Cot Well The Eatwell project: Nutritional Policies in Europe and their effectiveness

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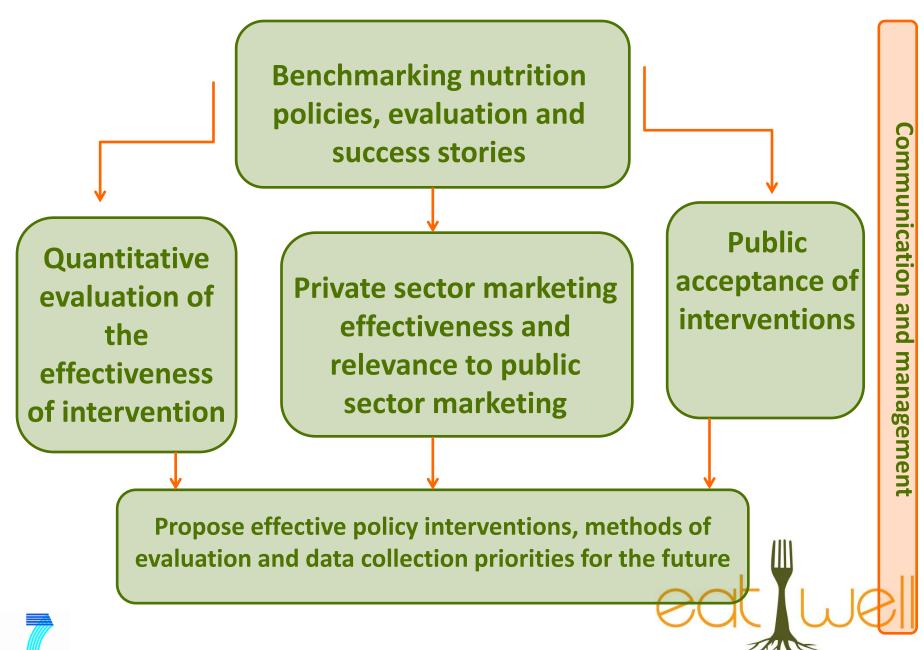
Background to Eatwell



- An obesity 'epidemic'
 - Implications for health (€70b per year European health care costs)
- Poor diet quality may impose even greater costs
- Concern about the sustainability of health care systems
- Economic productivity also suffers
- Governments have recognised the scale of the problem and are anxious to reverse current trends
- A desire that policy be 'evidence-based'







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Ente di ricerca di diritto pubblico sottoposto alla vigilanza del Ministero delle Politiche Agricole Alimentari e Forestali.









European Food Information Council





Jagiellonian University Medical College



Definitions used by EATWELL

- Policy interventions: any government action which can affect people's healthy eating behaviour by
 - (a) supporting more informed choice;
 - (b) changing the market environment
- Healthy eating: the adherence to the nutrition recommendations of WHO and eating to maintain healthy weight



Method of policy effectiveness assessment

- Identification of interventions through:
 - information services of governmental websites
 - direct consultation with policy makers and local public servants
 - previous reviews, reports and literature
 - Eatwell case studies





Number and Type of Diet and Health Measures in the EU identified by Eatwell (March 2010)

Measures supporting informed choice		Changing the market environment		
	Туре	No.	Туре	No.
Advertisi	Advertising controls		Fiscal Measures	
Public in	Public information campaigns		Regulate (school) meals	
Nutrition	Nutrition education		Nutrition-related standards	
Nutritional information on menus in restaurants		0	Government action to encourage private sector action	
Nutritional labelling		4	Availability measures for disadvantaged consumers	2
TOTAL (i	TOTAL (informed choice)82		TOTAL (market)	29
+ Re	+ Review of relevant non-EU policies & academic studies			
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Common evaluation gaps

- Inappropriate outcome variables (e.g. focus on exposure, awareness, intentions, attitudes etc.)
- Inappropriate measurement (self-reporting)
- No counterfactual consideration
- Inappropriate sampling (self-selection biases)
- Diet response, but uncertain diet-health relationship (creating problems for cost-effectiveness)
- No estimate of longer term response
- Compensating behaviours and substitutions ignored



Econometric methods for policy evaluation

Using secondary, mostly large-sample multi-purpose survey data, not collected for analysis of specific interventions

Some of the methods available:

- 'Difference in difference' methods
- Micro-simulations
- Propensity score matching
- Regression discontinuity
- Panel data methods

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Own evaluations (selected case studies)

Case study	Main findings	
5-a-day (UK)	+0.3 portions (0.2-0.7 by income group)	
5-a-day international (UK, Spain, Denmark)	+0.4 portions in Spain (fruit), no impact in DK	
Salt campaign (UK)	10% reduction in salt intakes	
Ofcom regulation (UK)	No clear effect when accounting for pre-existing trends	
Vending machine ban (France)	Effective in schools (reduction up to 150 cal), evidence of compensation	
Reformulation (international)	Effective for salt, trans-fats, but concern about levels in some foods and countries	
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Review of past policies in Europe

