strictly controlled.
34. **Children's Food** The challenge was also to apply the same thinking to children's foods. The targets for developing children's foods is to ensure that the products:
- are nutritionally balanced
  - contain no artificial colours, flavours or preservatives
  - have controlled use of salt
  - are free from nuts and sesame
35. **Allergens** The area of nuts is hugely important and the company has developed a clearly identifiable blue sticker for products containing nuts. A recent report on nut labelling by the Food Standards Agency made Marks and Spencer out to be both the heroes and villains of nut labelling. The report said that the labels were the clearest but that there was too much labelling.
36. A clear font and large writing are used. Labelling also shows the percentage of certain constituents in the product and in particular, the salt levels. In the near future, Marks and Spencer is looking to put the equivalent number of '5-a-Day' fruit and vegetable portions on the labels of its products. Marks and Spencer has also produced leaflets for schools on nutrition. These have been produced by nutritionists for teachers; they are aimed at Key Stage 4 and do not promote Marks and Spencer products.

## Challenges and Concerns

37. The public votes for retailers every day and, as a result, the retailer needs to think about what its priorities are – these obviously start with the consumer. The retailer can feel that all challenges come to us. Where is the prioritisation of the subject? How high up the Government's agenda is it? Everything starts with the consumer and it is important to understand consumer behaviour. In the USA, 50% of food consumption takes place outside of the home. However, such information is not readily available in the UK. It is the job of the supermarkets to find out what consumers want and what they are interested in.
38. We need to know what knowledge the customer has. Healthy eating ranges do well; however, a lot of consumers 'just don't get it.' *The Sun* newspaper recently ran an article

on a woman who weighed 14 stone 11 pounds who said ‘I often buy lower fat crisps then eat a couple of packs. At lunchtime I buy two triple pack low calorie sandwiches.’

39. There needs to be seamless Government. The Government needs to have a clear message and must not be confusing. At present, the Department of Health, Food Standards Agency, DEFRA, Department for Education & Skills, EU, devolved Government, NHS and the Curry Report are all involved in the Government’s approach to food and food policy. The Government has also set up a body to look into the Food and Health Action Plan. Members of the group include a significant number of Government departments. This creates a confusing picture of the Government’s involvement. A clear lead is needed. Consultation / stakeholder dialogue is important. Some consumers were consulted on the Wales National Nutrition Strategy. Effective dialogue is needed.
40. Labelling on its own will not work. It only works for those who are interested.
41. Marks and Spencer approves of having a robust legislative framework so that people will be encouraged to eat better. Products with misleading claims should be banned but it is important that retailers have the opportunity to develop new ways of describing and promoting products.
42. Finally, we live in a society that does not reward success – we are far too happy to name and shame. Where is the hall of fame which can provide the models? Why can we not recognise that some people do make a difference and should be rewarded for it?

### Question and Answer Session

43. **Lord Rea** thanked the two speakers for their admirably presented and thought provoking talks and invited questions from the audience.
44. **Dr Ian Gibson MP**, referring to his experiences in his Norwich constituency, asked why some branches of Marks and Spencer sold some products and others sold different ones. He added that this sort of product and store placing meant that food deserts did exist. **David Gregory** said that ranging was more about the location of the store, for example, caviar was sold in the Marble Arch store but might not be sold in other stores. He said that it was all about what people wanted. Smaller stores were designed for people who were going to come in and grab some lunch for example. **Ian Gibson** asked why stores did not consider making a wider diet available to poorer people. **Sue Southon** asked why supermarkets’ healthy eating ranges could not be targeted at all consumer groups adding that these healthy products have not had an impact on obesity. There was further discussion about the popularity of healthy eating ranges which **David Gregory** said constituted a business worth over £100m a year. He said that customers probably do not live exclusively on such products; if they were so compelling they would cover the whole range of foods. **Sue Southon** noted that low calorie labels can put off the ‘avoider’ and ‘addict’ categories of consumer. Although she did not advocate a lack of transparency, Sue Southon thought that if we really want to make a difference we have to ‘sneak up on people’. For example, make all foods slightly lower in salt content.
45. **Jack Winkler** from **Food and Health Research** asked about good nutritional practice in the food industry. He cited his experiences on a committee that had sought to make minimal reductions in salt across the board – this idea had been completely sabotaged by industry. He said that there should be guidelines for good nutritional practice. He said

