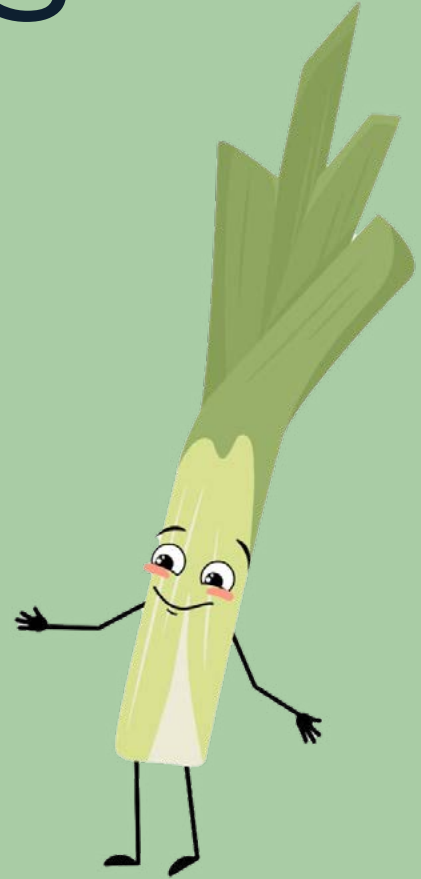


How better conditions help us achieve a healthier diet



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Nutrition plays a key role when it comes to health. How healthily we eat depends essentially on the conditions that determine our eating behaviour. This behaviour is in turn strongly influenced by the environment in which we live. Unfortunately, the political will to introduce structural and effective measures in the area of nutrition is chronically weak.

Let's start with some good news: we are getting older and older. In Switzerland, life expectancy is over 85 years for women and over 81 years for men. So prevention does work? In order to judge, we would need to look at information on newly occurring disease and the health of the population in addition to information on mortality. And this paints a different picture – as far as can be gauged from the scant data available. In contrast to life expectancy, the age to which we can expect to live a healthy life has remained stable, at around 70, for decades (see Figure 1). In fact, in Switzerland we spend only half the period between retirement and death without health impairments. In countries such as Sweden and Norway, this healthy time span is over 70% of time spent in retirement. The bottom line from these figures is that the Swiss population is only growing as old as it is because people are kept from dying for longer than in other countries. Its efficient but increasingly expensive healthcare system means that Switzerland is good at keeping sick people alive for a long time. However, the country does a miserable job when it comes to preventing healthy people from becoming ill.

Non-communicable diseases on the rise

A combination of an ageing population and neglected prevention is leading to more and more people suffering from chronic non-communicable diseases (NCDs). In Switzerland, over a third of the population suffers from cancer, cardiovascular diseases, diabetes and respiratory diseases. If chronic mental illness, musculoskeletal diseases and dementia are added to these typical NCDs, chronic diseases account for more than half of the population and 90% of deaths. In Switzerland, people have to become ill before they can benefit from insurance-covered healthcare services. For example, health insurance only covers the cost of nutrition counselling once a person has reached a certain obesity threshold. The healthcare system is therefore unsuitable for

reducing the number of people affected by NCDs and the burden of disease on the population. We can only find a way out of this NCD pandemic if we make sustainable changes to the conditions in which we live, e.g. by adapting the laws that regulate, for instance, the composition, presentation and advertising of food or the choice in the gastronomy trade. Exercise on foot or by bicycle should also be increasingly and

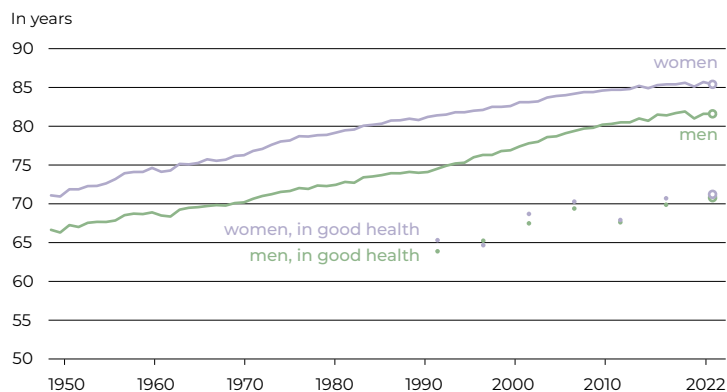
systematically promoted at the expense of motorised private transport.

