

# The challenge of combating climate change, the food crisis and escalating health costs

Philip James

LSHTM and Chair of IOTF and the  
Presidential Council of the Global Prevention Alliance



IUNS



IDF

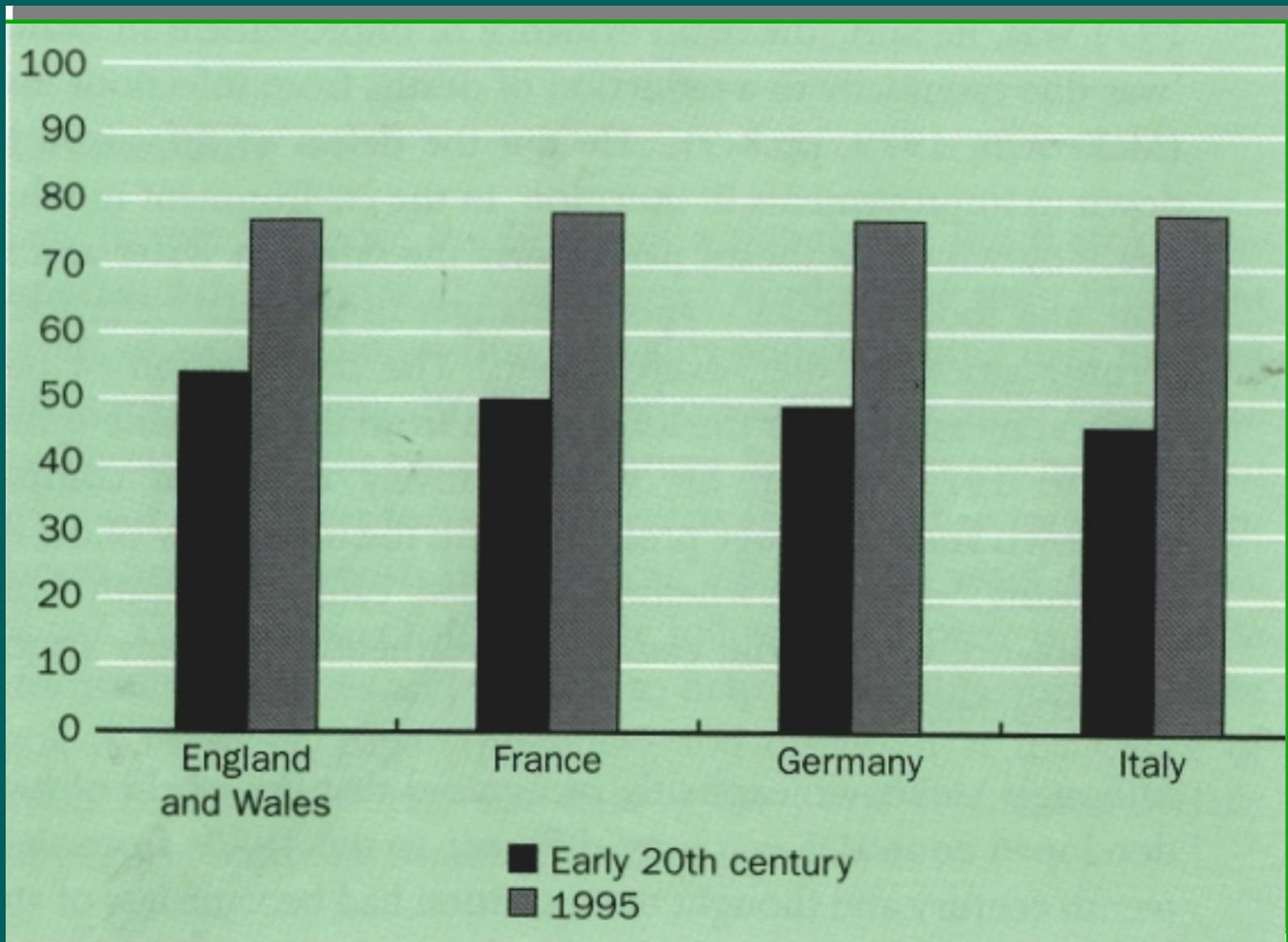


IPA

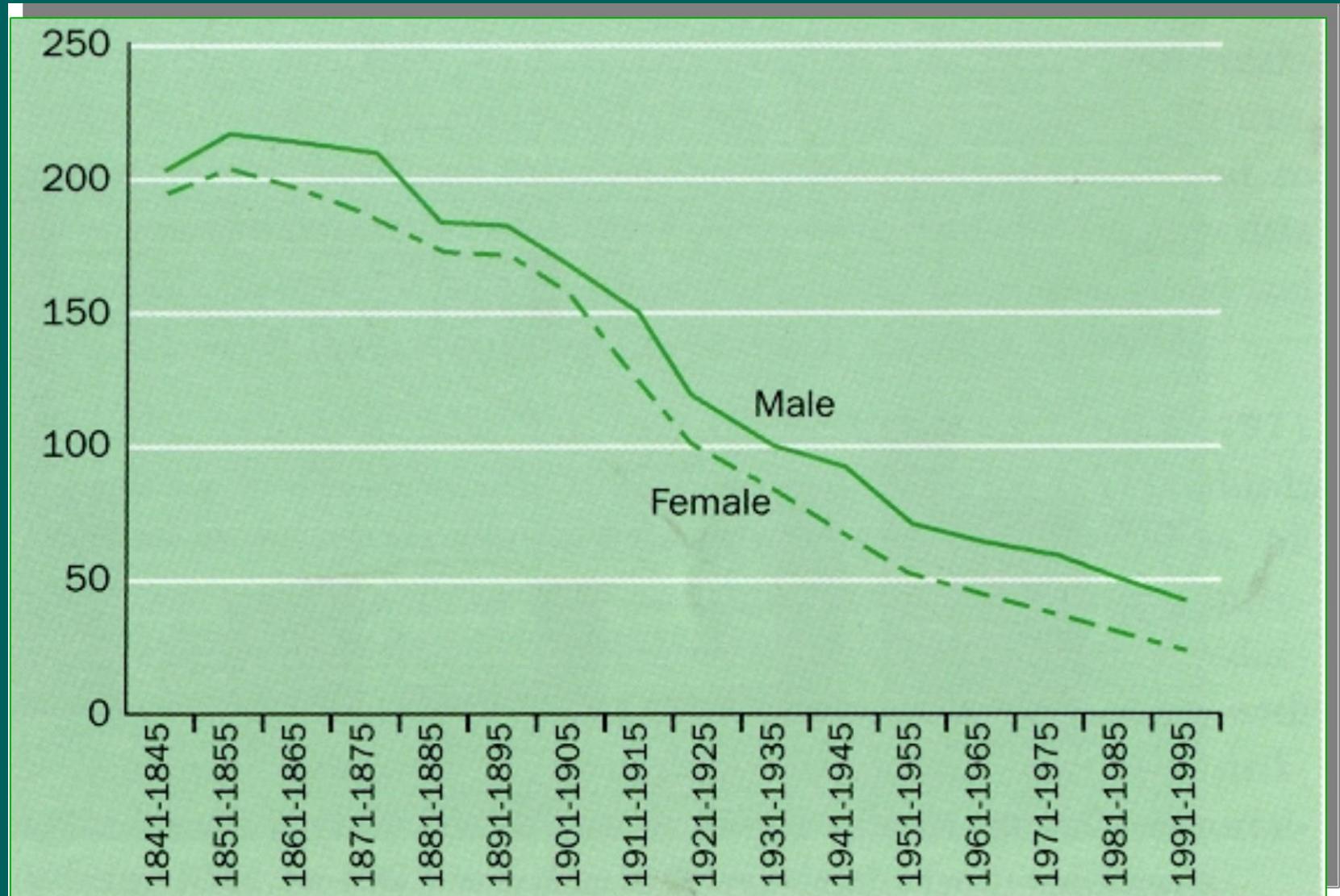


WHF

# Improved life expectancy at birth



# Death rate trends in England and Wales, 1841-1995



## EUROPEAN CROP BELTS

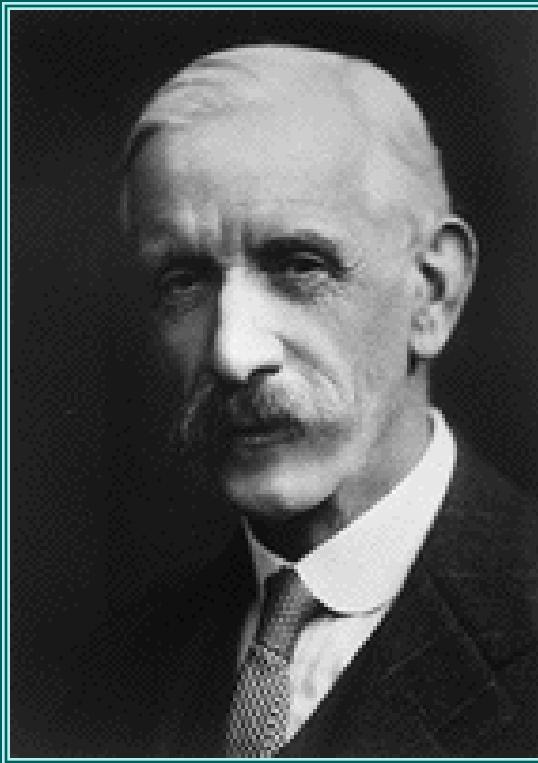
- No Agriculture
- Oats with Flax in Russia
- Polar Barley with Coniferous forest
- Mediterranean Barley
- Barley
- Winter Wheat & Sugar Beet
- Mediterranean Wheat Belt
- Maize Belt
- Winter Wheat
- Spring Wheat
- Rye Belt
- Hay & Pasture
- Tundra
- Steppe



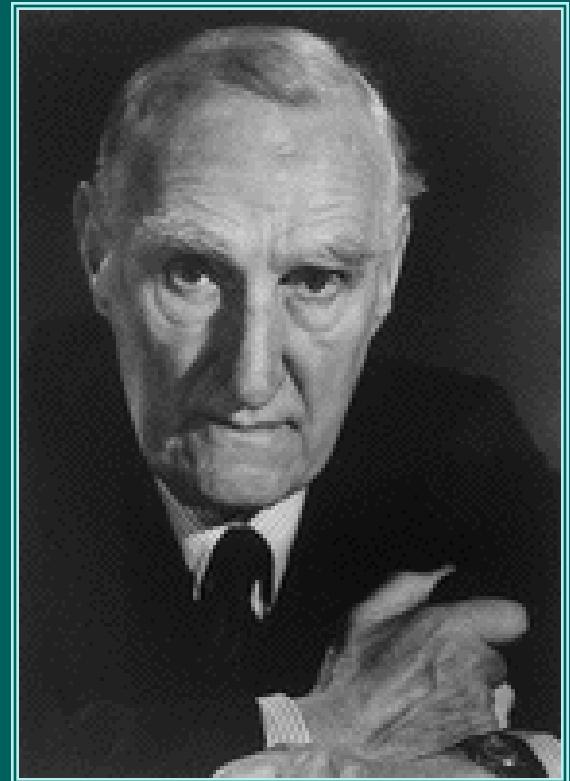
# The excitement of Nutritional Science: Nobelists



Christian Eijkman

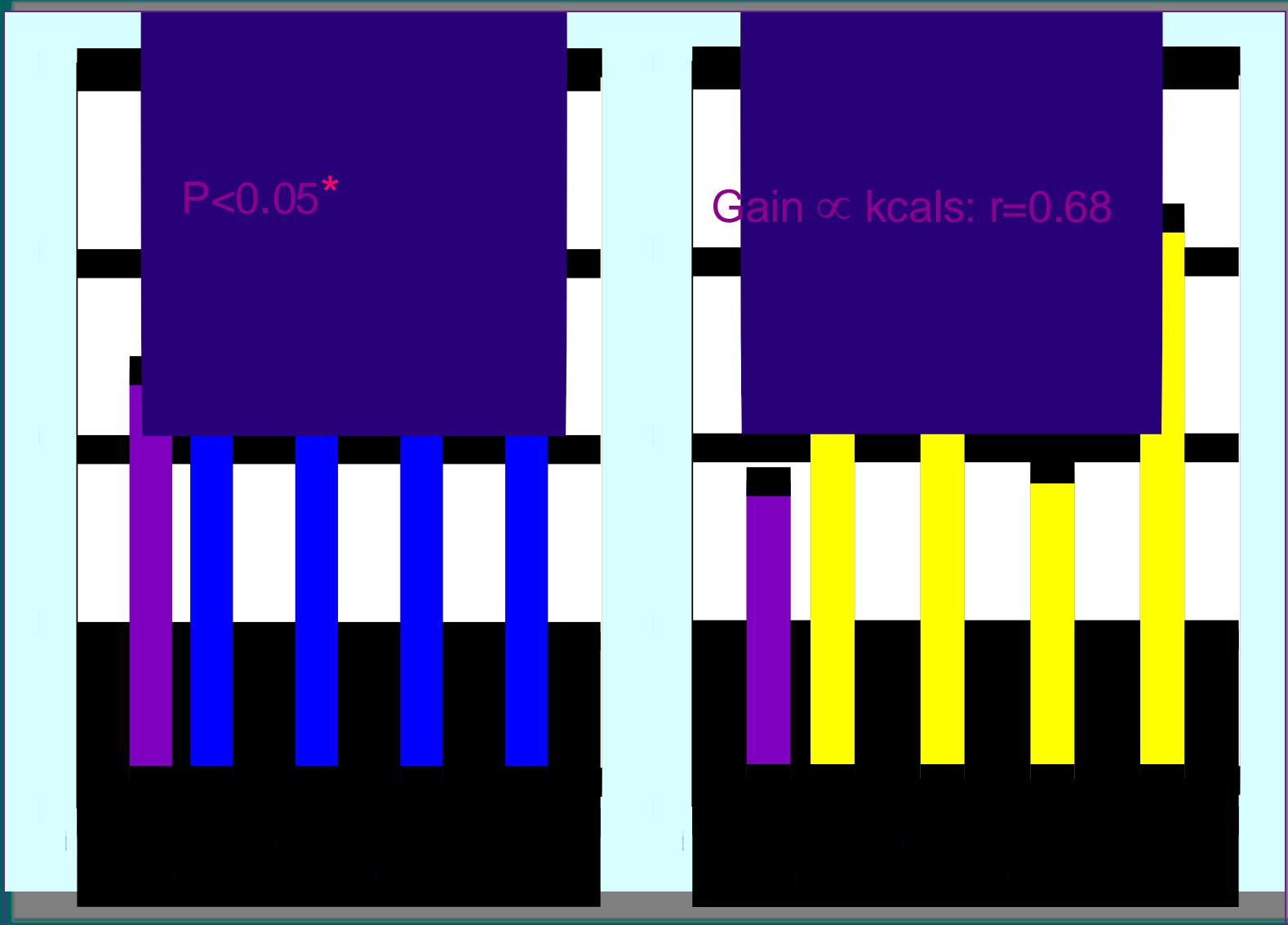


Frederick  
Gowland Hopkins



John Boyd Orr

# Response to food supplements in stunted children



C. Petty (PhD, 1987) from Corry Mann HC. In "Diets for boys during the school years". 1926.

# British wartime feeding based on novel nutritional concepts



Cod liver oil



Milk



Orange juice



FRUIT YOU WASTE  
**HERE!**



.... MAY PREVENT HIS  
WOUNDS FROM HEALING\*  
**THERE!**

VITAMIN 'C' (ASCORBIC ACID) FOUND IN CITRUS FRUITS  
IS AN AID TO HEALING WOUNDS AND BUILDING TISSUE



ARMY CONSERVATION PROJECT INC. 115-12-14

THIS POSTER TO BE DISPLAYED IN REST HALLS ONLY  
BY COMMANDING OFFICERS, CHIEF QUARTERS, CHIEF QUARTERS

OFFICE OF THE QUARTERMASTER GENERAL

# FOOD IS A WEAPON

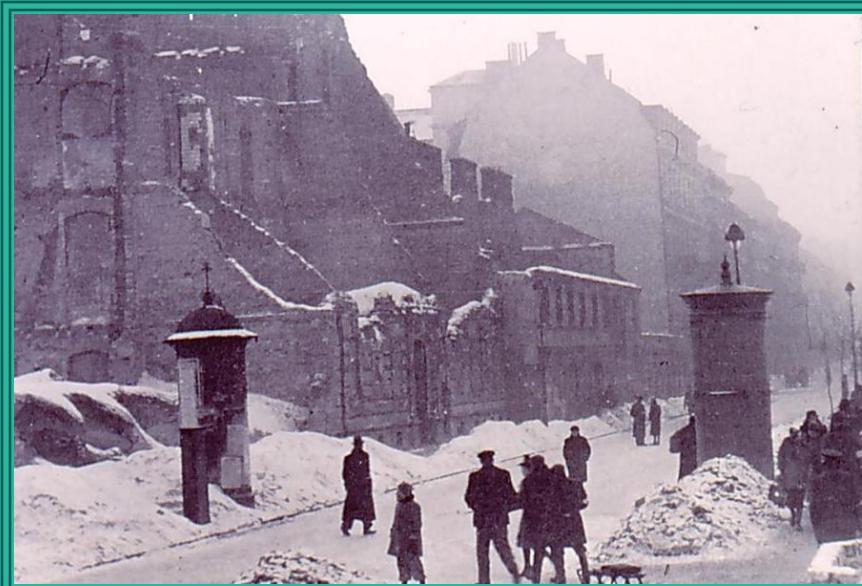


**DON'T WASTE IT!**  
BUY WISELY - COOK CAREFULLY - EAT IT ALL

**FOLLOW THE NATIONAL WARTIME NUTRITION PROGRAM**

Chart Post No. 18. Additional copies may be obtained upon request from the Office of Public Information, Office of War Information, Washington, D. C.

44-125000 (Revised) 1943



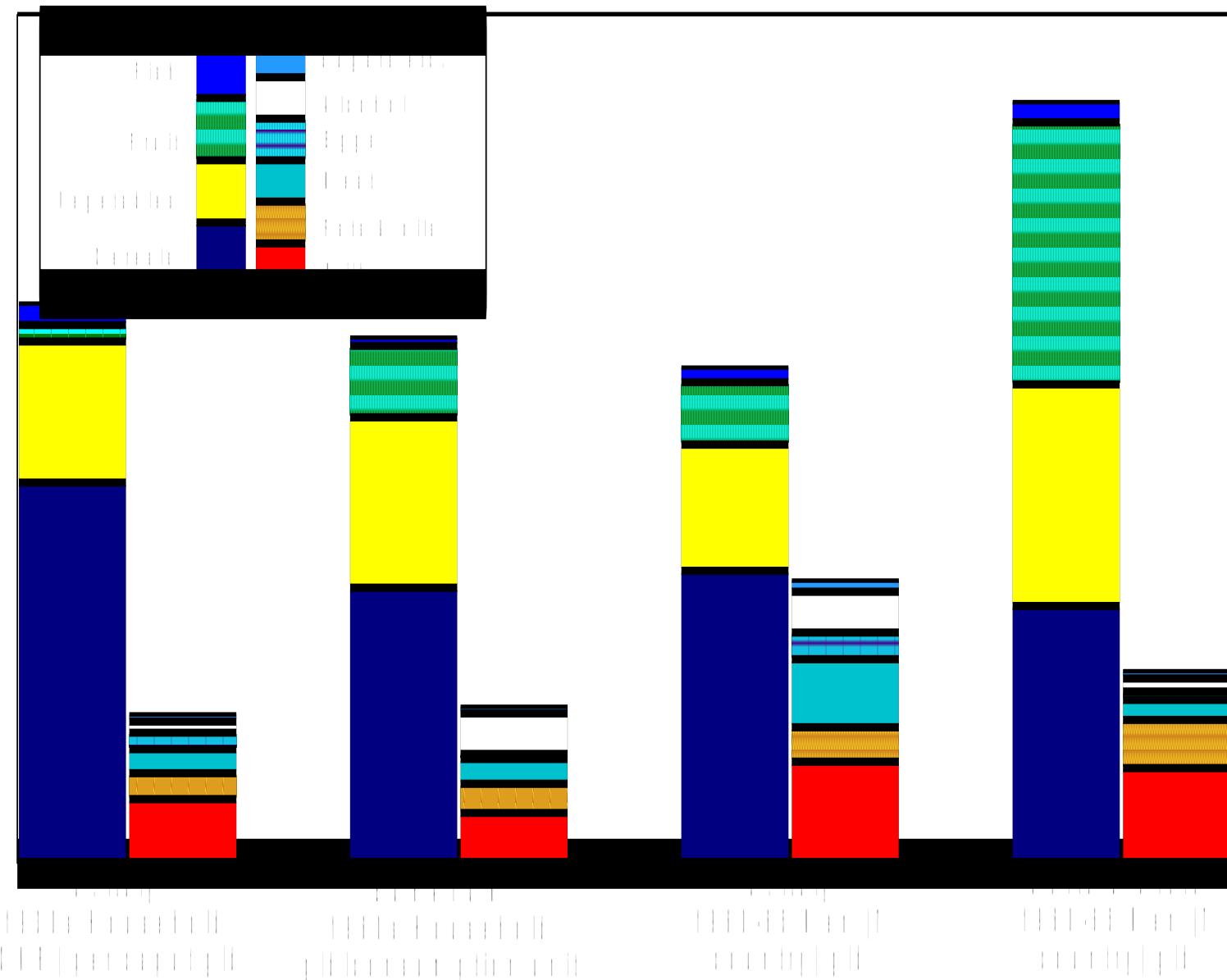
# The transformation of agriculture: an issue of fundamental national security



The result of decades long major EU and multiple government funding of dairying



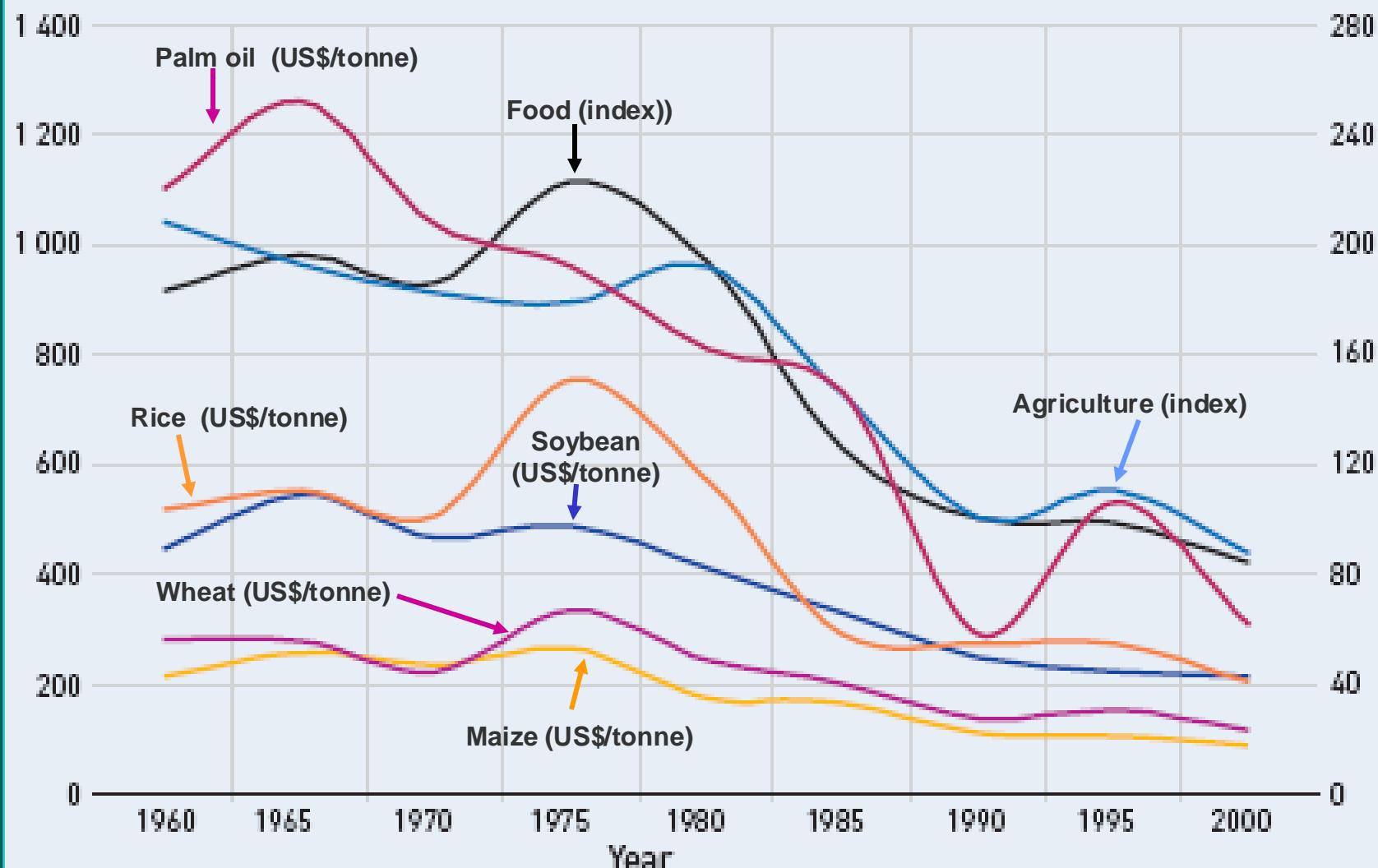
# The Traditional Mediterranean Diet



# The fall in the global cost of agricultural commodities 1960-2000

Constant 1990 US\$/tonne

Index, 1990 = 100



Based on 1990 world market prices.

Source: World Bank, 2001.

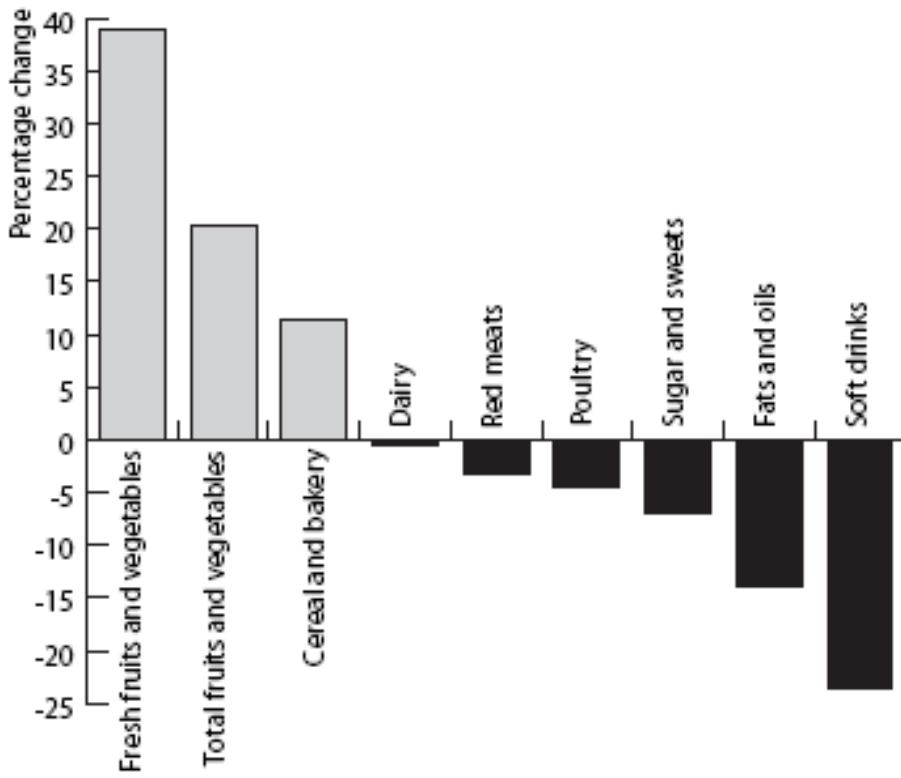
# Food without Thought

How U.S. Farm Policy  
Contributes to Obesity



Institute for Agriculture and Trade Policy  
*Environment and Agriculture Program*

Change in food prices, 1985–2000  
(real dollars)



Source: USDA ERS FoodReview, Vol. 25, Issue 3. Converted to real dollars.

