

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



IOTF

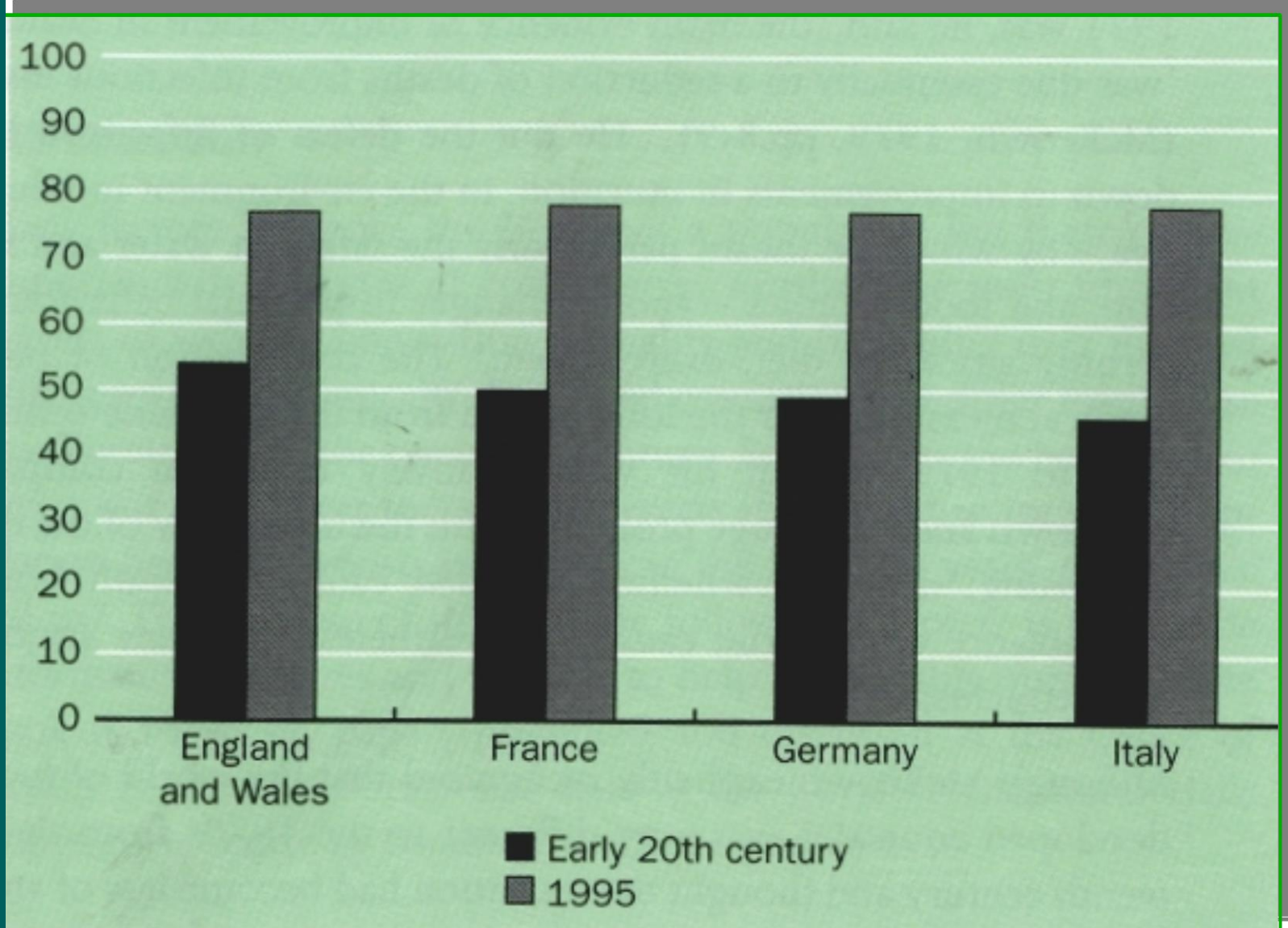


IPA

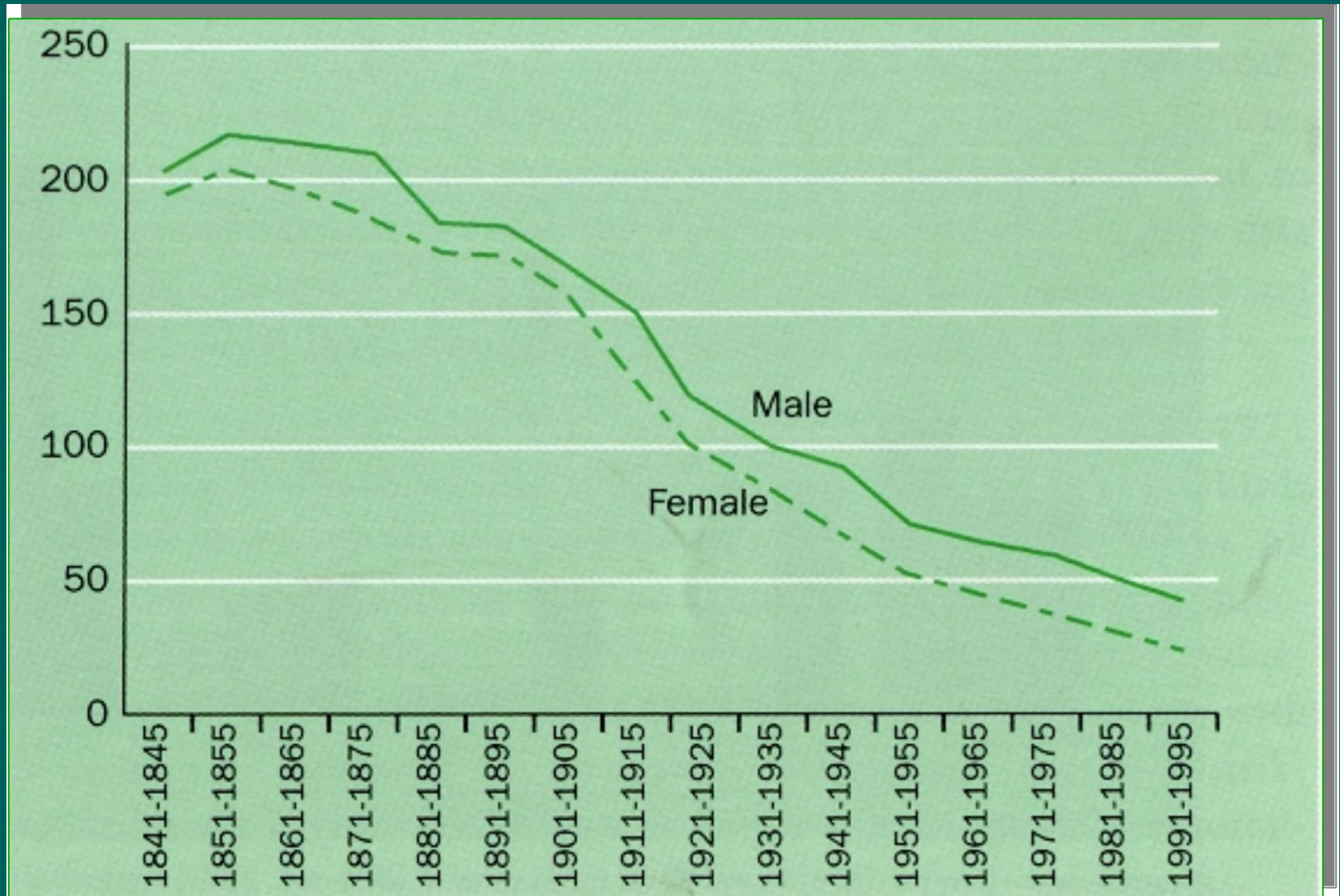


WHF

Improved life expectancy at birth

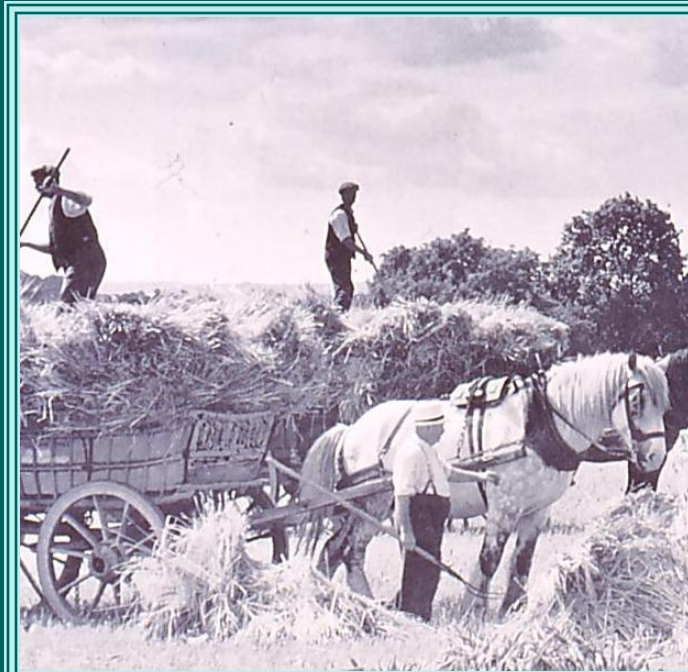


Death rate trends in England and Wales, 1841-1995



EUROPEAN CROP BELTS

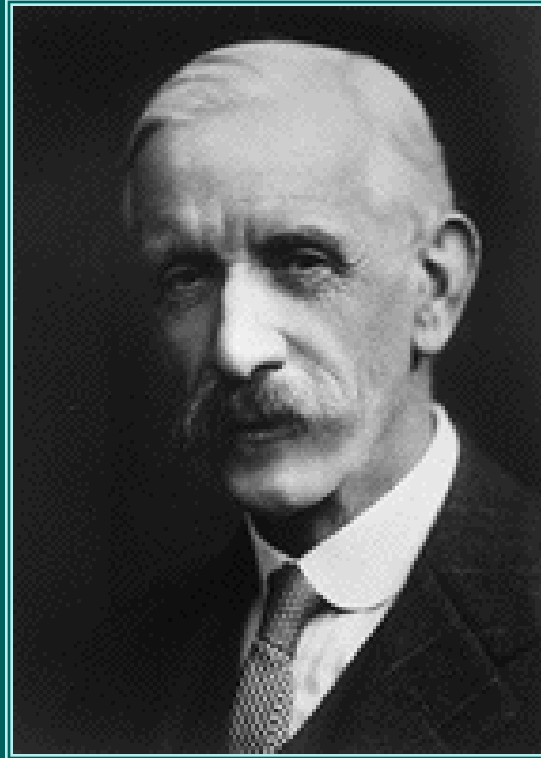
-  No Agriculture
-  Oats with Flax in Russia
-  Polar Barley with Coniferous forest
-  Mediterranean Barley
-  Barley
-  Winter Wheat & Sugar Beet
-  Mediterranean Wheat Belt
-  Maize Belt
-  Winter Wheat
-  Spring Wheat
-  Rye Belt
-  Hay & Pasture
-  Tundra
-  Steppe



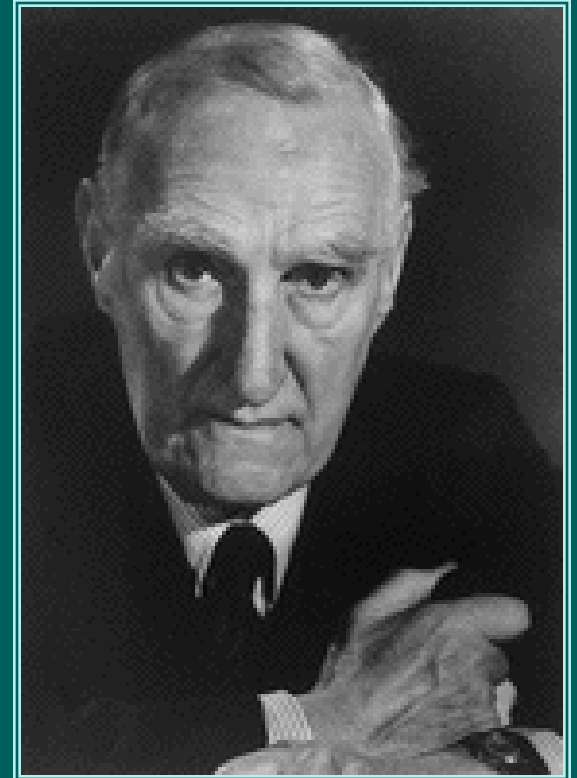
The excitement of Nutritional Science: Nobelists



Christian Eijkman

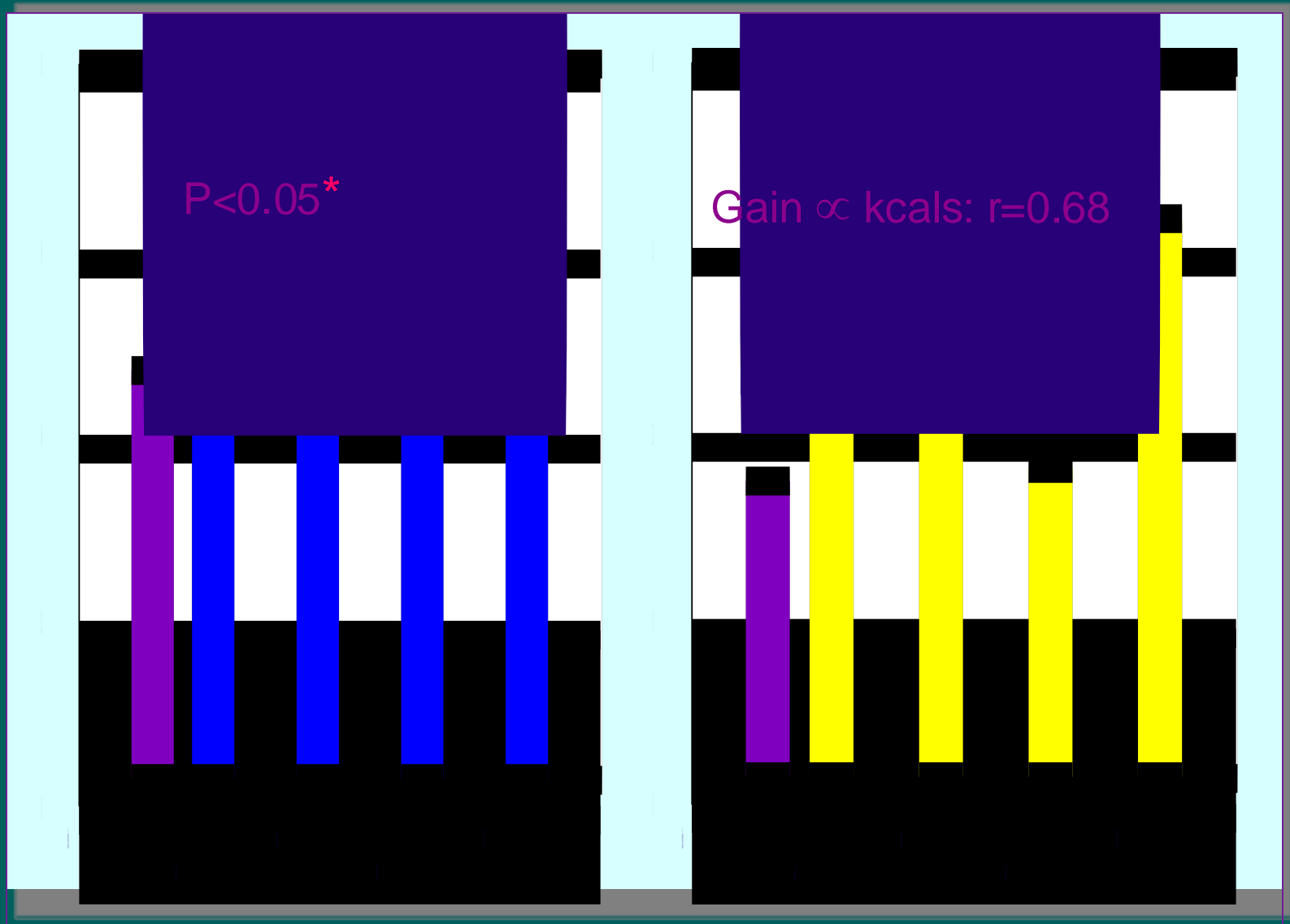


Frederick
Gowland Hopkins



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 NO. 119-02-08

THIS PLACARD TO BE DISPLAYED IN WAREHOUSES ONLY



CHIEF 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

OWF Poster No. 18. Additional copies may be obtained upon request from the Division of Public Inquiries, Office of War Information, Washington, D. C.

U.S. GOVERNMENT PRINTING OFFICE: 1943-0-250000



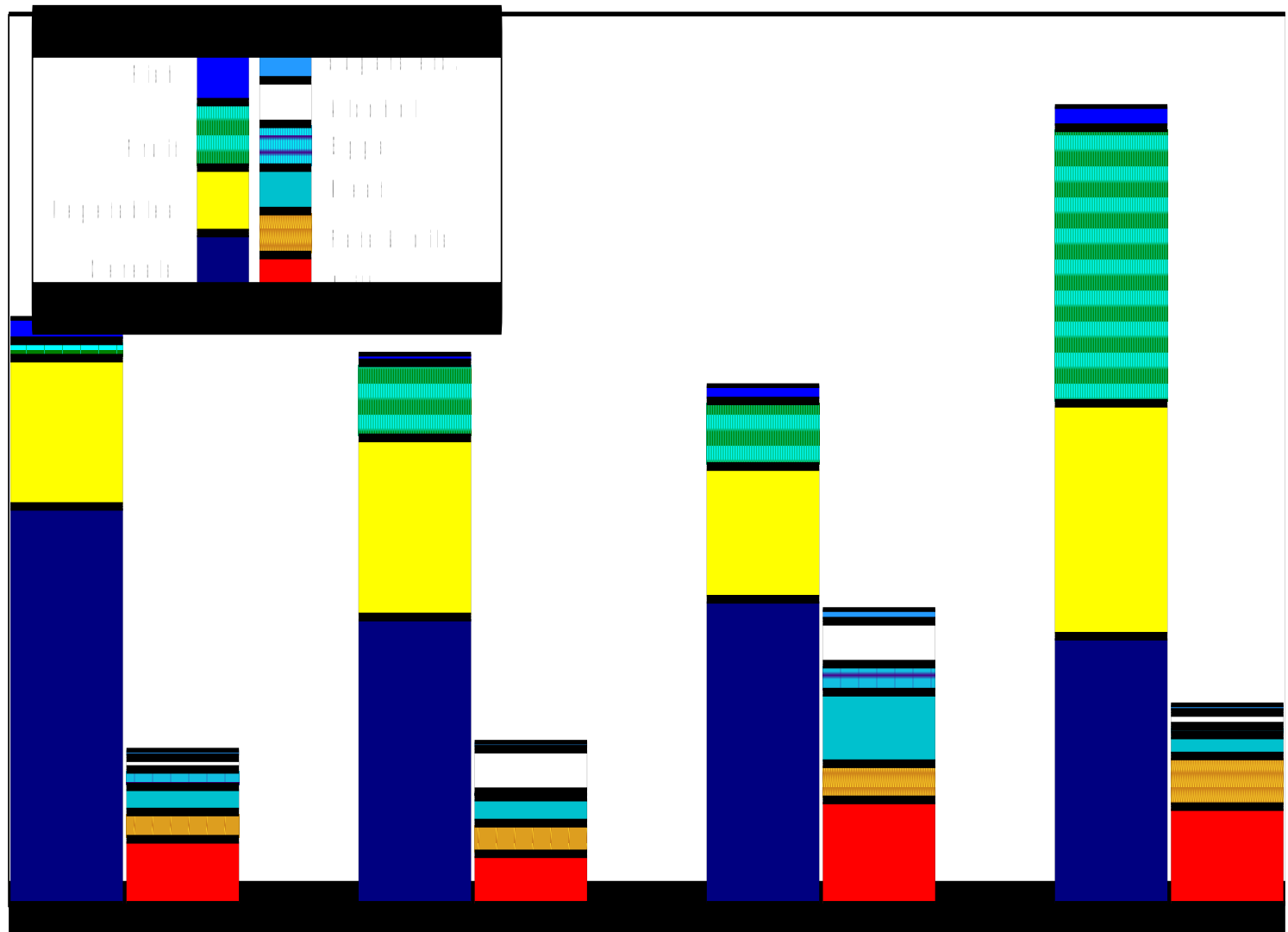
The transformation of agriculture: an issue of fundamental national security



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



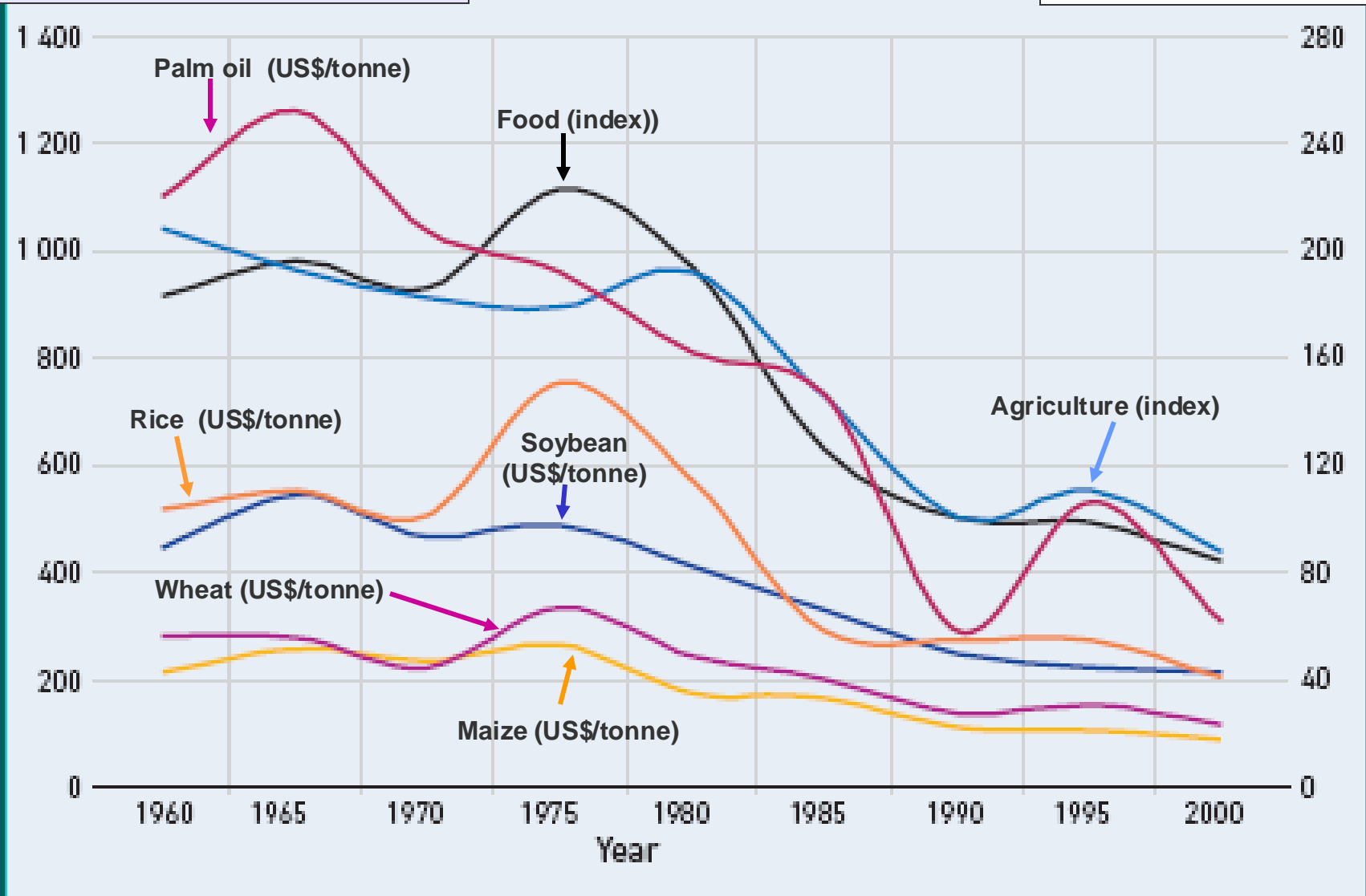
The Traditional Mediterranean Diet



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.