Causes and consequences of our nutrition

What and how much we eat is strongly influenced by the environment in which we live (see Figure 2). Food regulations, the retail trade, advertising, (dis)information through (social) media and influencers, farming, our food culture, price, attractiveness and availability of food, but also education: All these factors and many more define our behaviour, which is usually hidden unconsciously behind daily routines. The type and processing of food dictates when we stop eating and when we feel the need for another meal – either directly via our digestive system or indirectly via the microbiome. Our microbiome determines our energy balance. A positive energy balance results in an energy surplus, which the body stores

FIGURE 1

Life expectancy and healthy life expectancy at birth, Switzerland, 2024



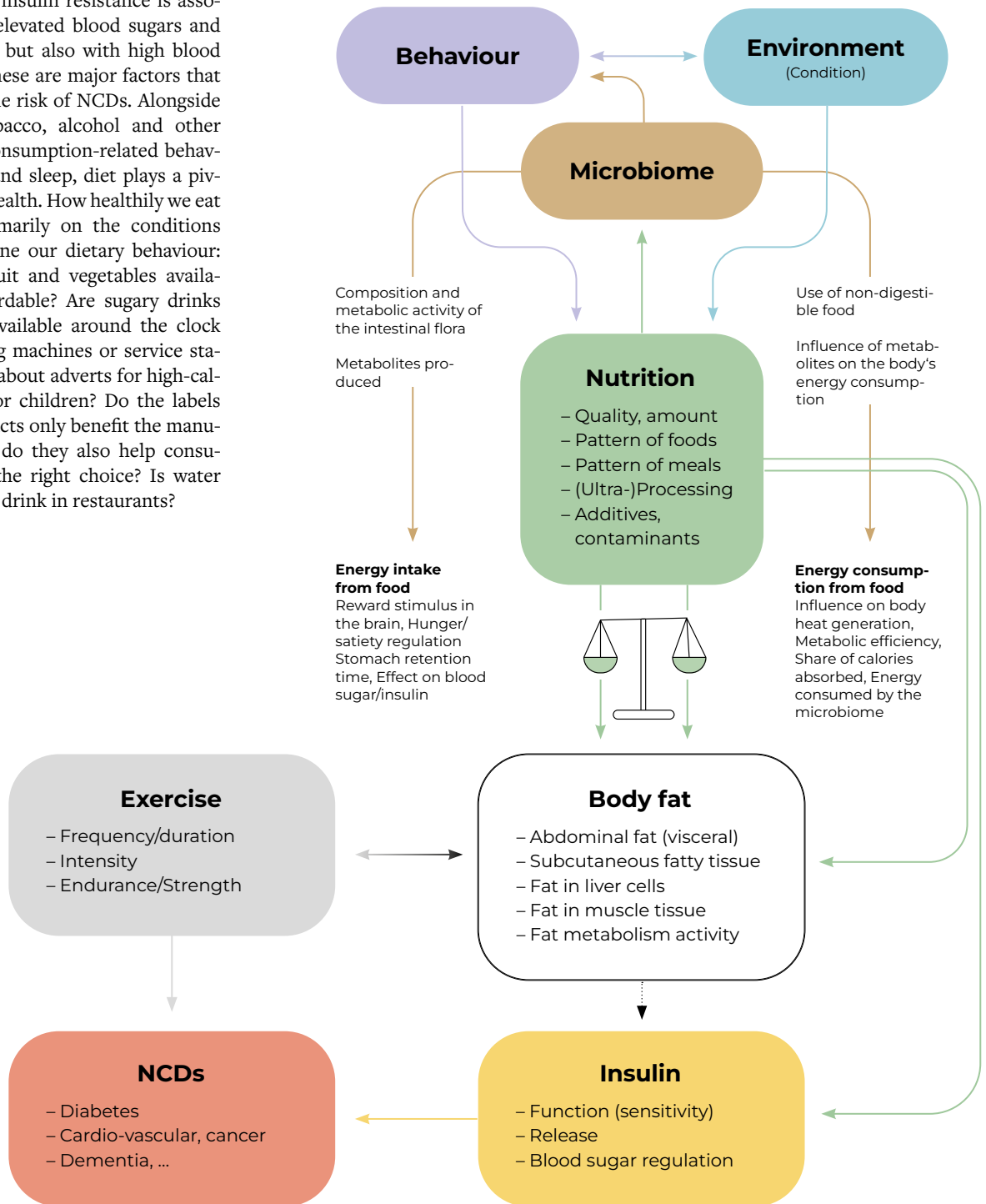
The 2012 data relating to healthy life expectancy are not directly comparable with those from other years because of a change in the answer modalities concerning self-perceived health.