**Government support for producing grain and oilseed crops comes in many forms, from money invested in public universities and government agencies to research such crops, to subsidy payments that make up for low prices, to continued promises of increased export markets for these crops.**

# Agriculture policy

- Chronic over-production of sugar and butter
- Low cost of calories from oils, sugars, starches

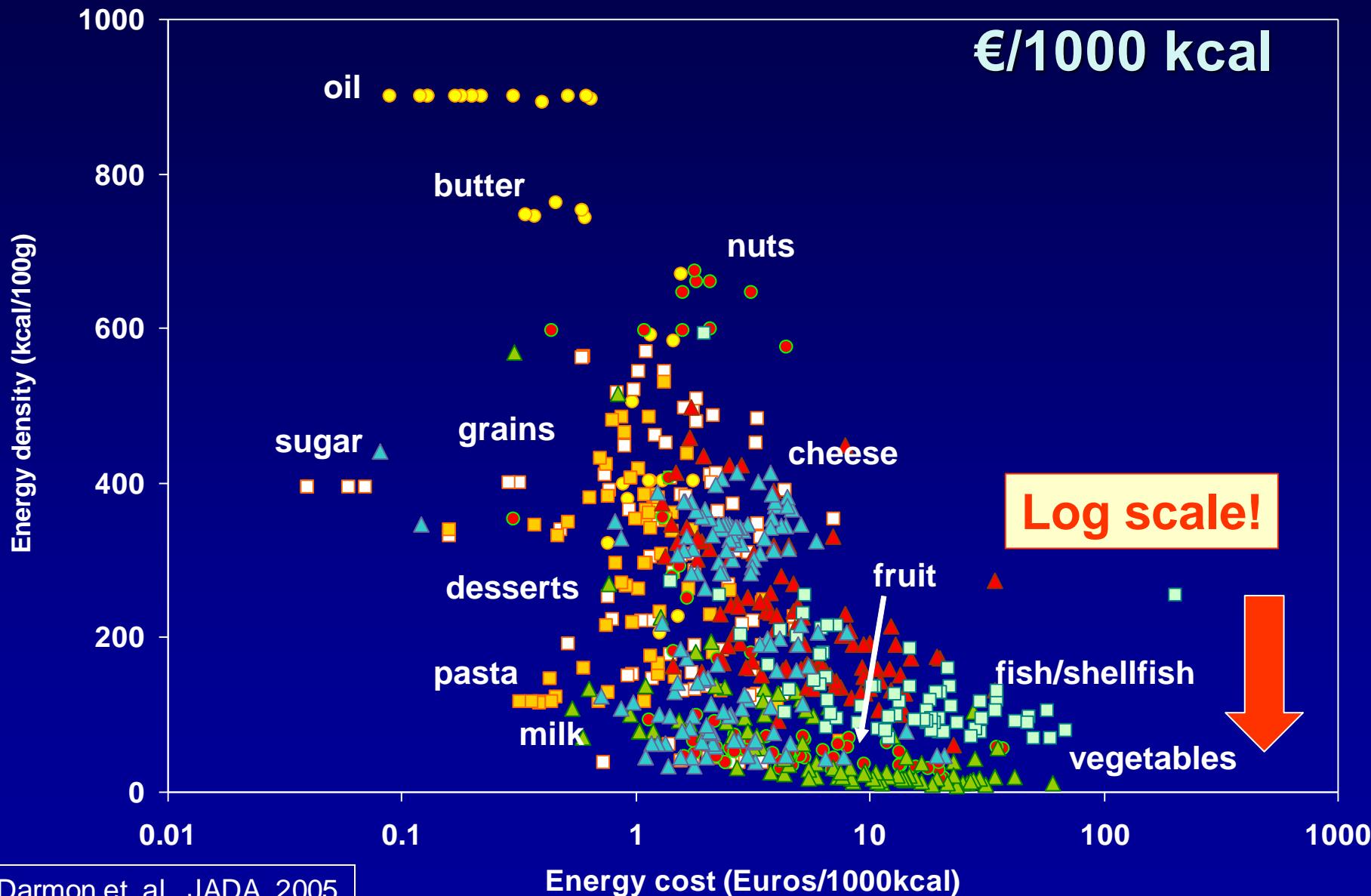


55 cents for 100 kcal

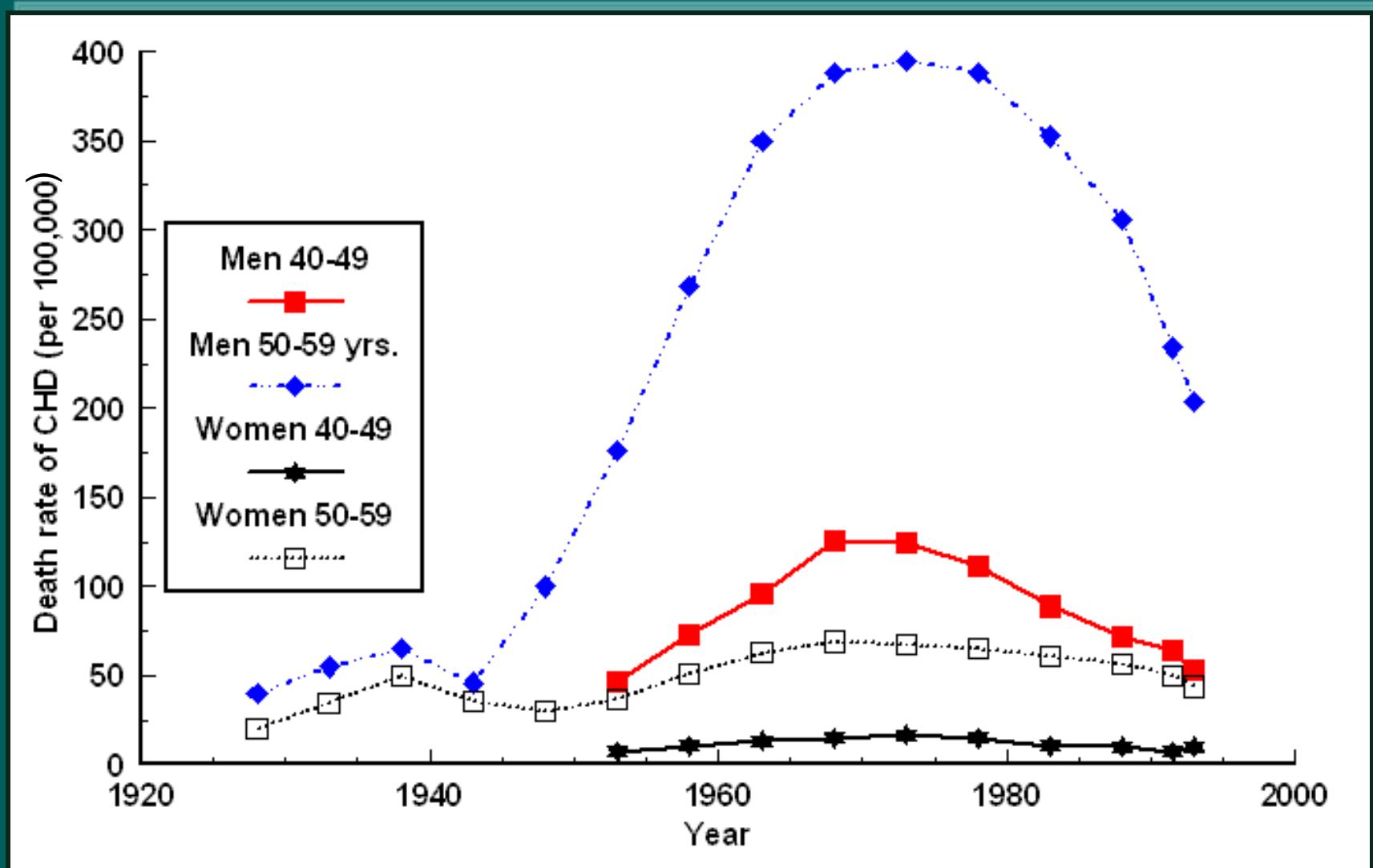
1 cent for 100 kcal



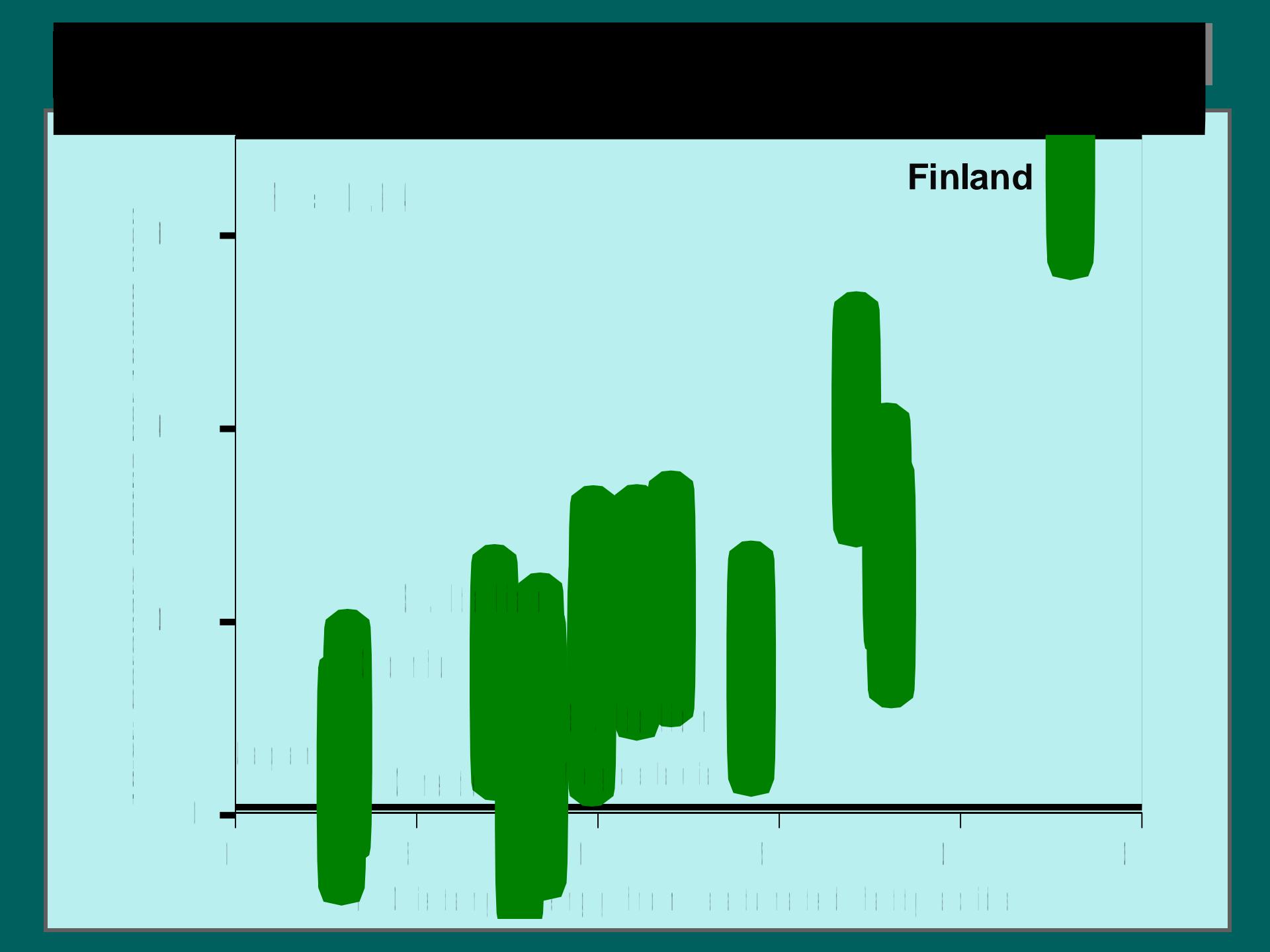
# High energy dense foods (kcal/100g) cost less in France



# Nutritionists advocate a "balanced diet": the emergence of coronary heart disease in the Western world

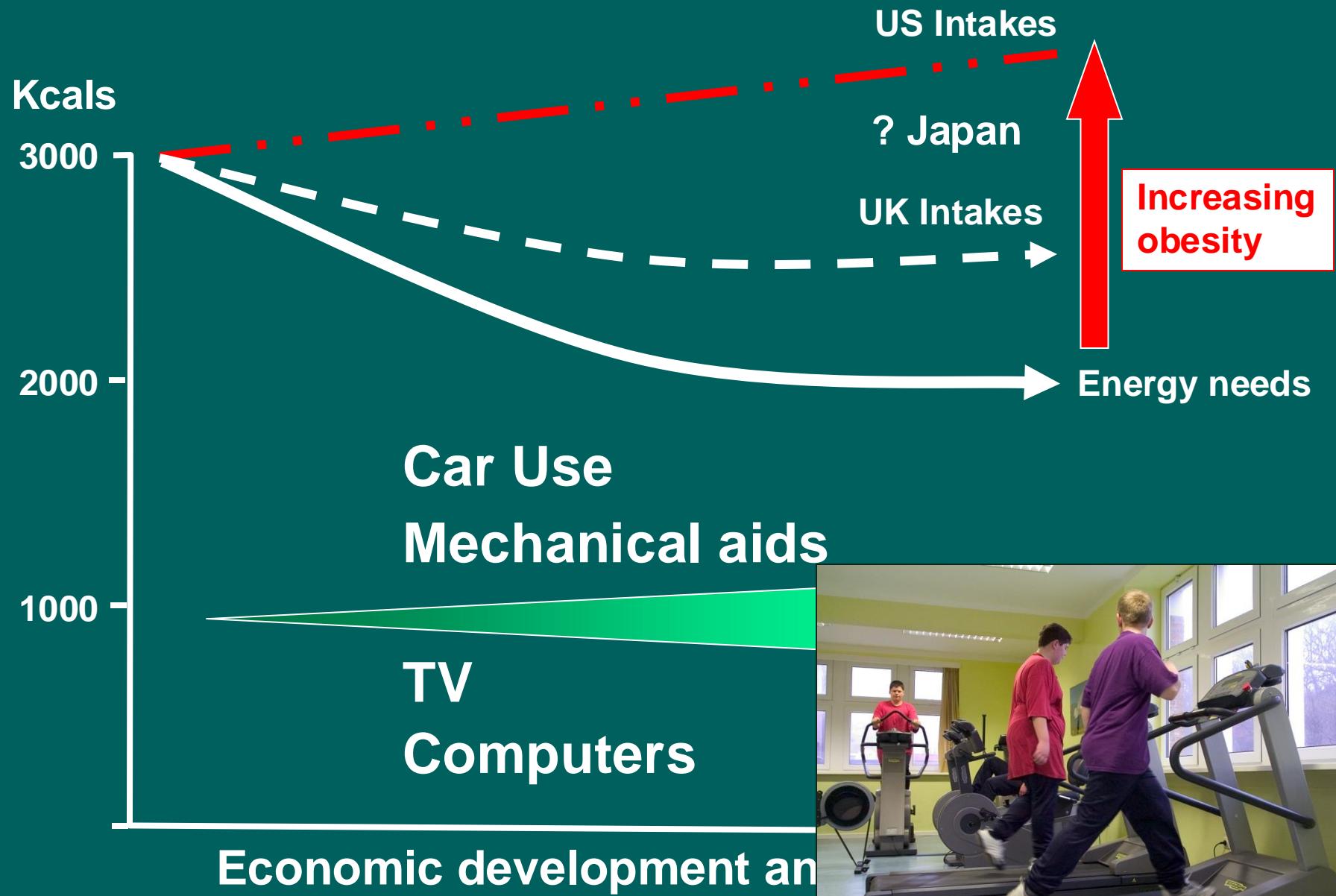


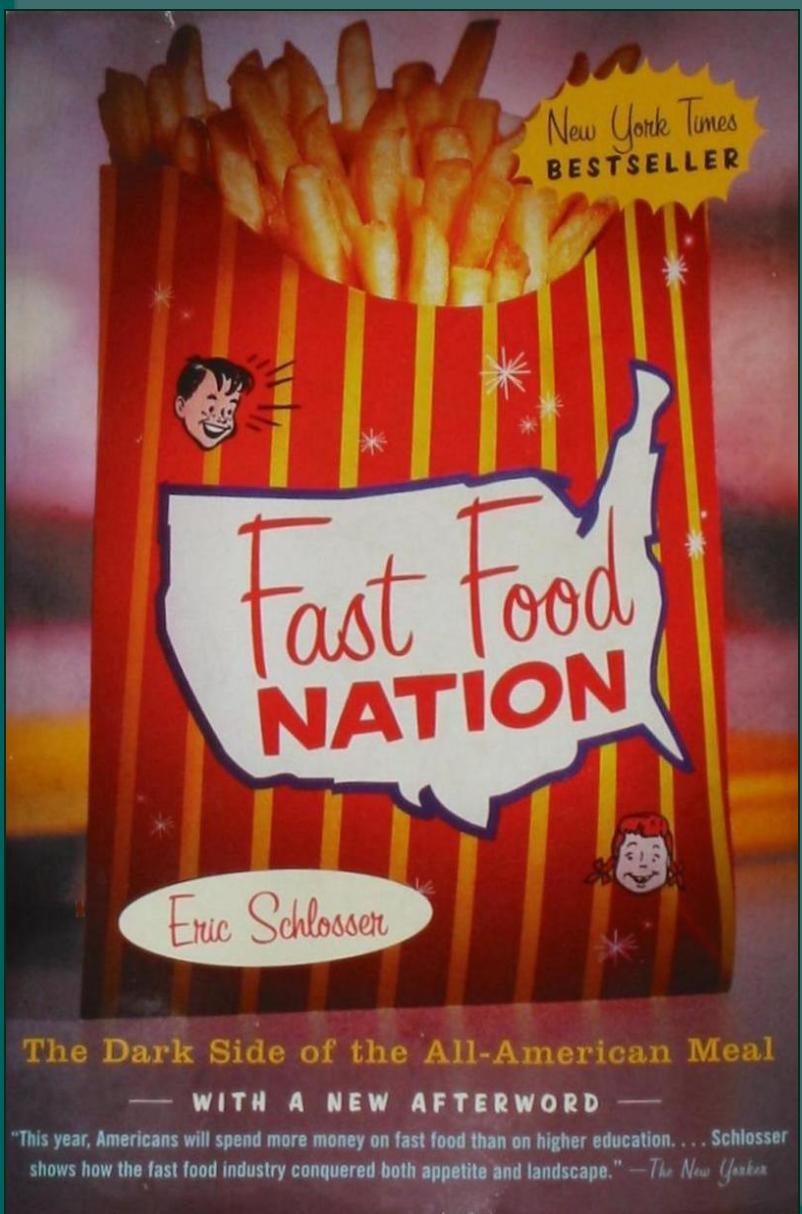
UN Commission Report: Food & Nutrition Bulletin, 2000.



Finland

# Economic development and falling food needs

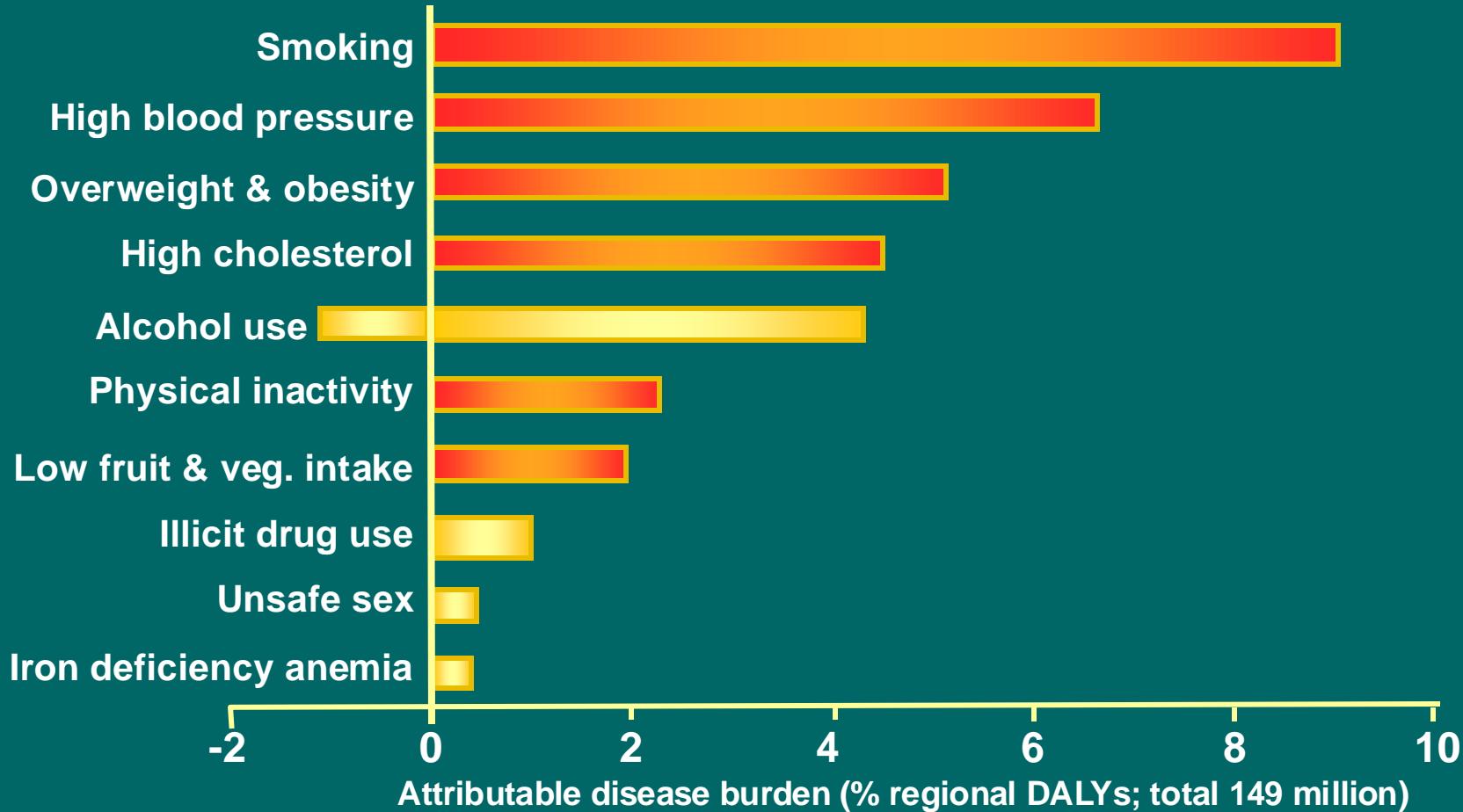




**A quarter-pound cheeseburger, large fries and a 16 oz. soda provide:**

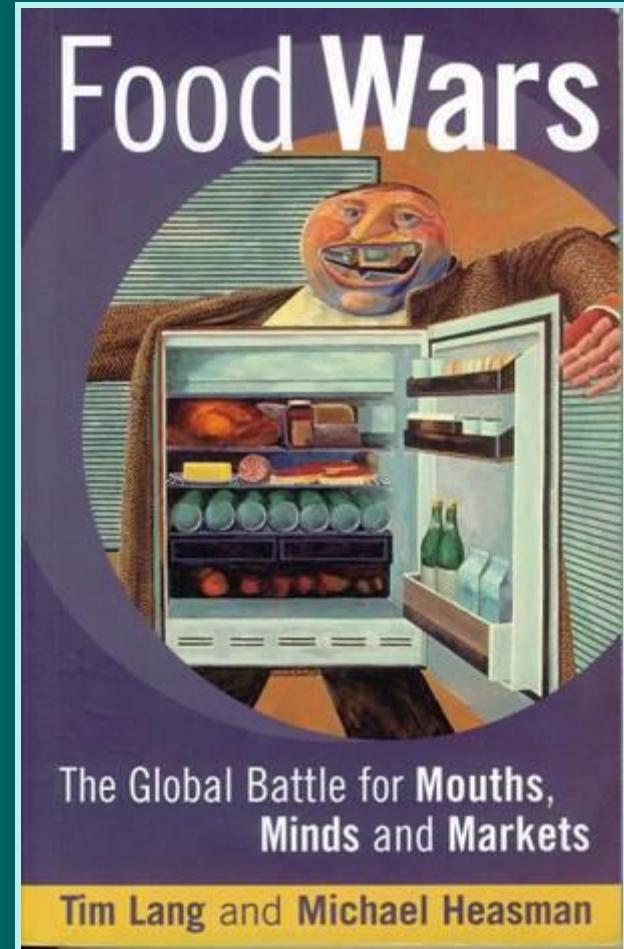
- **1,166 calories**
- **51 g fat**
- **95 mg cholesterol**
- **1,450 mg sodium**