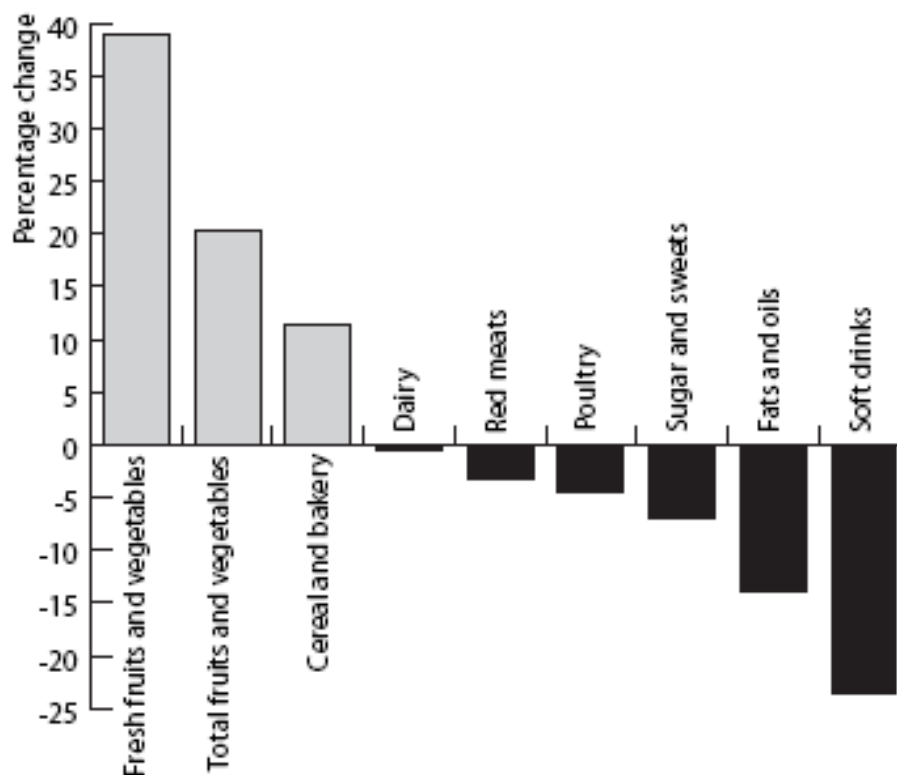
Food without Thought

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

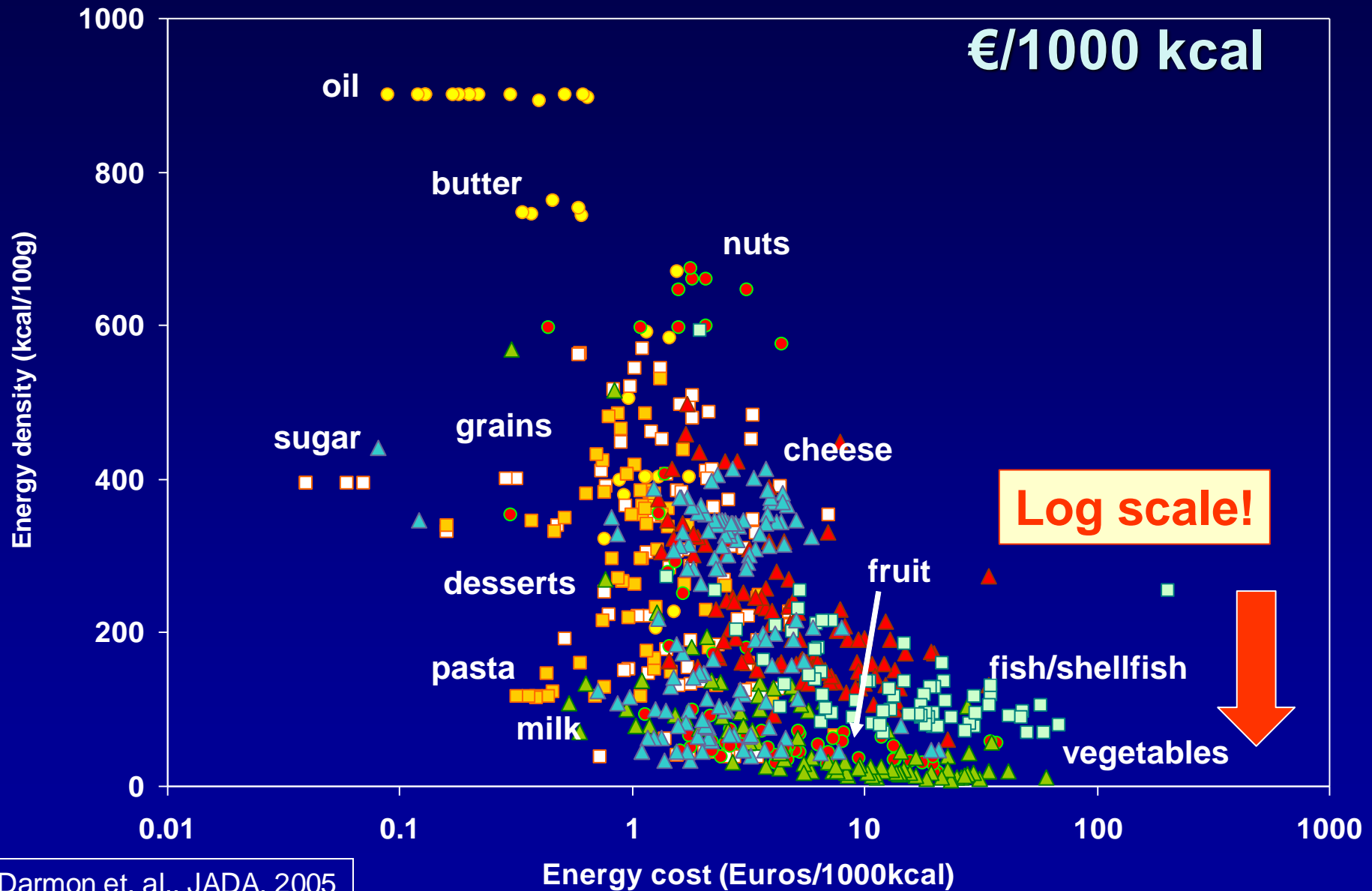


55 cents for 100 kcal

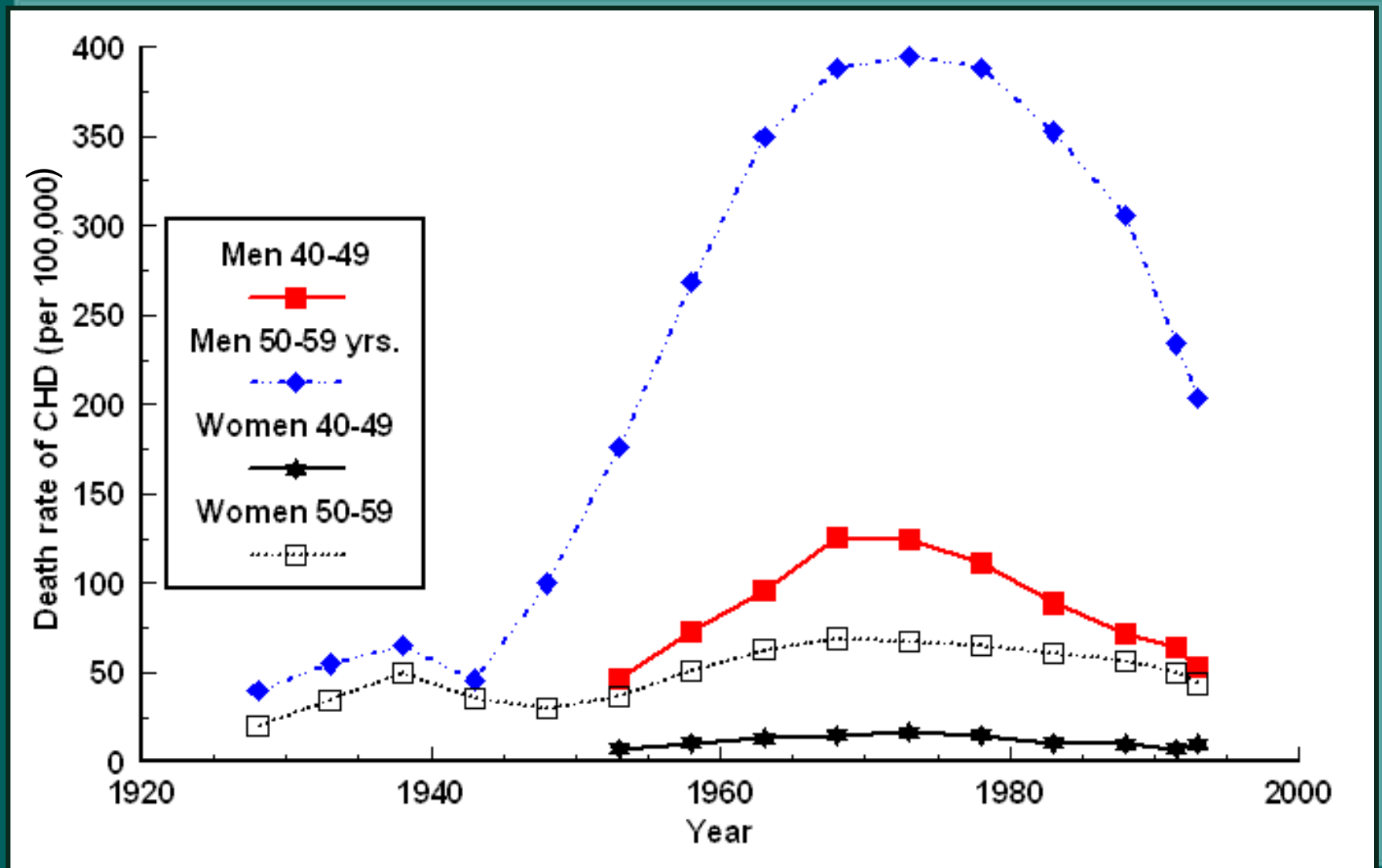
1 cent for 100 kcal



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

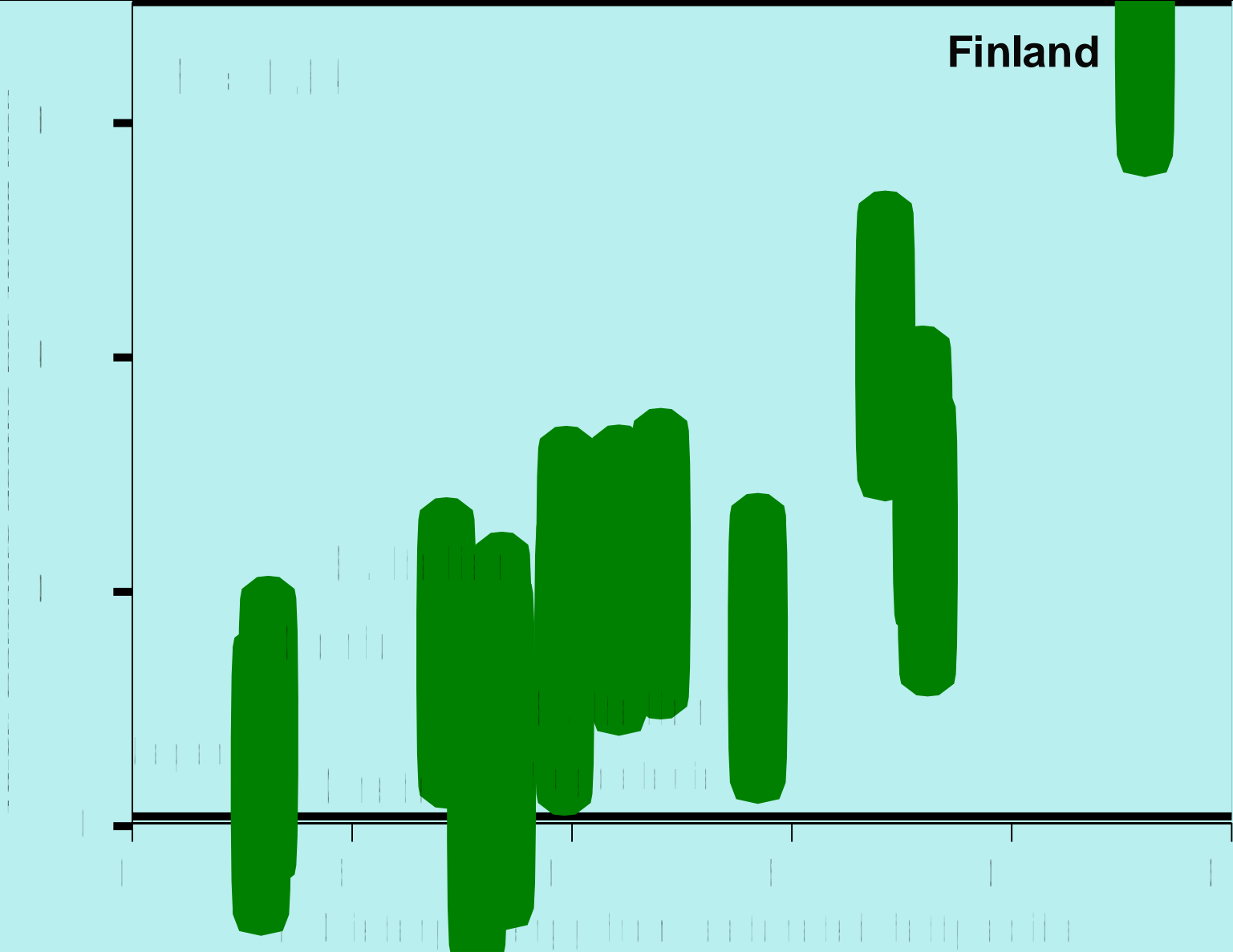


Nutritionists advocate a "balanced diet": the emergence of coronary heart disease in the Western world

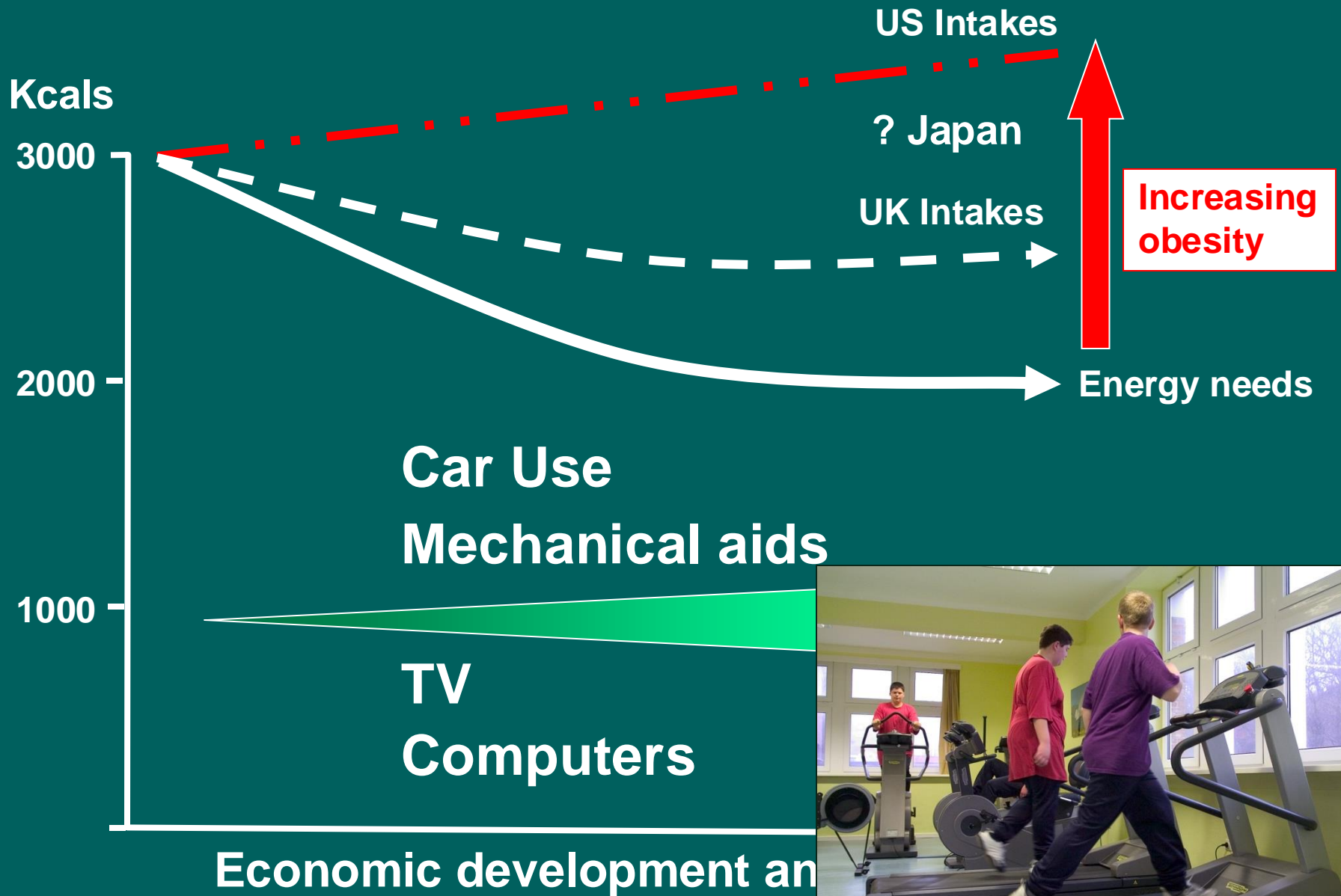


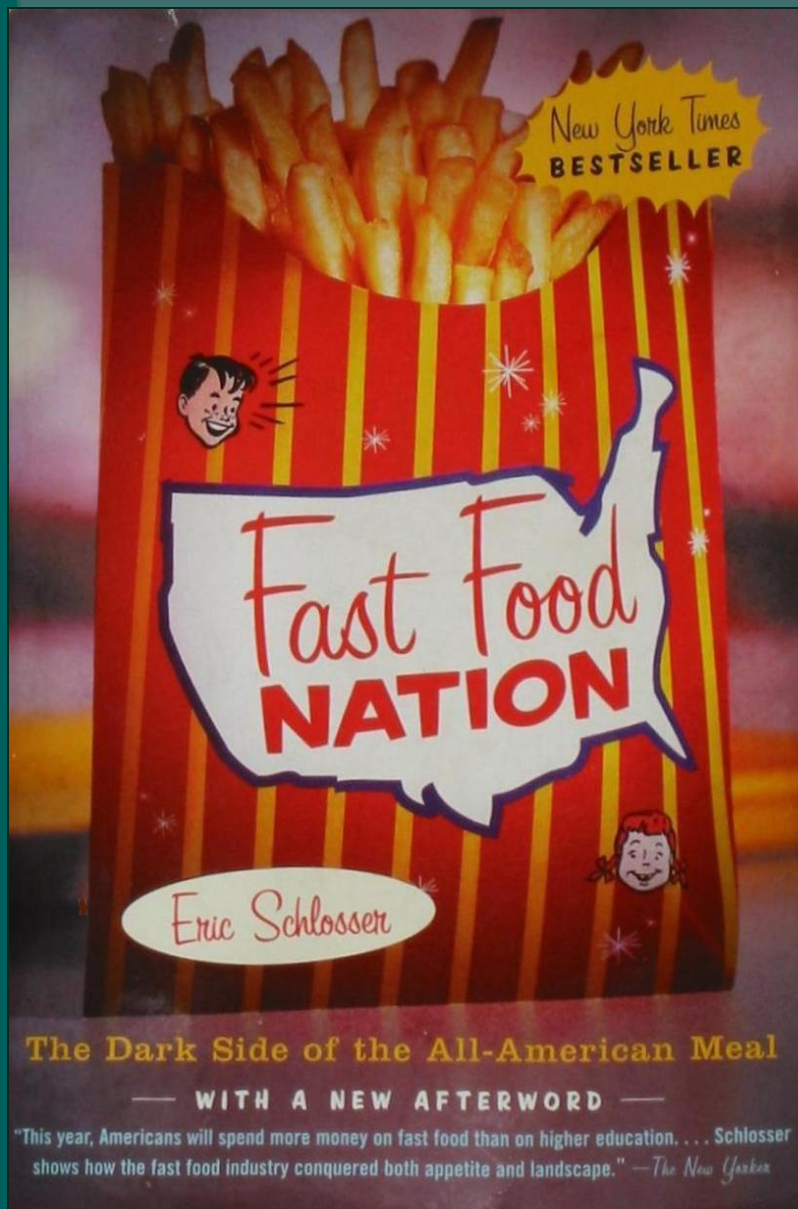
UN Commission Report: Food & Nutrition Bulletin, 2000.

Finland



Economic development and falling food needs

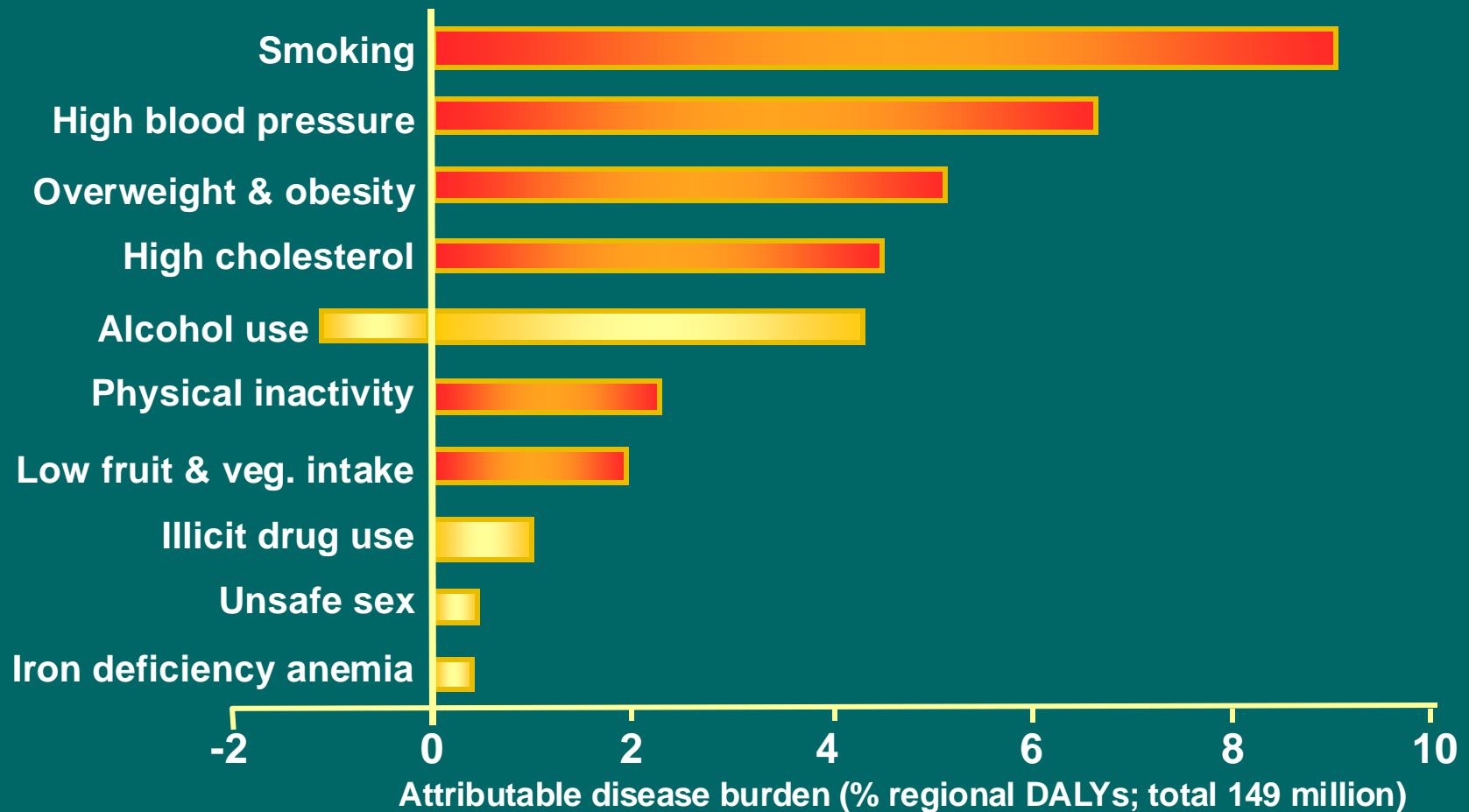




A quarter-pound cheeseburger, large fries and a 16 oz. soda provide:

- ➔ 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)

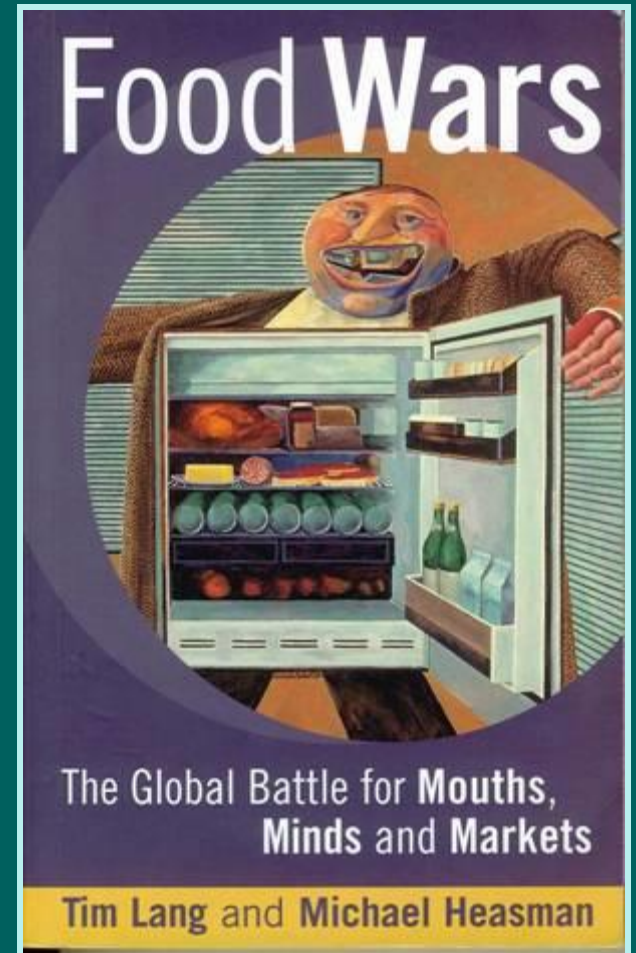


The keys to success in the food business and in obesity and chronic disease prevention