Data as on: 31.01.2024
Source: FSO – BEVNAT, ESPOP, STATPOP and SHS

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in the form of fat, be it in the subcutaneous depots, in the abdomen or in organ cells such as the liver and muscles. This fat can trigger chronic inflammation in the body and affect the function of the key metabolic hormone insulin. In most cases, this interferes with the hormone's ability to lower blood sugar. This type of insulin resistance is associated with elevated blood sugars and blood lipids, but also with high blood pressure – these are major factors that determine the risk of NCDs. Alongside exercise, tobacco, alcohol and other substance consumption-related behaviour, stress and sleep, diet plays a pivotal role in health. How healthily we eat depends primarily on the conditions that determine our dietary behaviour: Are fresh fruit and vegetables available and affordable? Are sugary drinks cheap and available around the clock from vending machines or service stations? What about adverts for high-calorie foods for children? Do the labels on the products only benefit the manufacturers or do they also help consumers make the right choice? Is water the cheapest drink in restaurants?

FIGURE 2
Nutrition: Influencing factors and health consequences



Inspiring analogy to road safety

If we want prevention to have a lasting effect, we need to change the conditions we live in. Measures taken to improve road safety show that this approach is very effective (see Table 1).

Between 1970 and 2017, the number of road traffic fatalities fell from 1,750 to 250 per year, even though the number of vehicles doubled (see Figure 3). Comparable measures could be implemented and applied to nutrition, as the examples in Table 2 demonstrate. To date, they have only been implemented very hesitantly, if at all – even though in Switzerland not 250, but over 55,000 people die of NCDs every year. However, the images of chronic diseases and ‘silent’ deaths are far less dramatic than those of road traffic injuries and fatalities. This may well be one reason why the political will for structural meas-

ures in the area of nutrition is chronically weak. Opposition due to conflicts of interest, e.g. of an economic nature, is also conceivable. This would also explain why Switzerland is at the bottom of the class in Europe when it comes to tobacco prevention. One of the consequences are very high international

rates of lung cancer, especially among women. Especially in a direct democracy like ours, it falls on us to pave the way for our children and grandchildren to grow up in an environment that not only allows them to lead a long life, but also one that is free of health problems and worth living.

Alongside exercise, tobacco, alcohol and other substance consumption-related behaviour, stress and sleep, diet plays a pivotal role in health.

TABLE 1

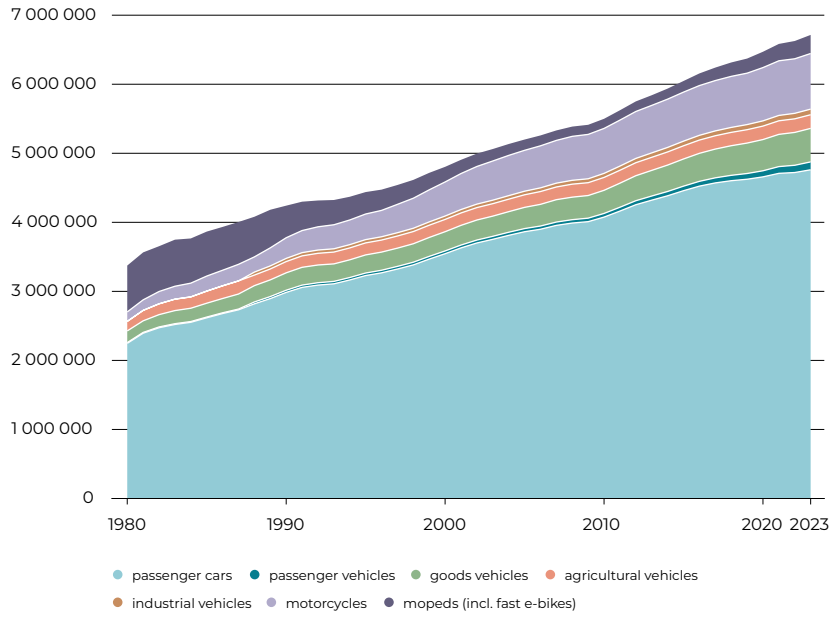
Planned and implemented structural prevention measures in road traffic