# The top risk factors underlying the disease burden of high income countries (all preventable)

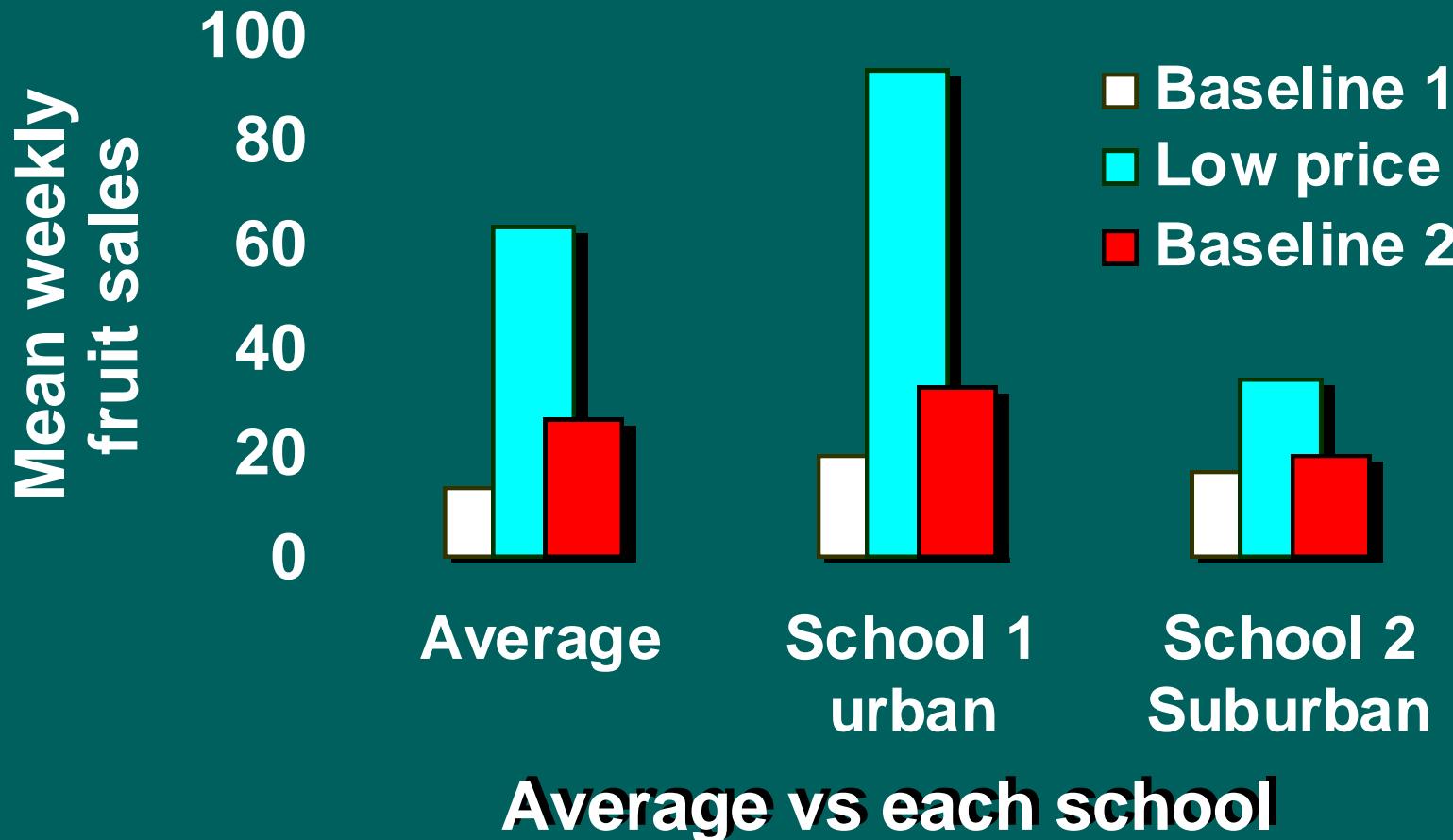


# The keys to success in the food business and in obesity and chronic disease prevention

- Price
- Availability
- Marketing



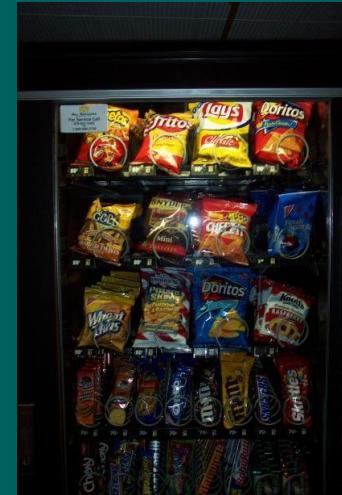
# Children's fruit purchases depend on price



French et al, 1997

# Snack Foods are everywhere

- Car washes
- Book stores
- Hardware stores (Home Depot)
- Gas stations
- Office buildings (vending machines)
- Health clubs/gyms
- Video stores
- Car repair shops





Living Life Well

# Manipulating children's behaviour: evidence from a UK government

## Food industry promotions

- ▶ Can confuse nutritional knowledge, e.g. whether fruit is in product
- ▶ Change food preferences
- ▶ Change purchasing behaviour
- ▶ Influence choice and consumption by brand
- ▶ Alter balance of categories of food eaten

End of  
aisle  
display  
increases  
sales 2-5  
fold

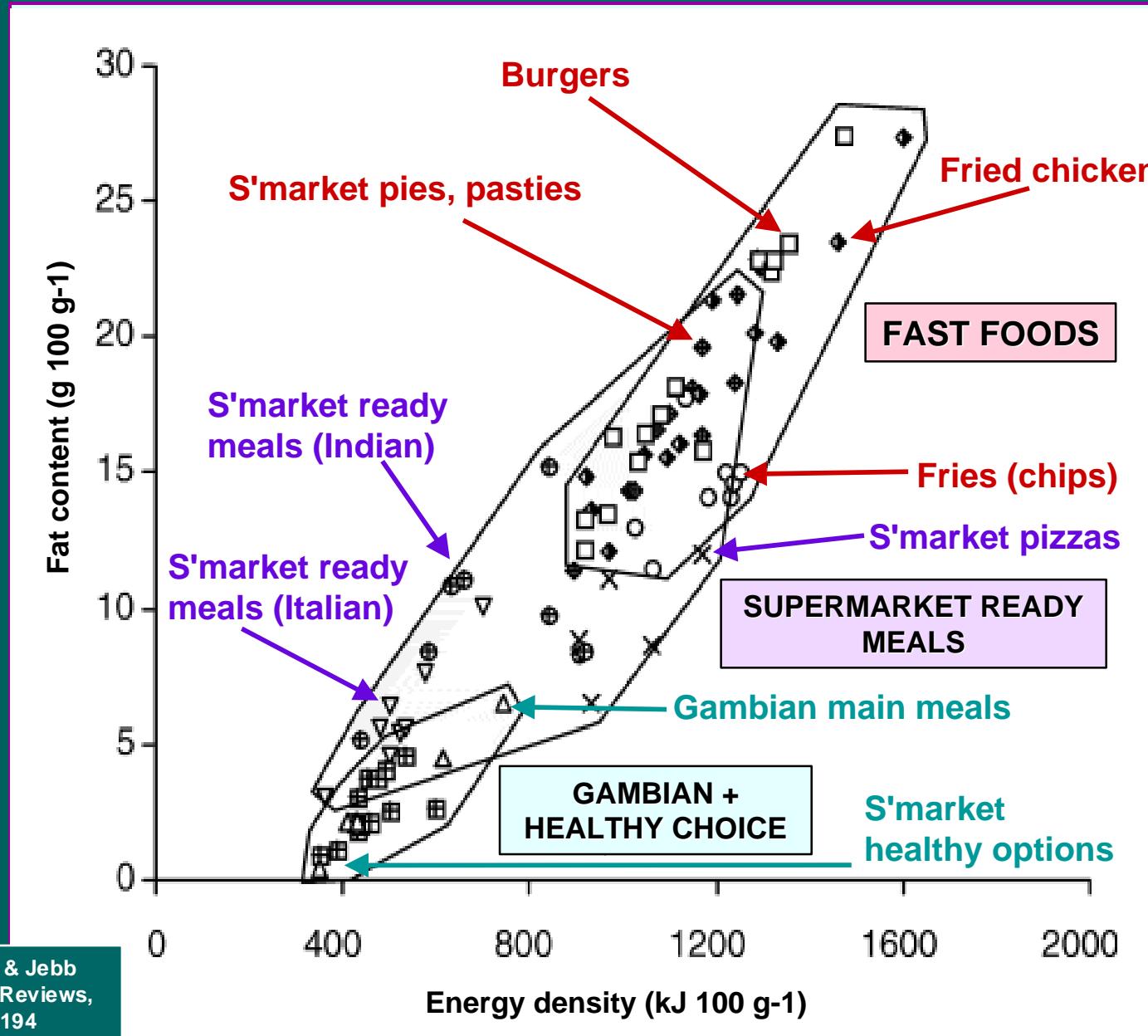


# CHIPS ARE IN SEASON !

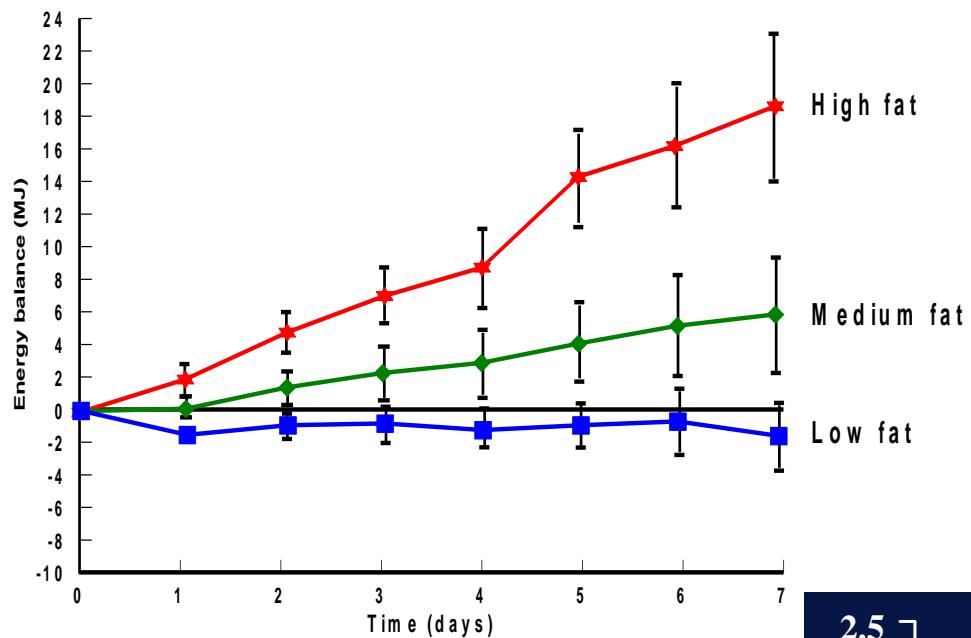


Doubling shelf space increases sales by 40%

# Concentration of kcals in food depends mainly on their fat content



# The brain does not recognise hidden fats & sugary drinks



Three groups were offered the same food but with very different fat content.

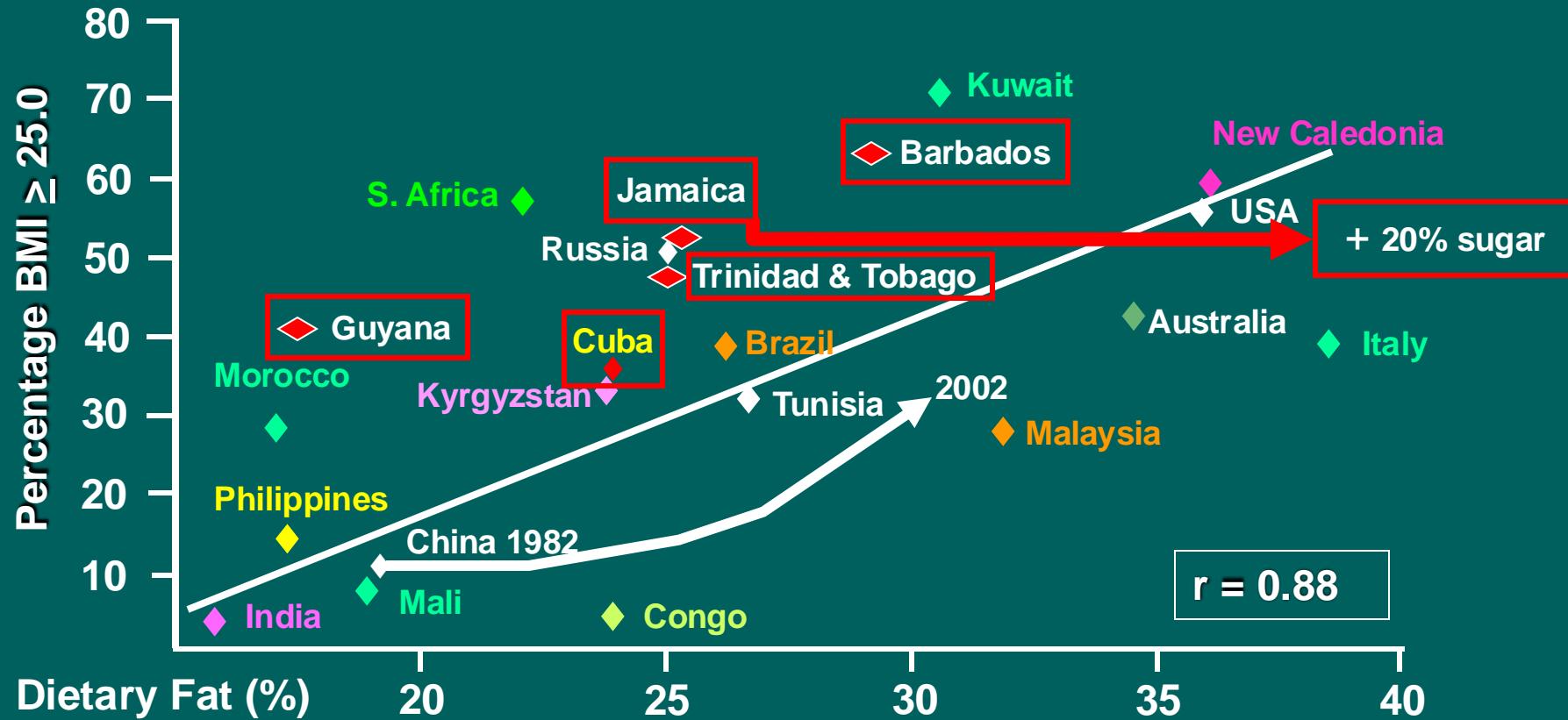
The groups ate the same amount of food: those on high fat foods unconsciously stored kcals and put on weight

2 groups drank soft drinks with either sugar or sweeteners (no kcals).

Those drinking sugary soft drinks unconsciously gained weight every week for 10 weeks; those on calorie free drinks lost weight



# Dietary fat and weigh gain : additional effects of high sugar intakes on Caribbean overweight/obesity

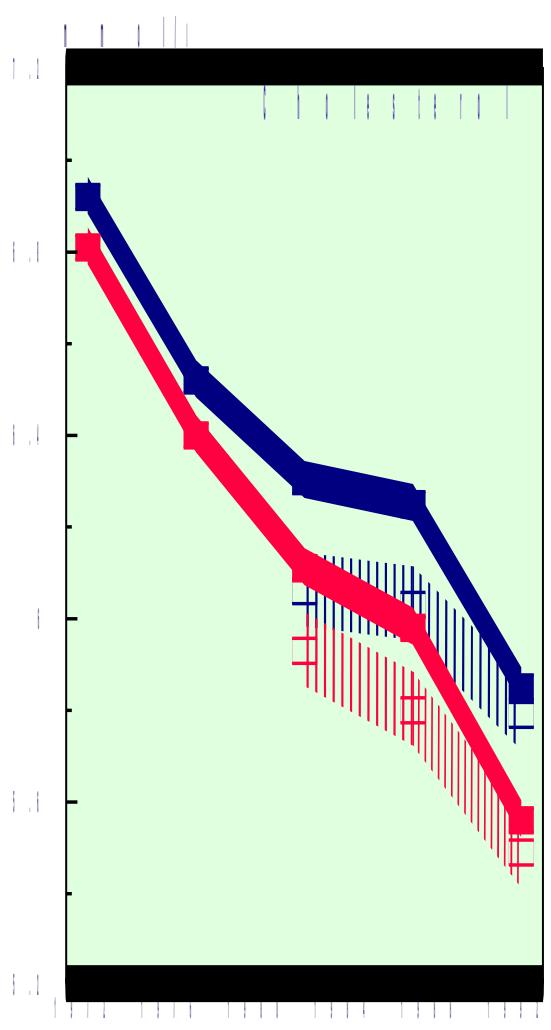
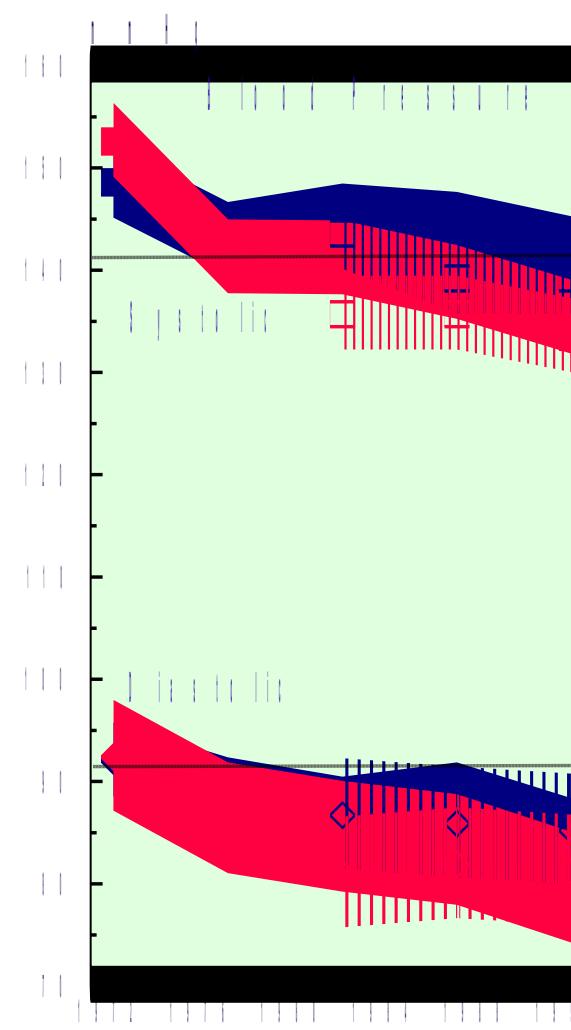
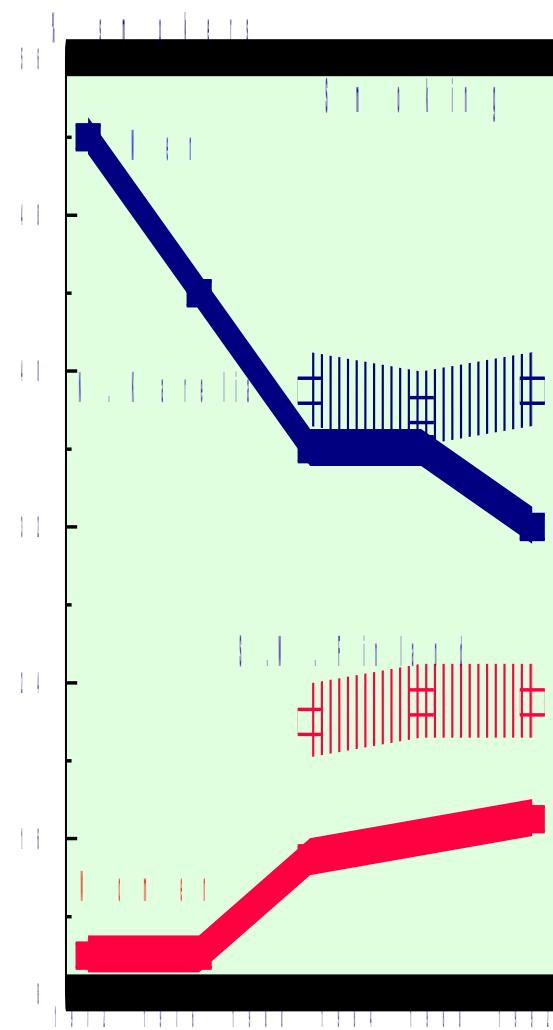


Adapted from Bray & Popkin, AJCN 1998; 68: 1157-1173 with data from FAO 2005, CFNI and recent national surveys

Obesity epidemic is inevitable unless policies to reduce intakes substantially from fat & sugar with spontaneous increases in activity are introduced now

# The ten leading causes of death in Low and Middle / High income countries

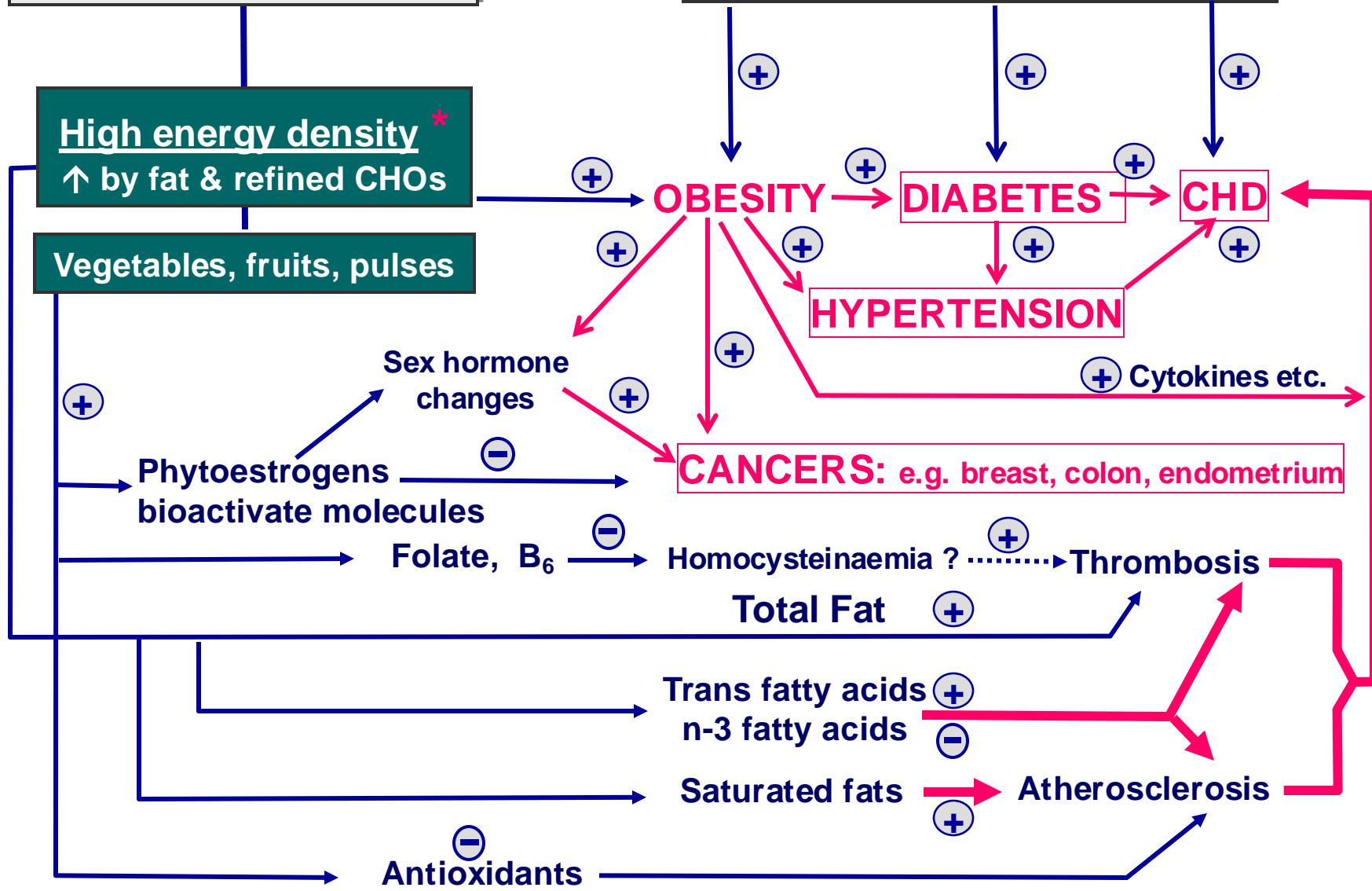
Low- and Middle-income countries				High-income countries		
	Cause	Deaths (millions)	% total deaths	Cause	Deaths (millions)	% total deaths
1.	Ischemic heart disease	5.70	11.8	Ischemic heart disease	1.36	17.3
2.	Cerebrovascular disease	4.61	9.5	Cerebrovascular disease	0.76	9.9
3.	Lower respiratory infections	3.41	7.0	Trachea, bronchus & lung cancers	0.46	5.8
4.	HIV/AIDS	2.55	5.3	Lower respiratory infections	0.34	4.4
5.	Perinatal conditions	2.49	5.1	Chronic obstructive pulmonary disease	0.30	3.8
6.	Chronic obstructive pulmonary disease	2.38	4.9	Colon and rectal cancers	0.26	3.3
7.	Diarrhoeal diseases	1.78	3.7	Alzheimer's & other dementias	0.21	2.6
8.	Tuberculosis	1.59	3.3	Diabetes mellitus	0.20	2.6
9.	Malaria	1.21	2.5	Breast cancer	0.16	2.0
10	Road traffic accidents	1.07	2.2	Stomach cancer	0.15	1.9



**Note remarkable 10mmHg fall in BP and 15% drop in cholesterol - not drug based**

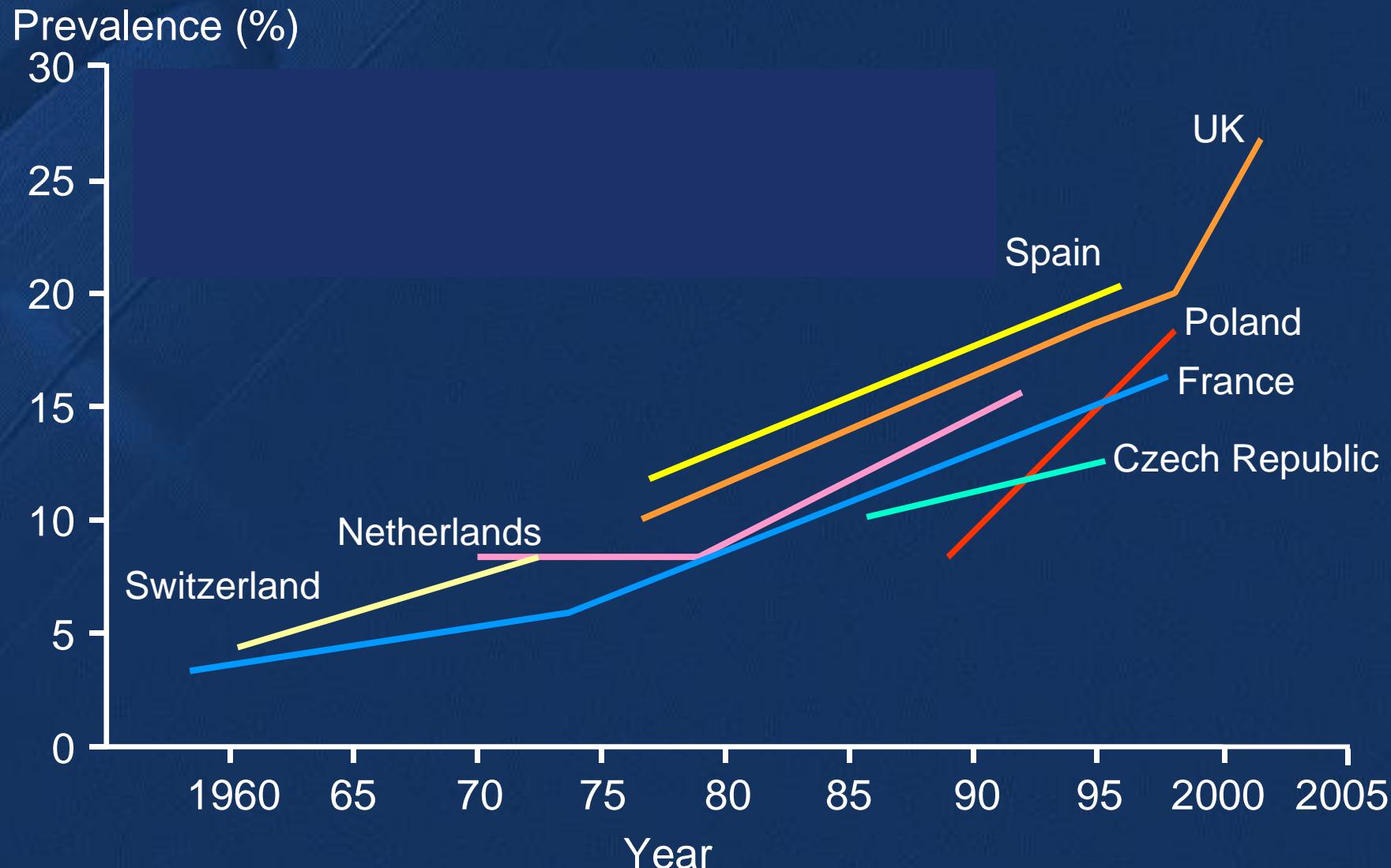
# Dietary change

# Physical inactivity



\* Energy density reduced by water-holding, bulky foods, e.g. tubers, cereals, vegetables, fruits, pulses.