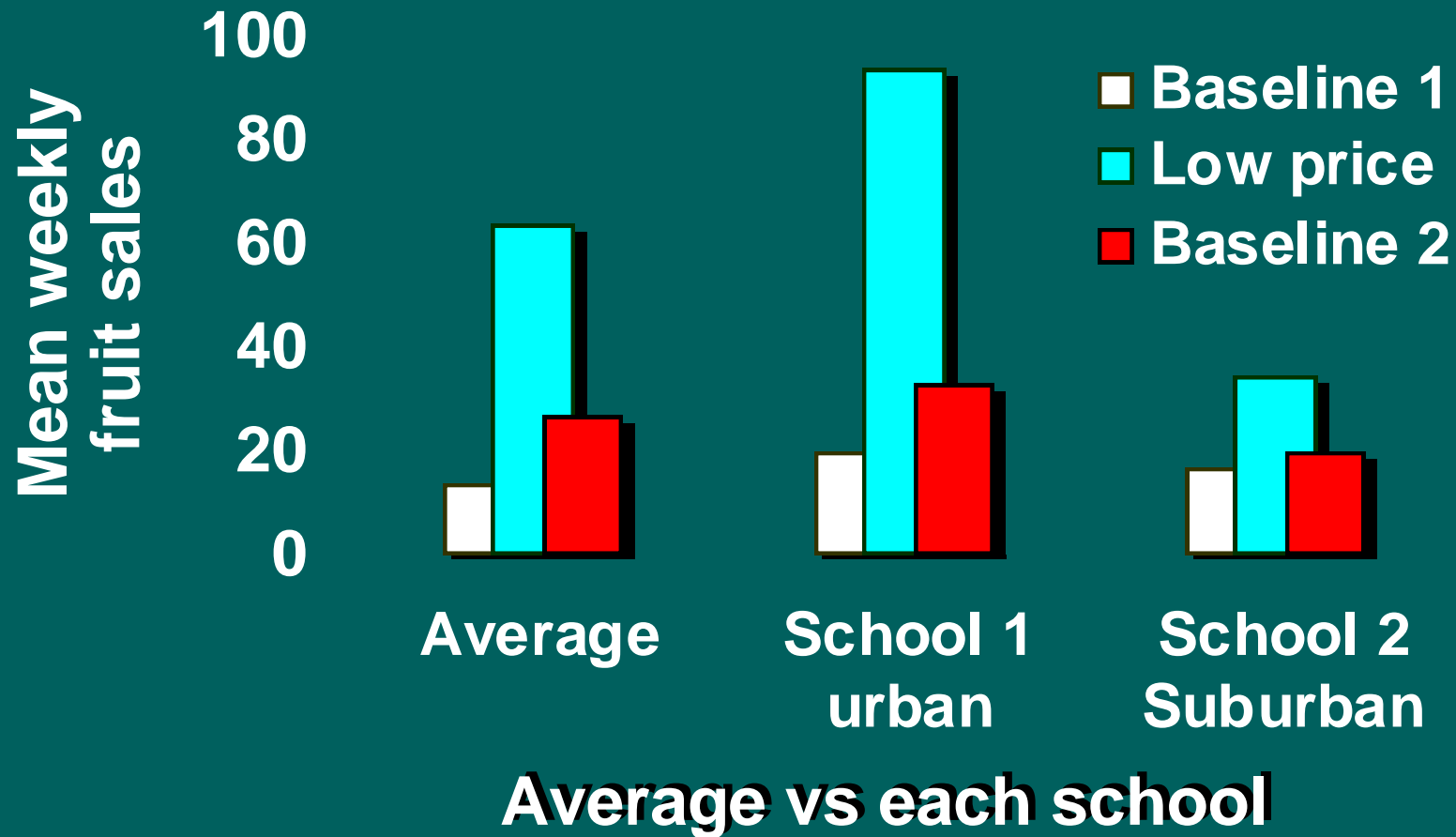
- **Price**

- **Availability**

- **Marketing**



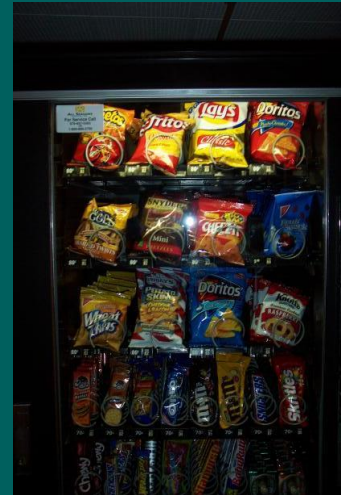
Children's fruit purchases depend on price



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



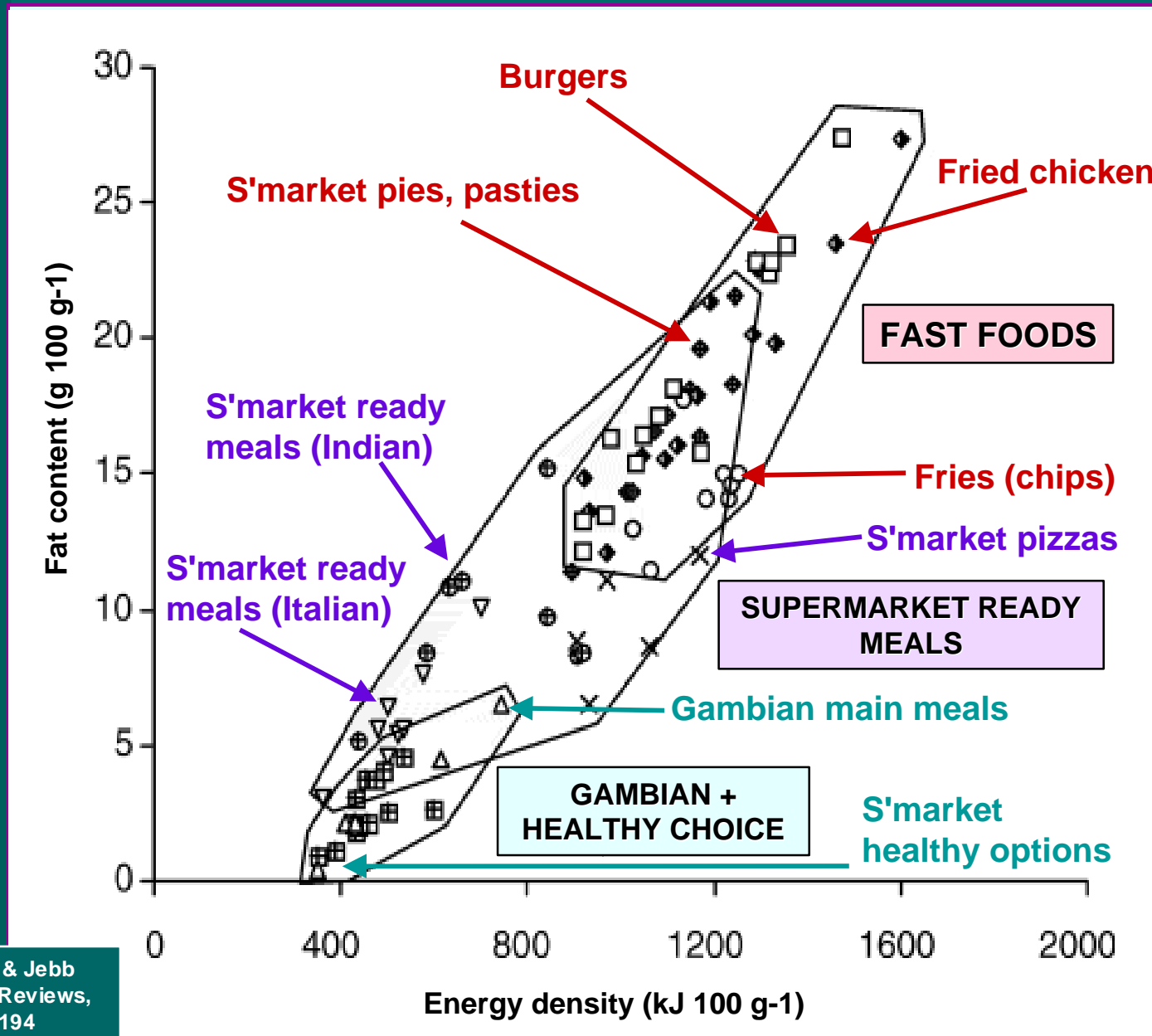
End of
aisle
display
increases
sales 2-5
fold

CHIPS ARE IN SEASON !

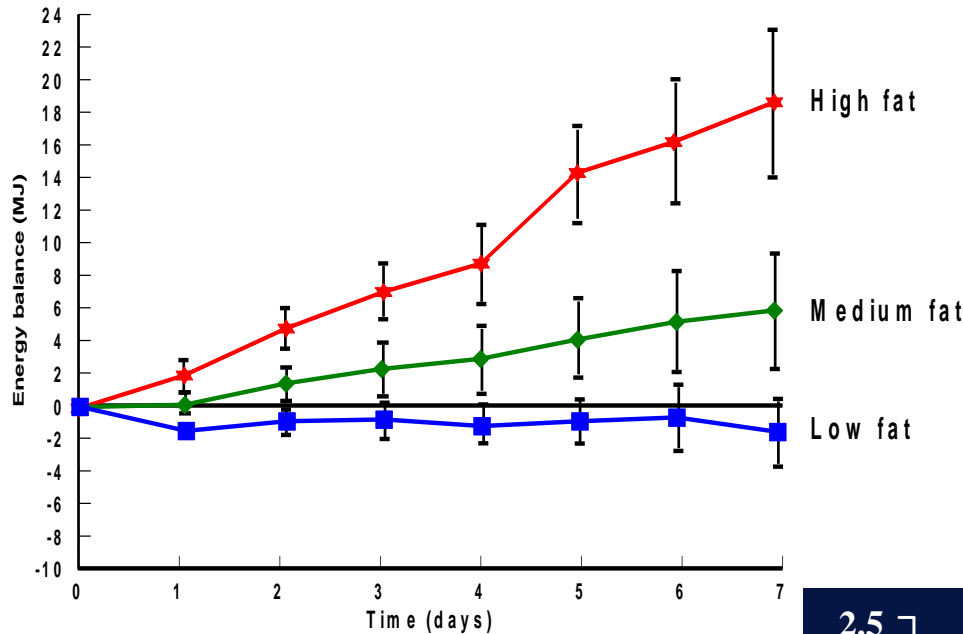


Doubling shelf space increases sales by 40%

Concentration of kcals in food depends mainly on their fat content



The brain does not recognise hidden fats & sugary drinks

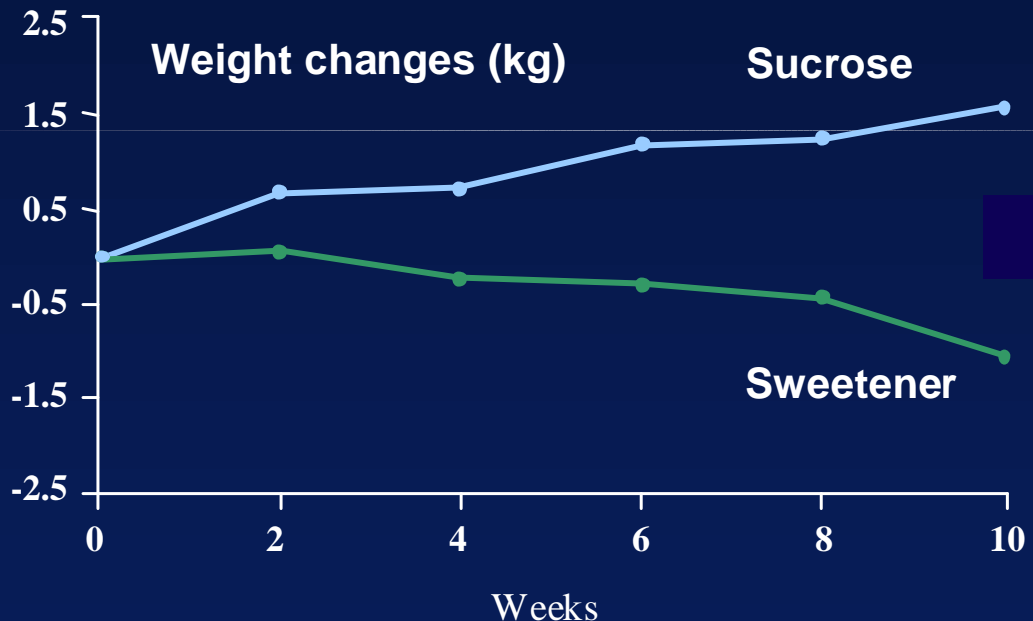


Three groups were offered the same food but with very different fat content.

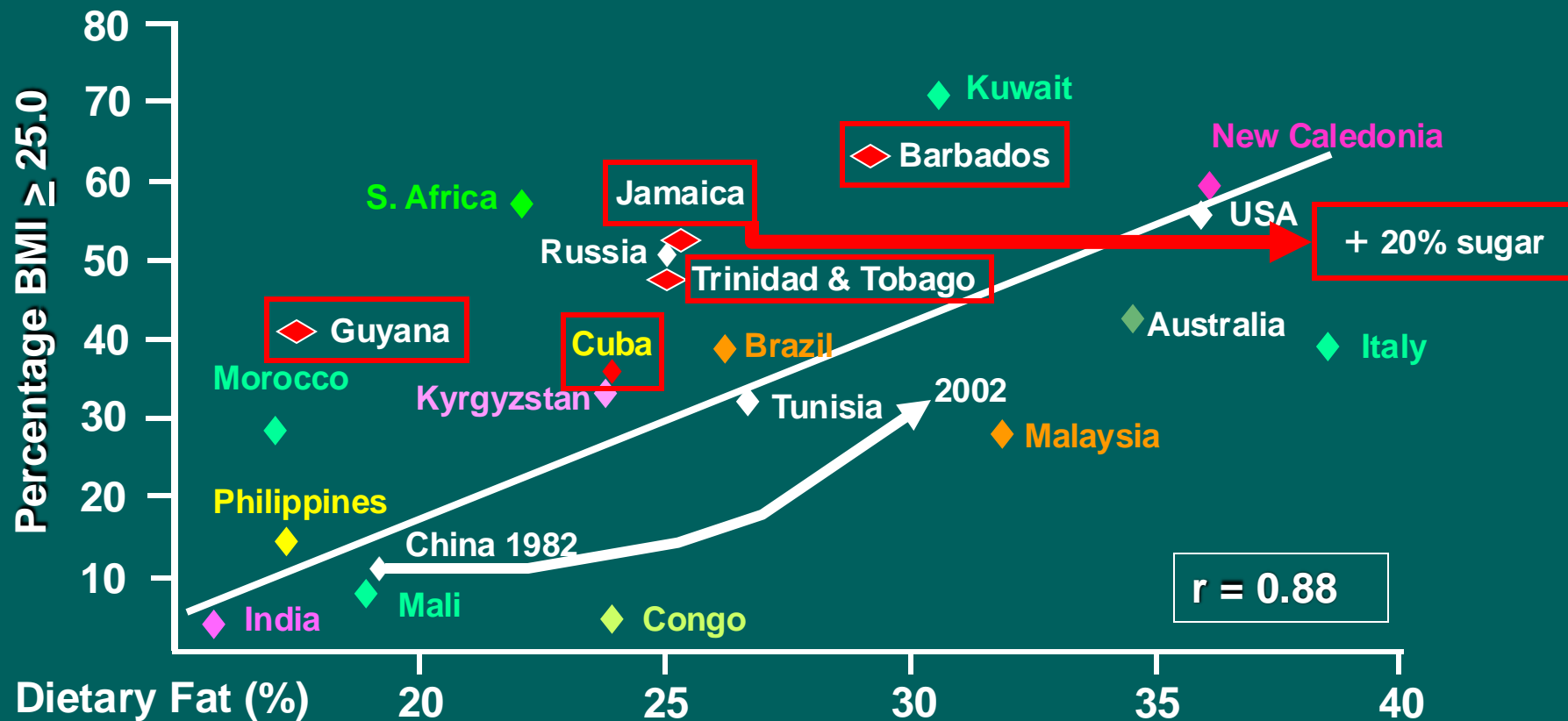
The groups ate the same amount of food: those on high fat foods unconsciously stored kcals and put on weight

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

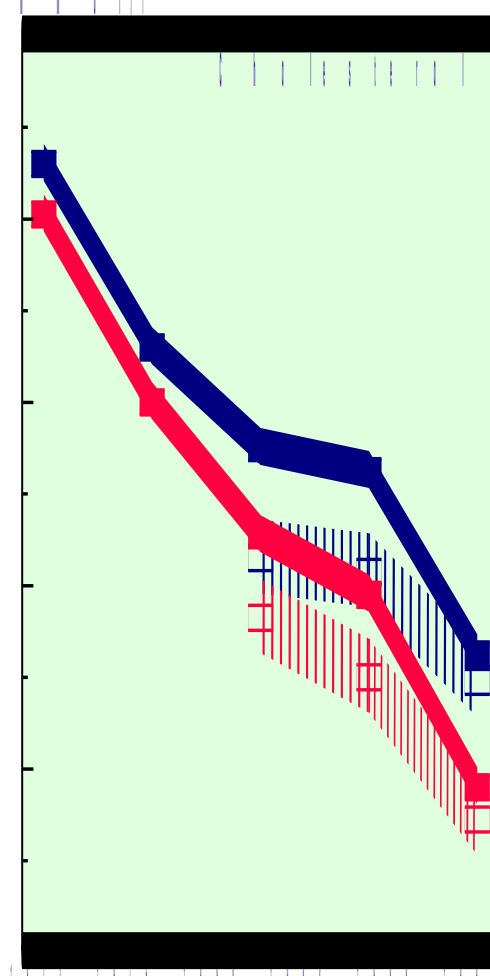
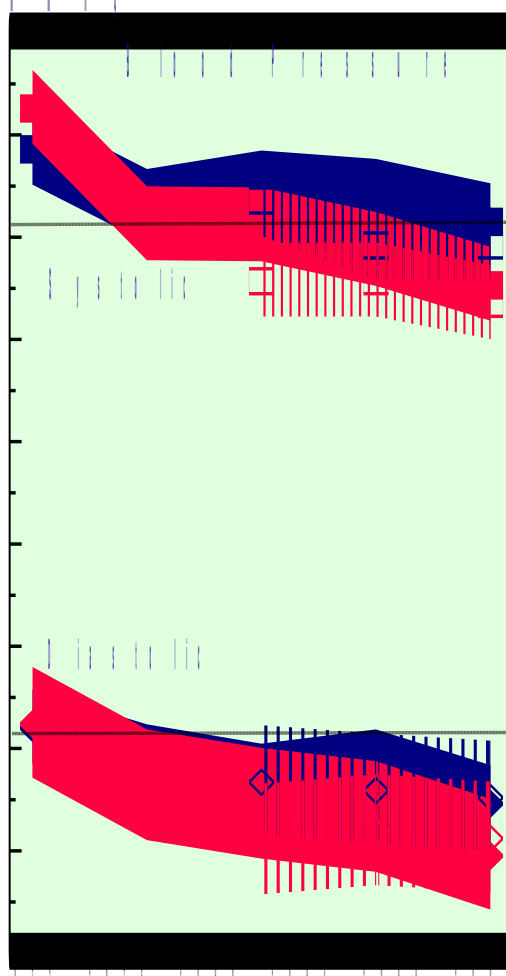
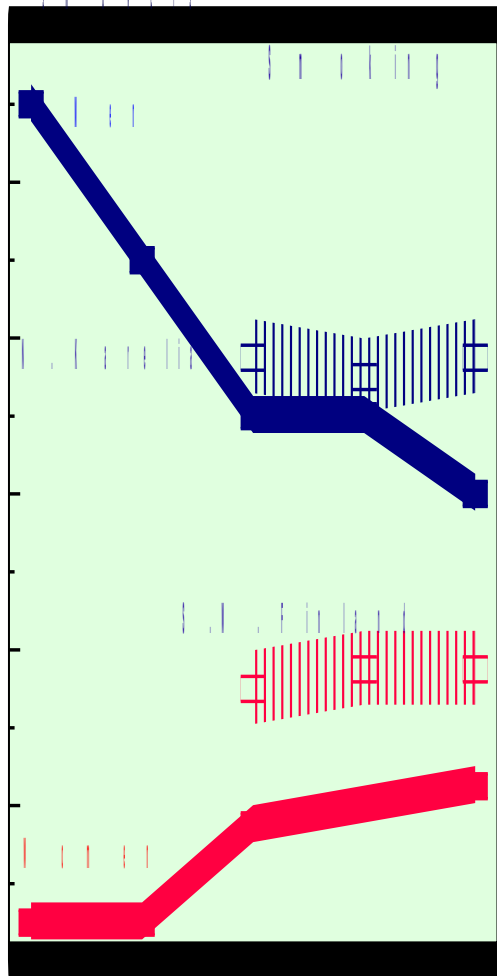
Obesity epidemic is inevitable unless policies to reduce intakes substantially from fat & sugar with spontaneous increases in activity are introduced now

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

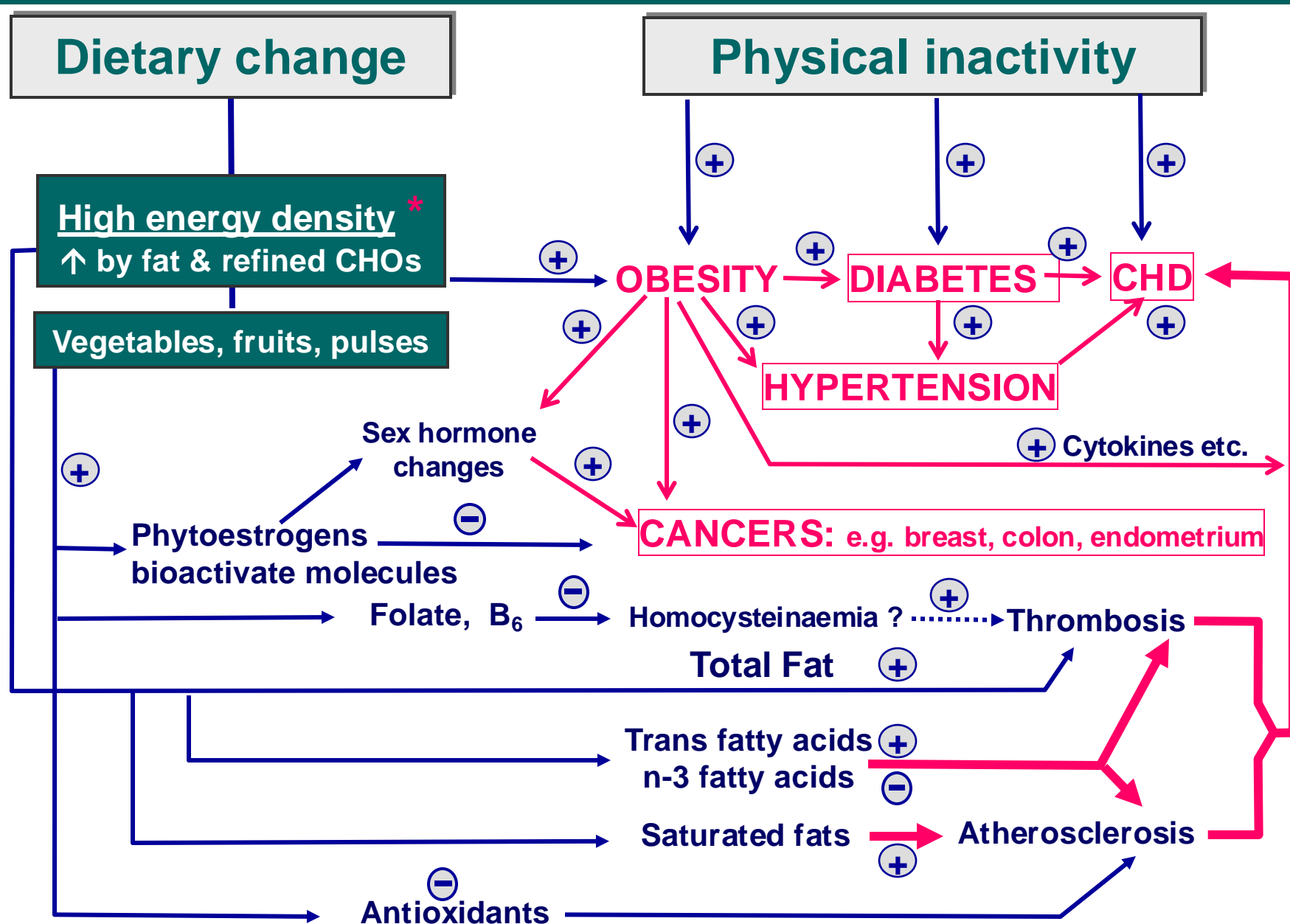
Low- and Middle-income countries				High-income countries		
	Cause	Deaths (millions)	% total deaths	Cause	Deaths (millions)	% total deaths
1.	Ischemic heart disease	5.70	11.8	Ischemic heart disease	1.36	17.3
2.	Cerebrovascular disease	4.61	9.5	Cerebrovascular disease	0.76	9.9
3.	Lower respiratory infections	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

WHO / World Bank. Global Burden of Disease. Lopez et al., 2006.

