Health Inequalities – Early Years

The British Dietetic Association

Please find below responses to the inquiry questions:

1. How effective are early years’ interventions in addressing health inequalities?

2. What are your views on current early years’ policy in Scotland in terms of addressing health inequalities?

There are many aspects of nutrition/obesity that impact on health inequalities in early years’ e.g. maternal nutrition, breastfeeding/infant feeding, time and content of weaning, and nutritional intake after weaning. These nutrition inequalities subsequently impact on health and wellbeing status e.g. incidence of infantile infections and prevalence of obesity.

Registered dietitians have a key role in this area as the only qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make informed choices and sustain independent living.

In Scotland, dietitians, including public health dietitians and paediatric dietitians, are playing a key role in health improvement and early years interventions, working at all levels and in partnership with various governmental and non-governmental agencies, to address key priorities ensuring an evidence based, informed approach to the development of public health nutrition and dietetic practice.

The ultimate goal of early years’ interventions in relation to reducing health inequalities is to deliver on improved outcomes for individuals/families/groups within target populations and this requires successful engagement so as to influence various lifestyle behaviours. Influencing these behaviours is difficult where significant social change is required and the level of success is also dependent upon how well policy and practice fit together. To that end policy makers and practitioners need to work together so as to best understand what shapes these behaviours in the individual, social and material (ISM) contexts (all three), and the multiple factors that influence the way people act every day and develop more effective policies and interventions.

Aside from the variations in the definition of Early Years there appears to be a large number of programmes/initiatives/policies which impact directly or indirectly on the nutritional wellbeing of young children e.g. GIRFEC, Early Years Collaborative, Refreshed Maternity Care Framework,

Maternal and Infant Nutrition: A Framework for Action, UK UNICEF Baby Friendly Initiative, Child Healthy Weight HEAT Target, Early Years taskforce, many of which the dietetic profession are involved in.
There are probably many more programmes/initiatives/policies but how well do they link together, are there overlaps and are there gaps? The policy landscape is confusing and perhaps there is a need to bring all the policies and initiatives that are aimed at early years under a universal heading providing a more joined up approach with the full range of organisations that can affect health along with a commitment at all levels i.e. ‘a systems approach’ to include national governmental policies and measures through to harnessing community action.

Existing health and social inequalities need to be taken into account through all areas of policy. This approach will allow consistent priority messages to be driven through all policy areas.

The ISM model can be used to evaluate new and existing interventions.

3. **What role can the health service play in addressing health inequalities through interventions in the early years?**

Delivering on the nutrition/obesity agenda requires contributions from a wide range of government agencies, local authorities, commercial sector and third sector. These partners need to know what to do and how to do it.

The health service is well placed to provide essential strategic and operational leadership, practical support (e.g. expertise, information, tools, evidence base) and encouragement to staff/volunteers working within the nutrition/obesity agenda across the NHS and partner agencies, and quality assure these contributions.

Dietitians have an important role in this. The large majority of dietitians work in the National Health Service (NHS) in hospitals and community settings working as part of multi-disciplinary and agency teams, supporting and providing services and ensuring evidence based, consistent, quality assured nutrition advice at both a strategic and practical level. They do this directly or indirectly by informing and teaching/training others including key professionals working with children and families.

Dietitians also work in a wide range of other settings to include: private practice, industry, education, research, sport, media, public relations, publishing, non-government organisations and government. Their advice influences food and health policy across the spectrum from government, local communities and individuals.

4. **What barriers and challenges do early years’ services face when working to reduce health inequalities?**

From the early years’ perspective the majority of expertise is aligned to clinical nutrition as opposed to public health and early interventions. Whilst partner agencies are willing to contribute to the nutrition agenda there is a fundamental lack of capacity and therefore capability within public health nutrition and therefore a great potential that goes unrealised. (Bazalgette, 2012)
Nutrition interventions that focus on supporting access to affordable healthy food and the development/sustainability of healthier choices are frequently short term and not sustained due to a number of reasons e.g. time limited finance, time limited projects, being no longer a priority. Furthermore there are occasions where national policy is left for local implementation, the success of which is then largely dependent on the support at a local level for this.

The acquisition of healthier lifestyles is also strongly influenced by a range of environmental issues to include, food labelling, nutritional content of manufactured products, junk food advertising for example.

The Dietetic profession are playing an important role, working at all levels and in partnership with various governmental and non-governmental agencies to support a whole systems approach to reducing health inequalities.

The British Dietetic Association (BDA), the professional association and trade union for dietitians is involved in a range of work to highlight the role of the profession and of good food and nutrition in reducing health inequalities. The BDA Specialist Group Dietitians in Obesity Management (DOM UK) for example, with the Children’s Food Campaign have launched a campaign, ‘Chuck Junk off the Checkouts’ to urge supermarkets to act on customer concern and permanently remove unhealthy snacks from checkouts and queuing areas.

5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

- Healthy Start is the UK welfare food scheme for low income families and therefore much of the activity around promoting this scheme locally is targeted to the most deprived areas across Scotland.

- Free Early Education in England for lower income households.

- Work on family food skills is also targeted towards deprived areas.

- Longitudinal evaluation of cooking skills programmes
  With funding from the Scottish Government to implement the Maternal and Infant Nutrition framework, the Nutrition and Dietetic Service of NHS Ayrshire and Arran has supported parents to develop knowledge, confidence and practical food skills by recruiting Community Food Workers. Parents of nursery age children attend 2 hour sessions for 4-6 weeks and develop knowledge on food and health and simple skills on cooking from basic ingredients all underpinned by the Eatwell plate. These are usually parents who do not have simple cutting, chopping, peeling, stirring, measuring and cooking skills, hence find it challenging to feed their families well on a limited budget.
An evaluation used a shortened validated baseline questionnaire on confidence and food frequency; repeated at the end of the course this showed significant increase in confidence to cook from basic ingredients, to follow a recipe and to try new foods. Food frequency questions on fruit, vegetables and ready meals showed improvements in all three. Follow up of some of these parents one year after the programme showed that confidence was maintained for following recipes and cooking new foods. Improvements in food consumption patterns all remained higher at one year follow up. (Garcia et al, Evaluation of a cooking skills programme in parents of young children – a longitudinal study; Public Health Nutrition January 2013)

- A proportion of the Child Healthy Weight HEAT target is required to include SIMD quintiles 1&2.

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1. Bazalgette L, 2012, “Early childhood nutrition should be at the centre of public health policy…” FOR STARTERS’, DEMOS.