# Excess bodyweight is increasingly prevalent in children and adolescents

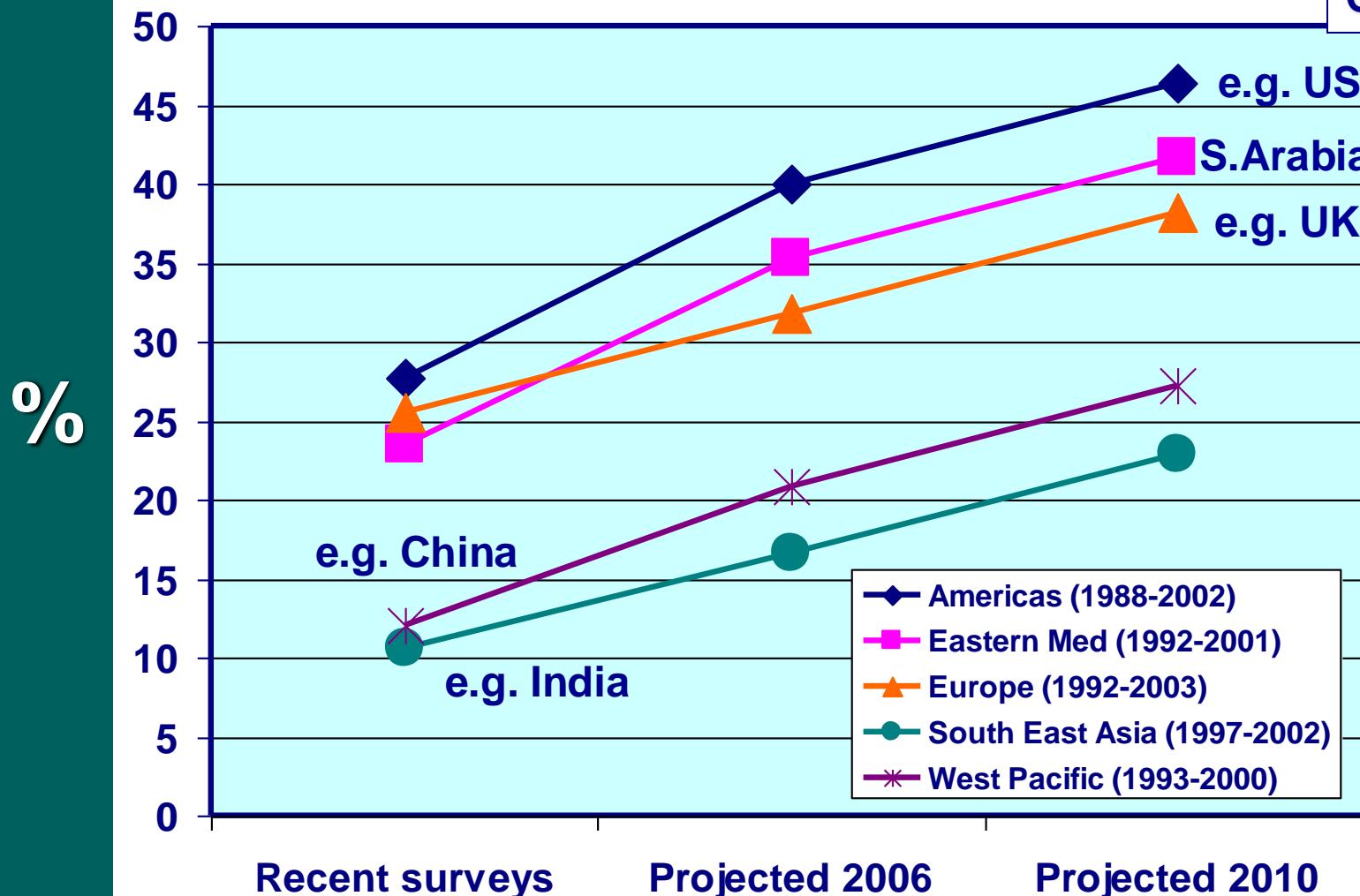


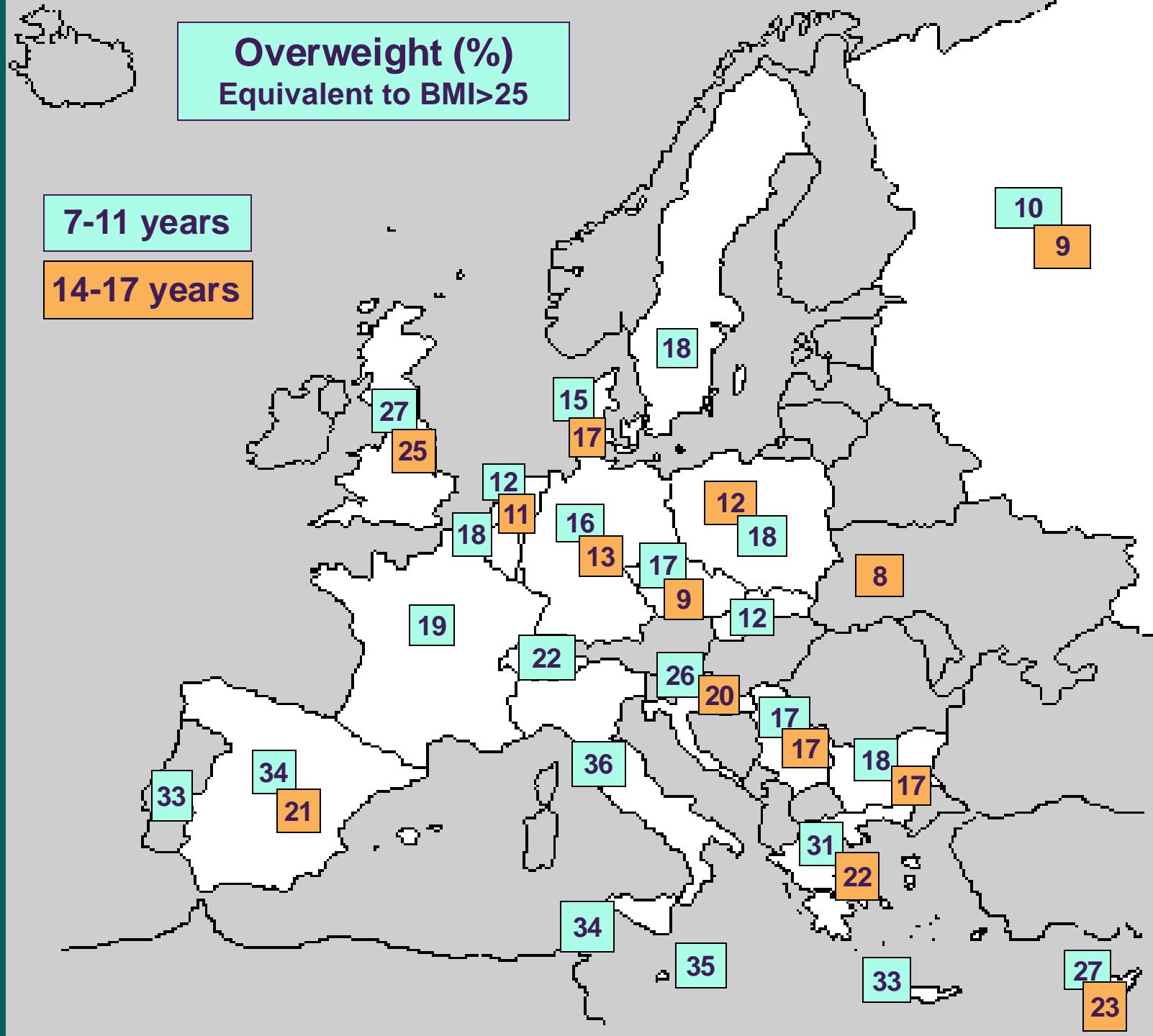


# Projected overweight (incl. obesity) rates for school age children

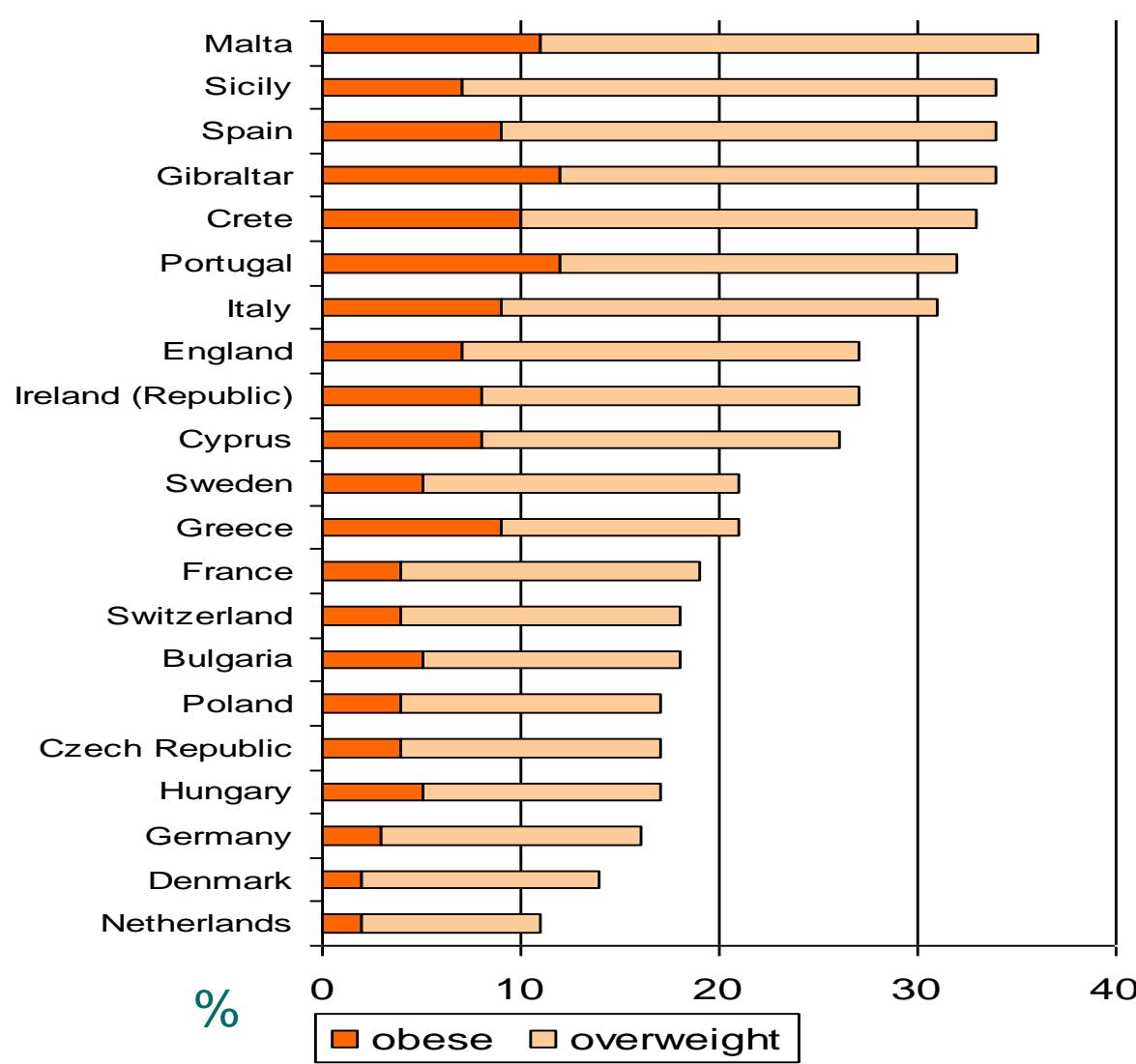
Prevalence

Global total  
Obese 74 mil.  
O/wt 287 mil.





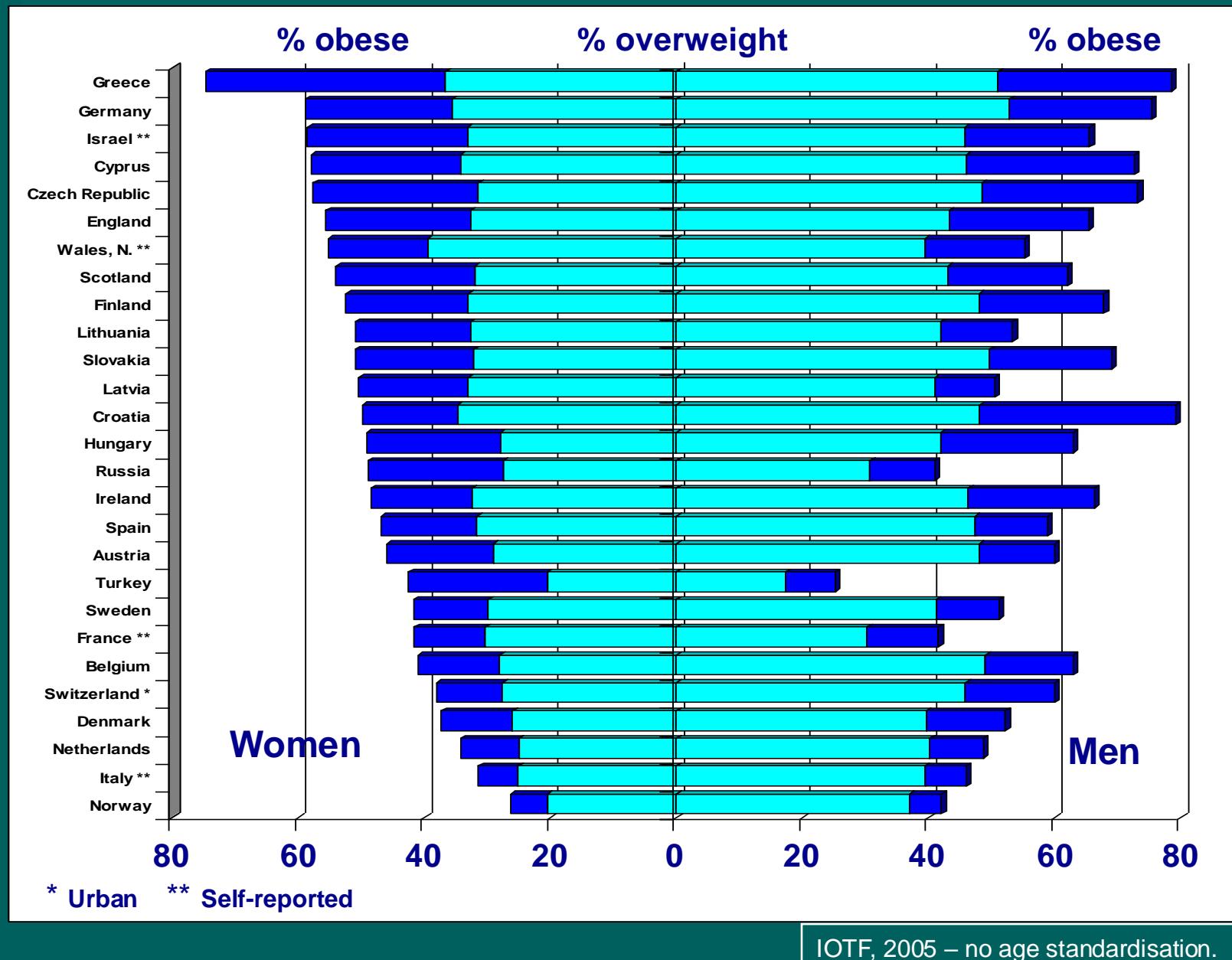
# Obesity and overweight prevalences in European children aged 7-11 yrs.



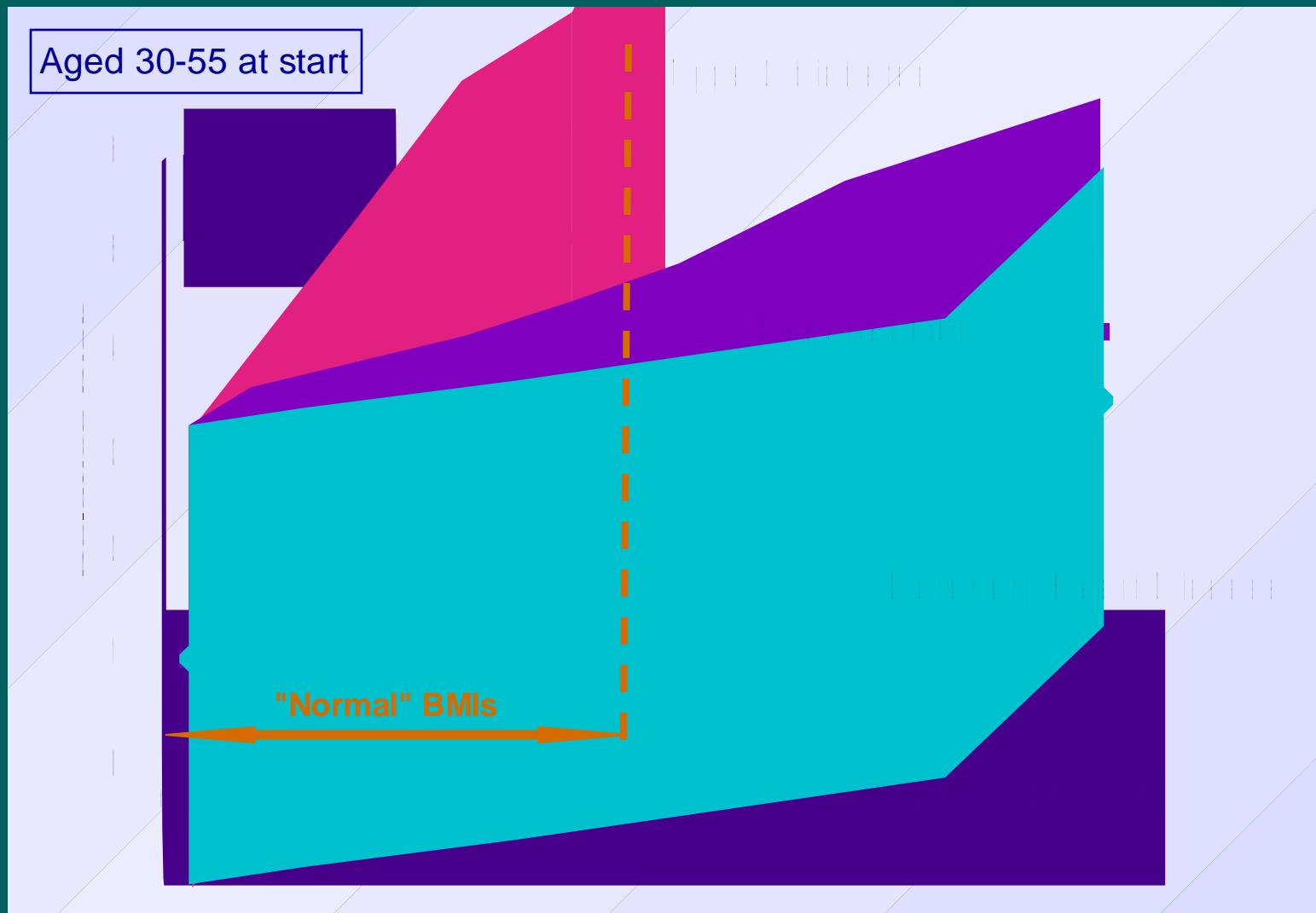
IOTF cut-off points with regional or nationally representative measured data sets.

IOTF data presented EU Platform Launch, March 15<sup>th</sup>, 2005

# European national overweight and obesity rates



## The importance of modest weight gain in precipitating chronic disease: risks markedly increase within "normal" BMI range



Adapted from Willett, Dietz & Colditz, NEJM, 1999; **341**, 426-434

# How to get rich...FAST

SEE PAGE 52



FREE INSIDE: YOUR ESSENTIAL EIGHT-PAGE JOB

# TIMEBOMB OF ILLNESS IN OUR CHILDREN

Exclusive: Couch potato generation face  
a lifetime of diabetes and heart disease



# QUEENS OF THE

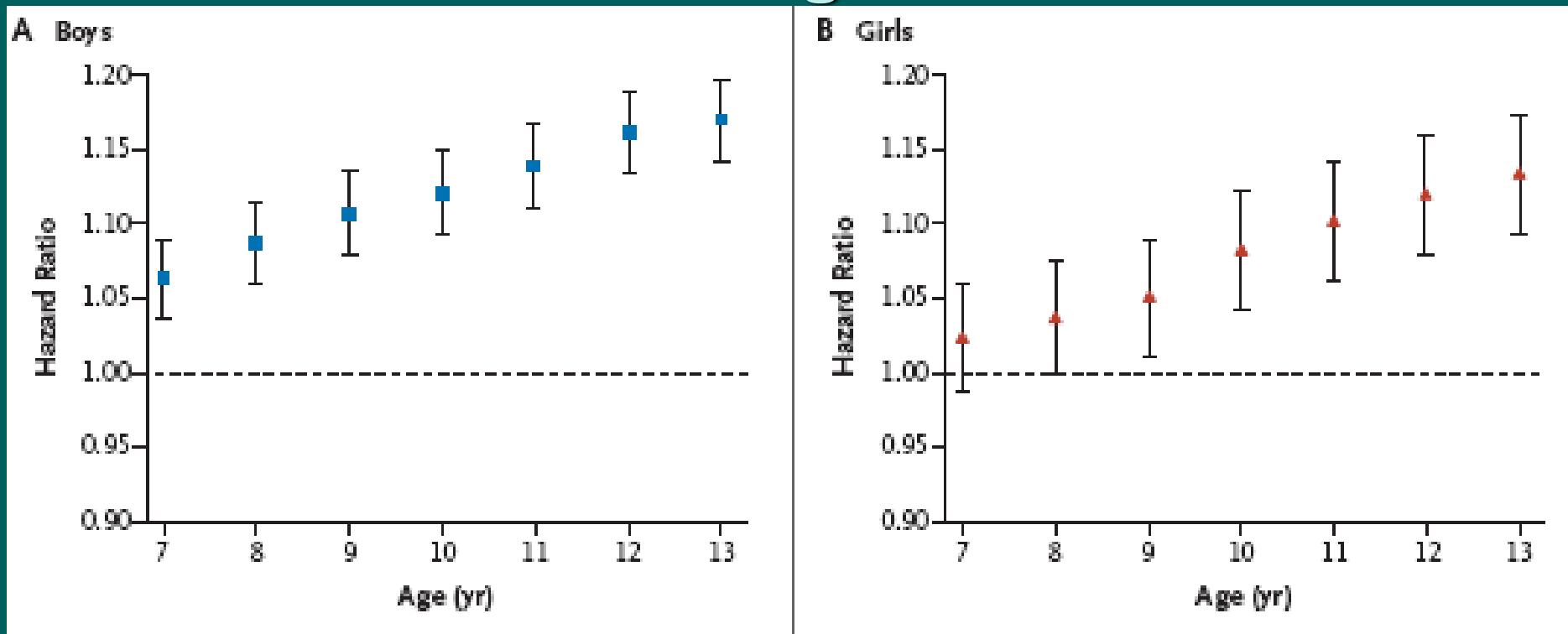
Kylie and Dido beat the boys  
to snatch pop's top awards

SEE PAGES 8-9 and 24-25

# DIABETES THREAT TO COUCH POTATO CHILDREN



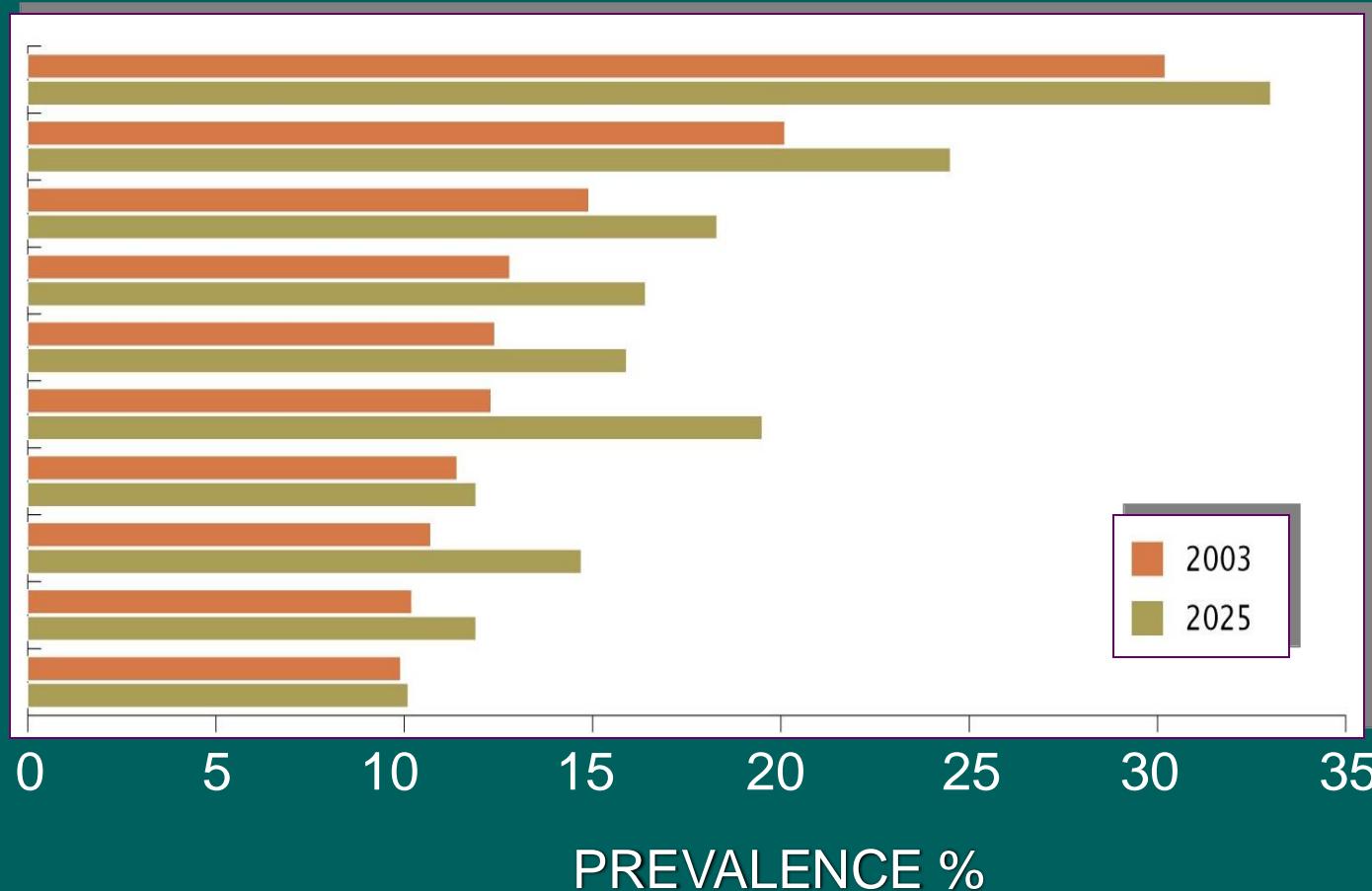
# The increasing risk of adult coronary heart disease if adults in childhood ( 7-13 yrs) had modest weight increases



Copenhagen school children's study of 276,835 children measured from 1955 - 1960 with National Death and Hospital Discharge Registries. Hazard relates to one BMI Z score: linearly related to events at all ages but hazard ratio progressively increases with age during childhood.