 Amplified by excess weight gain

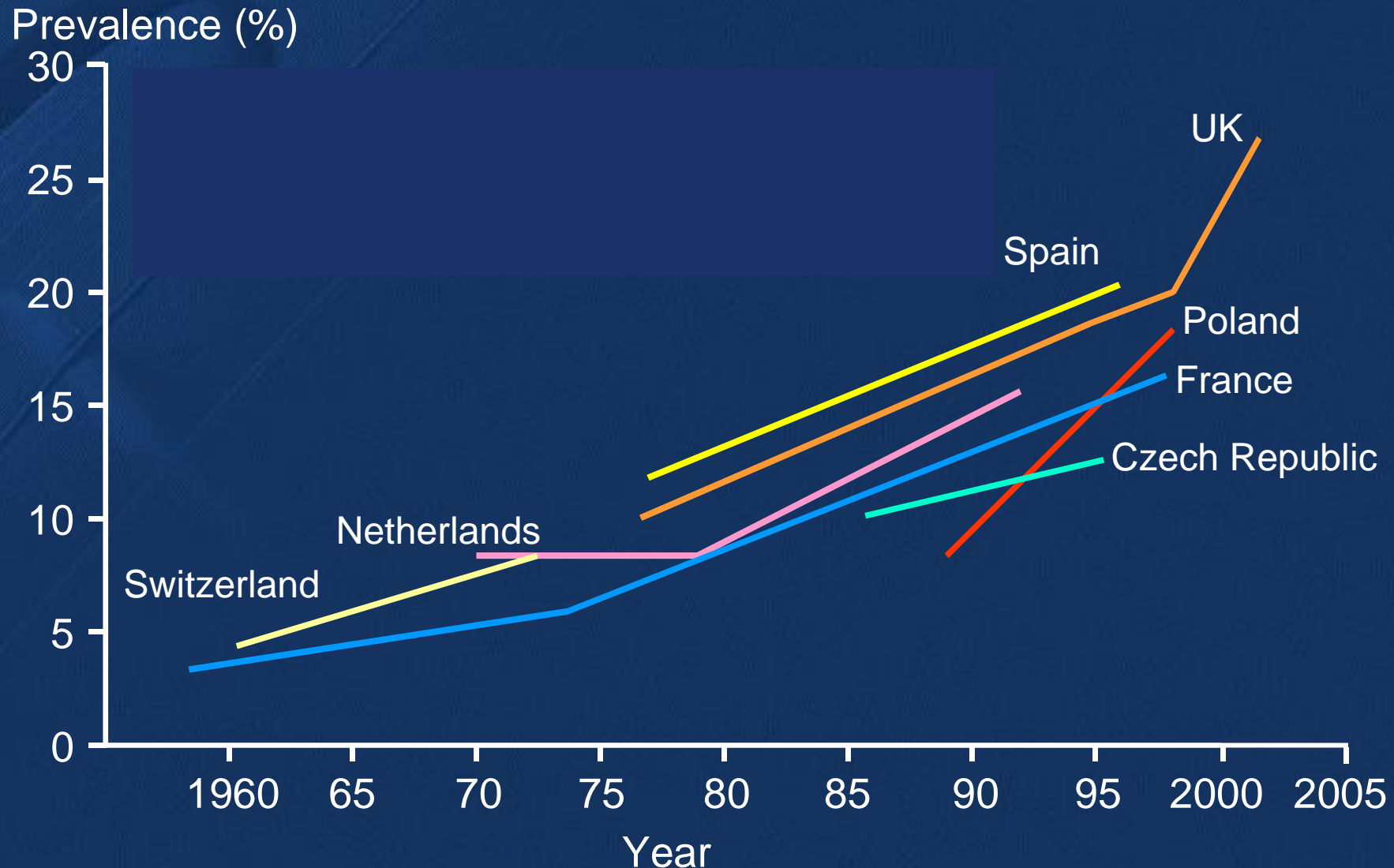


Note remarkable 10mmHg fall in BP and 15% drop in cholesterol - not drug based



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

Excess bodyweight is increasingly prevalent in children and adolescents

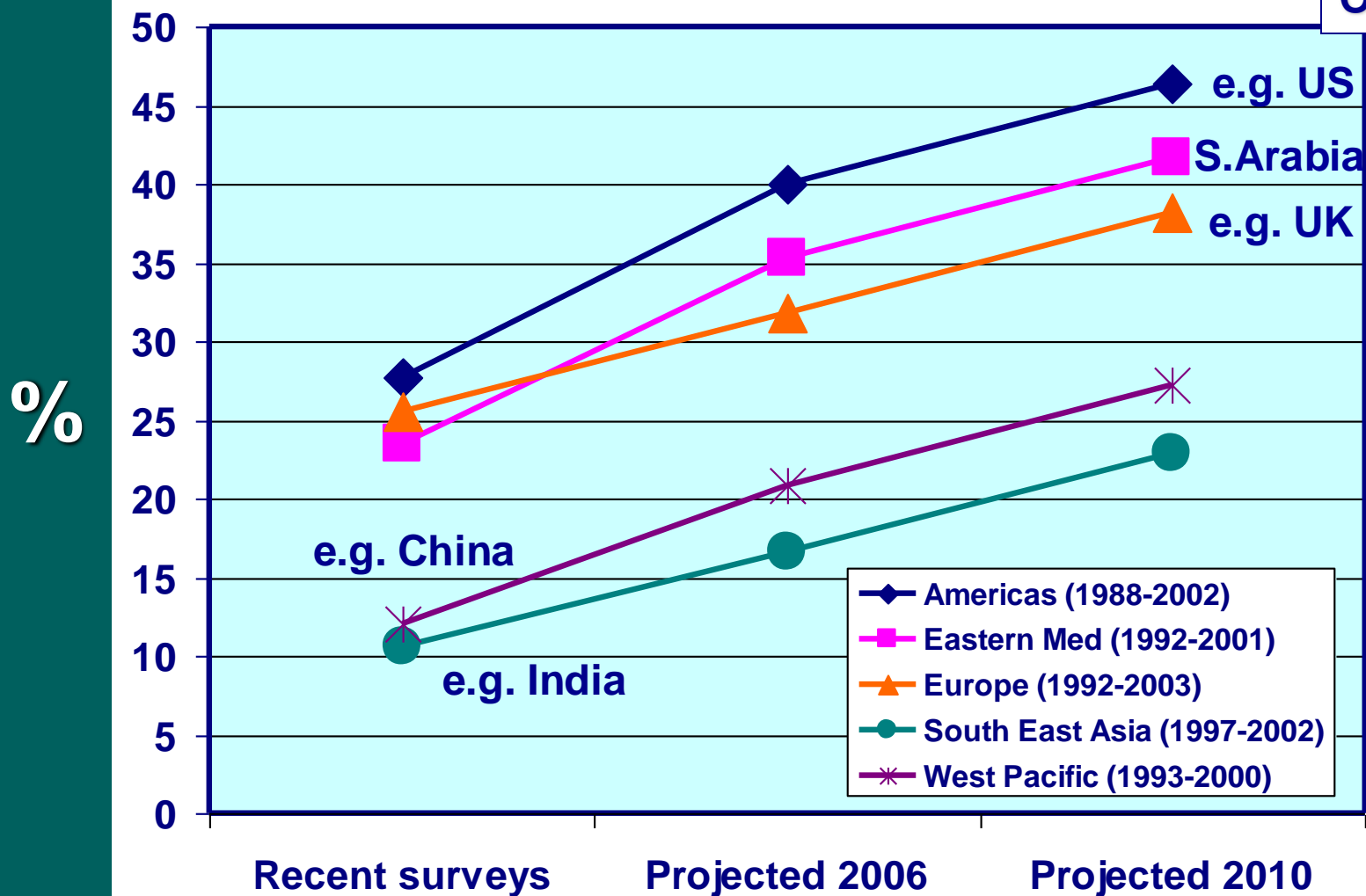




Projected overweight (incl. obesity) rates for school age children

Prevalence

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

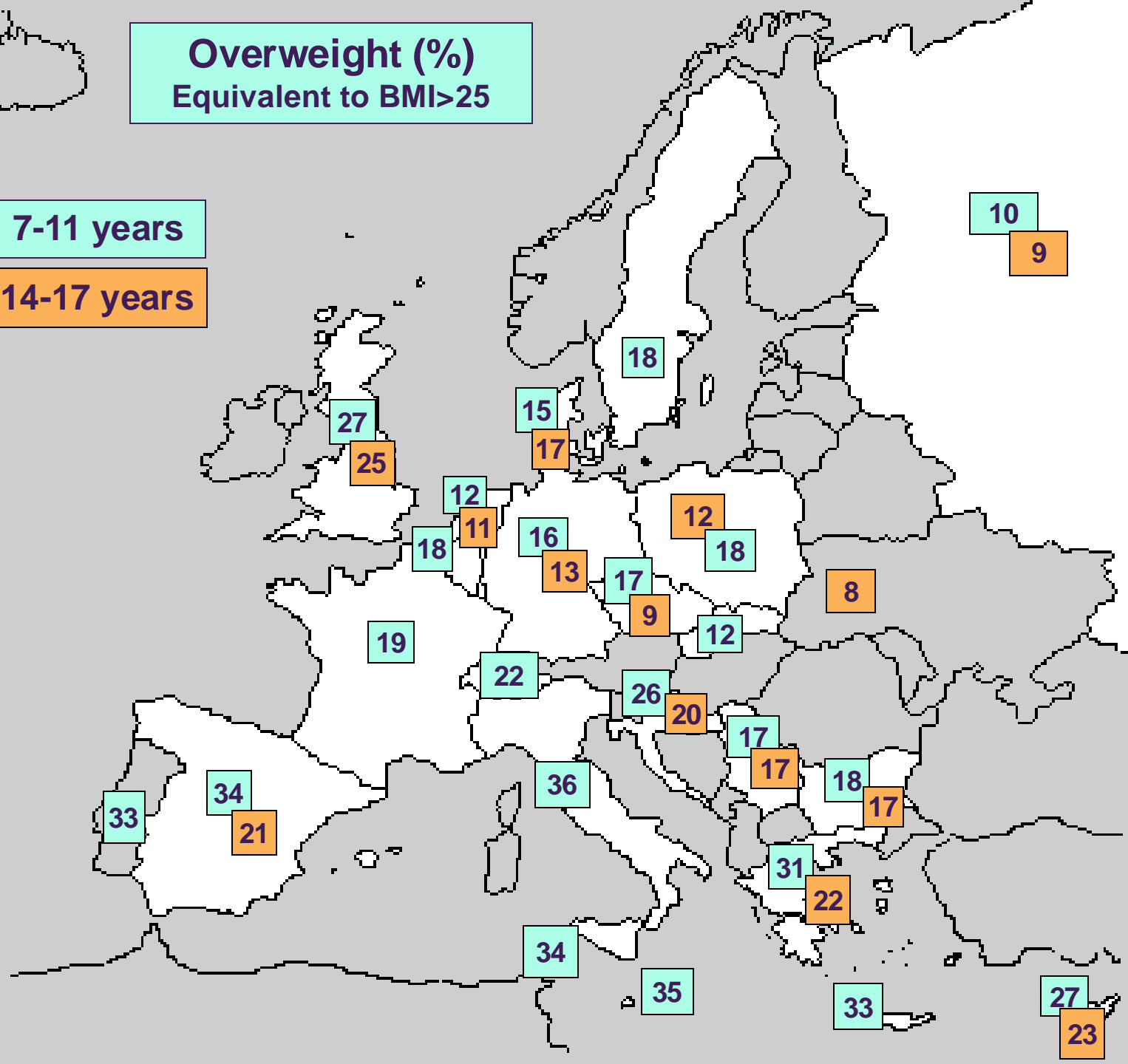


Wang and Lobstein, IOTF, 2006.

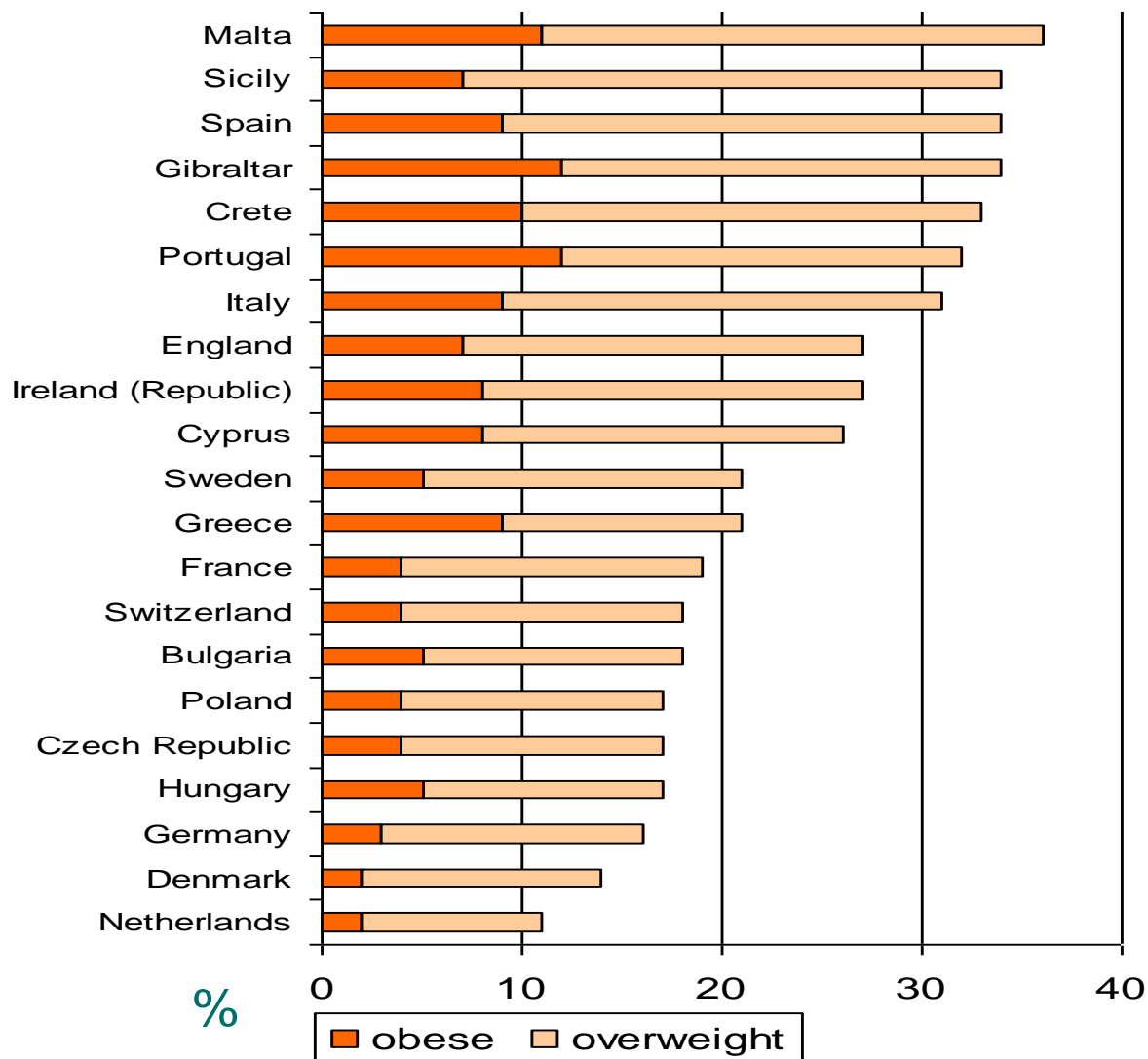
Overweight (%) Equivalent to BMI>25

7-11 years

14-17 years



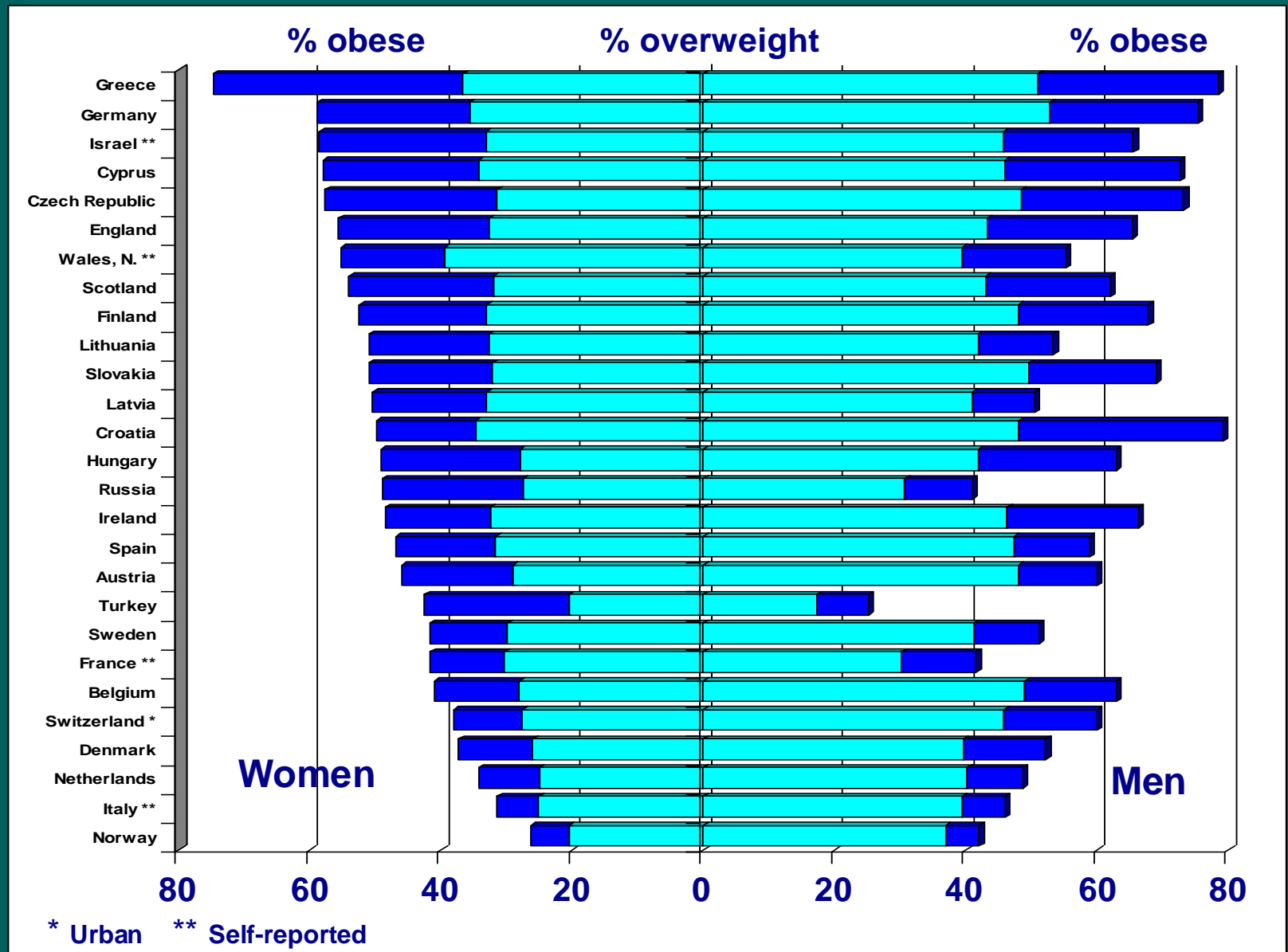
Obesity and overweight prevalences in European children aged 7-11 yrs.



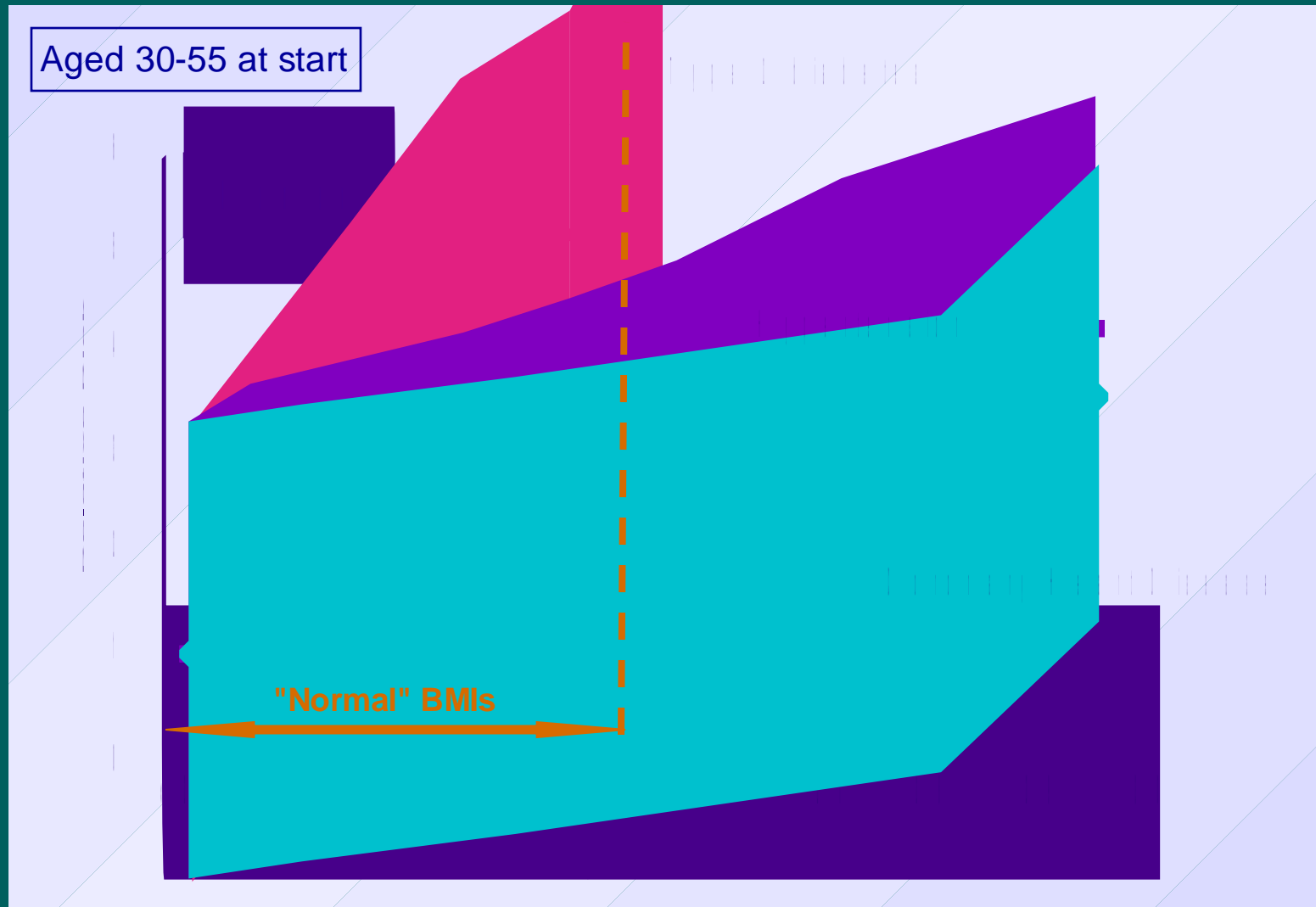
IOTF cut-off points with regional or nationally representative measured data sets.

IOTF data presented EU Platform Launch, March 15th, 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



QUEENS OF THE

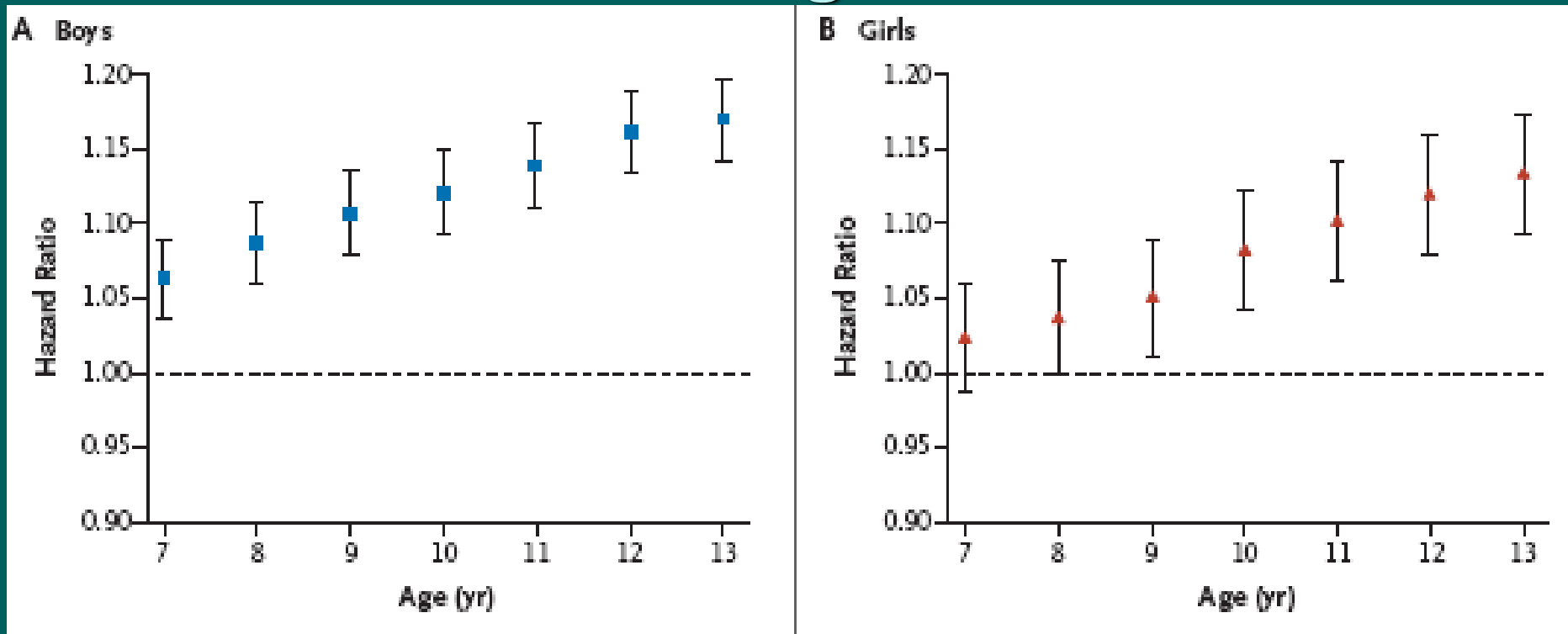
**Kylie and Dido beat the boys
to snatch pop's top awards**

SEE PAGES 8-9 and 24-25

DIABETES THREAT TO COUCH POTATO POTATO CHILDREN



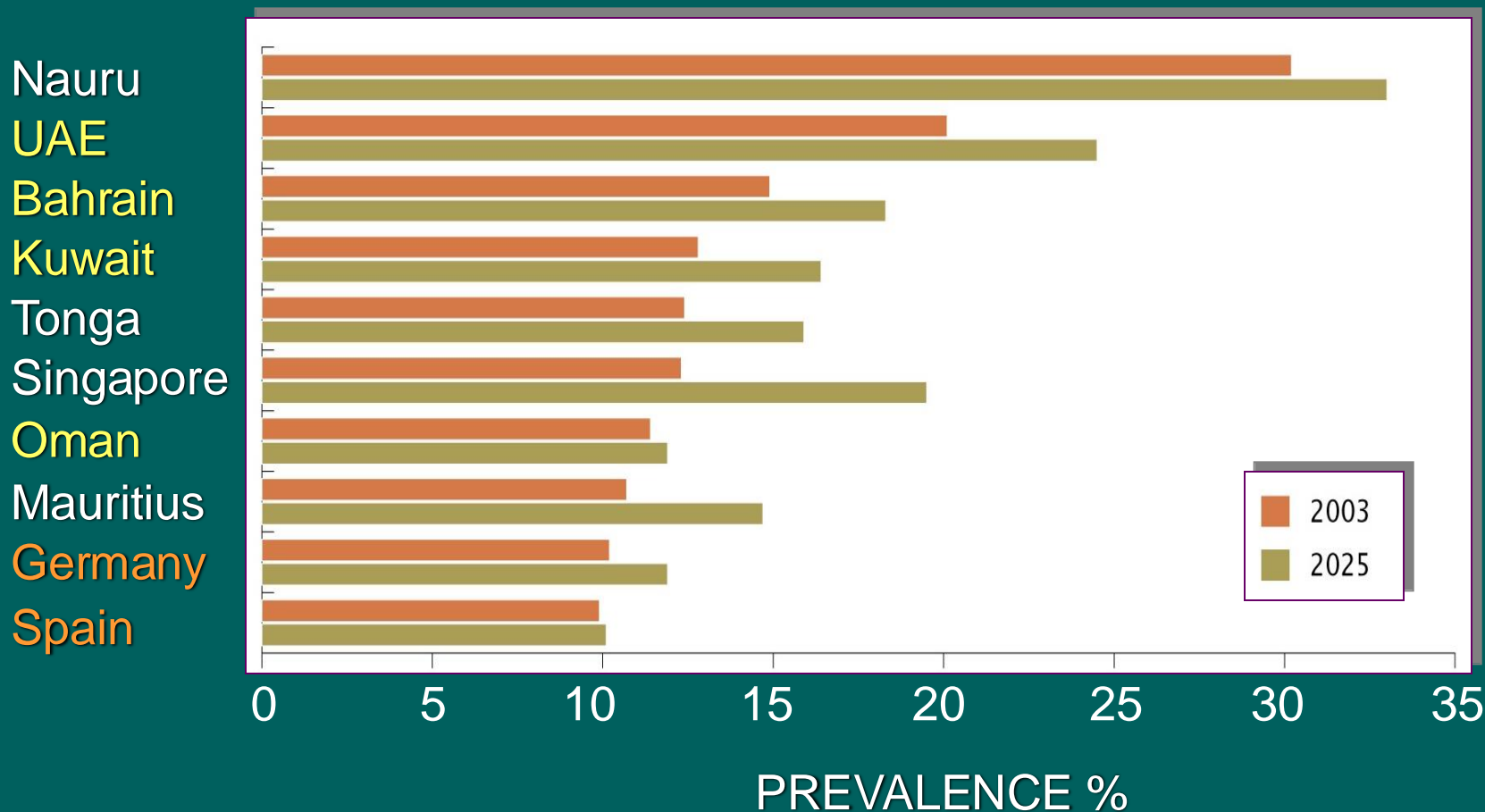
The increasing risk of adult coronary heart disease if adults in childhood (7-13 yrs) had modest weight increases



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.