that many food manufacturers also outsource the production of their products and then simply stick a label on it. **Ian Gibson** drew attention to the Forum's One Day Conference and the move to influence food policy. **David Gregory** acknowledged that the industry is fragmented. On safety, there was a common approach, which works, but on nutrition things will only be made to work if the Government is pushed. **Ian Gibson** asked whether a Food Tsar is needed, a point with which Sue Southon agreed. **Lord Rea** commented that Marks and Spencer was moving in the right direction and asked whether others (where appropriate) should be criticised. **Jack Winkler** suggested establishing a legitimised cartel for minimum standards.

46. **Gill Fine** from **Sainsbury's** said that a UK-wide strategy was needed. She cited the experiences Sainsbury's has had with the Department of Health which had challenged its 'What Counts' range as it was only interested in the levels of added sugar. She posed the question – what is a portion? **Sue Southon** said that much of the food in supermarkets comes from abroad and it is therefore difficult to legislate for what is in it. Worrying about food portion sizes was irrelevant – we should simply be eating more fruit and vegetables. We know that the Greeks and Italians are healthier than us; people need to know how they compose their portions. Sue Southon thought that we should have individual approaches to healthy eating, taking into account what we like and showing how people can eat healthily in real situations.
47. **Robert Pickard** of the **British Nutrition Foundation** approved of the efforts of retailers to improve the choice for consumers and mentioned favourably the recently established Nutrition Strategy in Wales. He said that all sectors had been involved; the strategy had all-party support; and there was seamless working by the FSA and the DoH in Wales. He stressed that the real importance of developing a UK-wide nutrition strategy was that it ensures co-ordination amongst the many organisations working in the industry and would also provide useful signposts. He emphasised that a National Nutrition Strategy is absolutely critical and that other initiatives would founder until a strategy is established.
48. Robert Pickard also suggested increasing the number of non-digestible products on the market and asked if there was sufficient research in this area. **Sue Southon** said that such innovative strategies were important. She drew attention to ways of changing the structure of food to influence satiety levels. She replied that research in this area was not well supported; research took place largely within the pharmaceutical sector.
49. **Lord Rea** asked **Sue Southon** what methods could be used to change the composition of food. **Sue Southon** said that there is the possibility of processing fats used in foods so that they behave differently in the stomach and make you feel full for longer. There were many studies about satiety and single nutrients but not enough research about satiety and complex foods.
50. **Dr Jenny Lisle** of the **Food Industry Medical Association** suggested that the food industry had a hidden unused resource, namely doctors whose responsibility was workers within the food industry and catering, including food handlers' fitness for work. Doctors could be involved a little more, perhaps by means such as competitions to come up with ideas. FIMA could be a useful network. She highlighted a general lack of communication between people.
51. **Alan Long** of **VEGA Research** raised the value of semi skimmed milk when the remaining fat was being put into other products such as Cornish dairy ice cream. He also

raised concerns about the high salt content in marmite, though yeast extracts were a good use of yeast by-products and a cheap source of Vitamin B. Low salt versions were sold in health shops. **Sue Southon** said that a tiny spread of marmite was not a problem.

52. Drawing the meeting to a close, **Lord Rea** said that the discussion had aired many of the problems which exist and some solutions had been discussed though much more needed to be done.
53. Lord Rea explained that the next meeting was on the subject of **Better Information Provision and Health Education**. A notice would be sent to members once both speakers were confirmed.

**CLC, April 2003**