# The top global prevalences for adult type II diabetes 20-79 year age group 2003

Nauru  
UAE  
Bahrain  
Kuwait  
Tonga  
Singapore  
Oman  
Mauritius  
Germany  
Spain

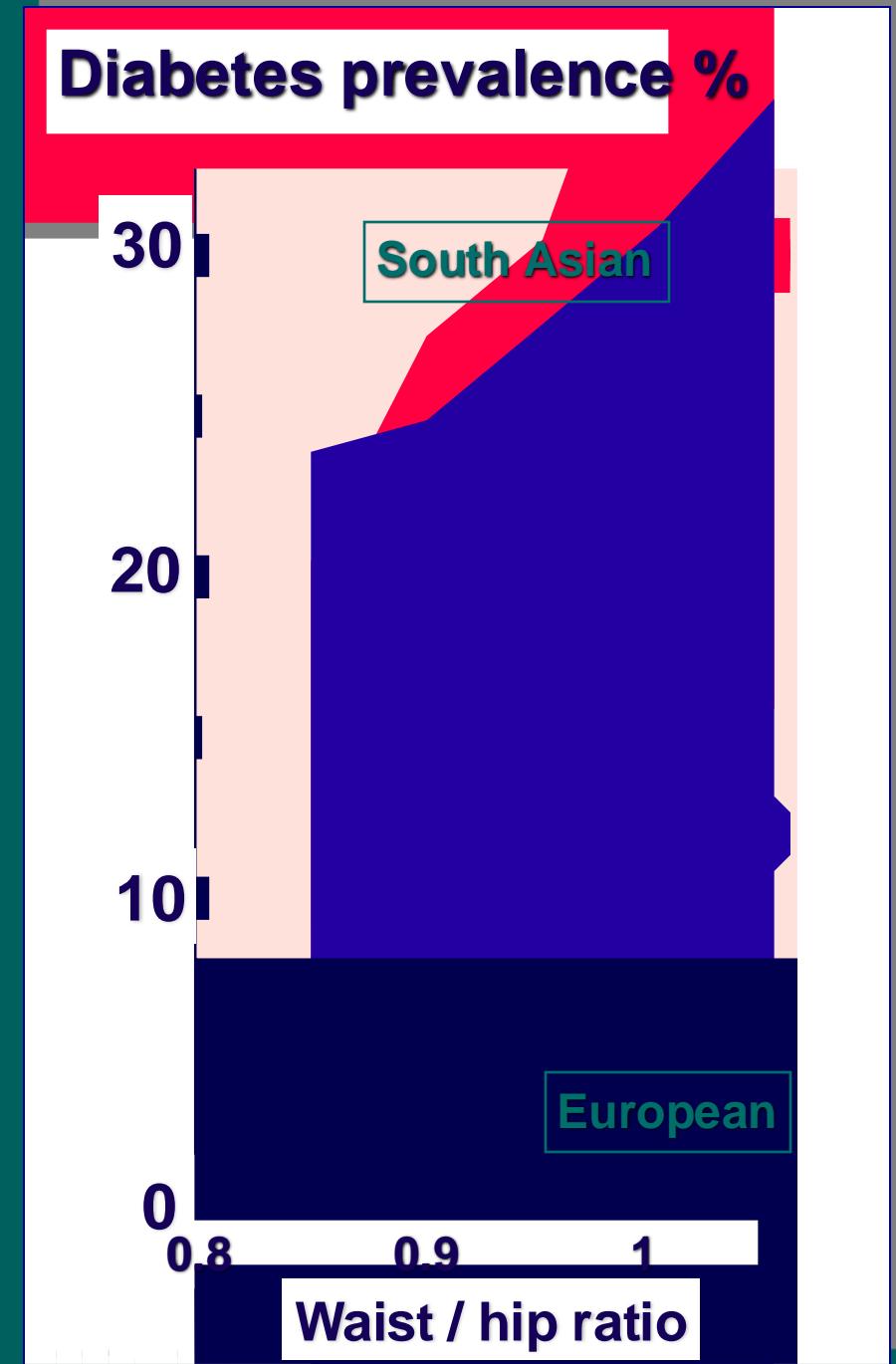


Source: Diabetes Atlas, 2<sup>nd</sup> edition. IDF, 2003.

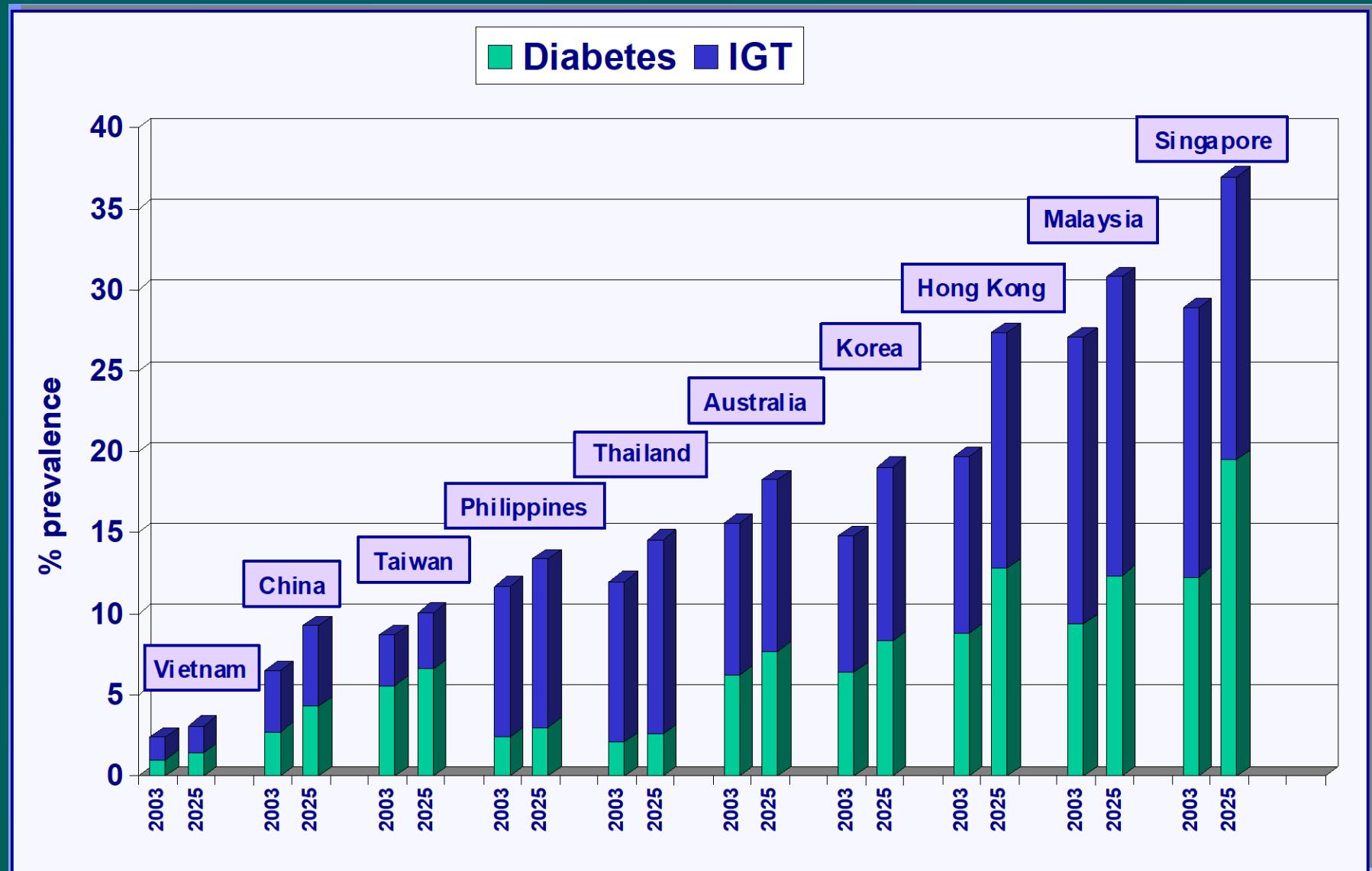
# Central obesity and insulin resistance: South Asian susceptibility



McKeigue et al. Lancet, 1991, 337: 382

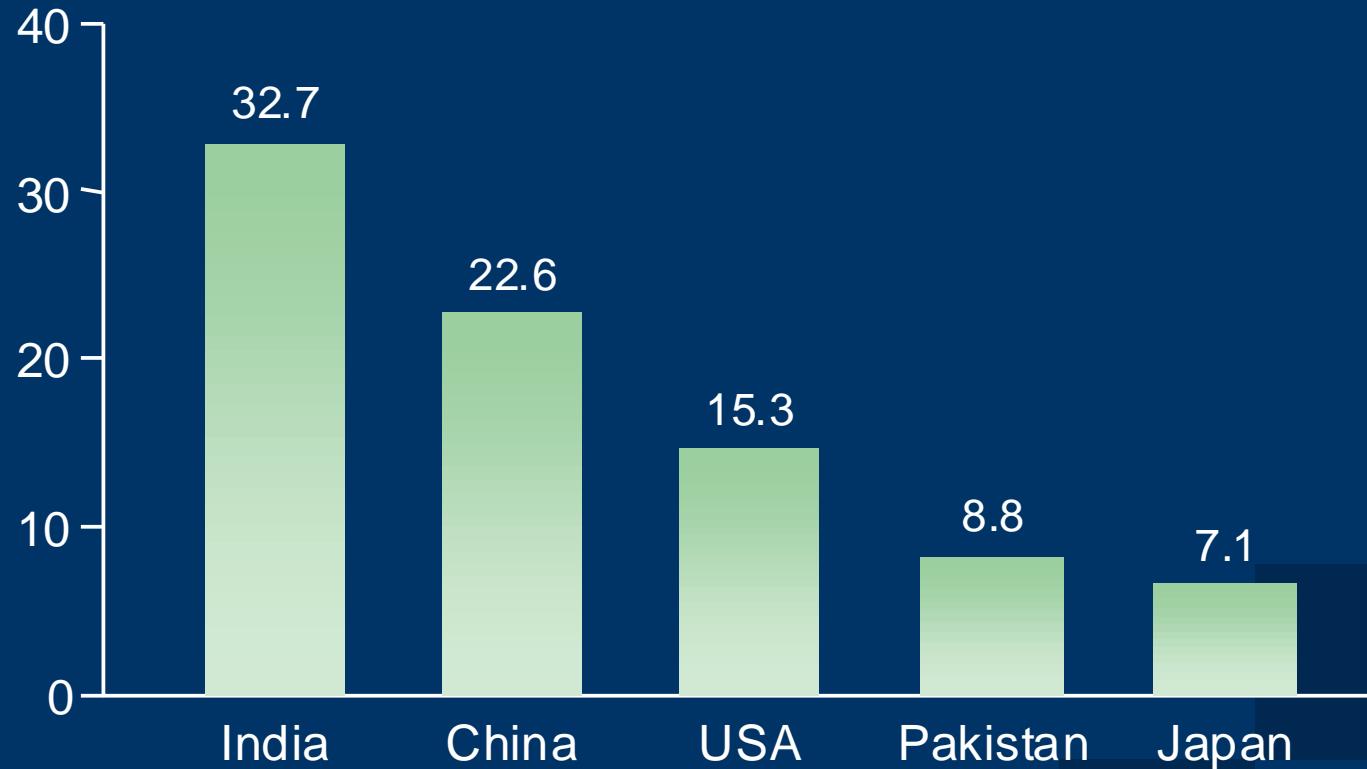


# The predicted escalation of the burden from diabetes and IGT

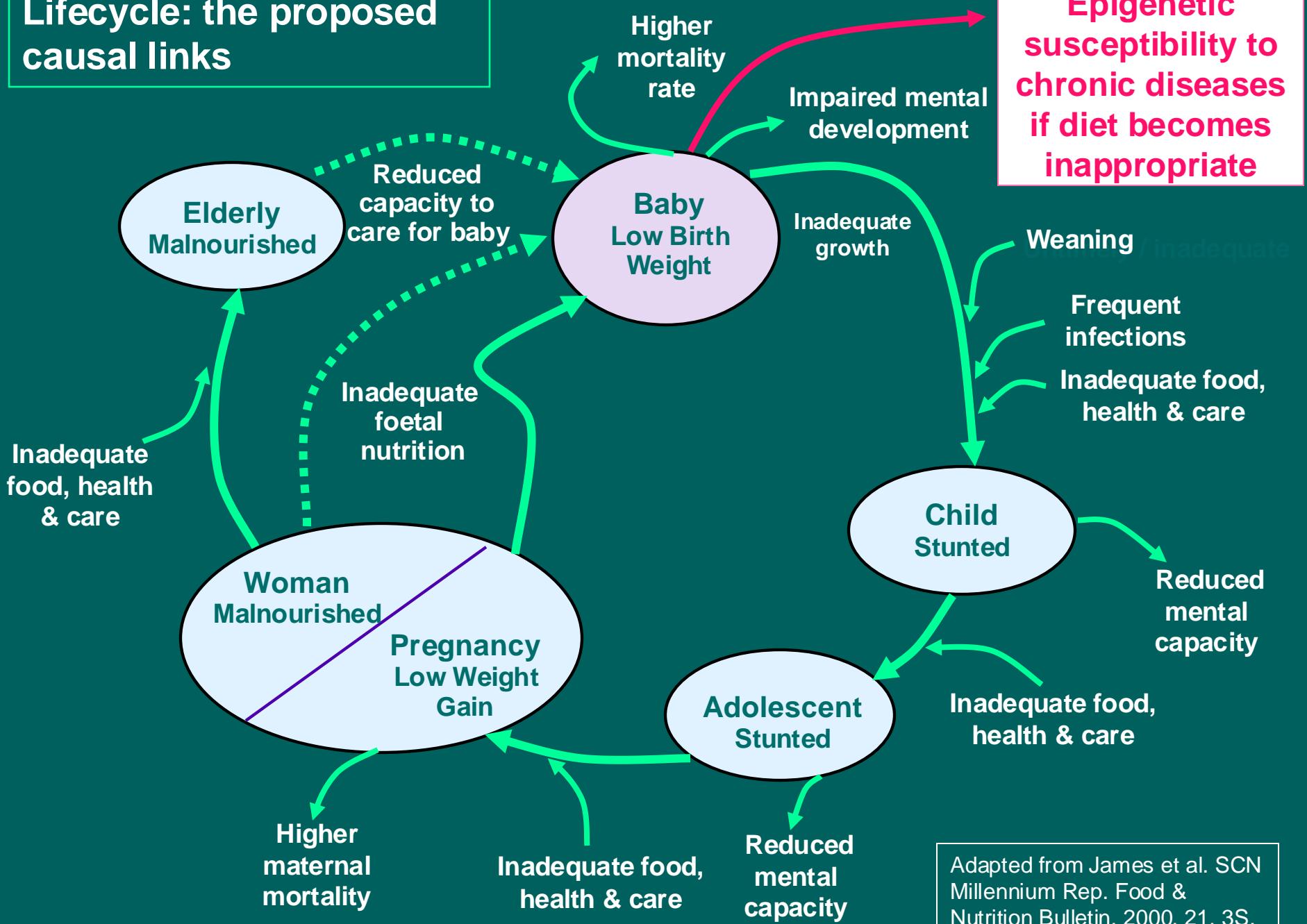


# Diabetes is prevalent in developing and developed countries

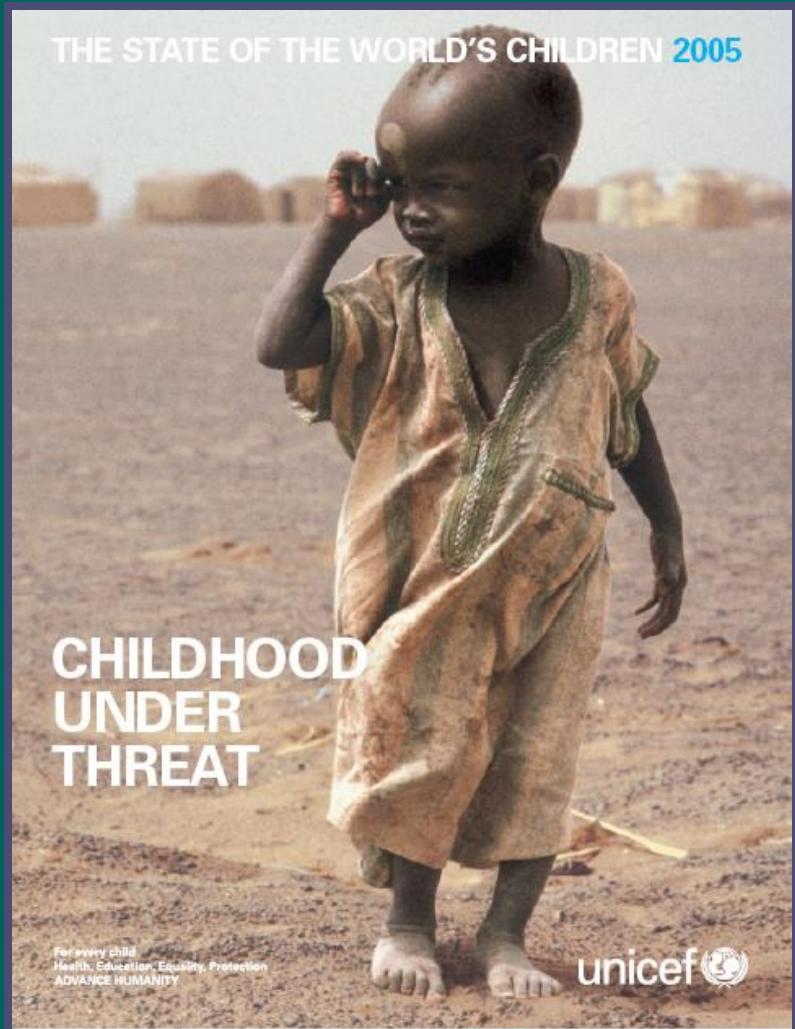
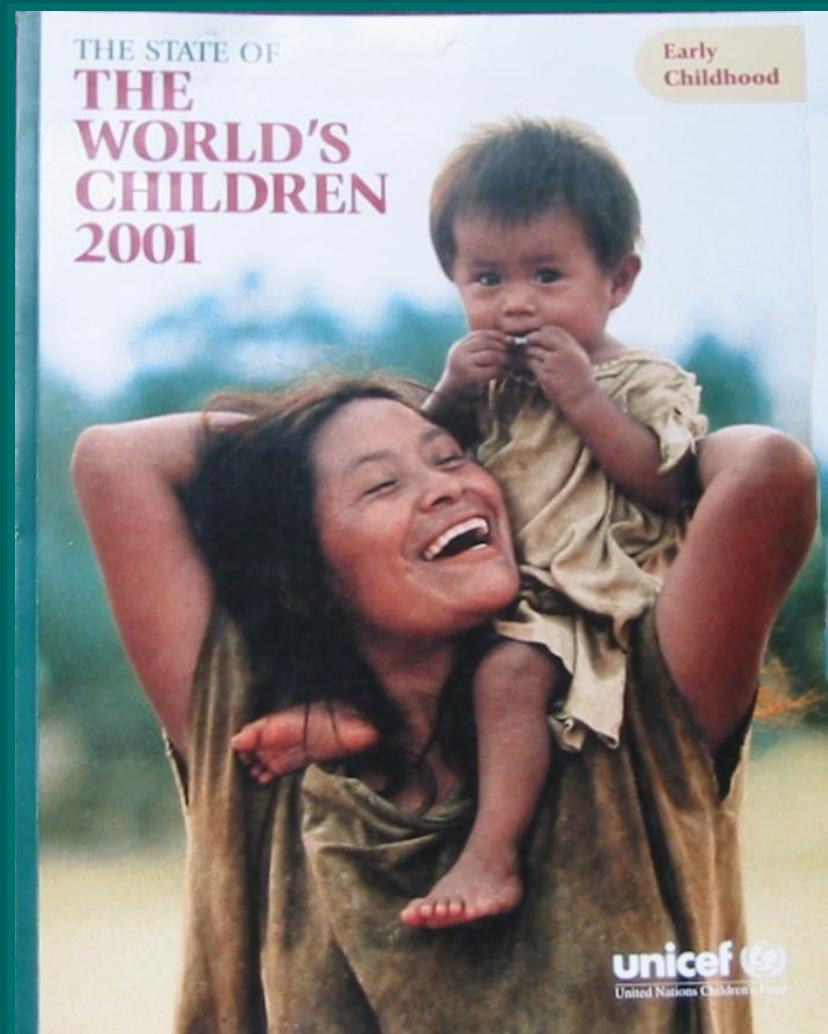
Population affected (millions) - Year 2000



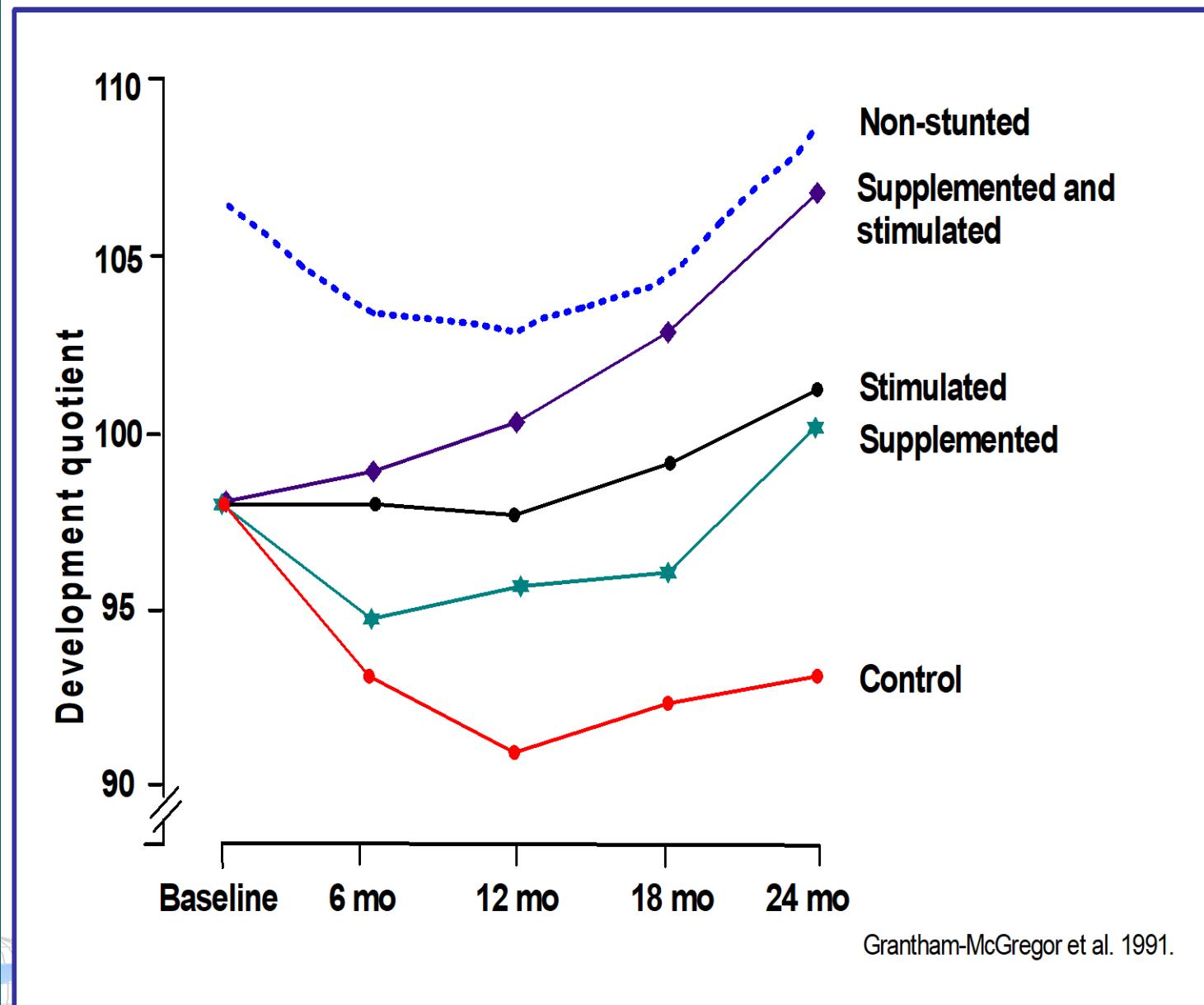
## Lifecycle: the proposed causal links



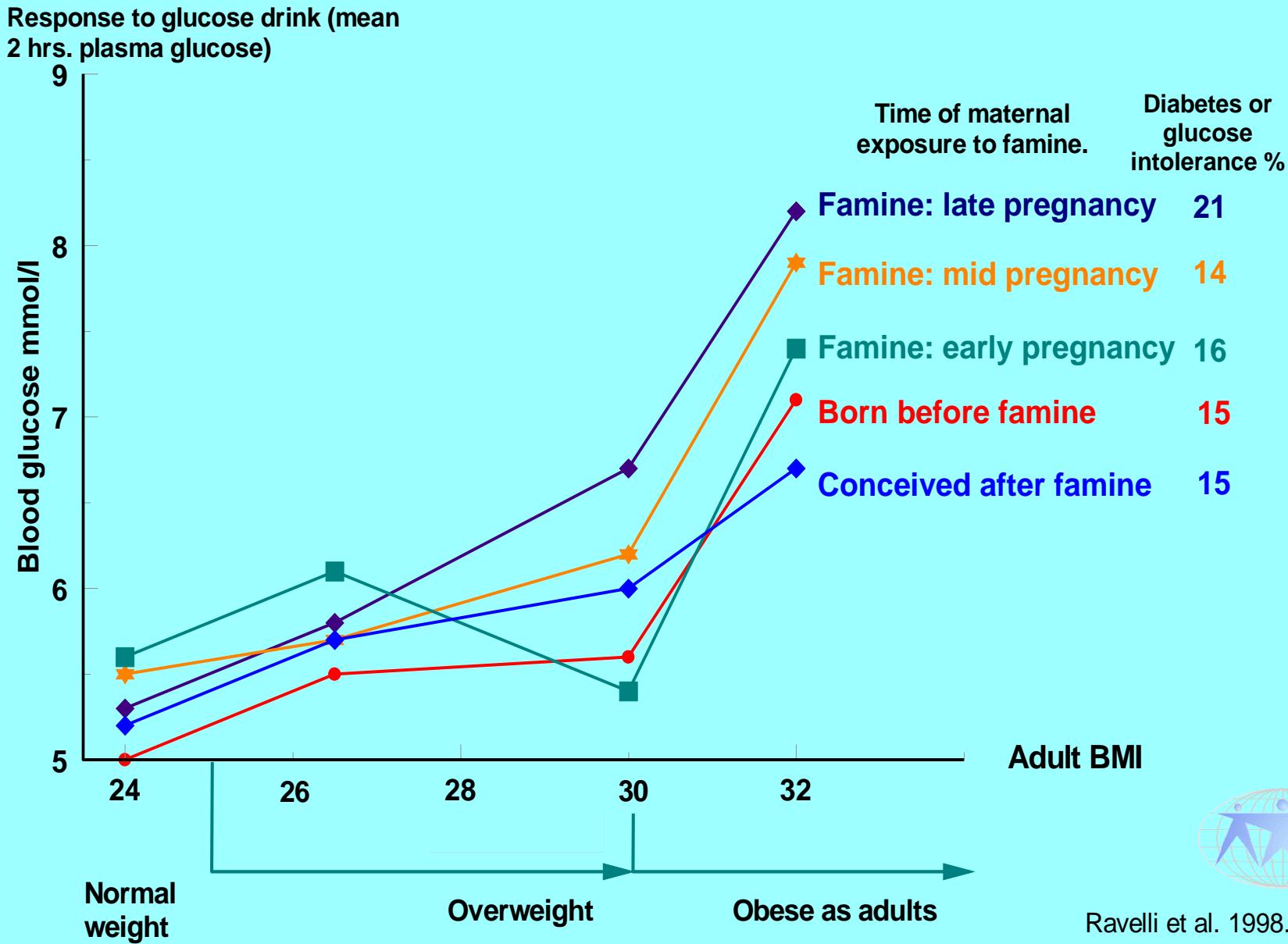
# WHERE IS THE PRIORITY ?