Baker, Olsen & Sorensen. NEJM 2007, 357: 2329-32

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

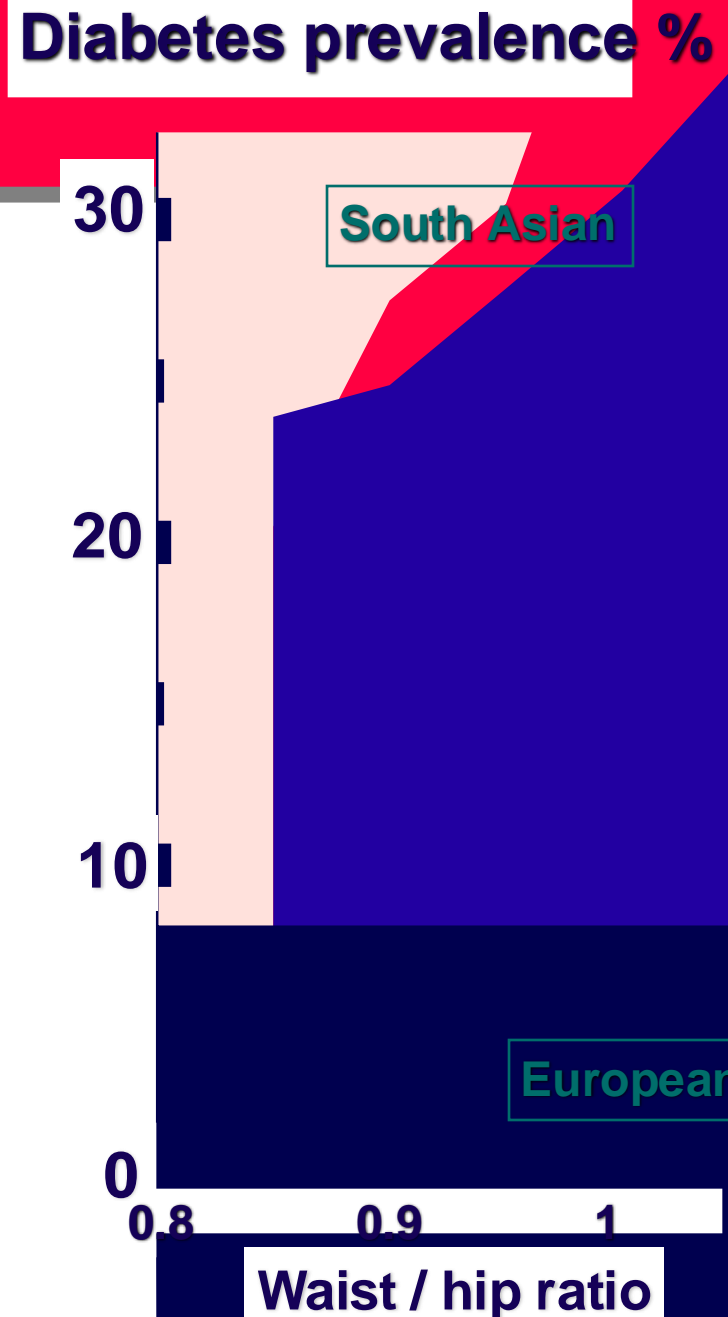


Source: Diabetes Atlas, 2nd edition. IDF, 2003.

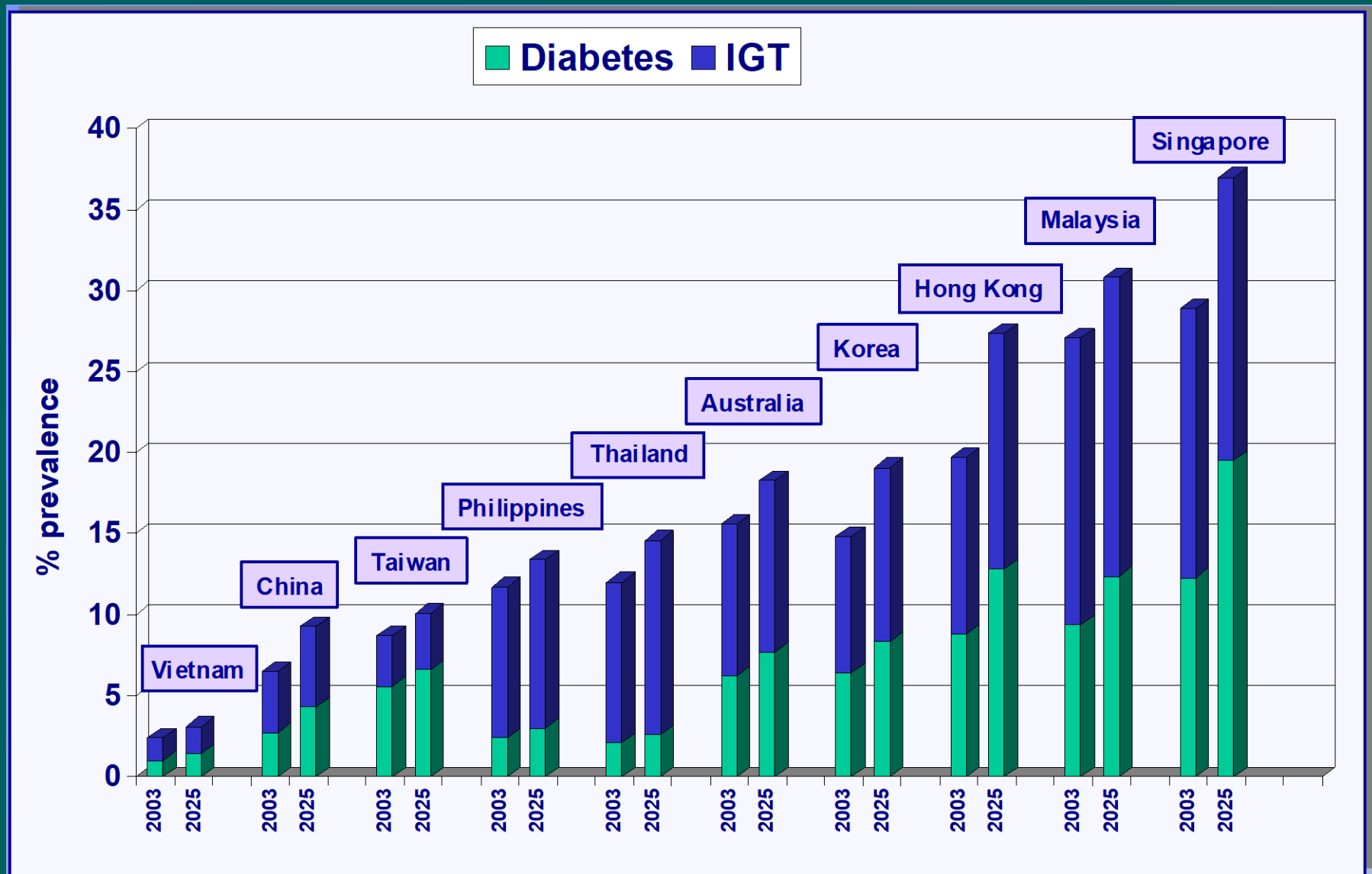
Central obesity and insulin resistance: South Asian susceptibility



McKeigue et al. Lancet, 1991, 337: 382



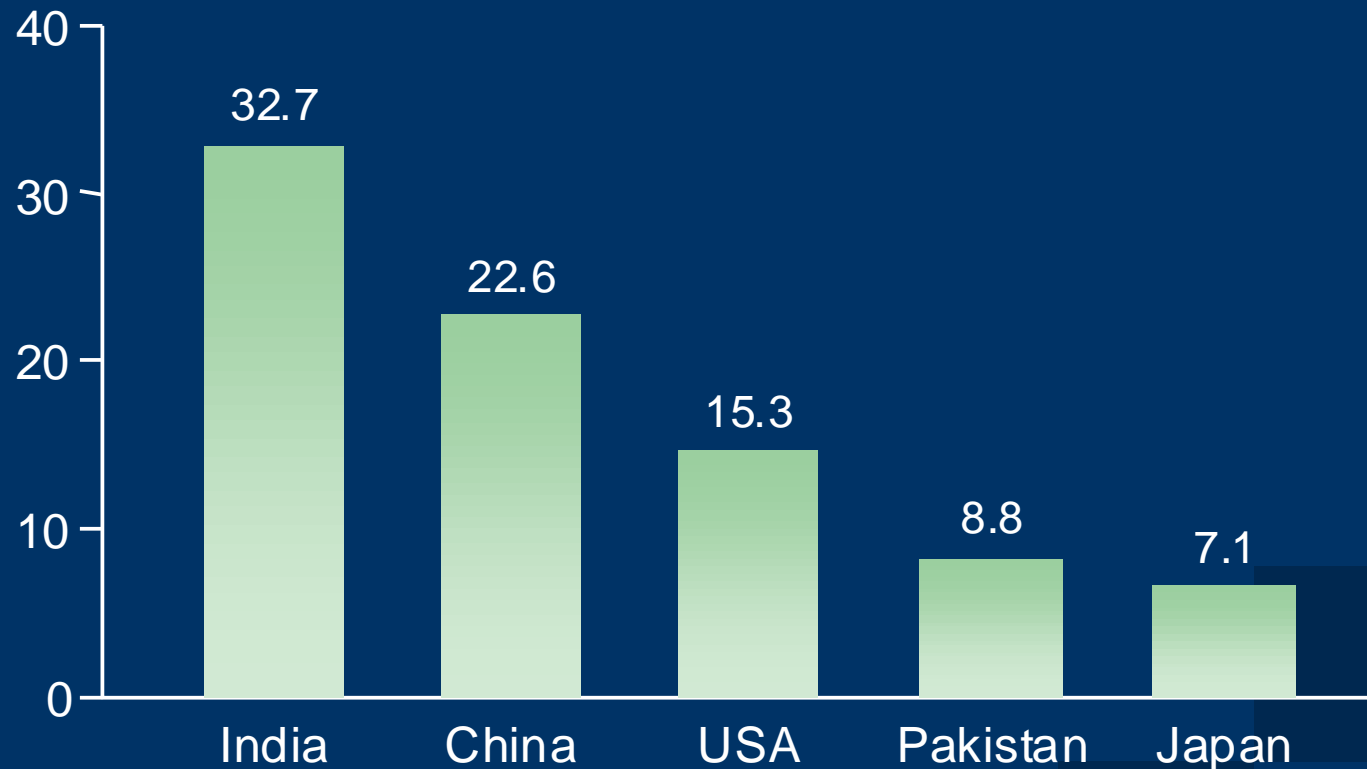
The predicted escalation of the burden from diabetes and IGT



Diabetes Atlas, International Diabetes Federation, 2003.

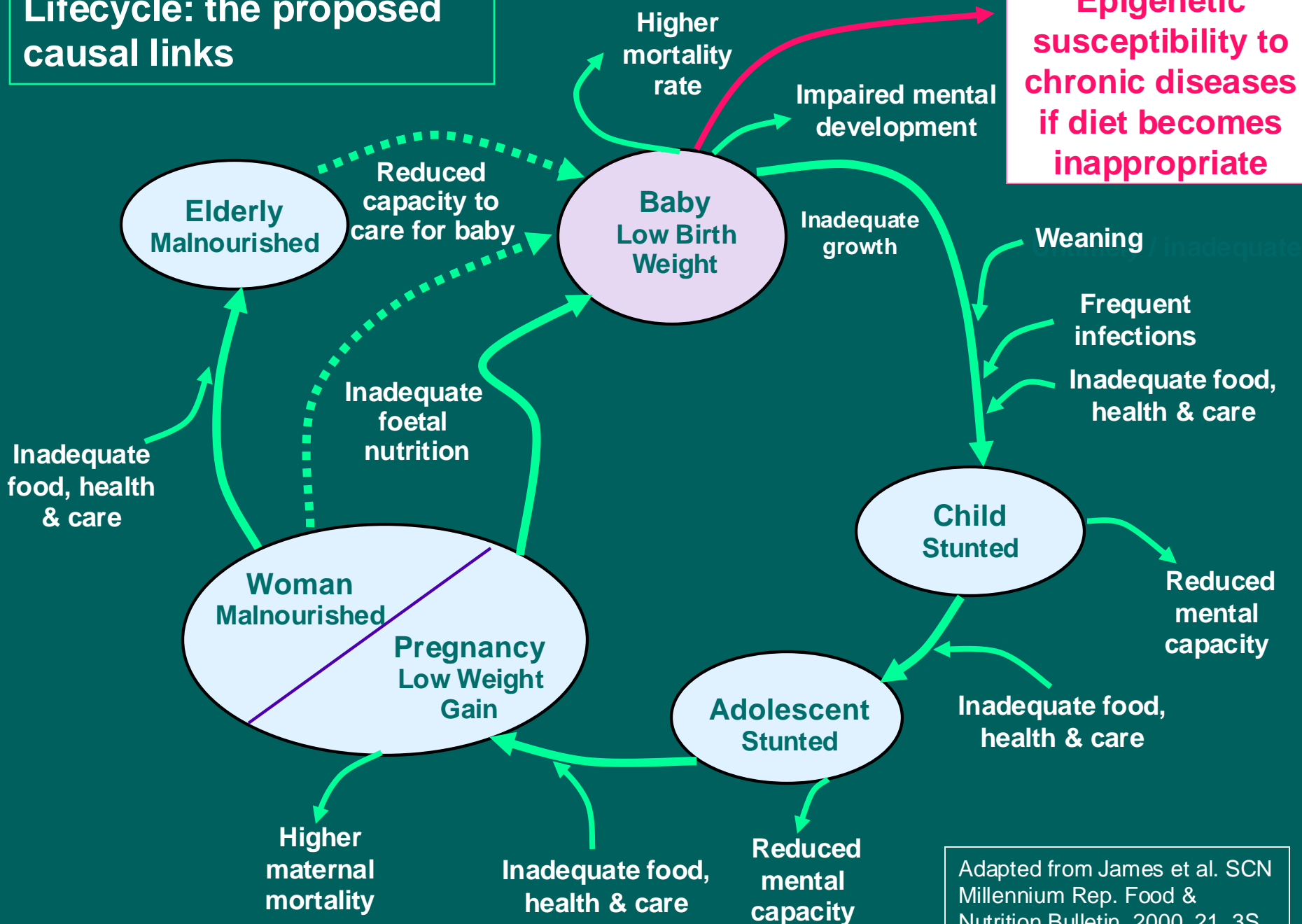
Diabetes is prevalent in developing and developed countries

Population affected (millions) - Year 2000



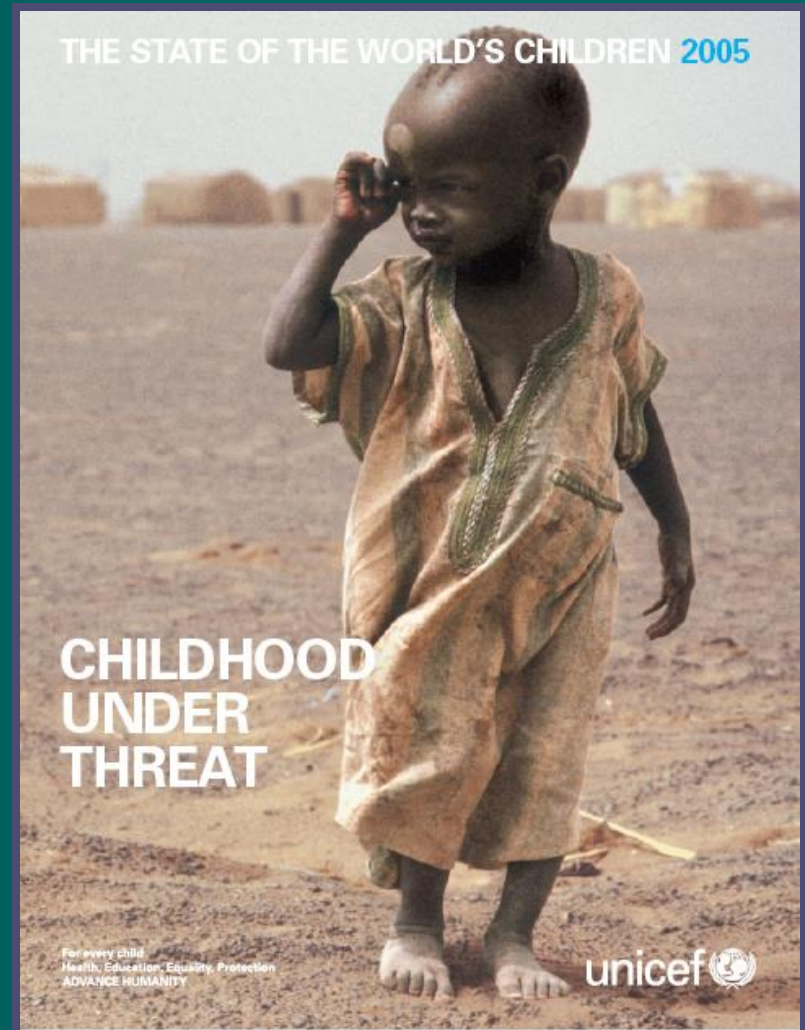
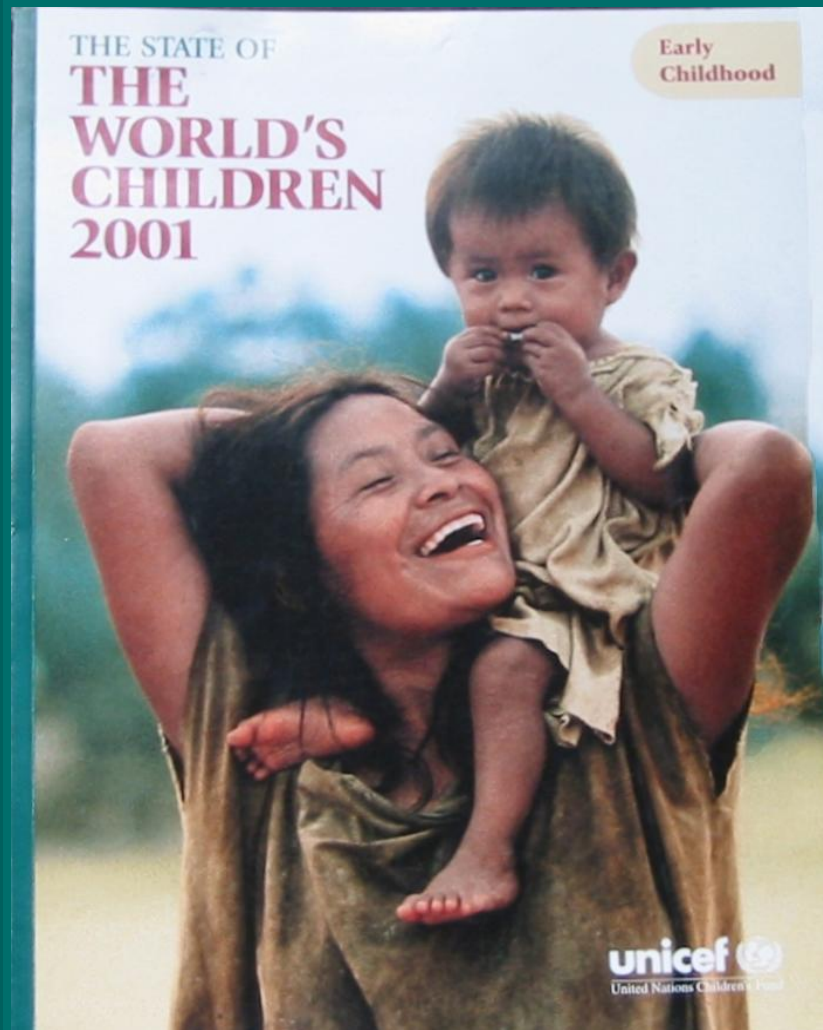
<http://www.idf.org> (Accessed February 2003)

Lifecycle: the proposed causal links

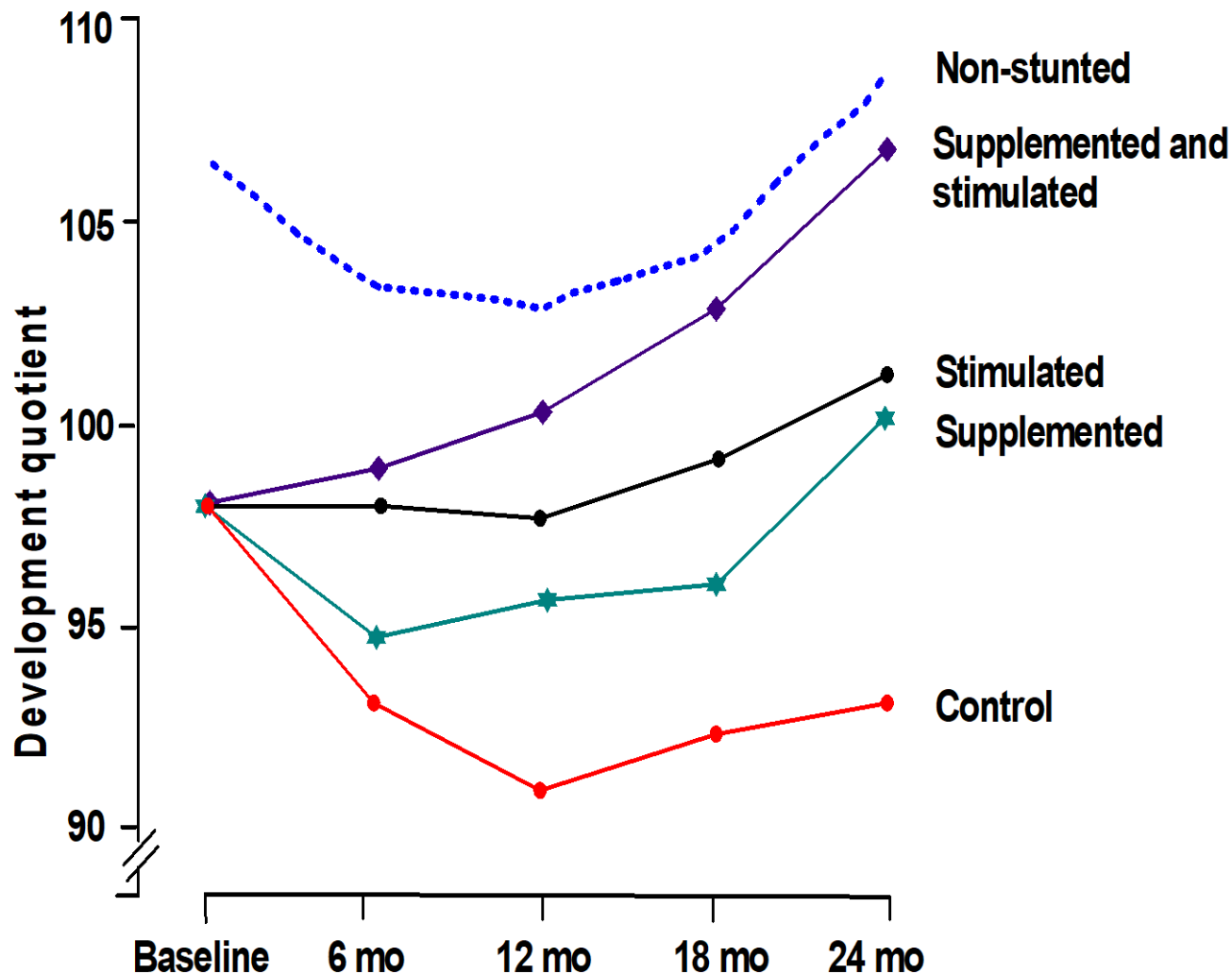


Epigenetic susceptibility to chronic diseases if diet becomes inappropriate

WHERE IS THE PRIORITY ?



