

EDITORIALS

Bringing harmony to public health debates about food

Abandon unhelpful ideologies and seek the common ground

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Christmas is coming, and it's not just the geese that are getting fat. Celebrations over the holidays often revolve around gathering and feasting. In the northern hemisphere, baby it's cold outside and the long, silent nights may contribute to seasonal variations in physical activity.^{1,2} Together, increased opportunities for eating and decreased propensity for physical activity likely contribute to the 0.4-0.9 kg weight gain found in adults home for the holidays.³

Mason and colleagues (doi:10.1136/bmj.k4867) target prevention of weight gain over the bleak midwinter holidays.⁴ Their intervention combined regular self weighing with written information describing seasonally adapted "10 Top Tips" to help habit formation,⁵ and a list of the physical activity caloric equivalents of common holiday foods they checked twice. Their randomised trial found an adjusted mean difference of -0.5 kg in weight gain at 4-8 weeks in the intervention group compared with controls.

It is intuitively attractive to focus on preventing weight gain during, rather than achieving weight loss after, the holidays. But focusing on individual weight change perhaps deals with the symptom, rather than the cause. Environmental factors are increasingly recognised to be potent determinants of eating, as well as other, behaviours.⁶

Deep-pan, crisp, and even

Portion size is one environmental factor known to affect consumption.⁷ Robinson and colleagues (doi:10.1136/bmj.k4982) and Roberts and colleagues (doi:10.1136/bmj.k4864) both conducted surveys of the energy content of main meal dishes served by full service and fast food restaurants.^{8,9} In the United Kingdom, Robinson and colleagues report a mean energy content of 751 kcal in main meal dishes served by fast food chains, and 1033 kcal in dishes served by full service restaurant chains. Comparable figures reported by Roberts and colleagues from Brazil, China, Finland, Ghana, India, the UK, and the US combined were 1317 kcal and 809 kcal.

England's national public health agency recently recommended that midday and evening meals contain no more than 600 kcal each.¹⁰ Robinson and colleagues found that 89% of full service dishes and 83% of fast food dishes were over this limit. Figures

from Roberts and colleagues were 94% and 72%, respectively. Those deep-pan, crisp, and even pizzas aren't helping.

The tension between targeting individuals and environments represented in these three studies is laid bare in recent UK government policy. The second chapter of the Childhood Obesity Plan,¹¹ published in June 2018, includes proposals for several food environment interventions that require people to invest few resources in order to benefit (low agency interventions). These gifts include further restrictions on unhealthy food advertising, bans on supermarket price and location based promotions of unhealthy food, and greater support for using planning regulations to improve local food environments.

In contrast, the recent Prevention Strategy,¹² published in November, was more about whether people are naughty or nice, emphasising personal responsibility for "lifestyle decisions" and requiring them to invest substantial personal resources to prevent weight gain (high agency interventions).

Although some evidence exists on the relative benefits of high versus low agency interventions,¹³⁻¹⁵ the tension between these two often comes down to ideology. In a context where action on environmental determinants of health behaviours often requires government regulation, and hence political will, ideology concerning the palatability of government regulation in general can become a deciding factor.

Both Robinson and colleagues and Roberts and colleagues mention the possibility of providing instore information on the calorie content of restaurant dishes. Menu labelling is an example of an intervention that might appeal to both sides of the ideological debate. It can be characterised as providing customers with information they can use, if they wish, to make healthier choices. In this framing, it is a high agency intervention requiring individuals to read, understand, interpret, and apply the information provided. Current evidence suggests a small impact of menu labelling on purchasing and consumption.¹⁶

But menu labelling could also be seen as a low agency intervention, requiring people to use few personal resources to benefit. Cross sectionally, US chain restaurants that voluntarily label their menus, serve dishes with fewer calories than those

that do not, suggesting that menu labelling could encourage portion size reduction by the chains themselves.¹⁷

So far, the evidence supporting high or low agency impacts of menu labelling is weak. But if ideology is more important than evidence of effectiveness when deciding which public health interventions to implement, the menu labelling story highlights the potential value of advocates being creative in how they “sell” evidence informed interventions to different constituencies.

Peace on earth

It might also be important to think further about how different types of interventions work together. Rather than either/or, some combinations of interventions may have synergistic effects. For example, the (high agency) intervention to prevent weight gain trialled by Mason and colleagues might have a greater effect in those living in environments where restaurants serve lower calorie meals (a low agency intervention). Researchers could do more to investigate such potential synergies to understand under what circumstances they do and do not occur.

Rather than allowing themselves to fall into ideological camps, if the public health community really wants to effect change, they need to find ways to transcend ideological debates, appeal to all sides, and acknowledge the potential value of many different approaches.

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