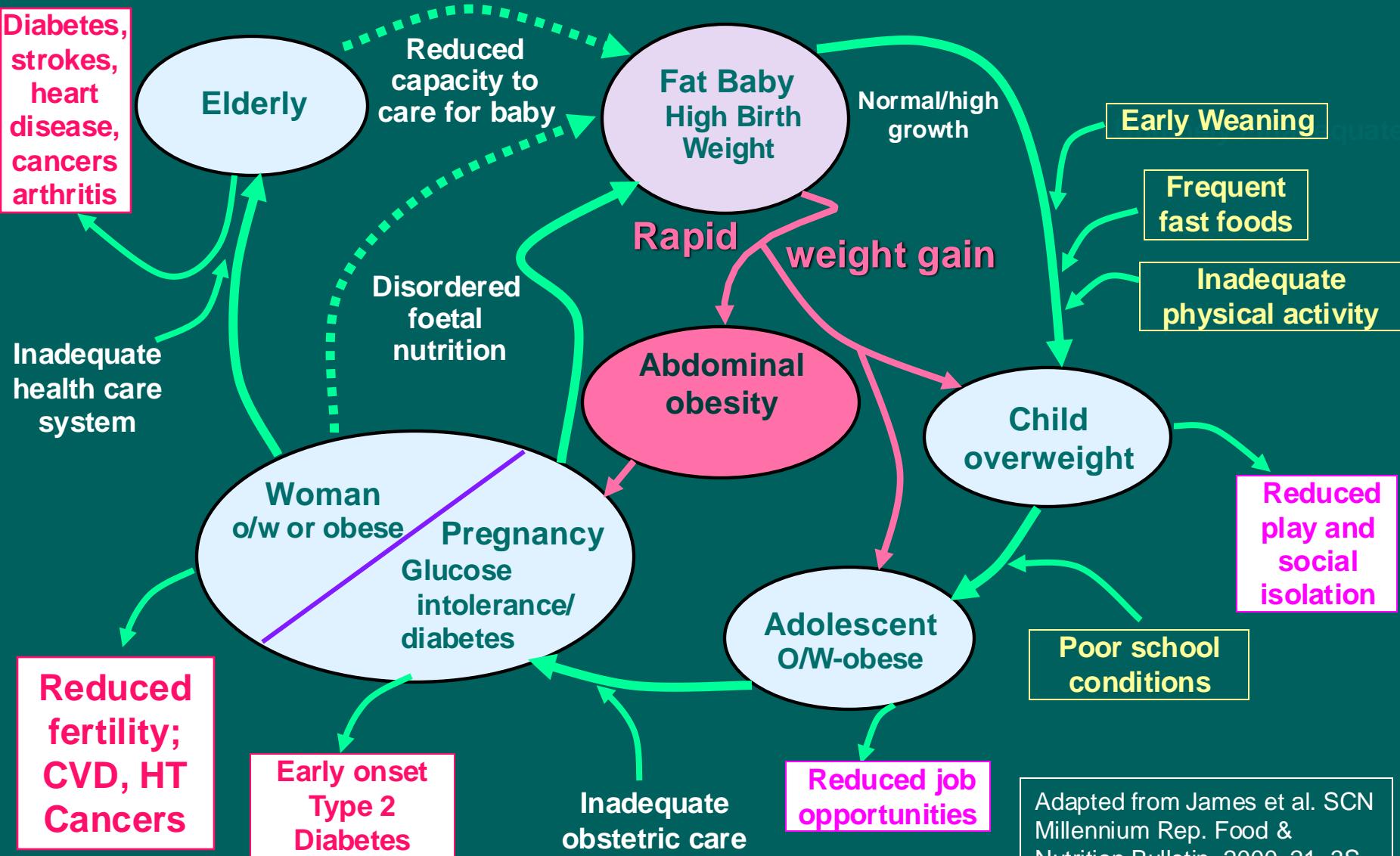
# Mental development of stunted babies aged 9-24 months given milk supplement and/or play stimulation for 2 years.



# Adult diabetes and glucose intolerance after fetal nutritional deprivation in Netherlands during World War II.



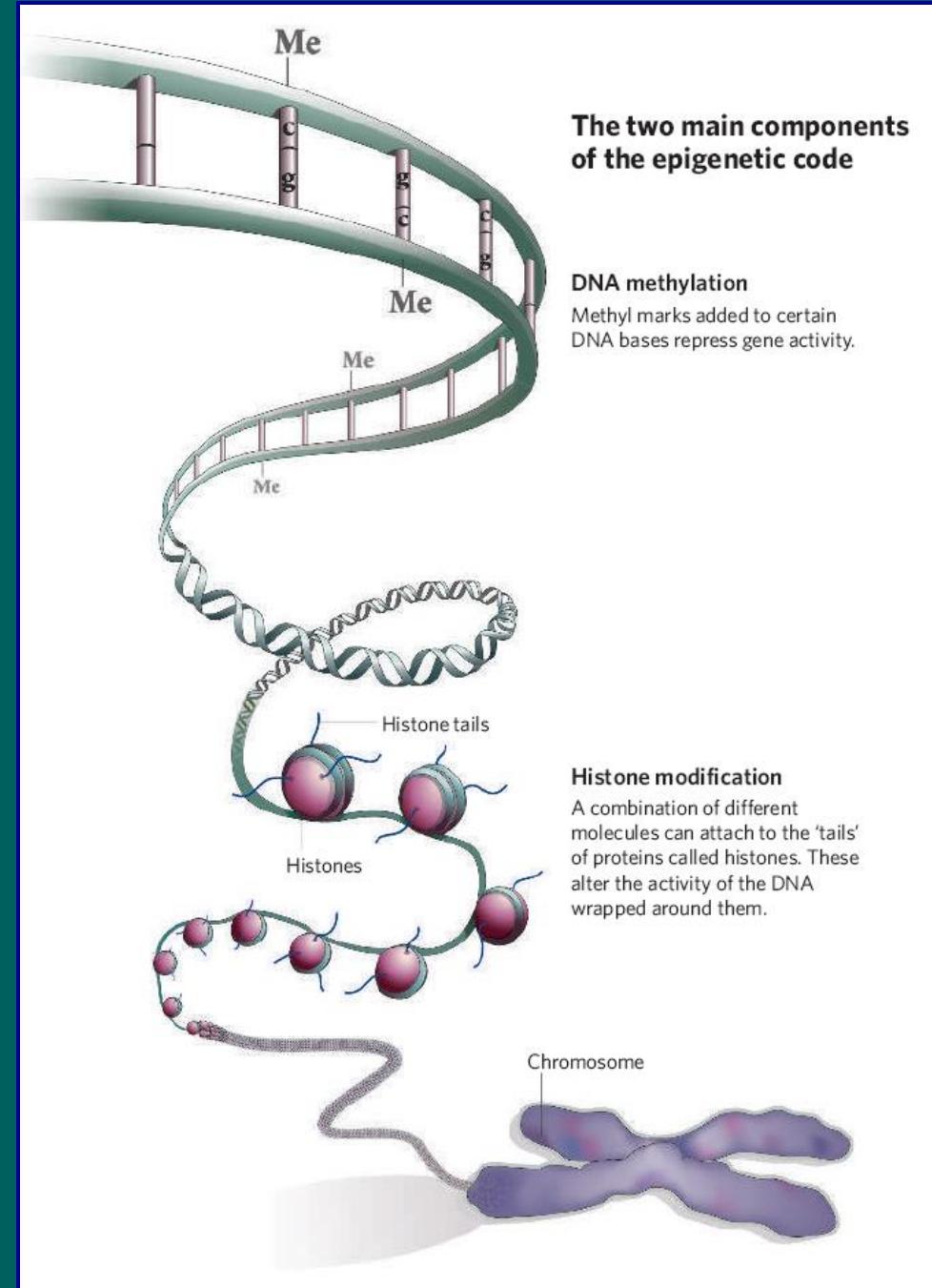
# The impact of inappropriate Western diets on most of the world's susceptible populations: health systems already overwhelmed



Adapted from James et al. SCN Millennium Rep. Food & Nutrition Bulletin, 2000, 21, 3S.

# The basic mechanisms for controlling gene expression: silencing through DNA methylation and de-acetylating histones

Qiu J, Nature, 2006; 441: 143-145.



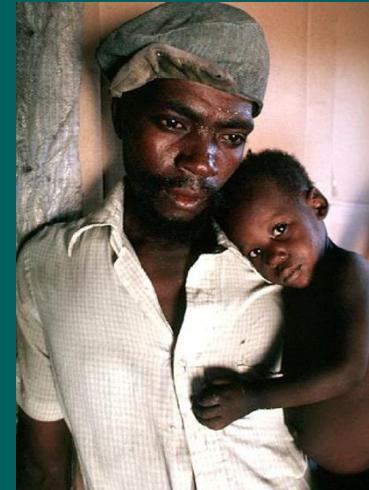
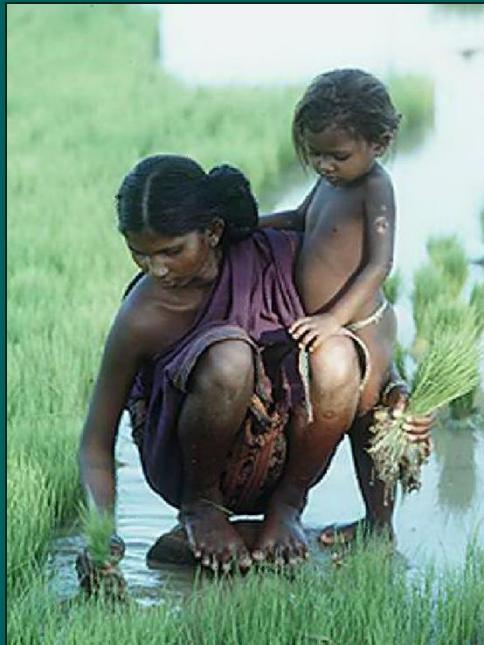
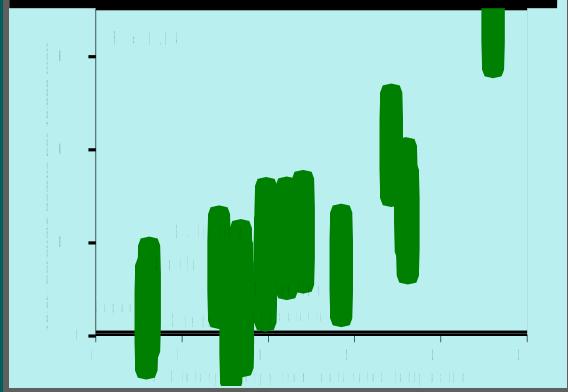
# Malnutrition: a continuing outrage



TMRU, Kingston, Jamaica,  
Christmas 1966



# The striking contrast in global nutritional problems

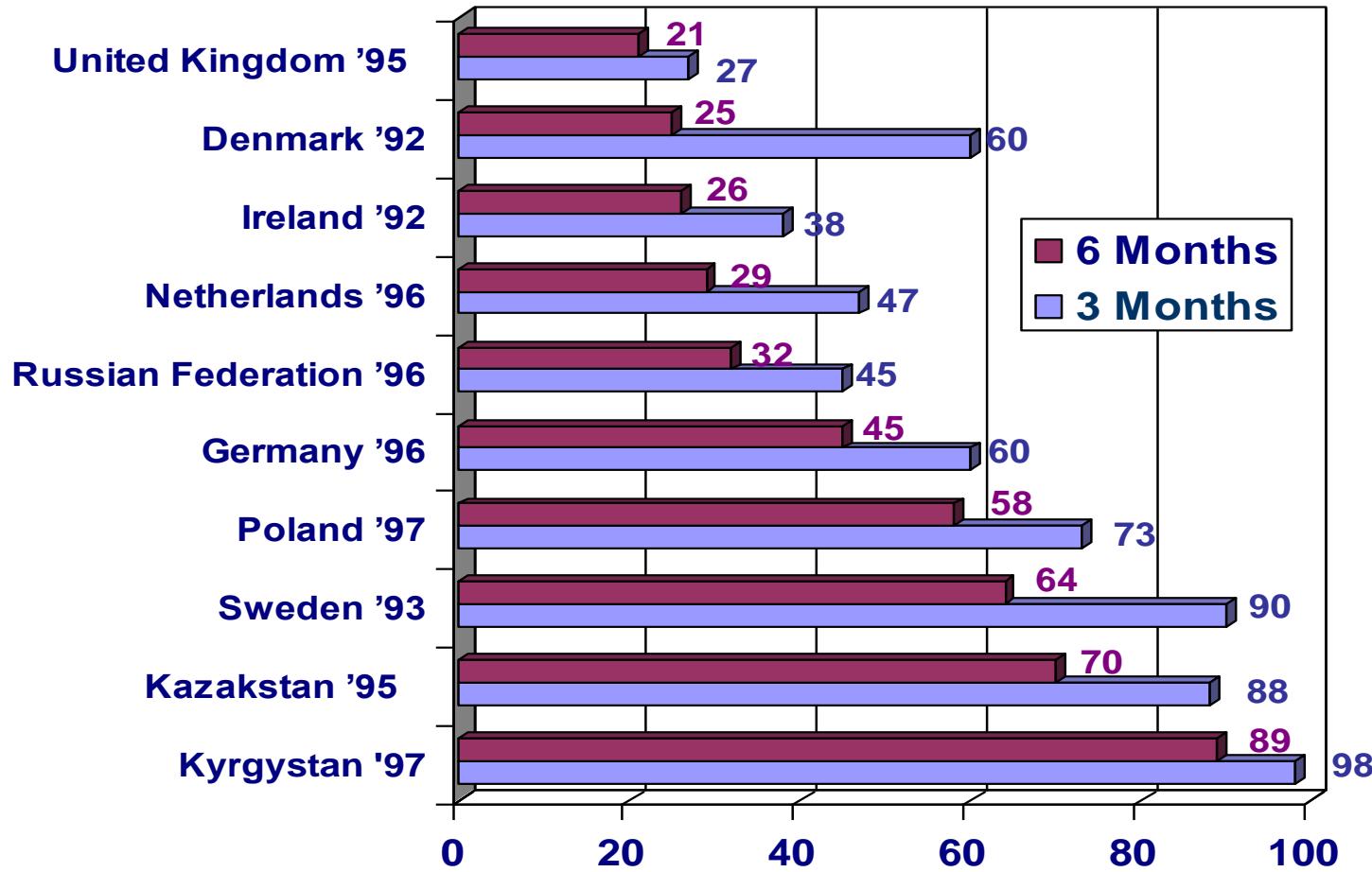


# Options for interventions in the young

- **Breast feeding depends on shifting cultural norms but maternity allowances / work facilities / medical drive and support for extended breast feeding critical**
- **92% Swedish mothers exclusively breast feeding at 4 months**
- **EU/UK law - right to breast feed in public**



## The percentage of infants being partially breastfed at 3 and 6 months, European Region.

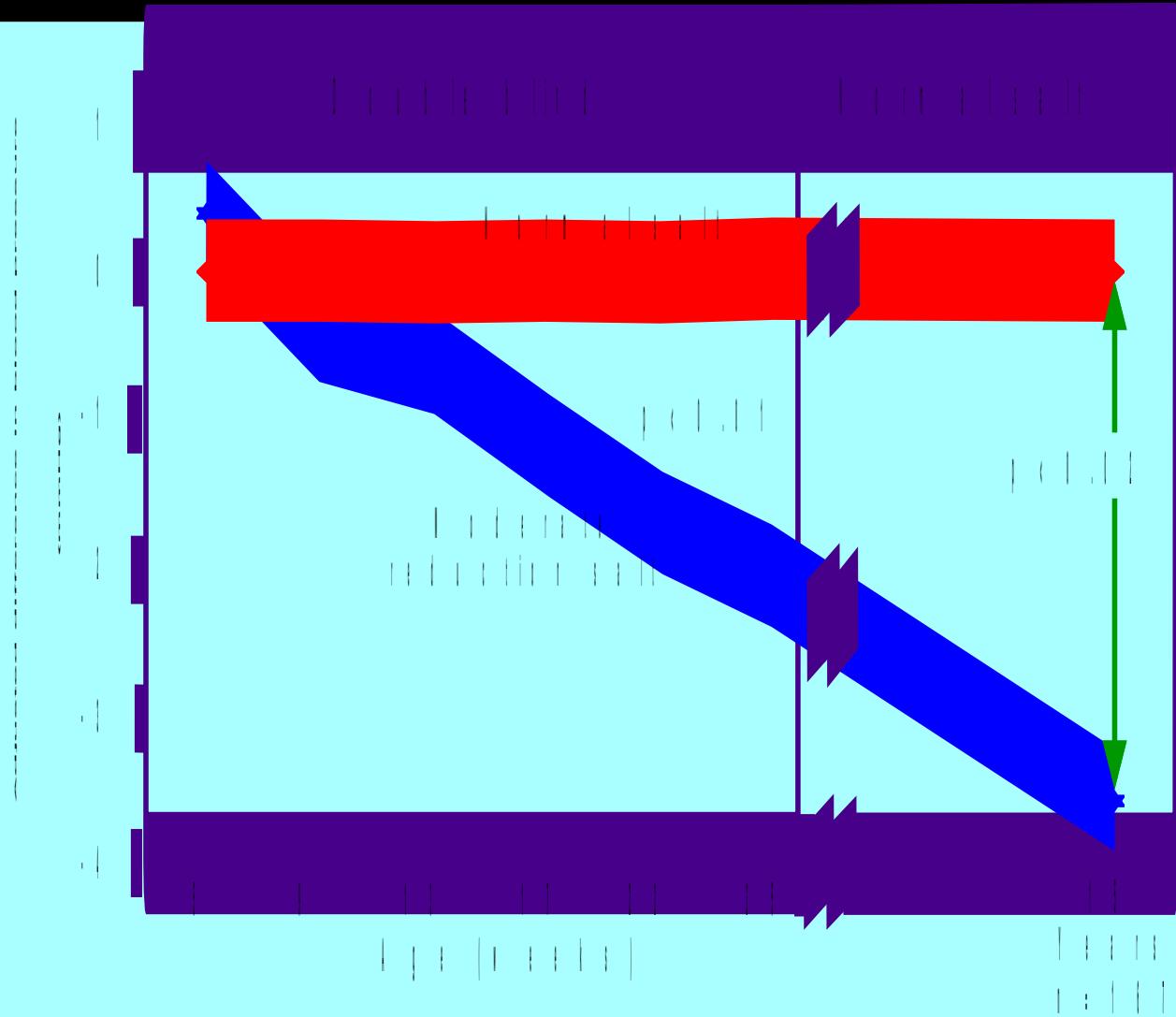


The different responses of babies to a bitter hydrolysate of protein formula depending on whether they are a) exposed to the feed since birth or b) for the first time at 7.5. months.

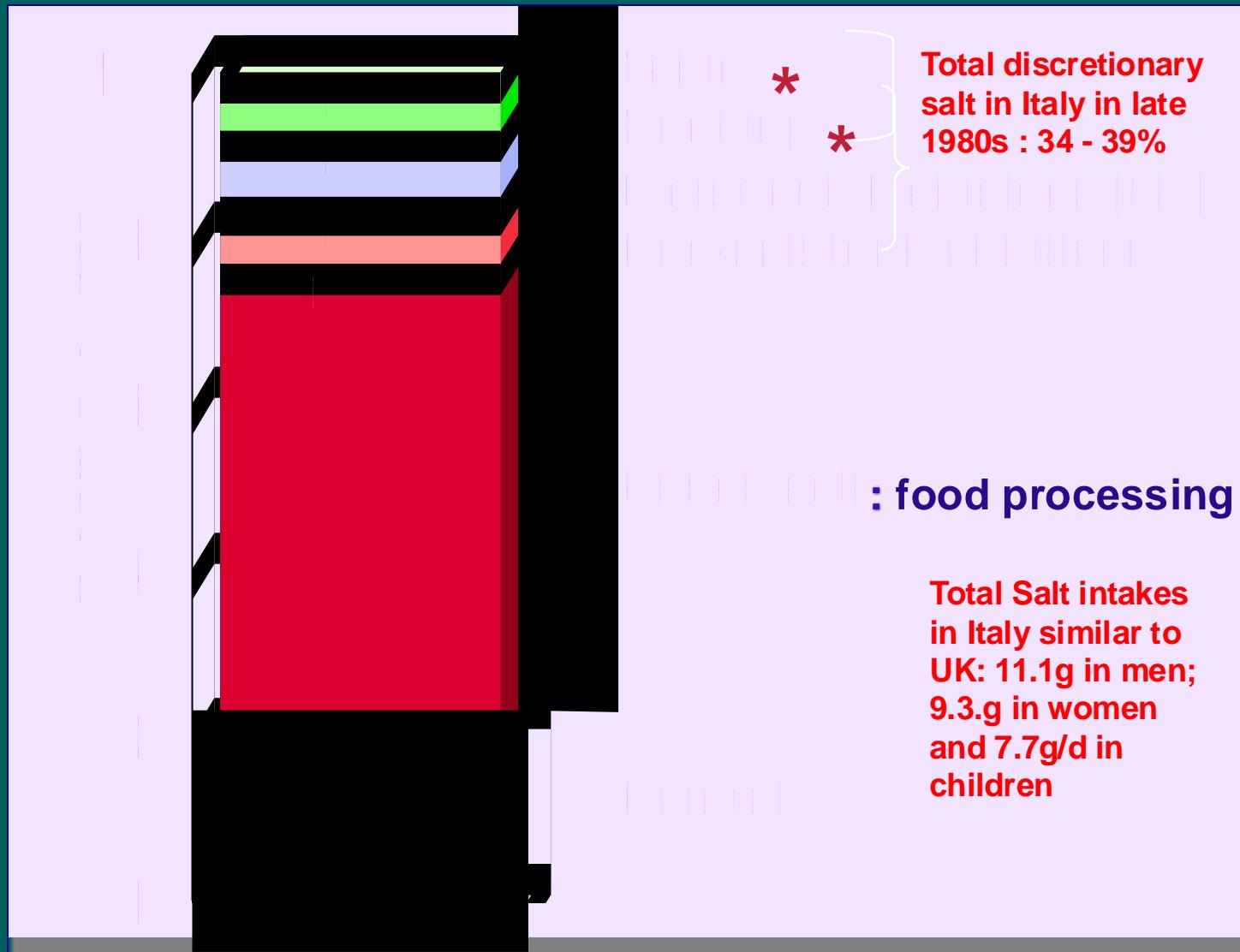


Mennella et al. Flavor Programming During Infancy. Pediatrics, 2004;113:840-845

different in that  
there is often  
little, if any, self-  
initiation in writing  
and the first ex-  
ample of the De-  
rived, the only ex-  
emplified, will all  
participants make  
and use. After  
these four steps, a  
group of three in  
the only set that  
remained.