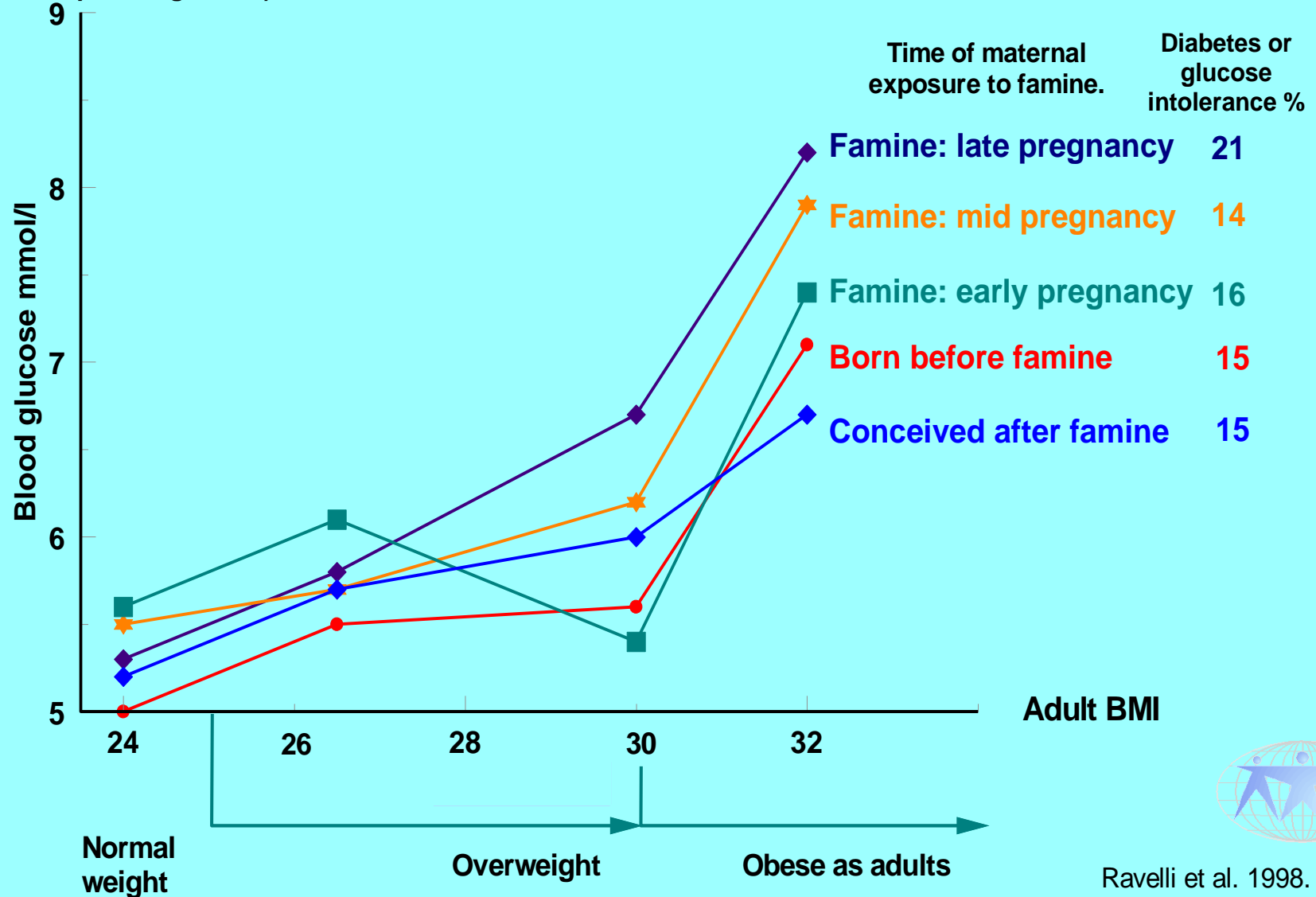
Mental development of stunted babies aged 9-24 months given milk supplement and/or play stimulation for 2 years.



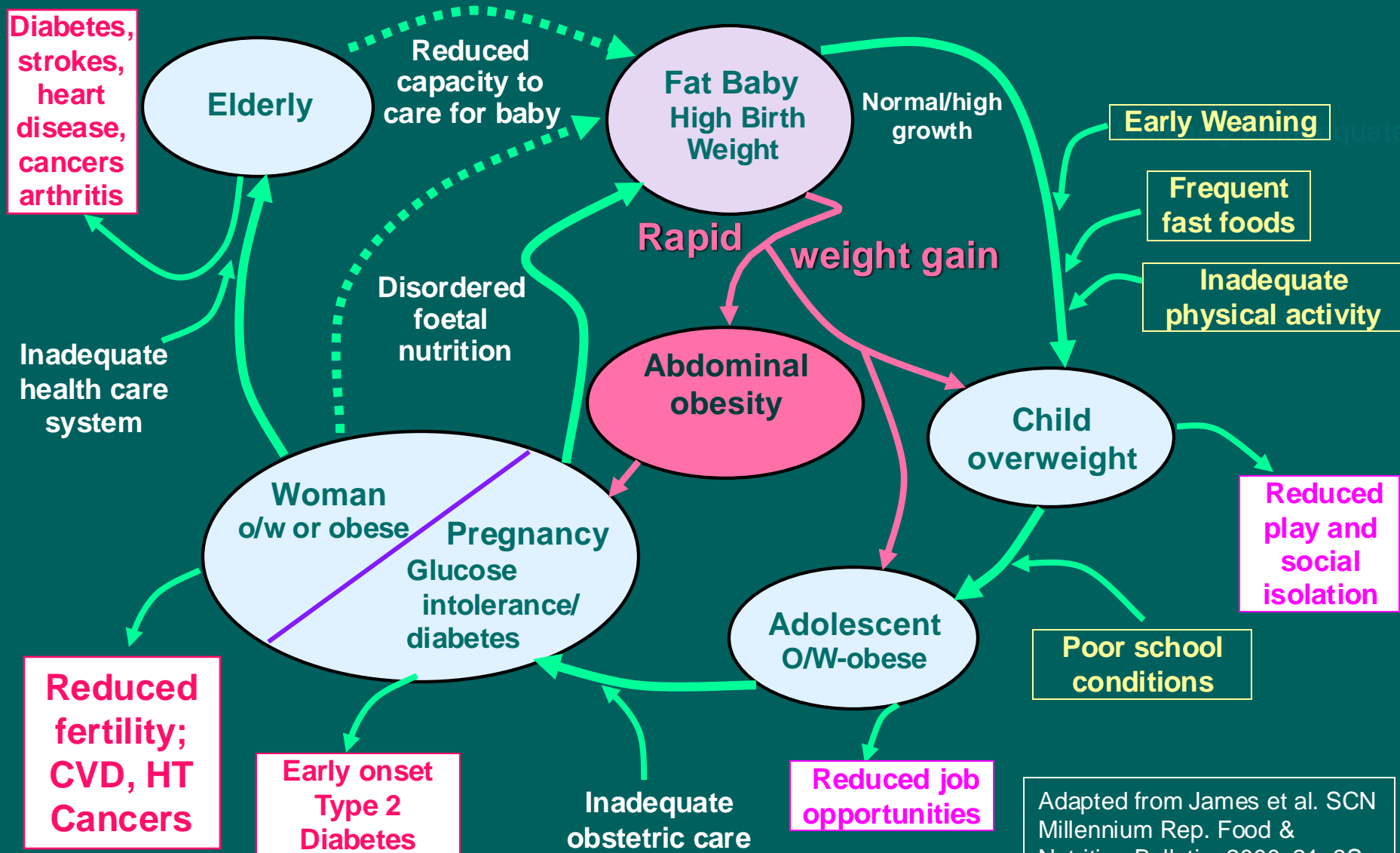
Grantham-McGregor et al. 1991.

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

Response to glucose drink (mean
2 hrs. plasma glucose)



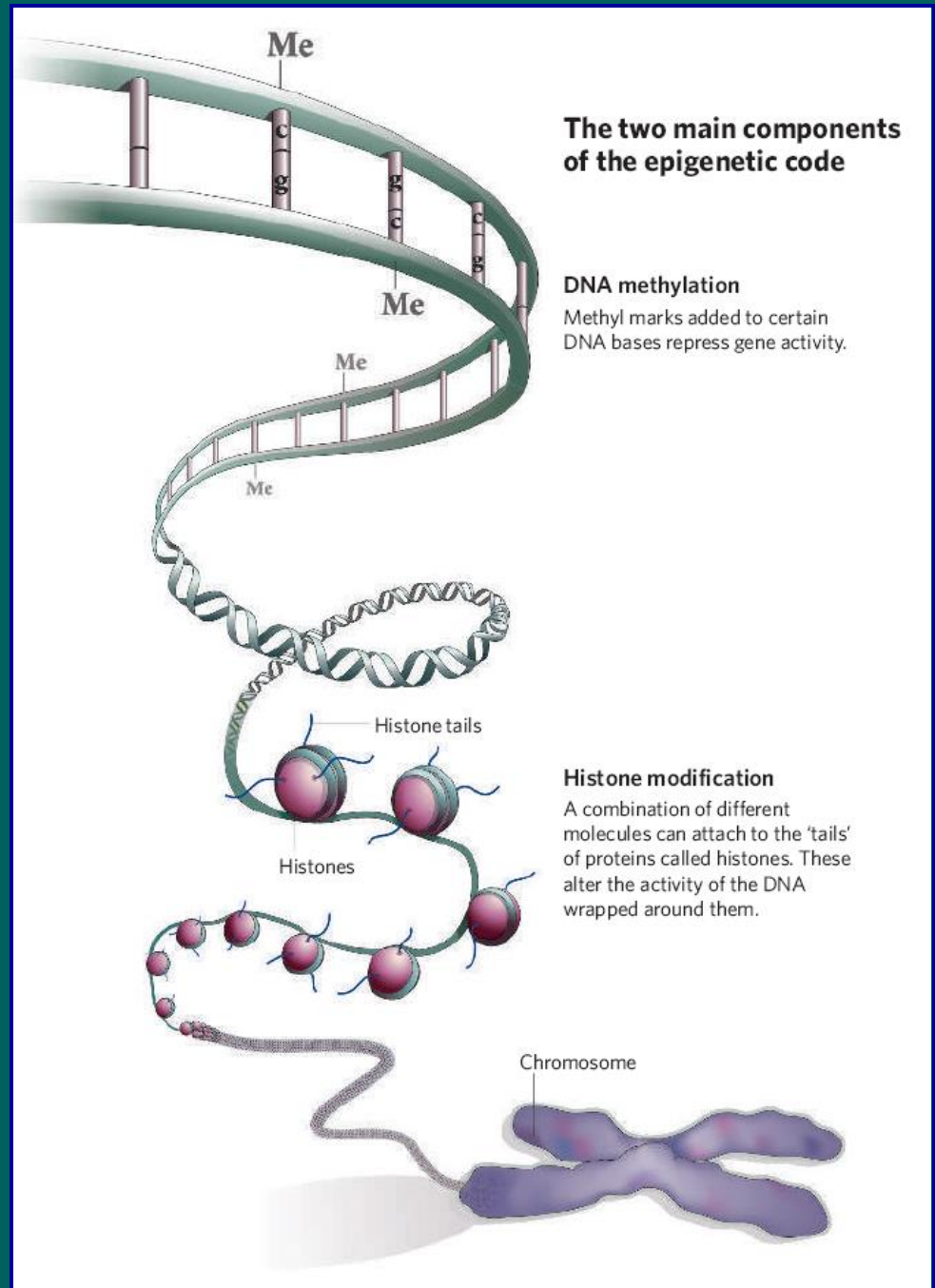
The impact of inappropriate Western diets on most of the world's susceptible populations: health systems already overwhelmed



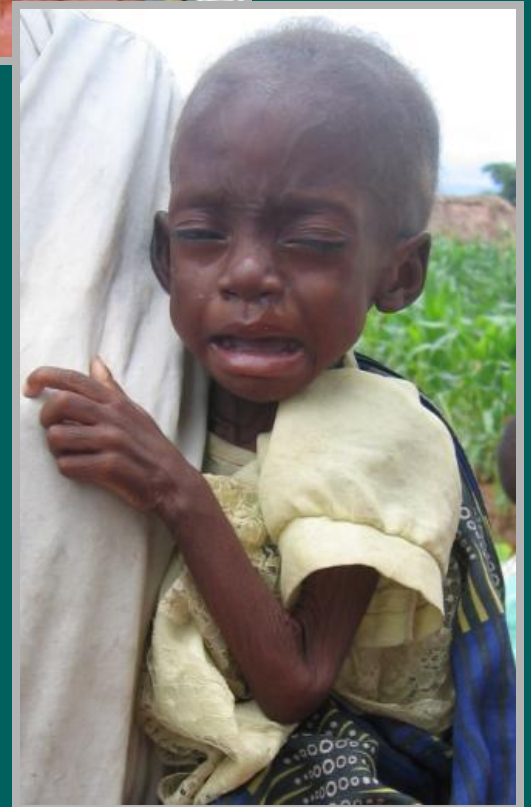
Adapted from James et al. SCN
Millennium Rep. Food &
Nutrition Bulletin, 2000, 21, 3S.

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

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

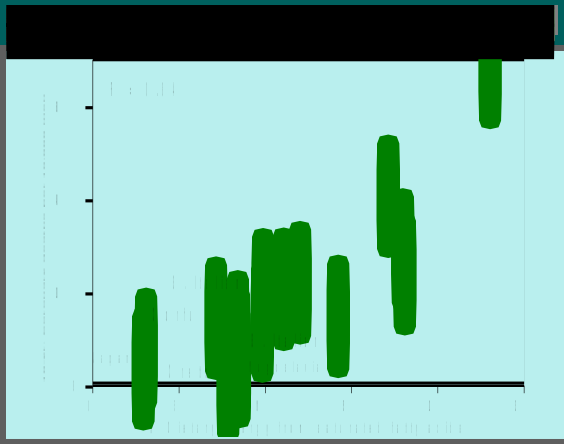


Malnutrition: a continuing outrage



TMRU, Kingston, Jamaica,
Christmas 1966

The striking contrast in global nutritional problems

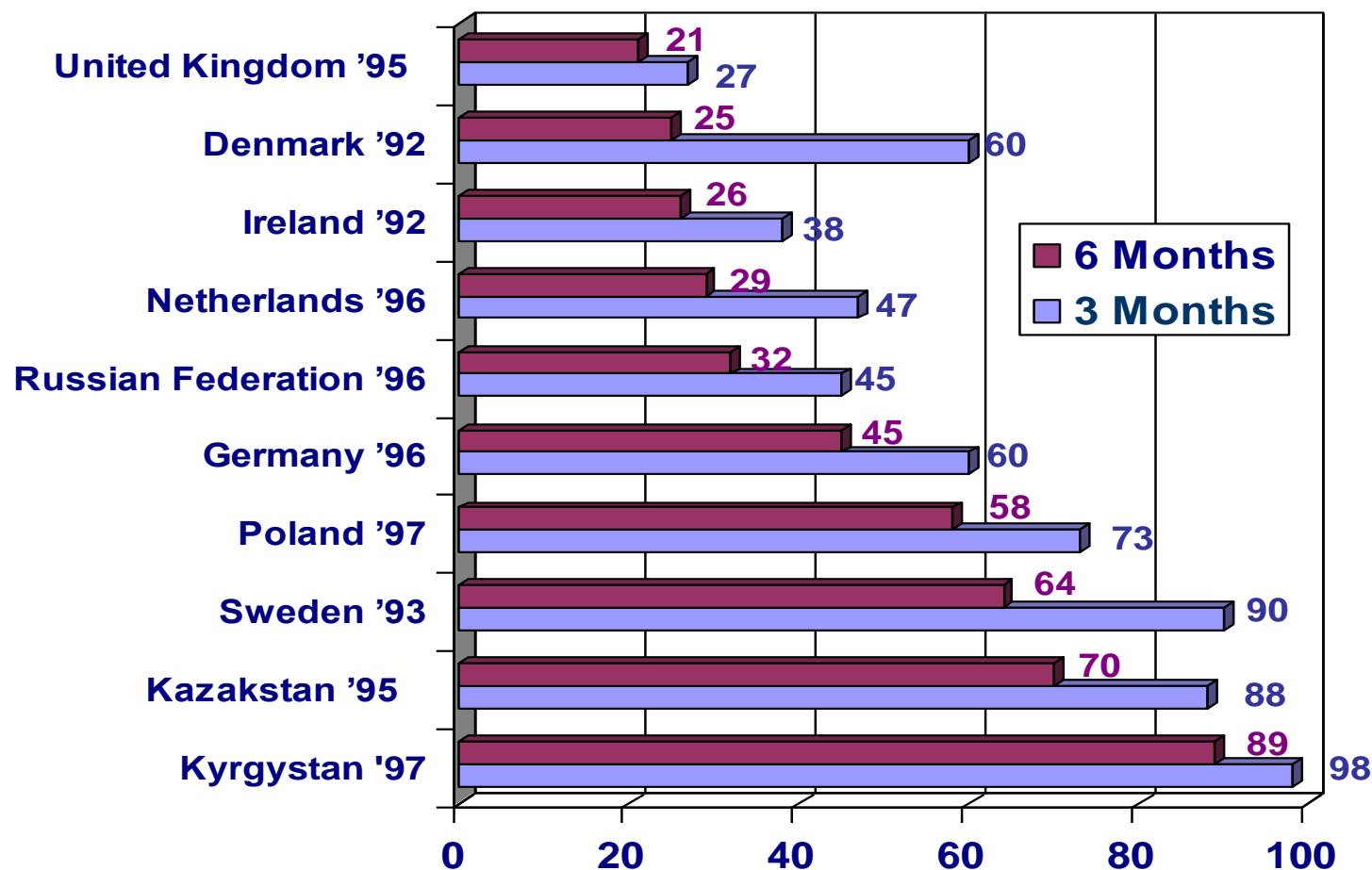


Options for interventions in the young

- 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.

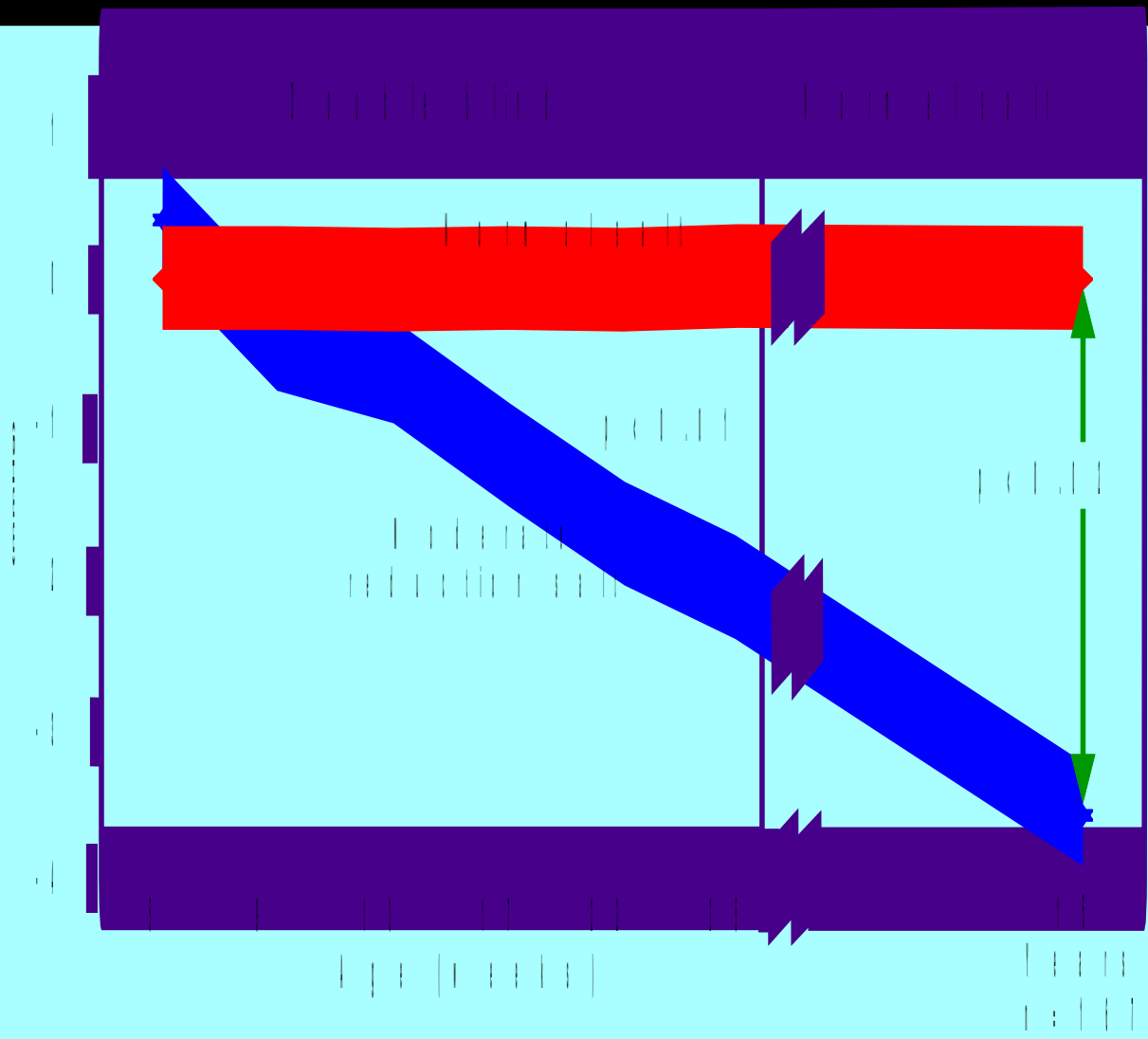


The different responses of babies to a bitter hydrolysate of protein formula depending on whether they are a) exposed to the feed since birth or b) for the first time at 7.5. months.

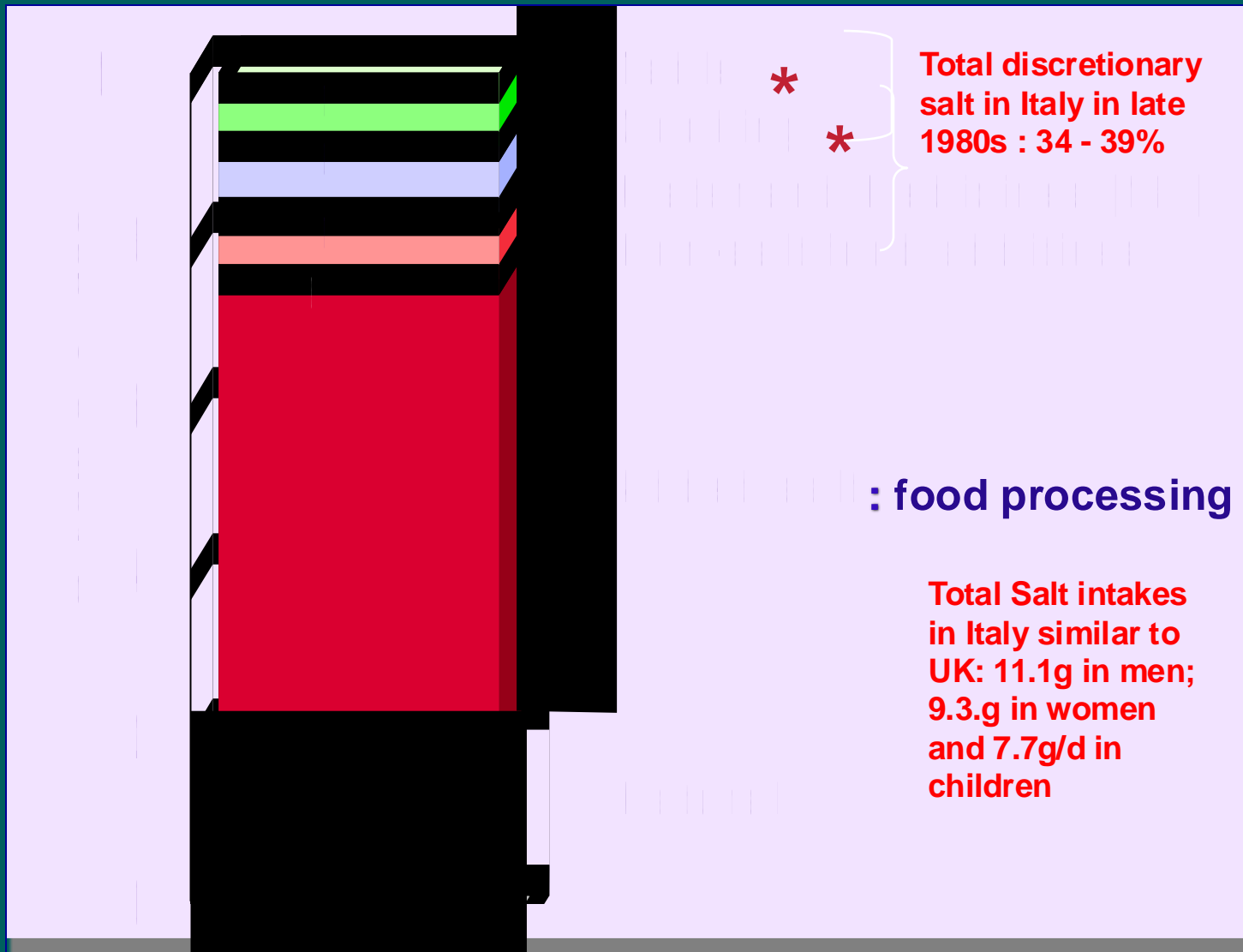


Mennella et al. Flavor Programming During Infancy. *Pediatrics*, 2004;113;840-845

Participants in the present research were 100 college students, 50 men and 50 women, who were recruited from a psychology course at a large university. The study was approved by the Institutional Review Board (IRB) of the university. All participants gave informed consent before participating in the study. The study was conducted in a laboratory setting, and all procedures followed were in accordance with the ethical standards of the IRB and the Declaration of Helsinki.