Driver «Consumer»	Road «Environment»	Vehicle «Product»	Culture «Attitude»
<ul style="list-style-type: none"> - Raising awareness / education, e.g. in kindergartens / schools - Licensing / test of capability - Age limit for driving permit - Fines (mobile phone at the wheel, speeding, alcohol/drugs, red light...) - For offences: vehicle seizure, prison 	<ul style="list-style-type: none"> - Surface, road- and traffic routing - Lighting, safe railway crossings - Road maintenance / clearing - Speed limits - Road signage, traffic lights - Separate cycle lanes, separate traffic lights - Car-free zones, 30 km/h zones 	<ul style="list-style-type: none"> - Active safety: automatic emergency braking, fatigue detection system, alcohol interlock device, speed and blind spot assistant, ... - Passive safety: seatbelts, child safety seat, airbags, pedestrian protection, helmet - Safety standards (e.g. European standard), tested with crash tests - Periodic motor vehicle inspections - Servicing as per manufacturer’s specifications 	<ul style="list-style-type: none"> - Approach to drink-driving - Citizens’ initiatives, such as ‘Nez Rouge’ - Attitudes towards speeding drivers - Views in terms of the maximum speed limit - Prioritisation of non-motorised traffic (pedestrians, cyclists) - Wearing a bicycle helmet = the ‘norm’ - Acceptance of restrictions on motorised traffic – e.g. driving ban or tolls) - Car-free city centres and residential streets are becoming increasingly feasible

FIGURE 3

Vehicle stock and fatal road accidents in Switzerland

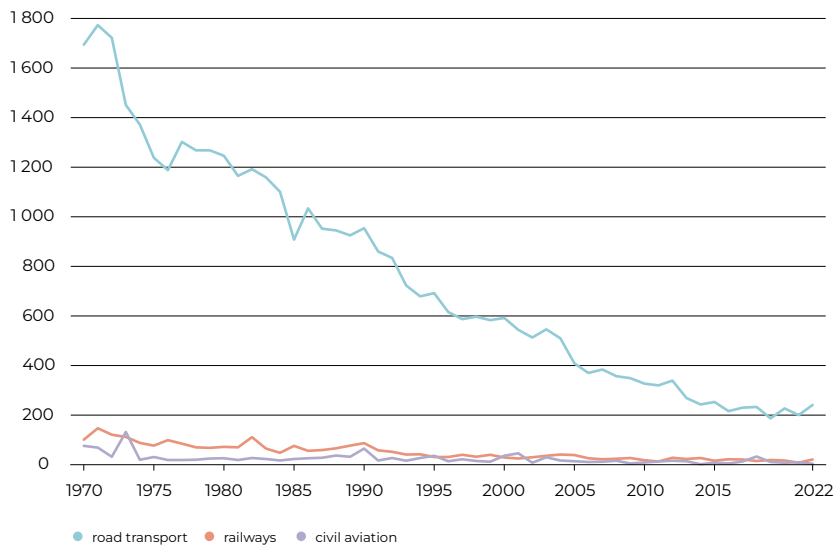
Stock of road motor vehicles



Source: FSO – Moped survey, conducted by the cantons; FSO, FEDRO – Stock of road vehicles (MFZ) © FSO 2024

FIGURE 4

Fatally injured persons by transport mode



Sources: FEDRO, FSO – Road accidents (SUV); FOT – National occurrence database; STSB – Aviation accident statistics © FSO 2023

TABLE 2

Possible structural measures in the area of nutrition

General population «Consumer»	Conditions «Environment»	Food «Product»	Culture «Attitude»
<ul style="list-style-type: none"> – Improve nutritional literacy, e.g. by adapting the curriculum – More competence in terms of self-growing & processing food – Raising awareness of 'externally controlled' purchasing – Regulation of social media use – Promoting physical activity: day-to-day exercise 	<ul style="list-style-type: none"> – Restrictions on advertising, especially targeting children and young people – Regulating vending machines and 24-hour stores – Requirements for restaurants/retailers, e.g. regarding offering, portion sizes, availability, transparency, pricing – Reshaping: construction, social, political environment – A more people-friendly working environment to reduce stress and improve sleep 	<ul style="list-style-type: none"> – Stricter requirements regarding claims, labelling & design of products – Adaptation of the Foodstuffs Act: e.g. definitions of nutrients such as 'sugar', specifications for recipes & processing – Retail trade: presentation & availability of foods – Guidelines for communal catering, particularly in schools, restaurants (e.g. price of water) – Steering via taxes & subsidies, e.g. different VAT rates for foodstuff 	<ul style="list-style-type: none"> – Recognising obesity as a disease – Taking more account of social inequality – A more critical attitude towards diet offerings & products, fast food – Outlawing non-transparent political lobbying and the concealment of conflicts of interest – Raising awareness of products that 'dazzle' & misleading claims/labelling on products – Appreciation of non-motorised traffic, green zones, sustainable, seasonal / regional production, 'real food', the 'true' cost of food...

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