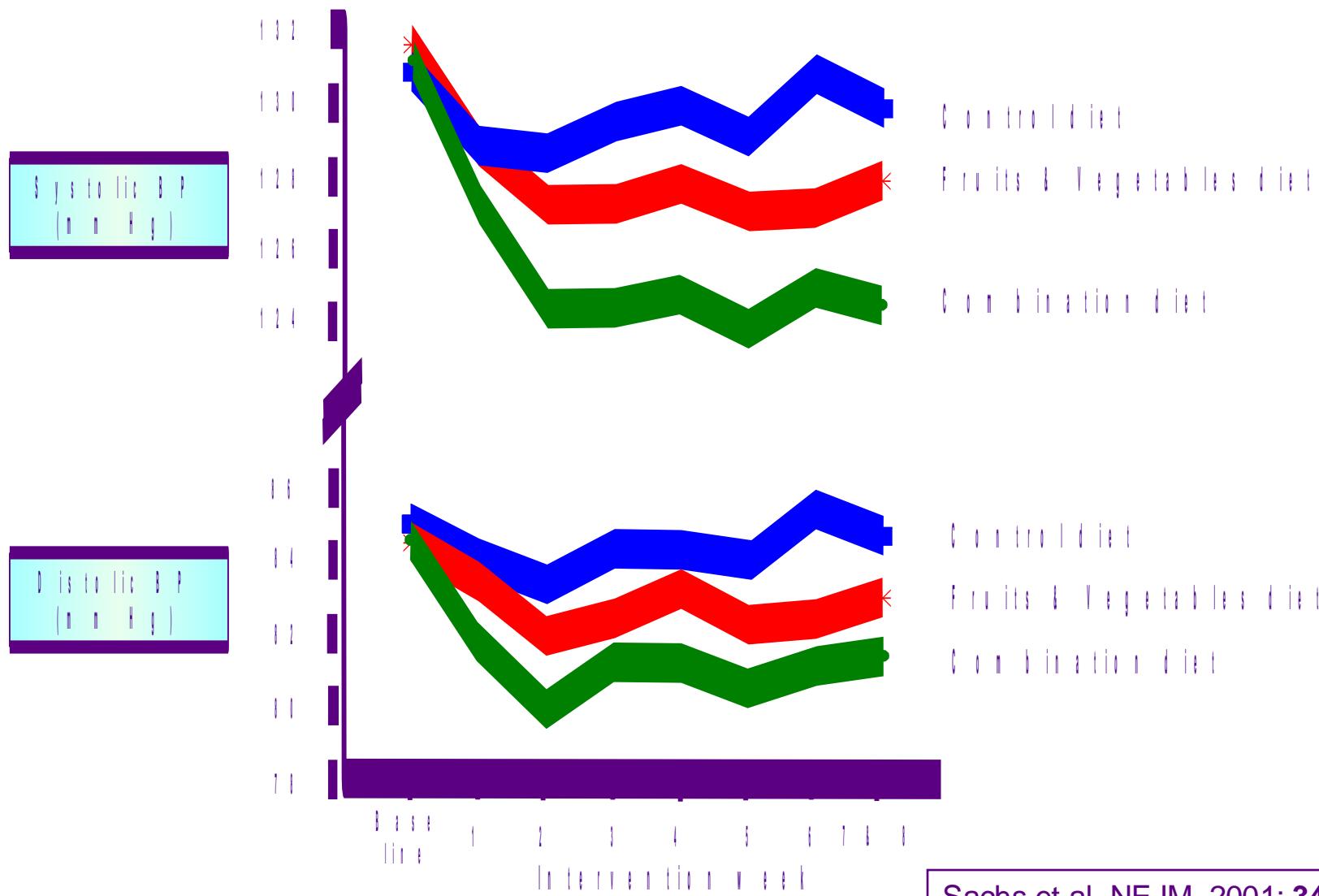


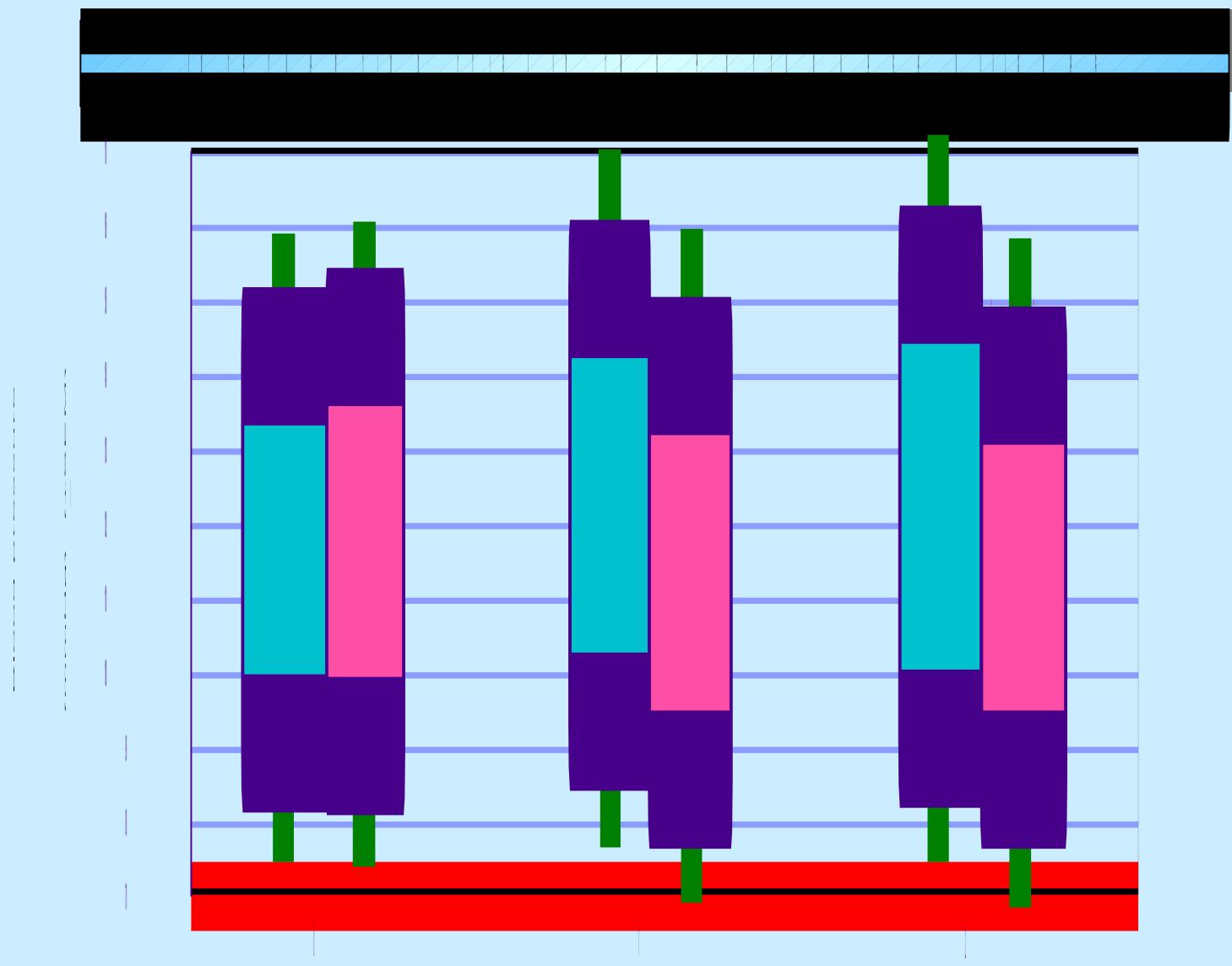
# Salt sources in UK and Italian diets



\* Derived by the lithium technique: James et al., Lancet, 1987; 1: 426-429.  
Edwards et al. Eur J Clin Nutr 1989 43:855-61; Italian data: Leclercq & Ferro-Luzzi  
Eur J Clin Nutr 1991, 3, 151-159

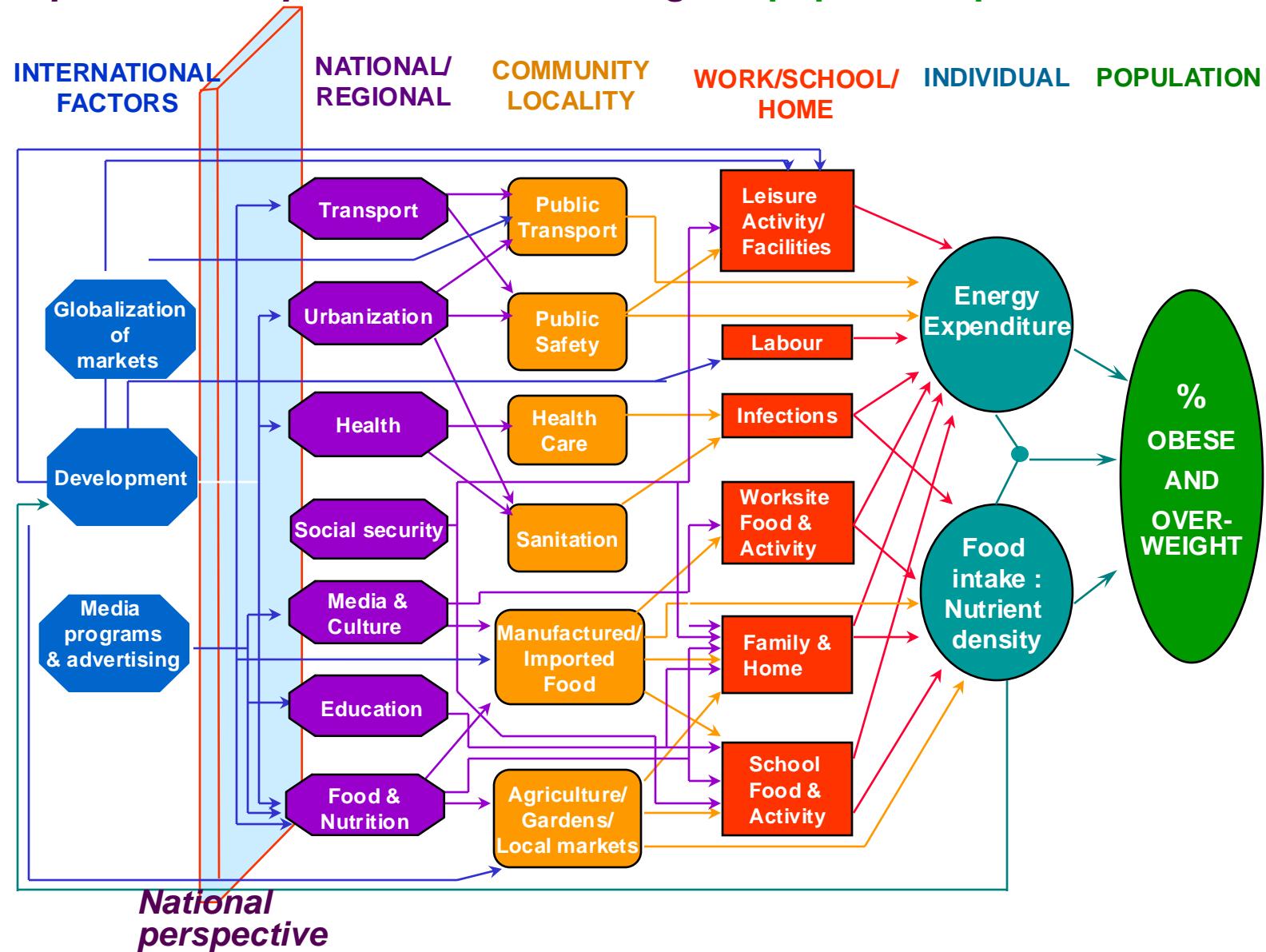
Mean systolic and diastolic blood pressures at base line during each intervention week, according to diet, for 379 subjects with complete sets of weekly blood pressure measurements.





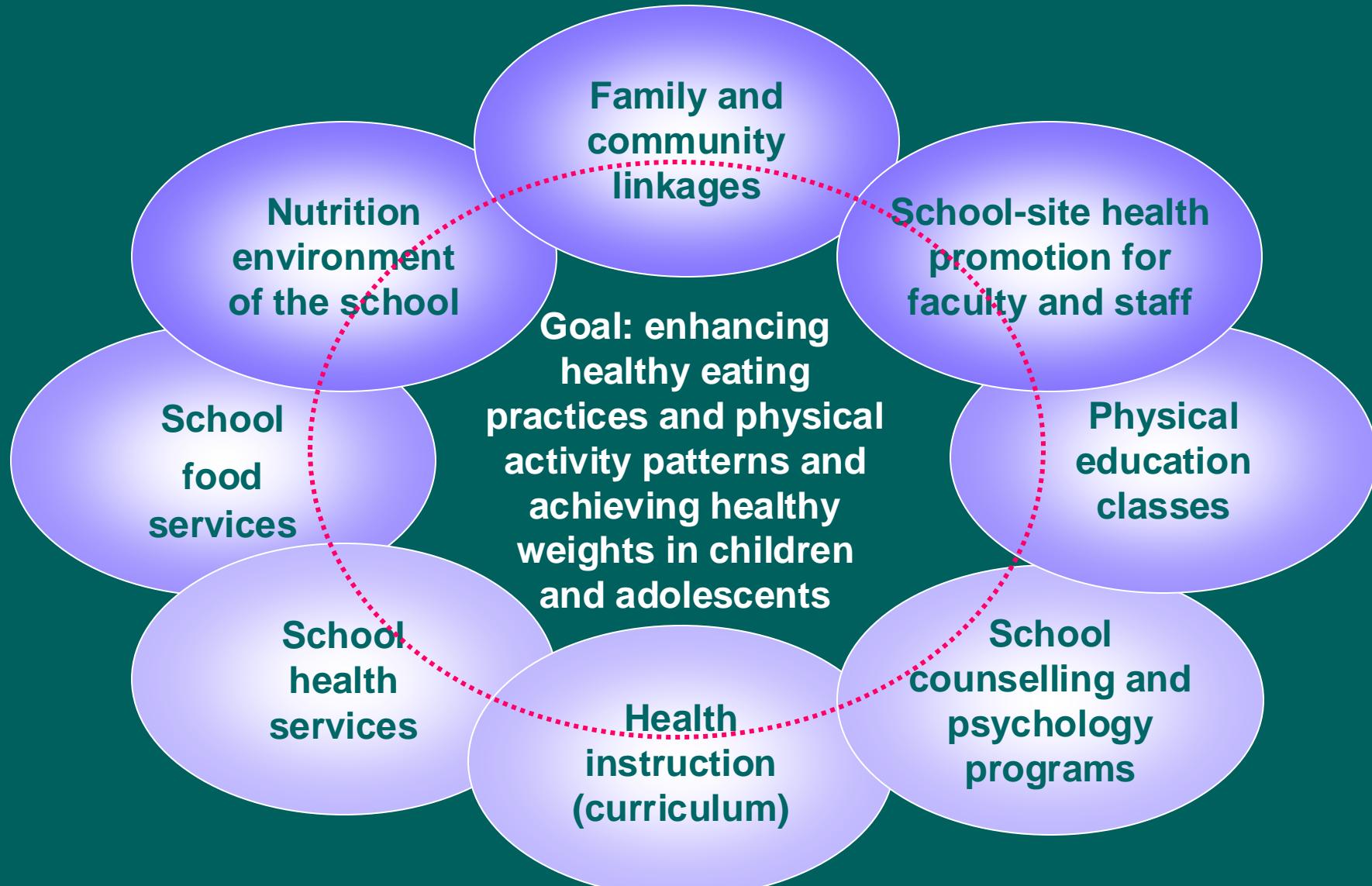
19. **What is the primary purpose of the *Journal of Clinical Oncology*?**

# Societal policies and processes influencing the population prevalence of obesity





# Components of an integrated comprehensive model for school-based obesity prevention.



# Question 1

Which food has the most kcals?

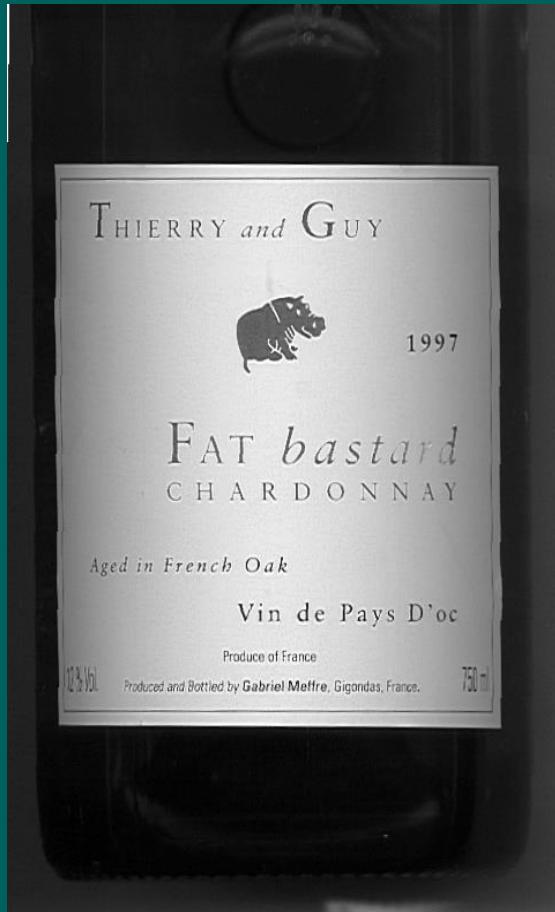
- cream
- mayonnaise
- olive oil
- butter

# Question 1 - Answer

Olive oil	100% fat
Butter	80% fat
Mayonnaise	50% fat
Cream	20% fat

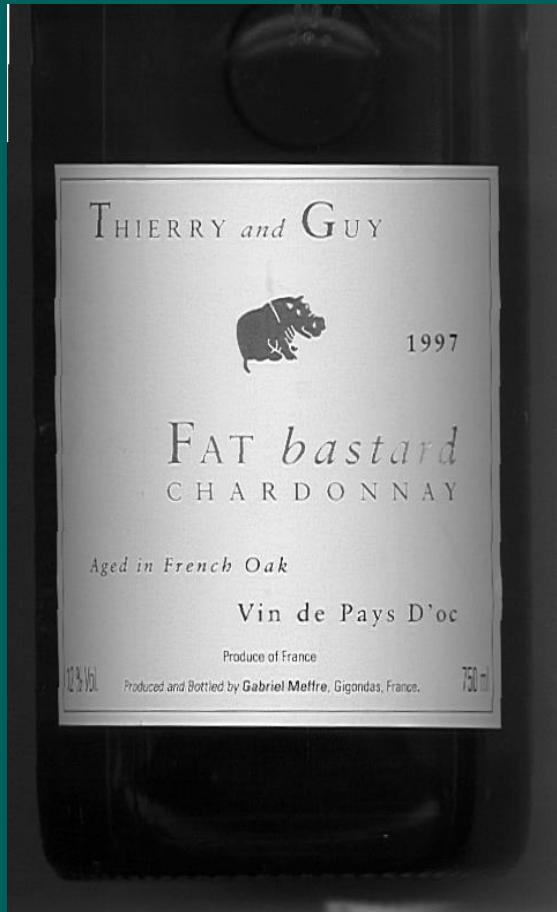
# Question 2

How many kcals in this bottle of wine?



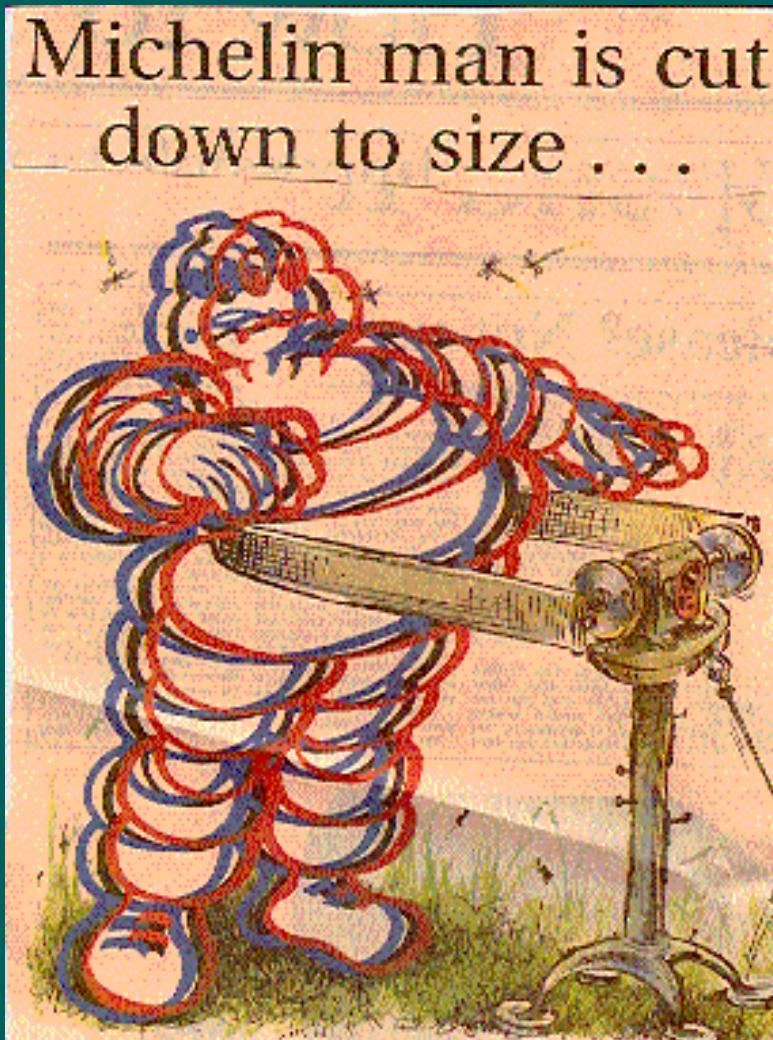
- a) less than 300
- b) 300 - 600
- c) More than 600

# Question 2 -Answer



Wine contains about 1 kcal per ml ...  
so one bottle contains at least 750 kcals

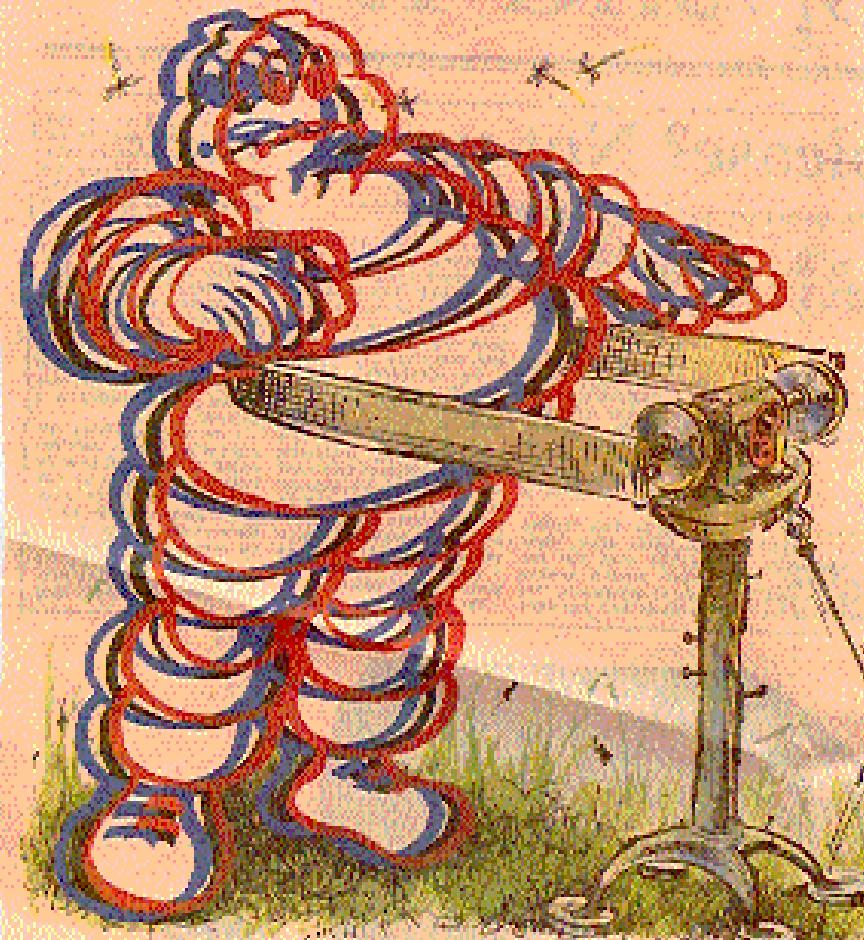
# Question 3



How long will  
the Michelin  
man have to  
walk to burn  
off 1 kg ?

# Question 3 - Answer

Michelin man is cut  
down to size . . .



About  
20  
hours

# Activity required to burn 250 kcal

*Walking*



70 min

*Cycling*



50 min

*Running*



30 min

# Food labelling schemes based on nutritional profiling tested by the UK Consumers' Organisation - "Which"



## UK Food Standards Agency scheme

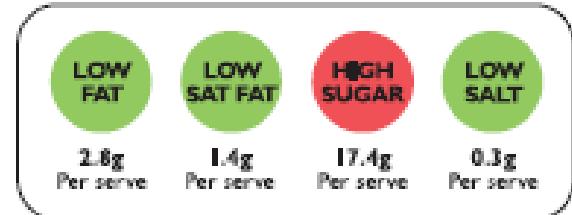
Tesco Supermarket GDA labelling with a different colour for each nutrient

GDA system

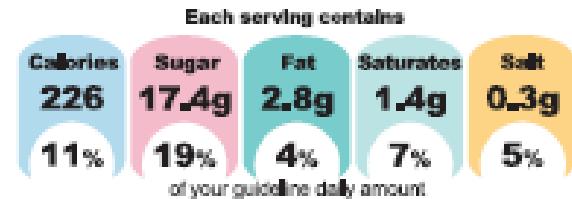
Tesco: GDA + traffic lights

The different schemes mocked up and presented in the research

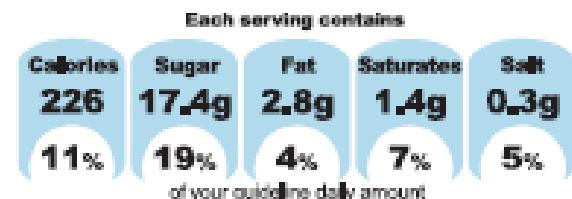
FSA



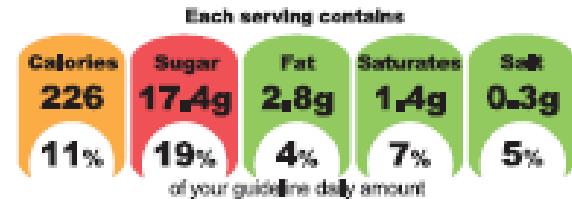
Tesco



Other Manufacturers

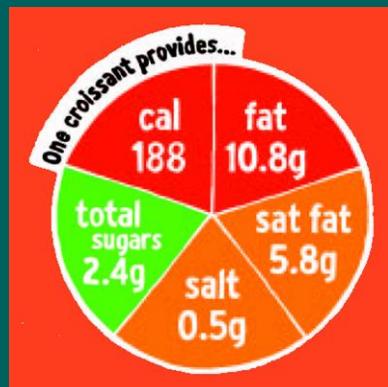


Tesco with traffic lights



# Consumer purchases with traffic light food labelling of nutrients as proposed by UK's Food Standards Agency. Healthy (green), reasonable (yellow), or unhealthy (red)

## Wheel of Health (WoH)



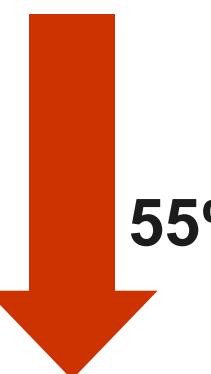
### JS Ham and Pineapple Pizzeria 356

all **5 GREEN** on WoH

42%



55%



JS Ham & Pineapple Thin & Crispy Pizza 335g  
**1 red 2 amber 2 green**

Sainsbury's Supermarket presentation to The National Heart Forum, UK., 2006.