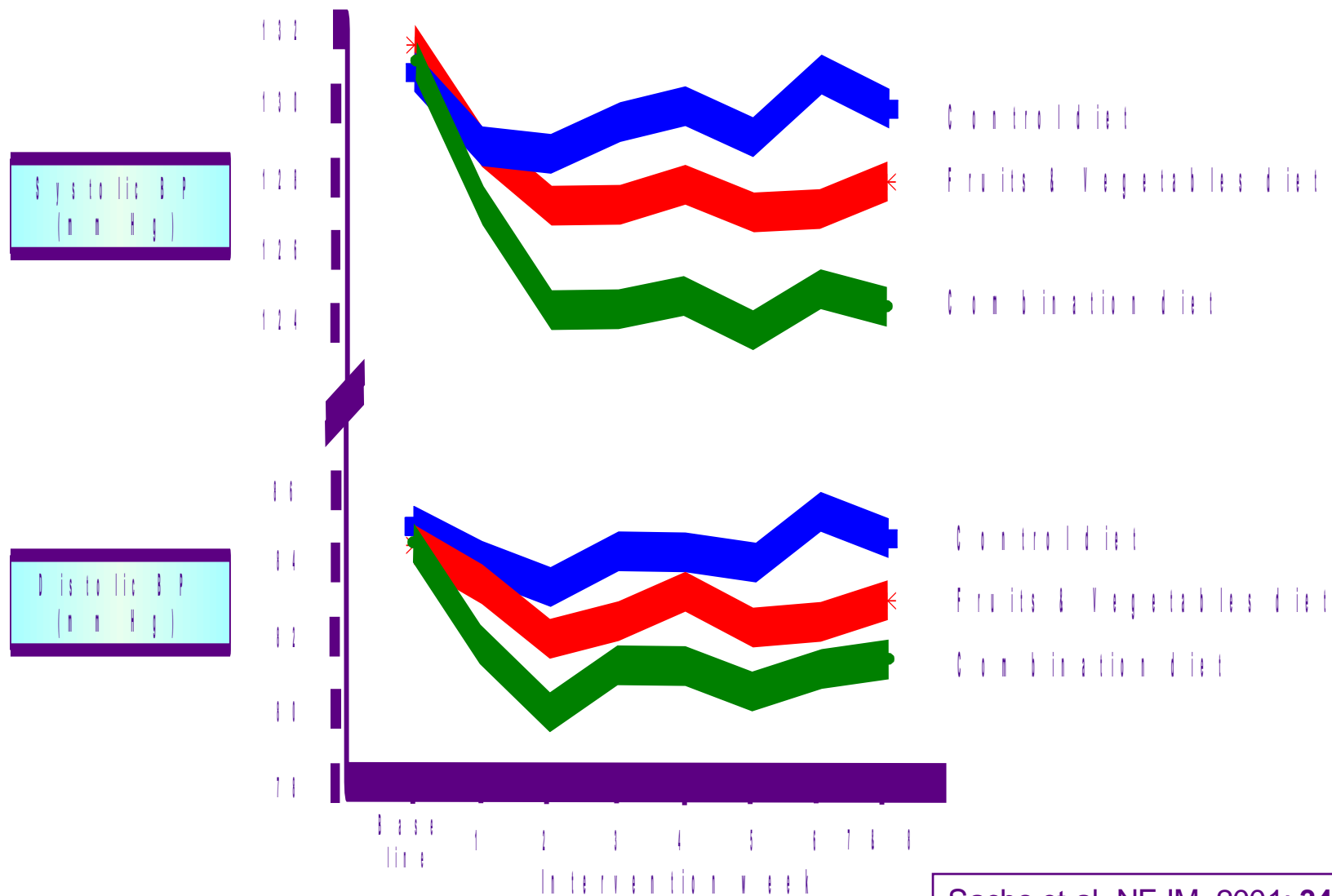


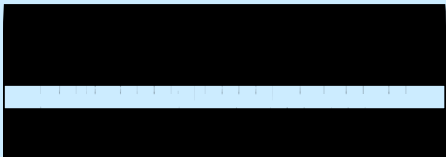
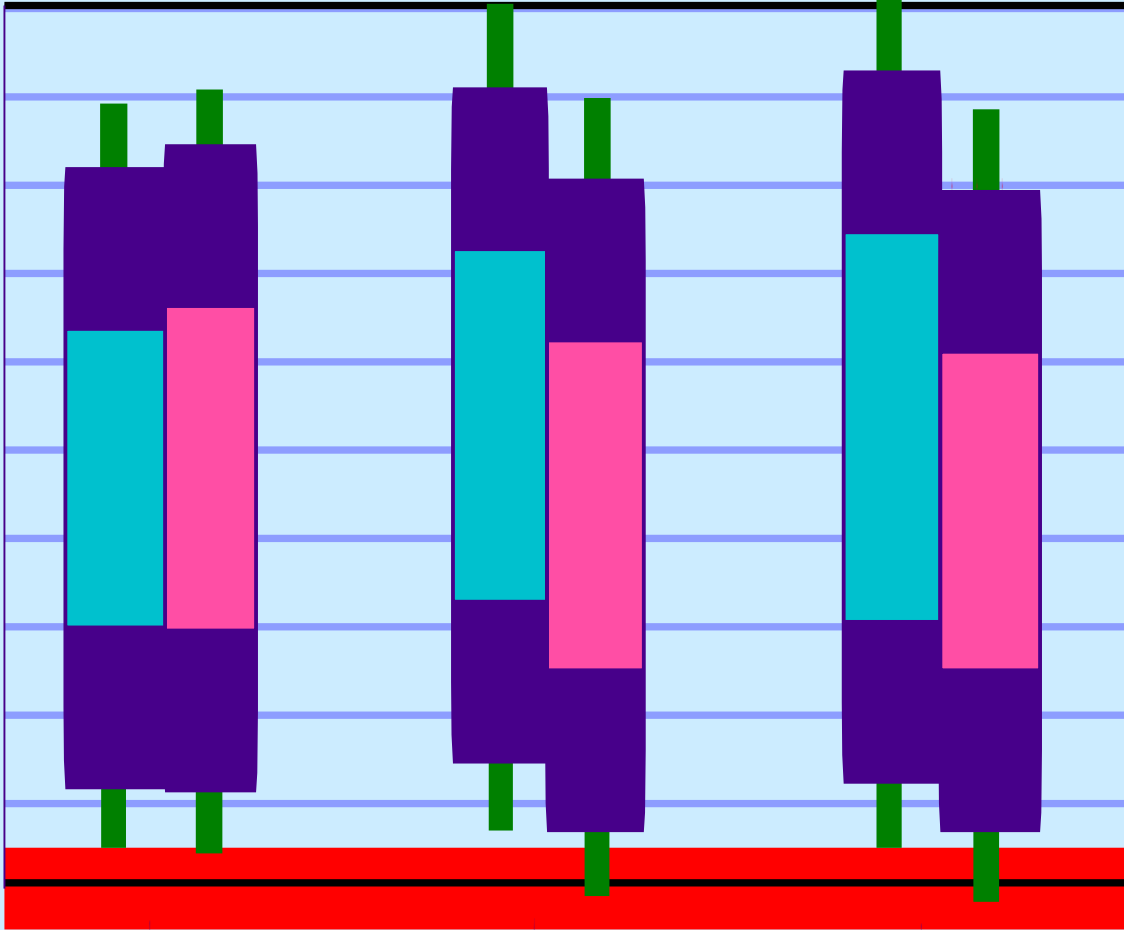
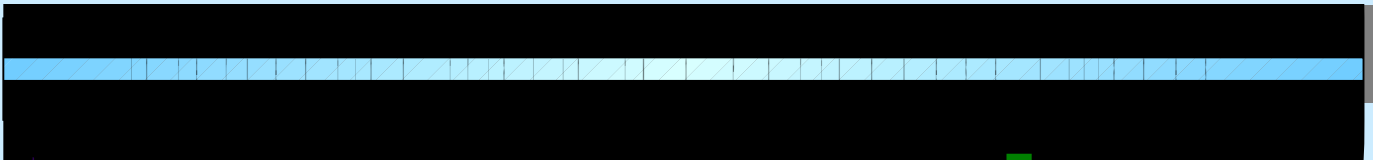
Salt sources in UK and Italian diets



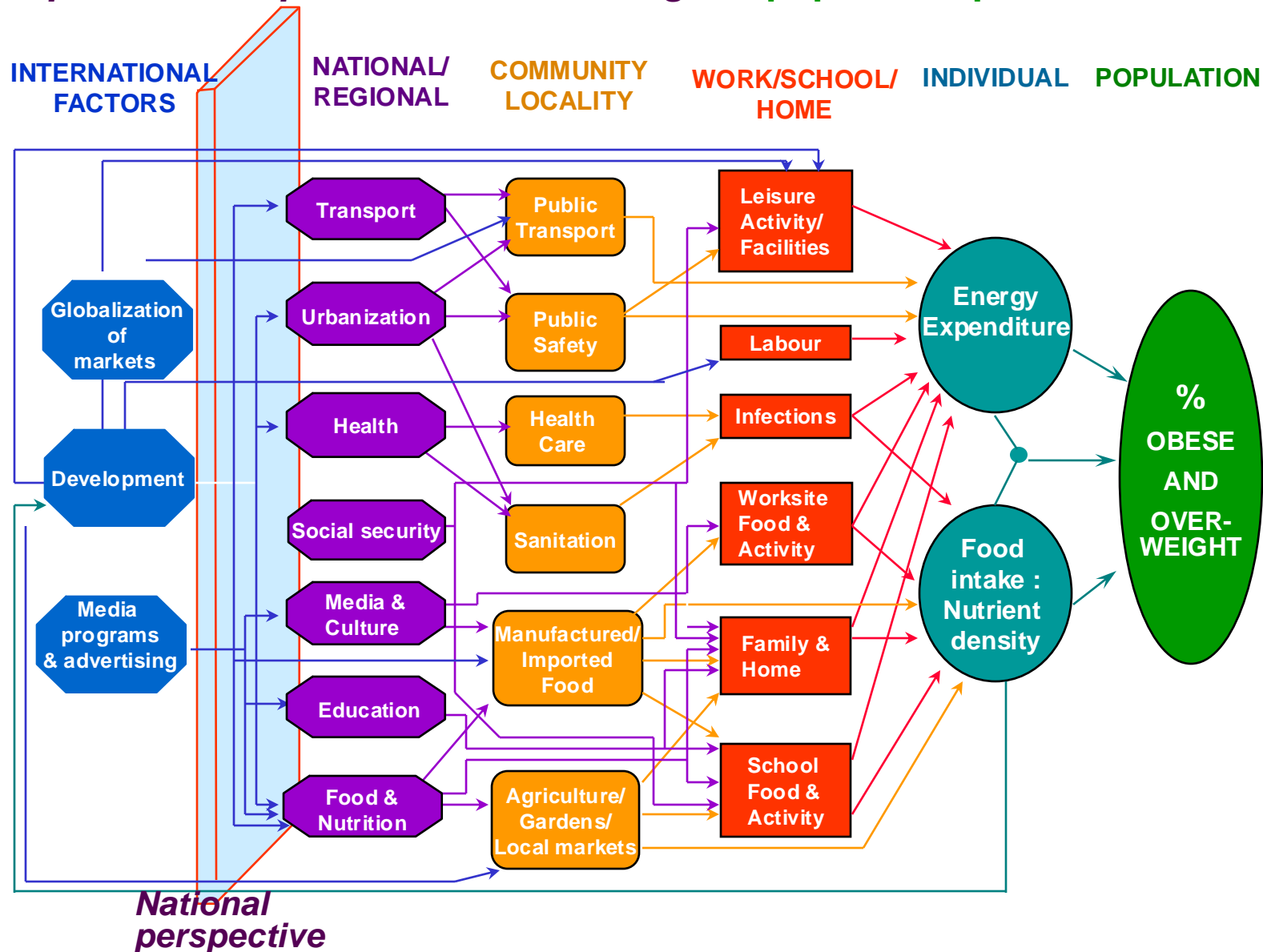
* Derived by the lithium technique: James et al., Lancet, 1987; 1: 426-429.
Edwards et al. Eur J Clin Nutr 1989 43:855-61; Italian data: Leclercq & Ferro-Luzzi
Eur J Clin Nutr 1991, 3, 151-159

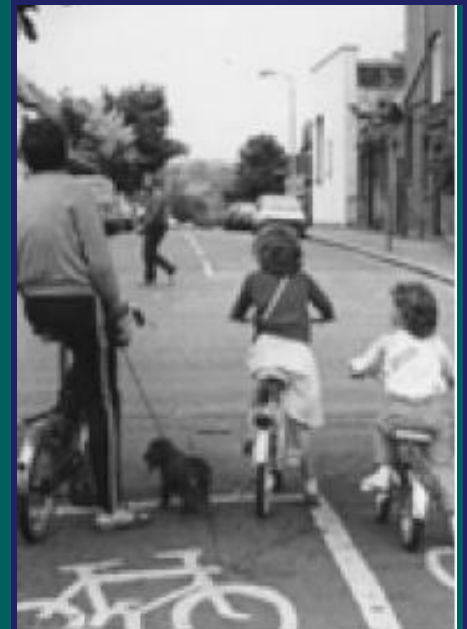
Mean systolic and diastolic blood pressures at base line during each intervention week, according to diet, for 379 subjects with complete sets of weekly blood pressure measurements.



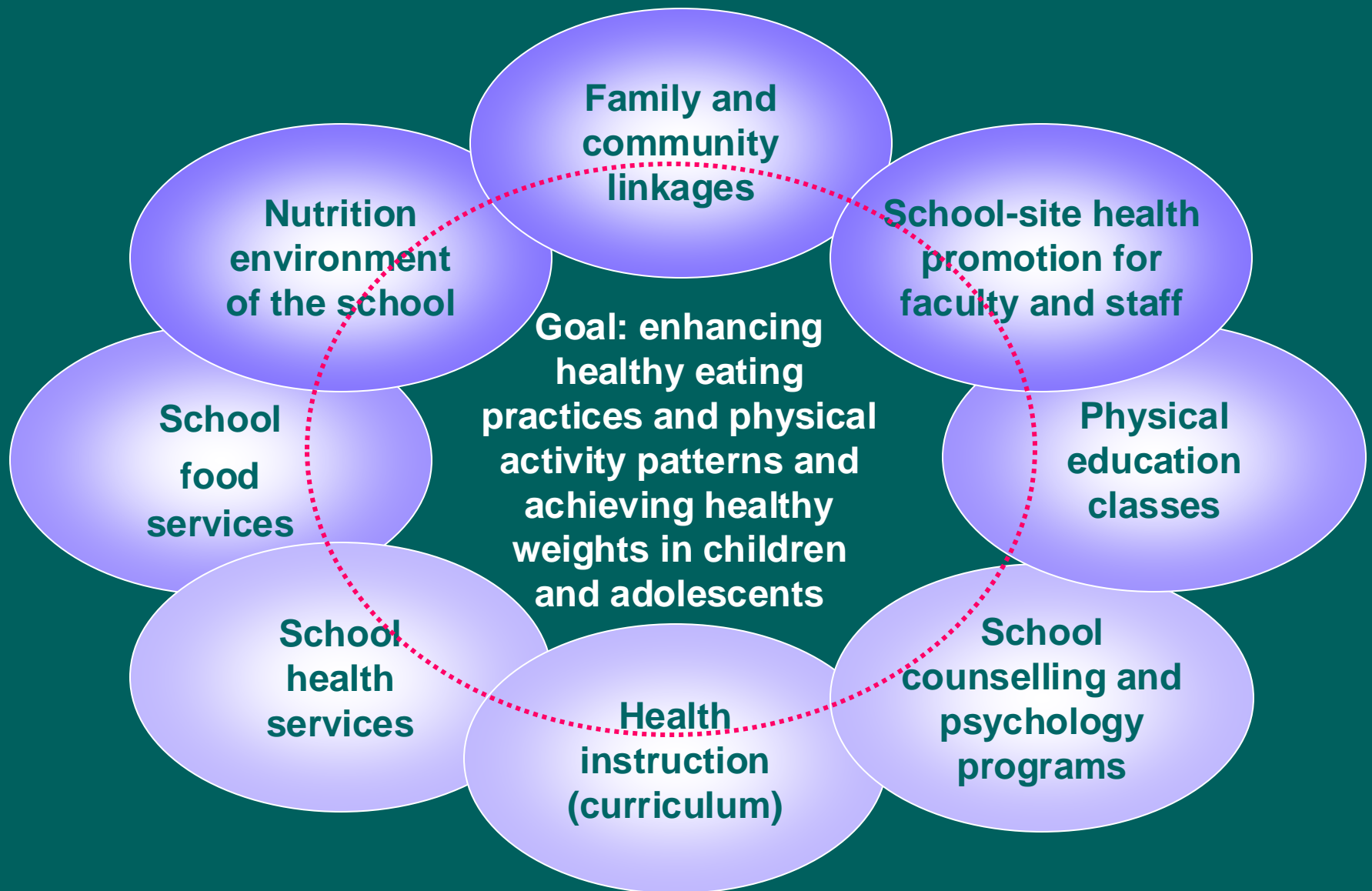


Societal policies and processes influencing the population prevalence of obesity





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

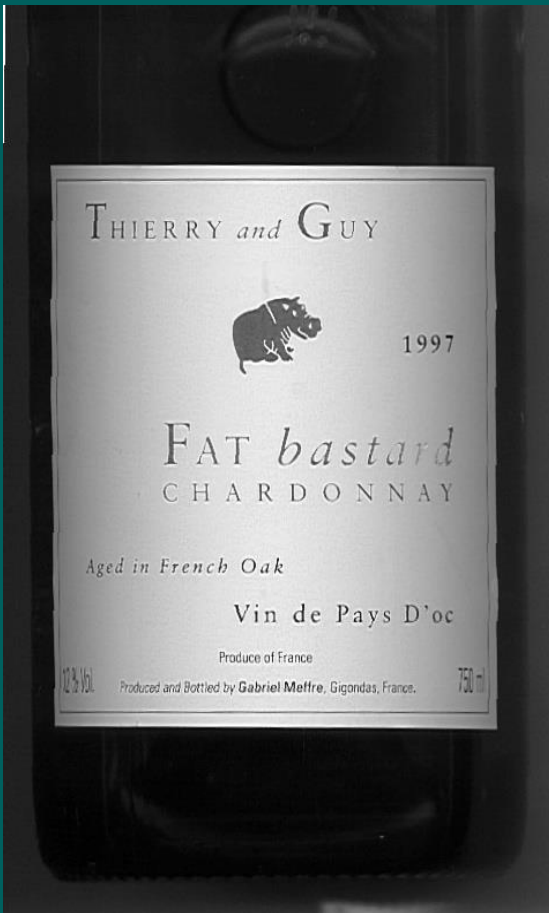
Olive oil	100% fat
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Butter	80% fat
--------	---------

Mayonnaise	50% fat
------------	---------

Cream	20% fat
-------	---------

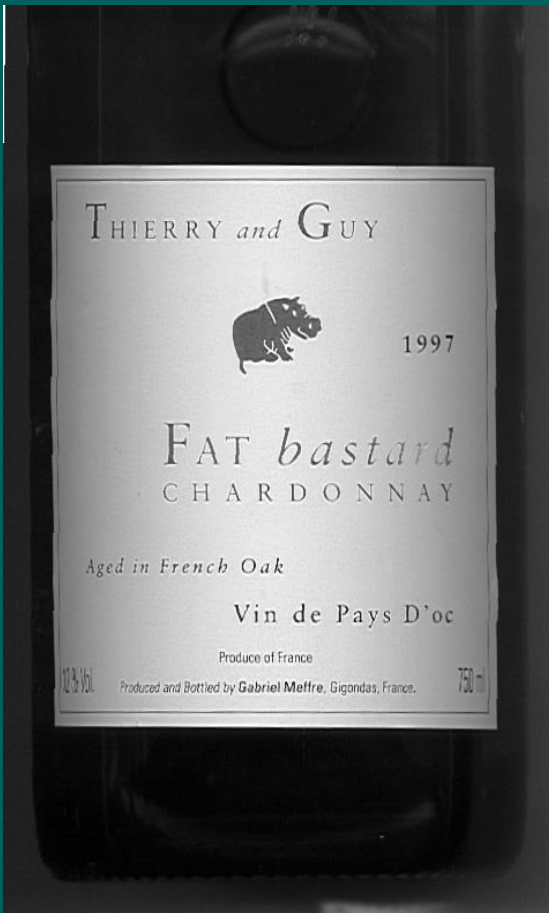
Question 2



How many kcals in this bottle of wine?

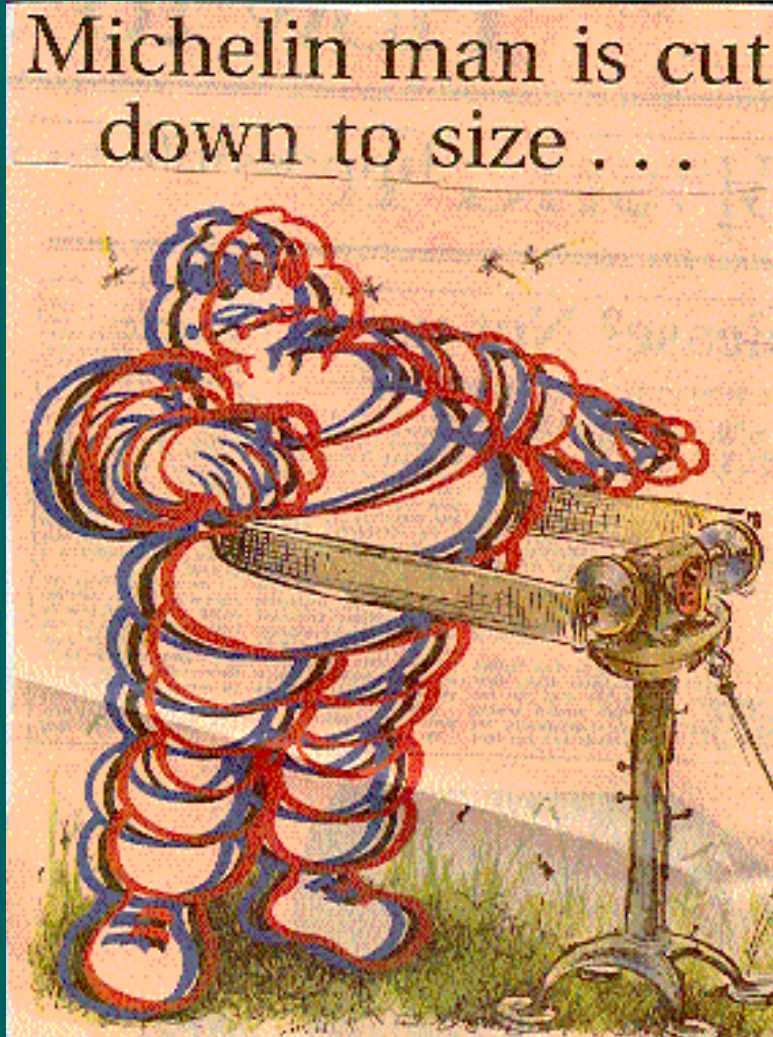
- a) less than 300
- b) 300 - 600
- c) More than 600

Question 2 -Answer



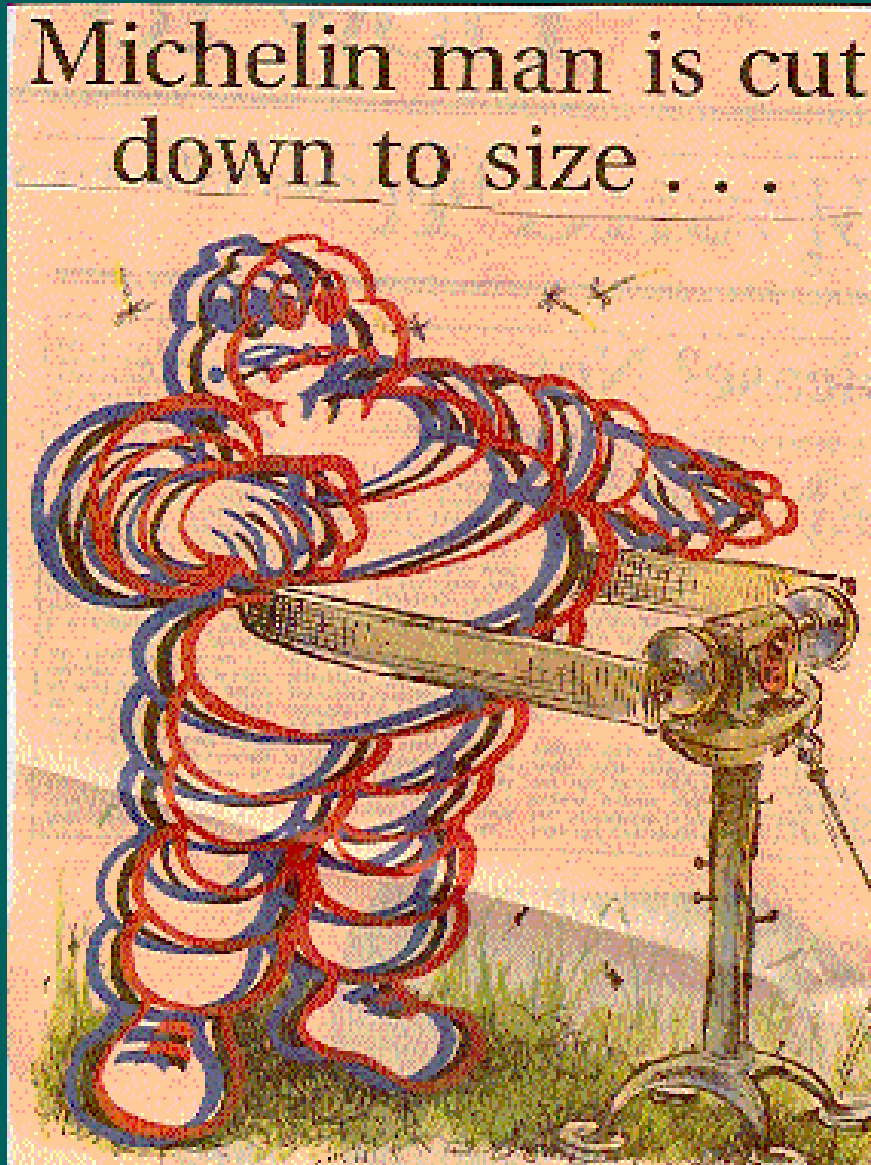
Wine contains
about 1 kcal per
ml ...
so one bottle
contains at least
750 kcals

Question 3



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

Question 3 - Answer



About
20
hours

Activity required to burn 250 kcal

Walking



70 min

Cycling



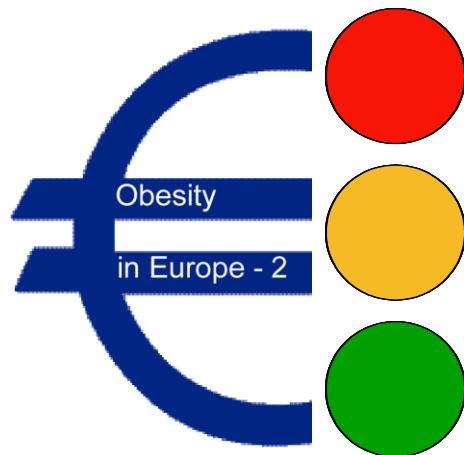
50 min

Running



30 min

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



Waiting for a green light for health?