Policy instrument	Reported evidence of positive impact	Estimation of cost-effectiveness (based on literature)
Advertising control	Suggestive (uncertainty on behaviours, long-term)	Cost-effective (if effective)
Public information campaign	Suggestive (strong on attitudes, small on behaviours)	Cost-effective
Nutrition information on menus	Suggestive (compensating behaviours?)	No evidence
Nutritional education	Suggestive (uncertainty about larger scale outcomes)	Not cost-effective (discounting)
Fiscal measures (taxes)	Mixed (uncertainty about distributional impacts)	Cost-saving
Fiscal measures (subsidies)	Suggestive	Cost-effective
Nutritional labelling	Mixed (strong on awareness for users, mixed results on the dietary outcomes)	Cost-effective
Regulate meals in schools/working places	Suggestive	No clear evidence
Nutrition-related standards	Suggestive	Cost-effective
Government encouragement for reformulation in food sector	Suggestive (uncertainty about final outcomes)	Cost-effective
Disadvantaged consumer subsidies	Cost effective	
Availability measures	Suggestive	No clear evidence
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How cost-effective are healthy eating policy interventions? OECD evidence

Policy/Intervention	Cost/DALY
Food advertising regulation	\$25,672
Food labelling	\$12,577
Mass media campaign	\$25,897
School-based interventions	>100,000
Worksite interventions	45,639
Fiscal measures	Cost-saving

ACE study: 10% tax on unhealthy food both improves health and saves costs.





Reformulation cost effectiveness?

"it is estimated that a 1g average salt intake reduction across the UK population yields an average benefit of 56,660 QALYs per year" (FSA, 2009).

Valued at €35,000 per QALY implies a value of €2b!

The FSA argues in the absence of regulation, reformulation costs are all private....(i.e. Cost saving)



Methodology for policy recommendations



- Review evaluations of interventions from Member States and non EU countries.
- Review evidence of effectiveness and cost-effectiveness from internationally peer-reviewed literature
- Survey of EU citizens in 5 countries on policy acceptability





Methodology (contd)

- Draft recommendations discussed among all partners
- 4 workshops with policy makers, industry, consumer and other relevant NGO representatives for feedback
- Revised document discussed among all partners and fine-tuned



Warnings!

- Unable to gather evidence on policy synergies, may be that the recommendations would be more effective together than the sum of their parts
- The evidence base is often weak.



Measures supporting informed choice

- Small but generally positive effect on healthy eating and tend to be cost-effective.
- Well accepted by the public and stakeholders.
- However, informed choices are not necessarily healthy choices.







Policies changing the market environment

- The potential to off-set the social costs of unhealthy eating.
- Cost effective
- Measures are more intrusive and therefore generally less well accepted by the public.







Policy recommendations (selection)

Policy	Recommendation		
Advertising controls	Children: a broader approach is needed		
	Adults: not recommended		
Social marketing	Recommended, but more focused and long-term		
	Transfer best practices from commercial sector		
Labelling	Front-of-pack, and in combination with other policies		
Fiscal measures	Introduce, but ring-fence revenues and thorough evaluation of current experiences		
Vending machines in schools	Selective products on sale, but ban is not recommended		
Nutrition standards & reformulation	Promote voluntary reformulation, but mandatory for trans fats		
Disadvantaged consumers	Introduce schemes like WIC and SNAP from the US. Further study of food deserts and availability measures.		
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Conclusion on policy recommendations

- Strong need for more and better evidence of policy effectiveness to be collected.
- Despite only partial evidence on policy effectiveness, the case for action is urgent and there is sufficient evidence for the actions recommended.



Selected Eatwell Publications

- Capacci et al. (2012), Policies to promote healthy eating in Europe: A structured review of instruments and their effectiveness. Nutrition Reviews, 70(3): 188-200
- Aschemann-Witzel et al. (2012), Lessons for public health campaigns from analysing commercial food marketing success factors: a case study. BMC Public Health, 12:139
- Shankar et al. (2012), An evaluation of the UK Food Standards Agency's salt campaign. Health Economics, on-line preview (forthcoming)
- Bech-Larsen and Aschemann-Witzel (2012). A Macro-marketing perspective on Food safety regulation: The Danish ban on trans fatty acids. Journal of MacroMarketing, 32(2): 208-219
- Pérez-Cueto et al. (2012), Assessment of Healthy Eating Policies Evaluation in Europe: A review within EATWELL Project. Public Health Nutrition, 15(8):1489-1496.
- Capacci and Mazzocchi (2011). Five-a-day, a price to pay: an evaluation of the UK program impact accounting for market forces. Journal of Health Economics, 30(1), 87-98



Thank you

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