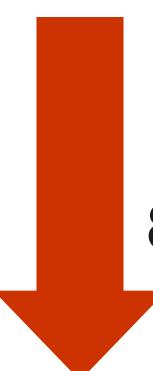
### 'Be Good to Yourself' Chocolate sponge puddings

**4 Green 1 amber**

42%



89%



'Taste the Difference' Melting Middle Chocolate puddings  
**4 red 1 amber**

# Who controls the food chain ?

Nutritional profiling determining government policies throughout the food chain

**Global Feed Companies**

**Farmers (large Government subsidies)**

Family and other small food companies

**Global Food Companies**

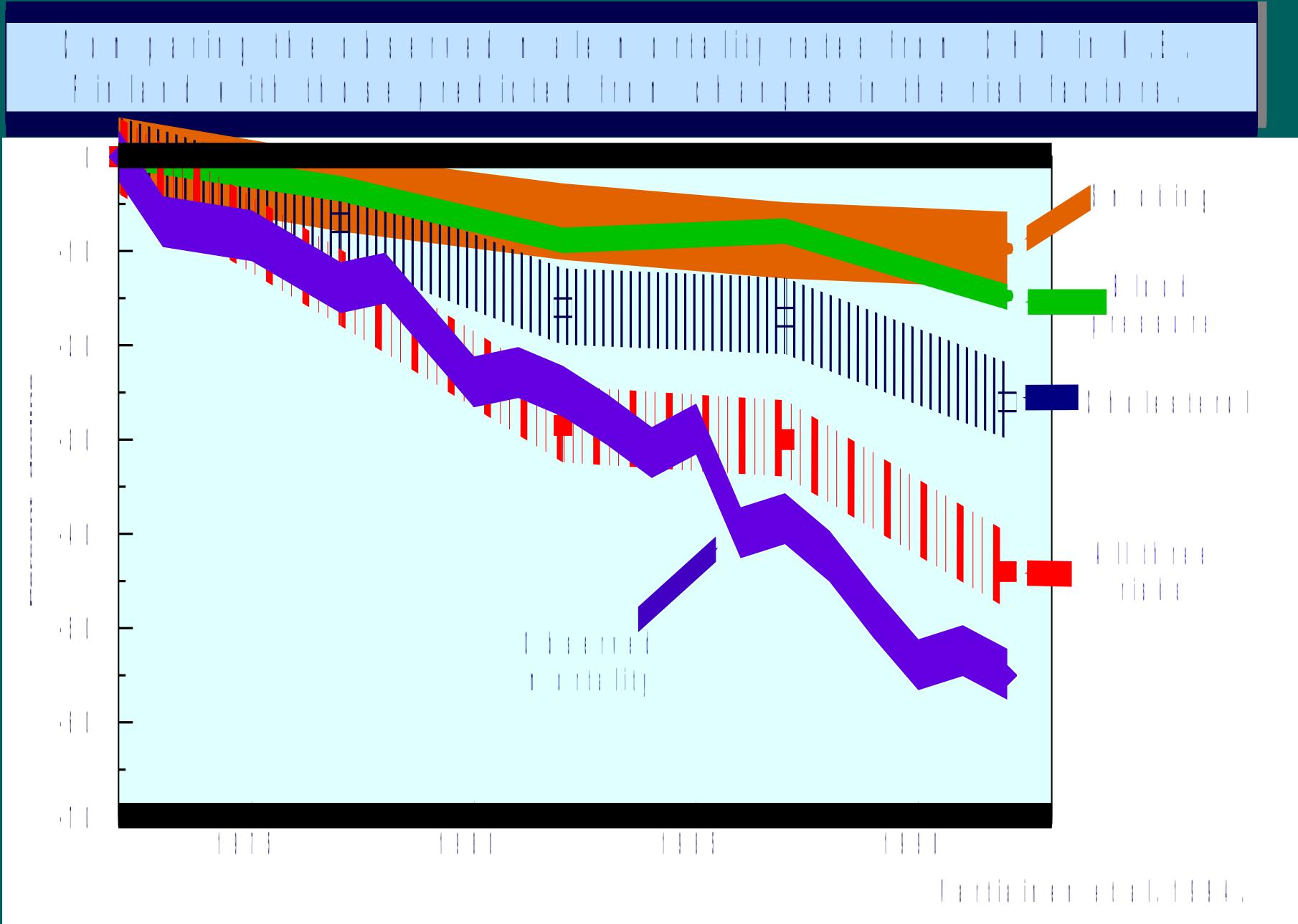
Local markets, roadside stalls and farm shops

Small food outlets

**Supermarkets: the "food consuming industry"**

**GENERAL POPULATION**

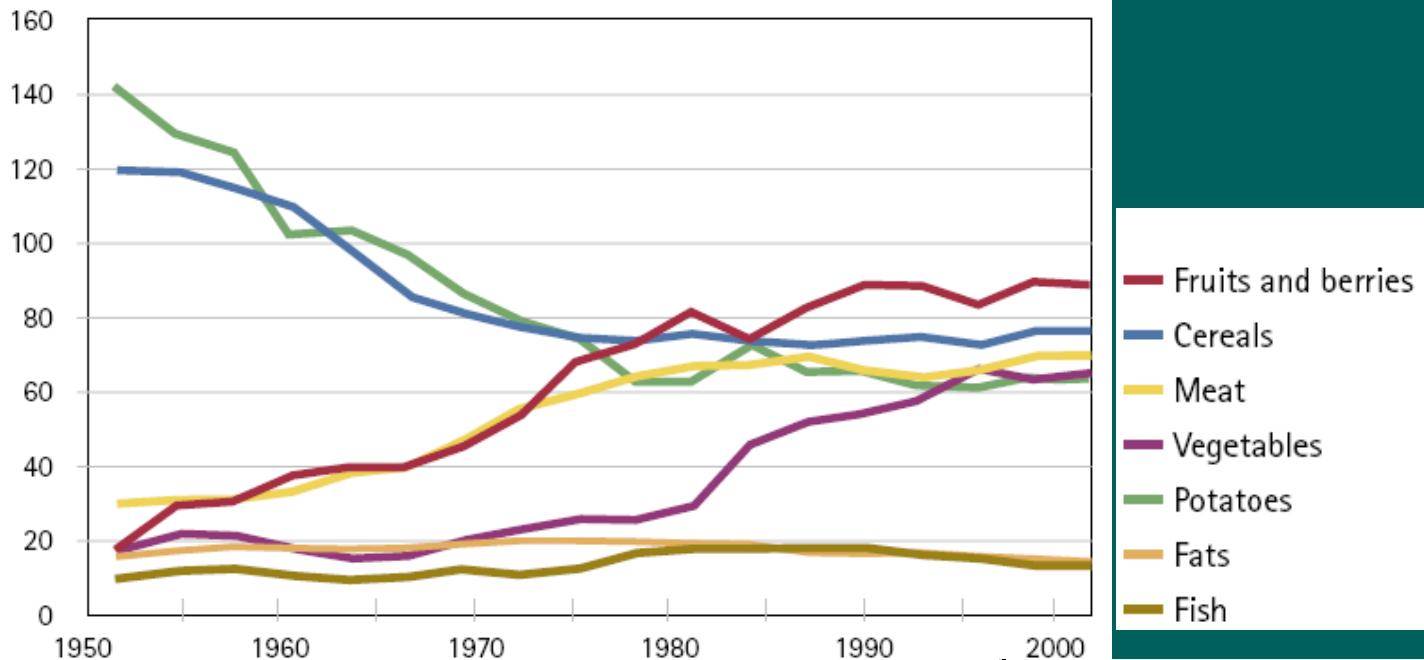




Mortality now down by 90%

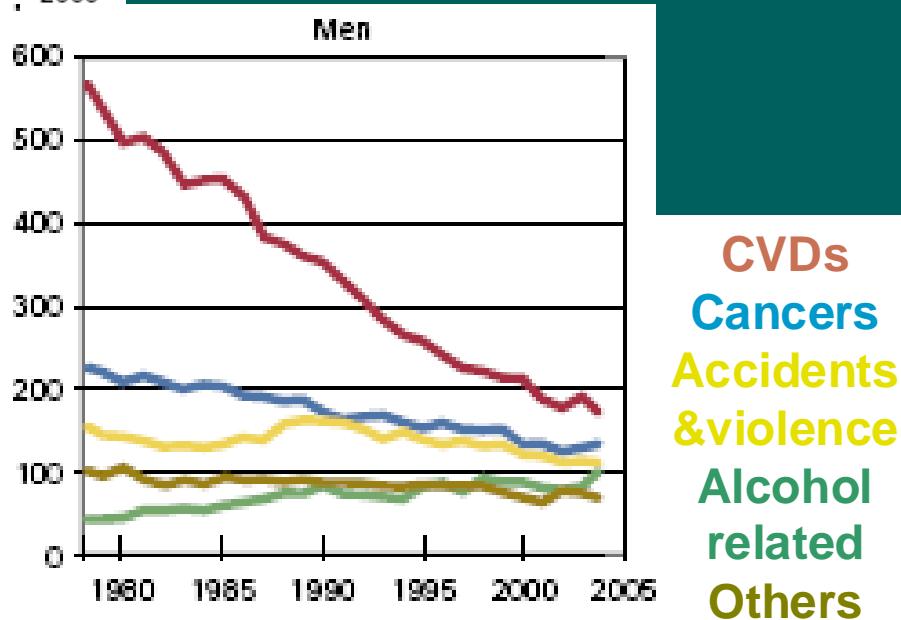
# National rates of change in diet and disease Finland 1950-2005

Food intake (Kg/person/yr)

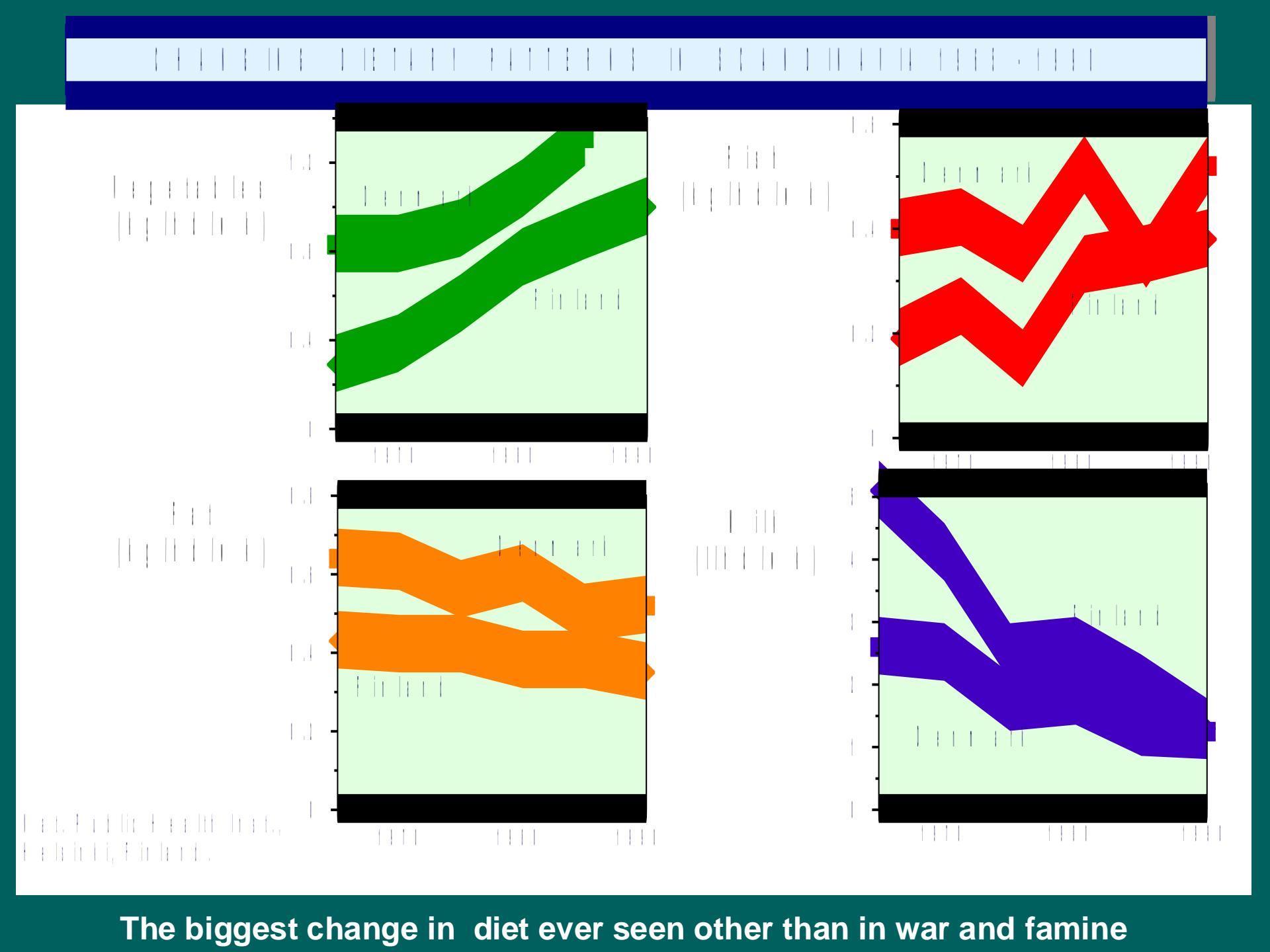


age - standardised mortality/100,000

"Health of Finland" Ministry of Social Affairs and Health 2006



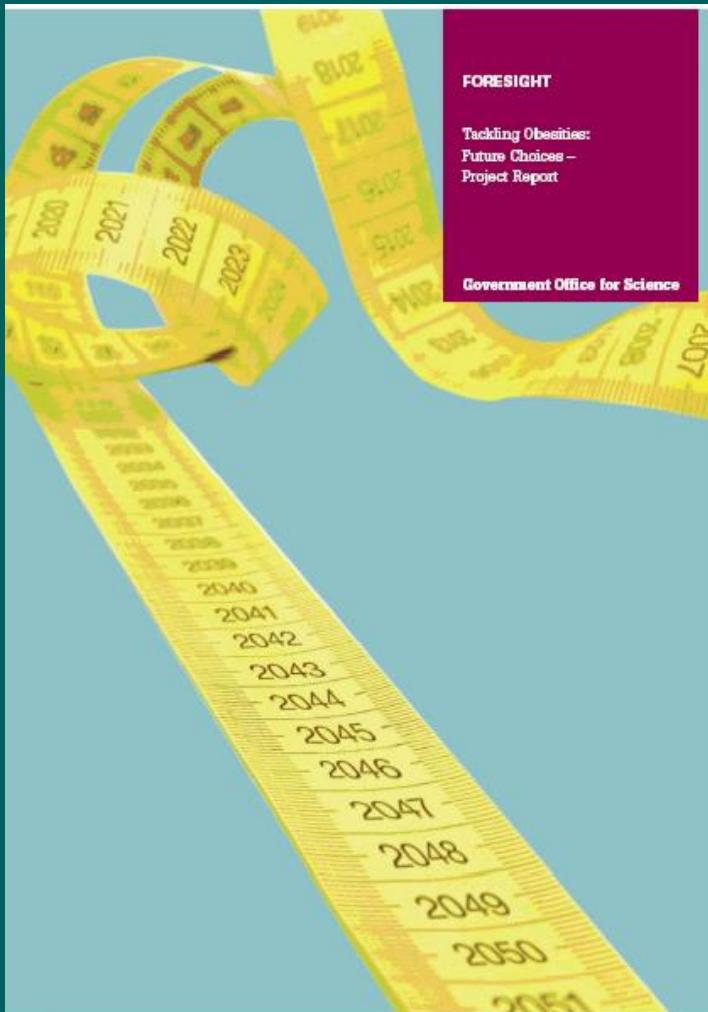
CVDs  
Cancers  
Accidents & violence  
Alcohol related  
Others



The biggest change in diet ever seen other than in war and famine

# The current obesity dilemma:

UK Government report Oct. 2007



**Obesity is a normal "passive" biological response to our changed physical and food environment**

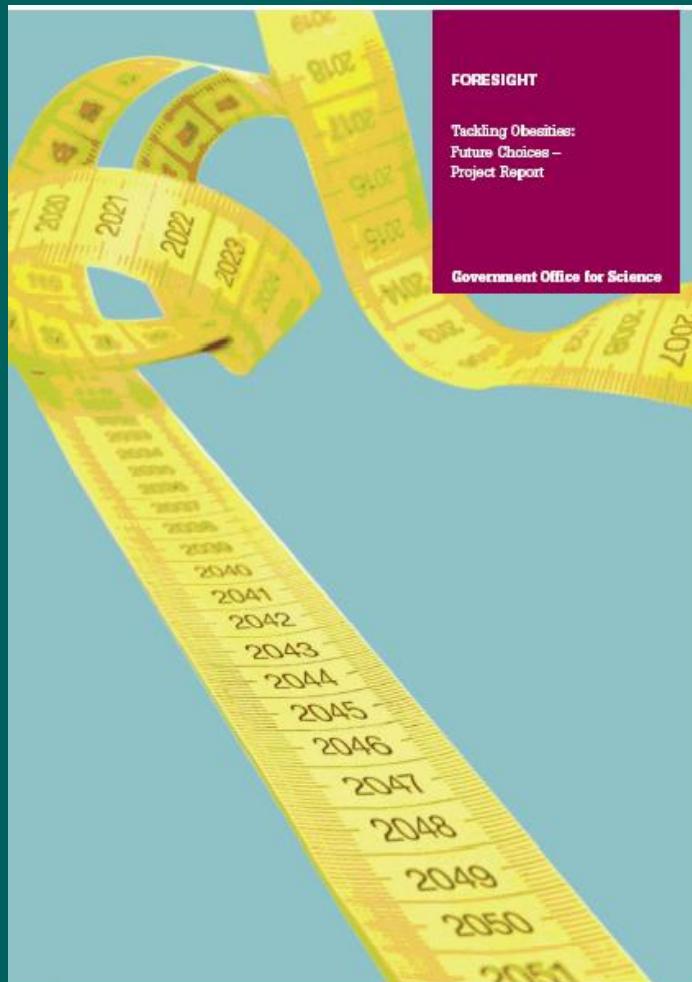
**Some children/adults are more susceptible for genetic, social and economic reasons**

**Overwhelming environmental impact reflects outcome of normal industrial development**

**Obesity reflects failure of the free market**

# The current obesity dilemma:

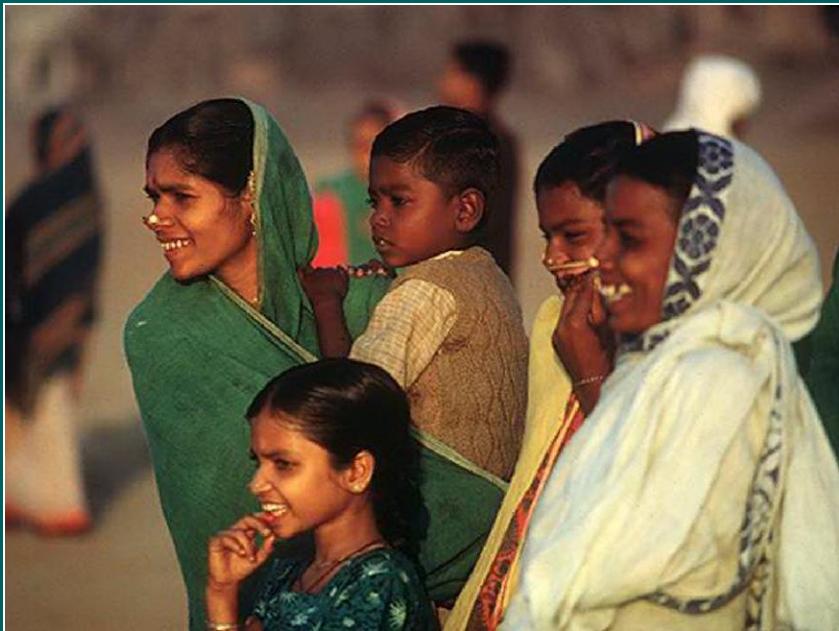
UK Government Report Oct.2007

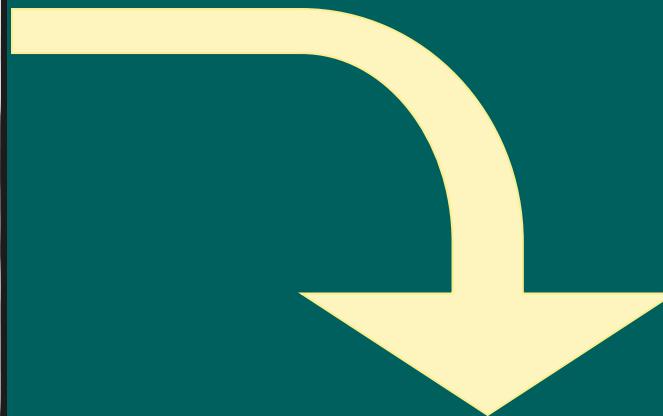
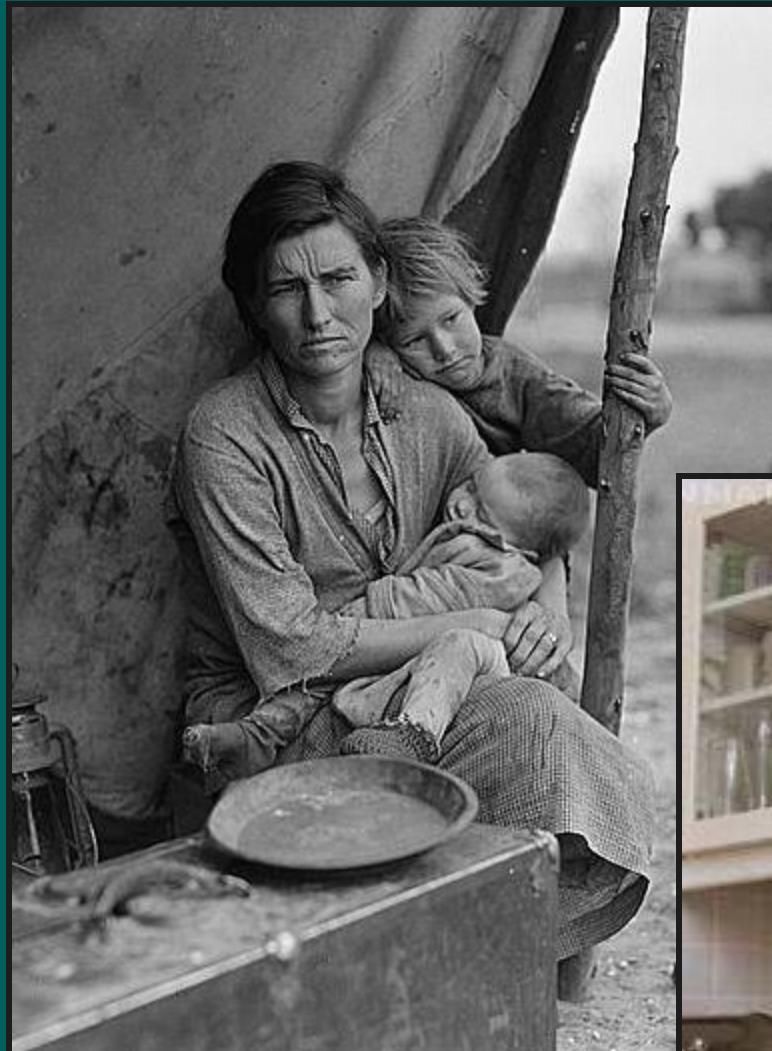


**Obesity similar to climate change:**

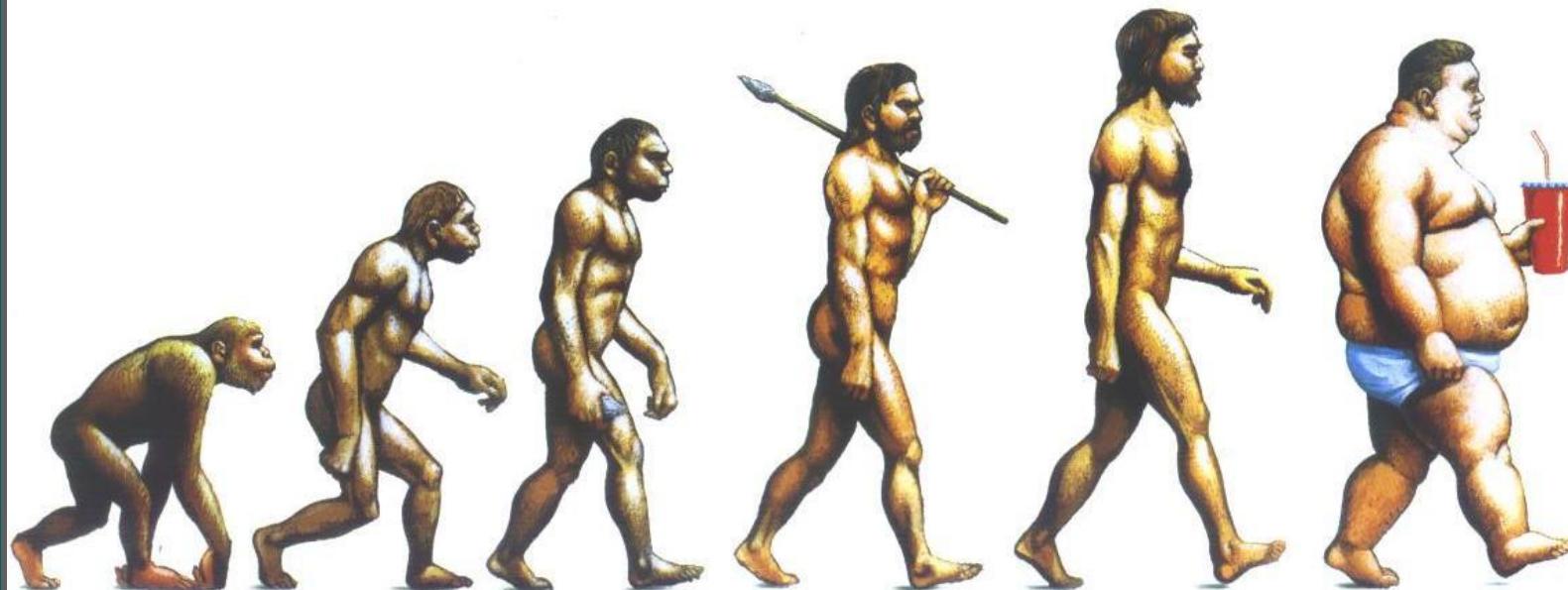
- 1. Outcome of numerous societal and industrial developments/ forces**
- 2. Action now essential- exceptionally difficult to reverse**
- 3. No single remedy will suffice**
- 4. Co-ordinated central & local government, industrial, societal and individual changes necessary**
- 5. Major changes needed - not just individual advice to eat less and walk more!**
- 6. Immediate action necessary although many logical remedies remain unproven**







# The shape of things to come



*The cover of "The Economist", Dec. 13-19, 2003.*