Europe at the crossroads for diet and disease

IOF Position Paper - September 2013

UK Food
Standards
Agency
scheme

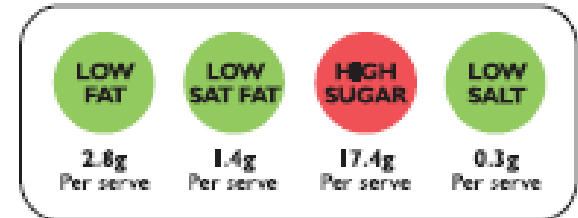
Tesco
Supermarket
GDA labelling
with a different
colour for each
nutrient

GDA
system

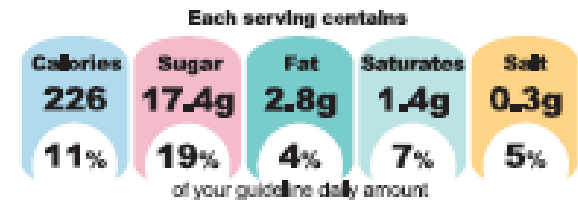
Tesco: GDA +
traffic lights

The different schemes mocked up and presented in the research

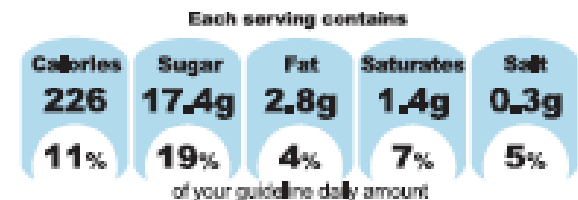
FSA



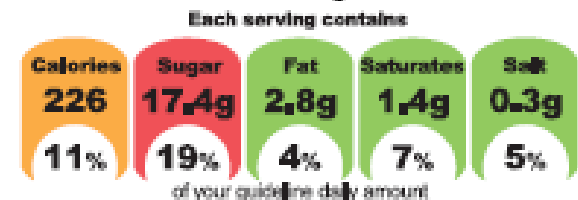
Tesco



Other Manufacturers



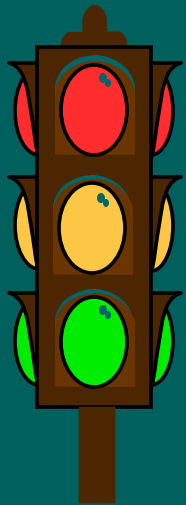
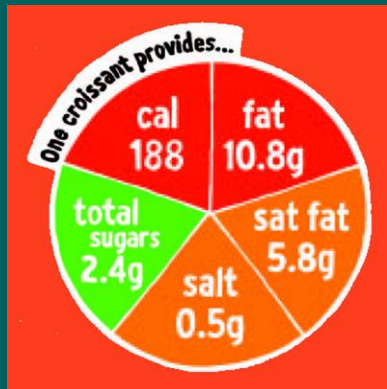
Tesco with traffic lights



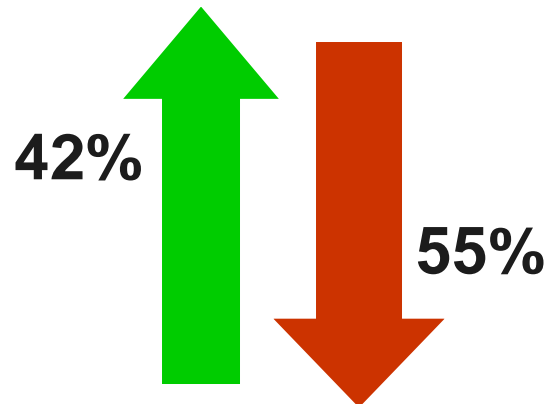
IOTF demand for EU action

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

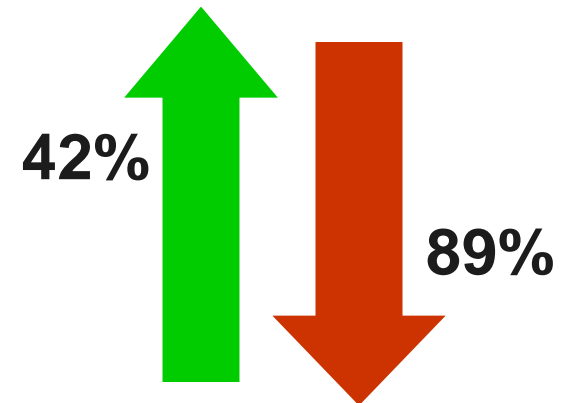


JS Ham & Pineapple Thin &
Crispy Pizza 335g
1 red 2 amber 2 green

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

'Be Good to Yourself'
Chocolate sponge
puddings

4 Green 1 amber



'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

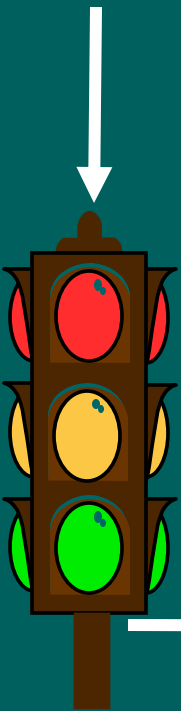
Global Food Companies

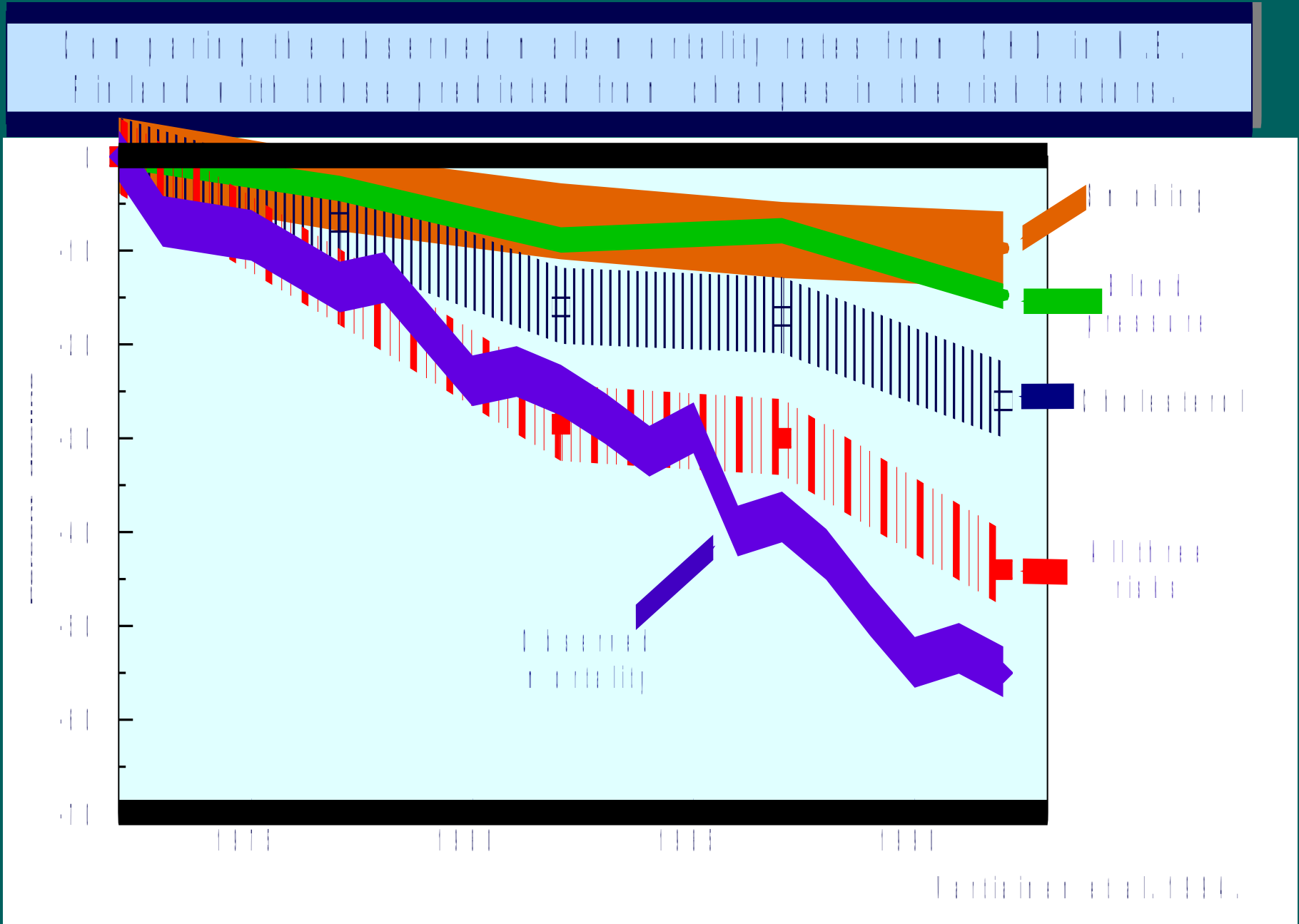
Local markets,
roadside stalls and
farm shops

Small
food
outlets

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

GENERAL POPULATION

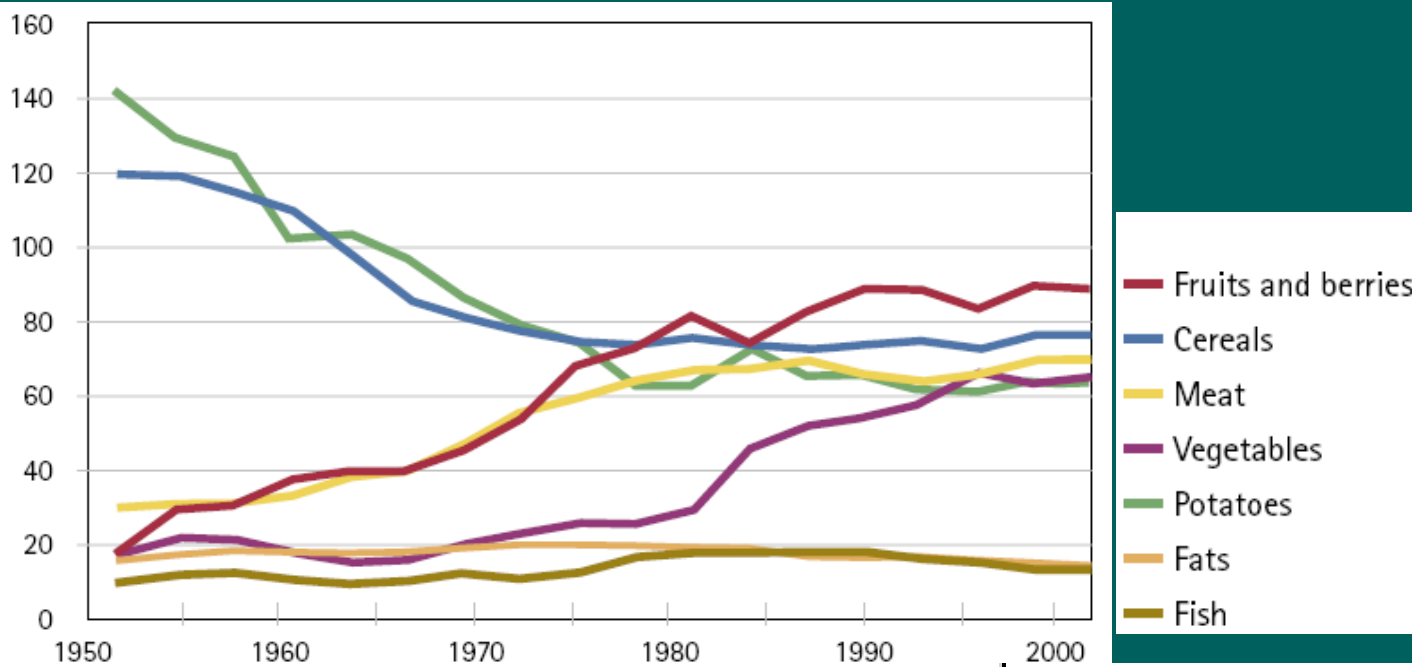




Mortality now down by 90%

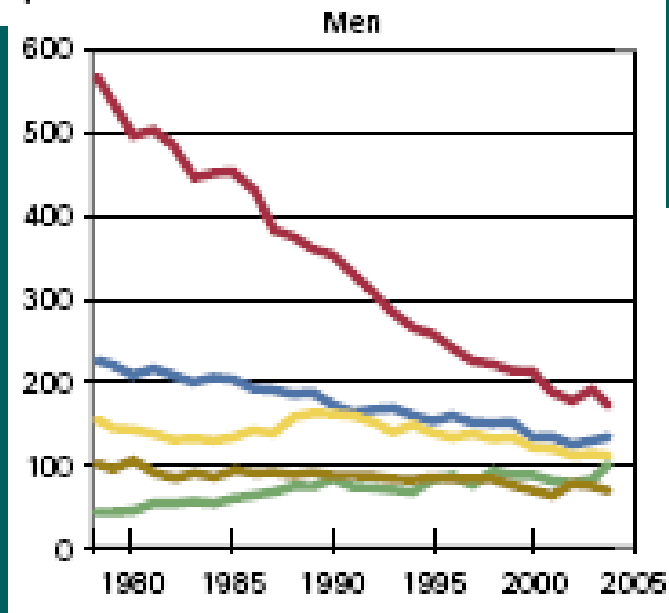
National rates of change in diet and disease Finland 1950-2005

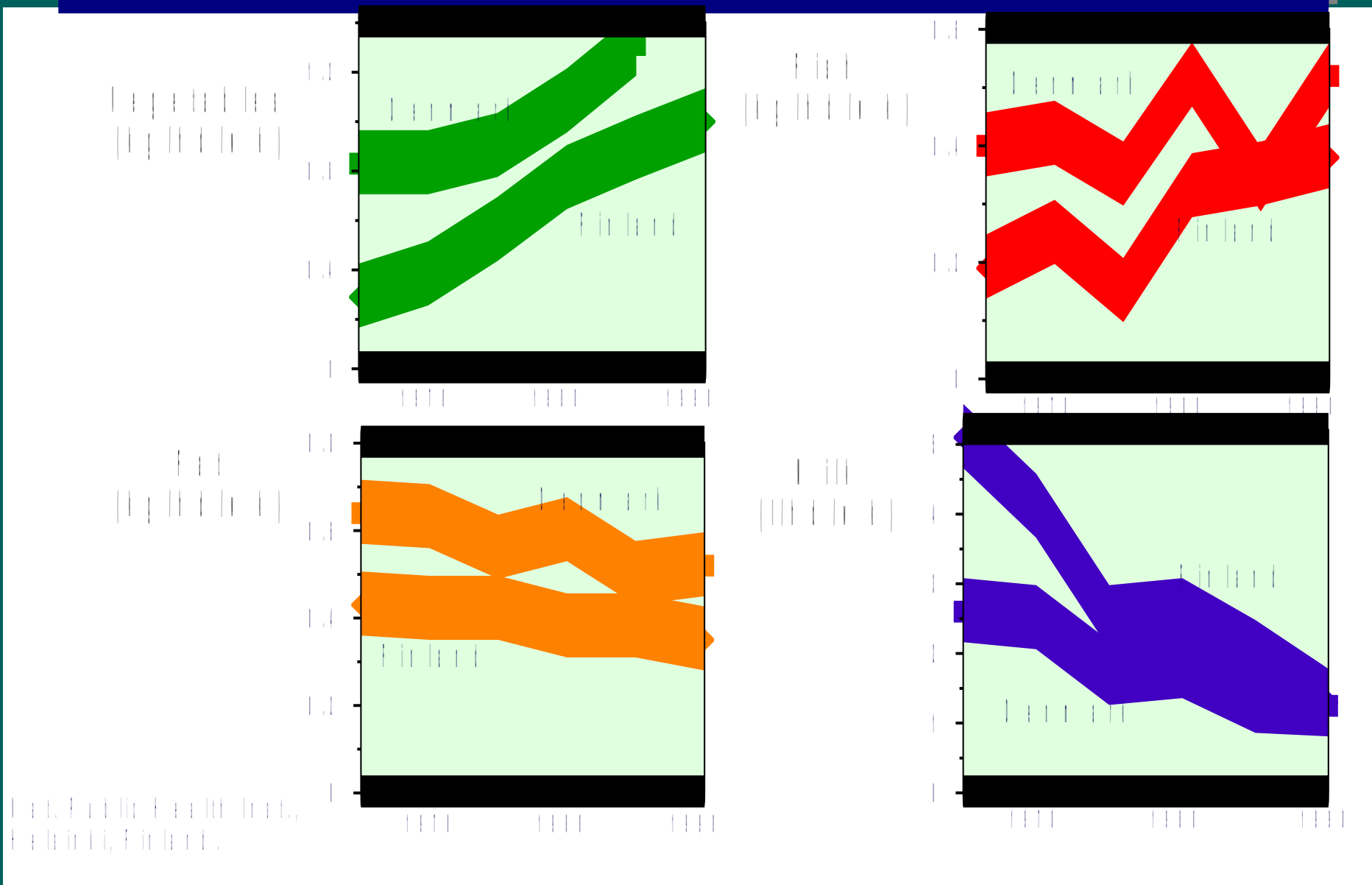
Food intake (Kg/person/yr)



age - standardised
mortality/100,000

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





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:

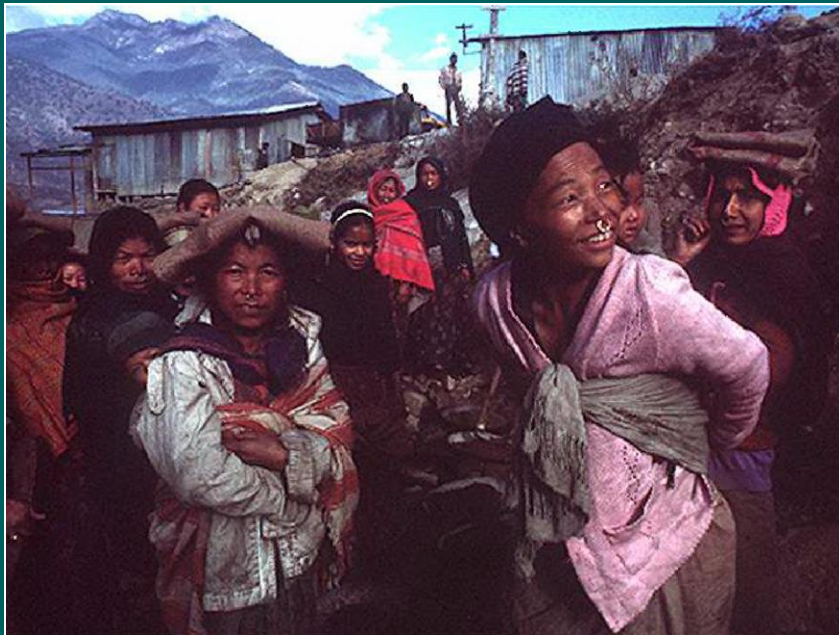
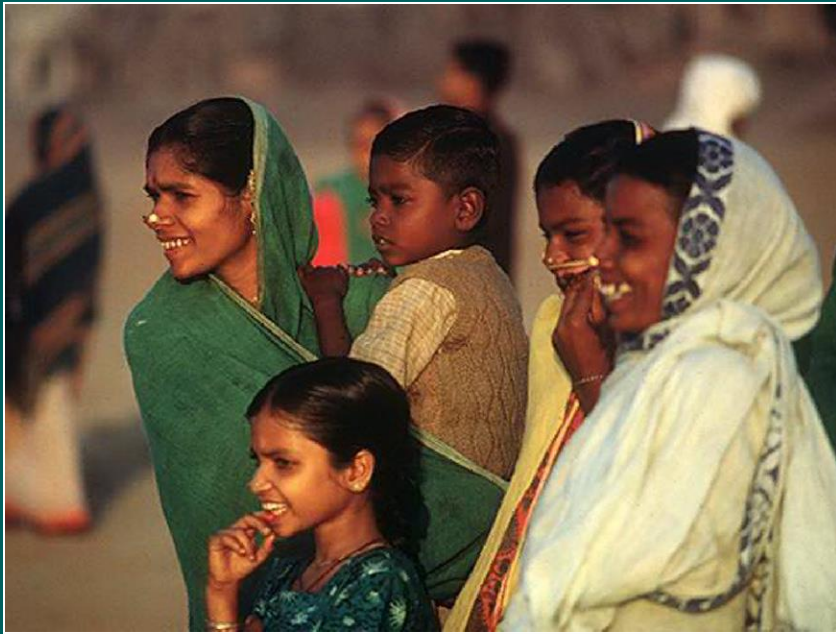
UK Government Report Oct.2007

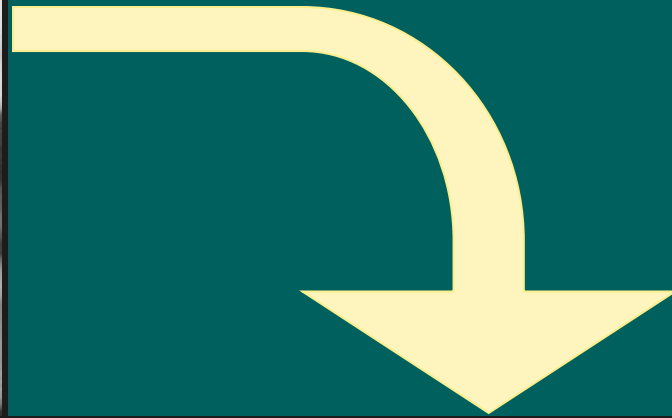
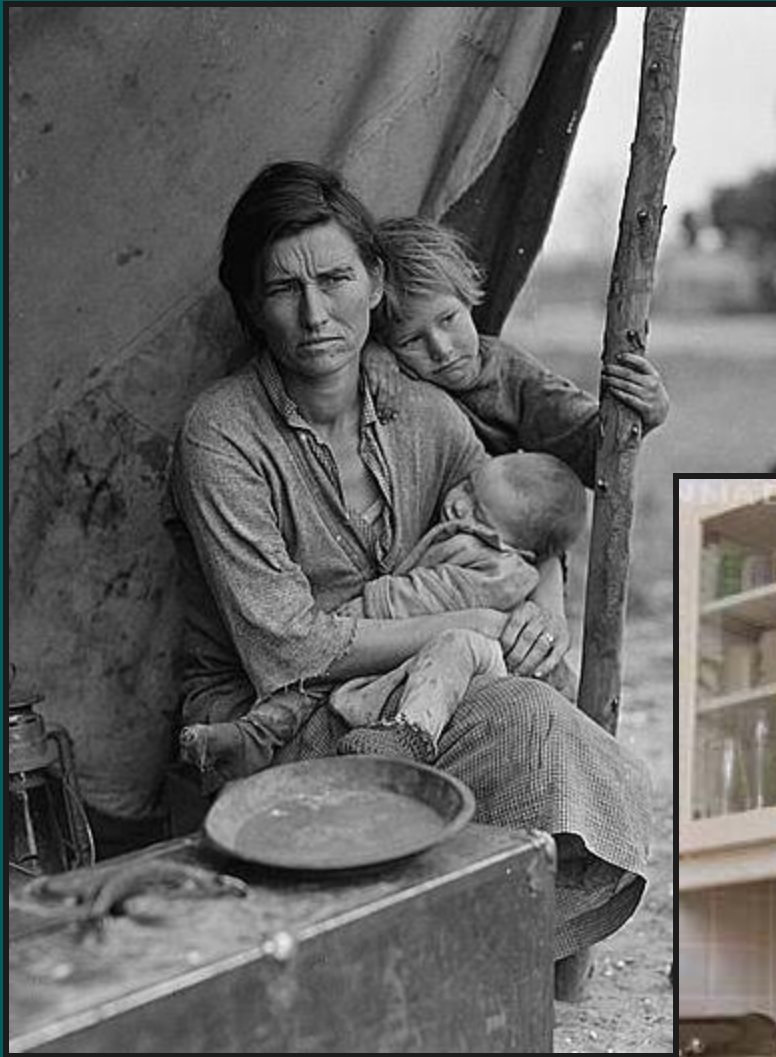


Obesity similar to climate change:

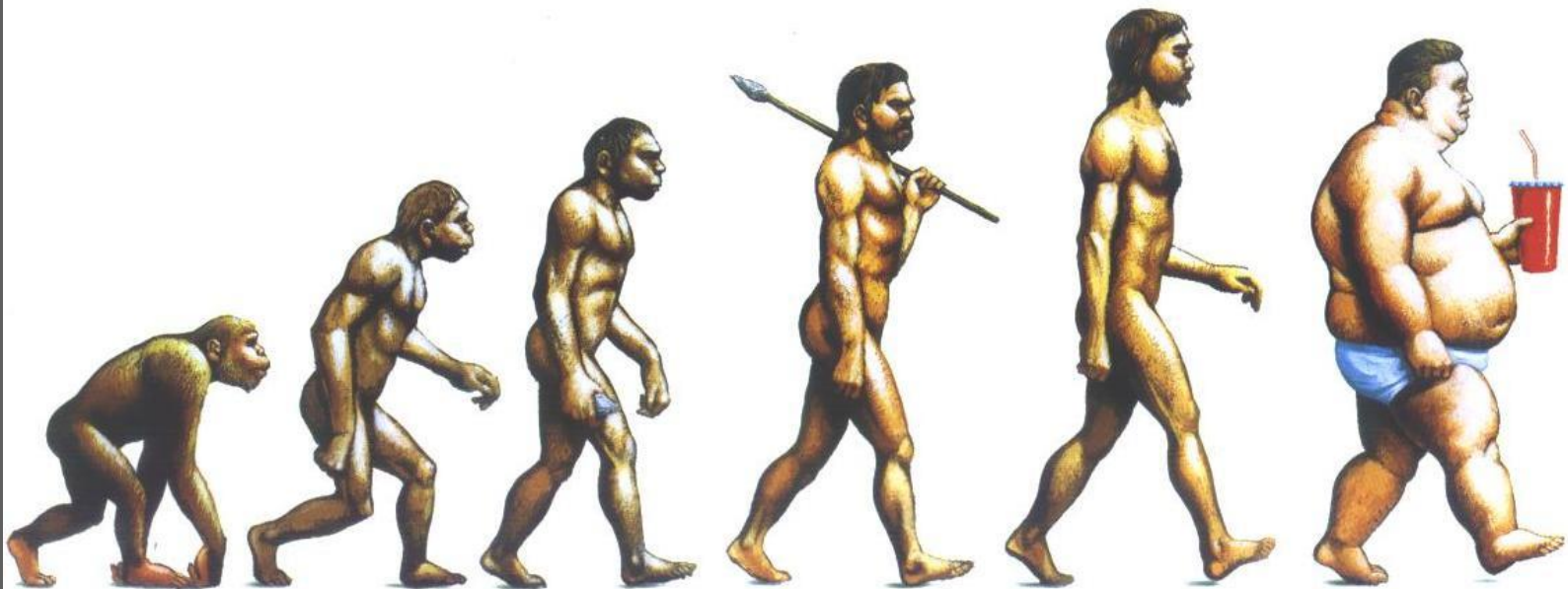
1. Outcome of numerous societal and industrial developments/ forces
2. Action now essential- exceptionally difficult to reverse
3. No single remedy will suffice
4. Co-ordinated central & local government, industrial, societal and individual changes necessary
5. Major changes needed - not just individual 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.