

Want Better Health Faster? Make healthy options easier options

Prof. L. Suzanne Suggs, PhD, MSc, CHES
Professor of Social Marketing, University of Lugano
Vice-President, SSPH+ Foundation Board
Visiting Reader, Imperial College London, IGHI
Chair of the European Social Marketing Association Board

Swiss Public
Health
Conference
2018



The Swiss Society for Public Health



- Government's job is to give the people what they need.
- We have to make healthy options easy options.

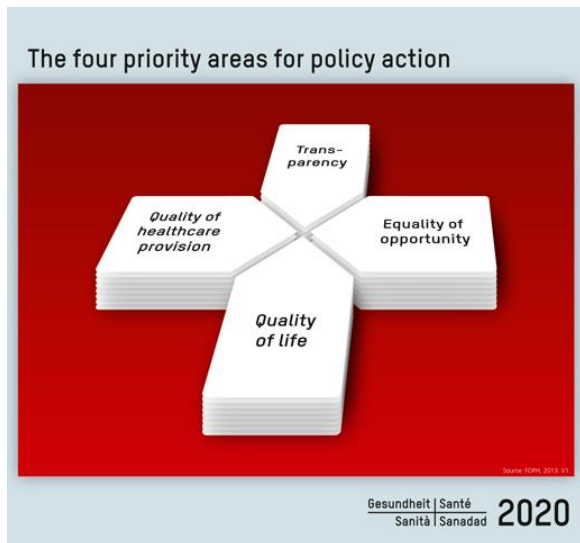
Government is supposed to serve the people.



Determinants of behavior

- **Personal or individual:** beliefs, knowledge, attitudes, skills, genetics
- **Social:** interaction with other people including friends, family and the community
- **Economic:** income
- **Environmental:** the area in which an individual lives, e.g. school, work place, local shops and facilities, and wider factors including the economy and technology.

- Illness and the suffering it causes need to be avoided by putting in place an effective system of prevention, early recognition and long-term care.
- Self-competence in health issues in all sections of the population needs to be raised, unnecessary treatments and complications need to be avoided...
- **At the centre of all these measures are people and their well-being.** The health system should continue to be developed for them and their needs and must remain affordable.



Health 2020

Goals: Lifestyle & behavioral factors

- Health is foremost about people and how health is lived and created in the context of their everyday lives.
- People are social actors, and supporting them in adopting and sustaining healthy behaviour requires that they be in an environment that supports that behaviour.

Health 2020

Goals: Lifestyle & behavioral factors

- The focus of action should be transferred upstream to the causes of these lifestyle differences (the causes of the causes), which reside in the social and economic environment.

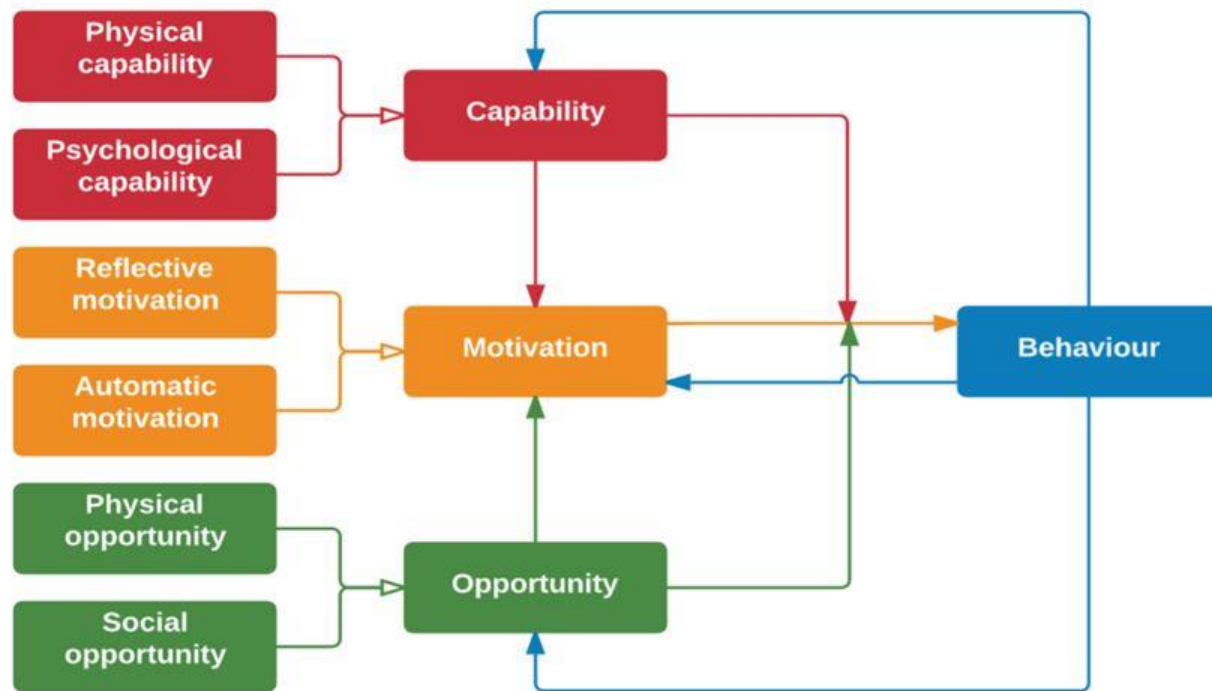
WHO Sage Working Group on Vaccine hesitancy:

- communication alone will not resolve every vaccine hesitancy issue.
- correcting poor communication will not necessarily correct vaccine hesitancy.

Health related behavior:
It is more than a problem of knowledge or
motivation

So much medical and health advice,
no matter how well intended and/or evidence based,
ignores the realities of how people live and how people are persuaded

COM-B model of behaviour change



Michie S, M van Stralen, West R (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42..



Health behaviors in CH

Swiss National Health Survey 2017

- **Fruit and veg:**

- 21% met recommendations for fruit & veg consumption (women 28%. Men 15%).

- **Physical activity**

- Since 2002, number of people who are physically active increased (from 62% to 76%), and the number of inactive people reduced (from 18% to 8%).

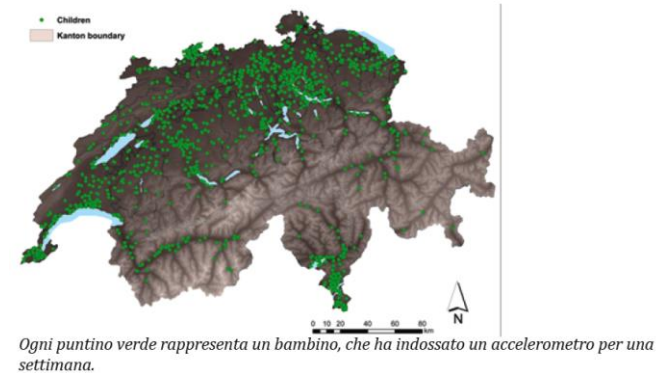
- **Overweight**

- 42% overweight or obese persons (same level as 2012)
- 11% obese (5% in 1992): 12% Men and 11% women obese
- 39% Men and 23% women overweight
 - clear social differences: people who had completed only compulsory school were more likely to be obese than those with higher qualifications (21% vs 8%)

SOPHYA (2014-2015)

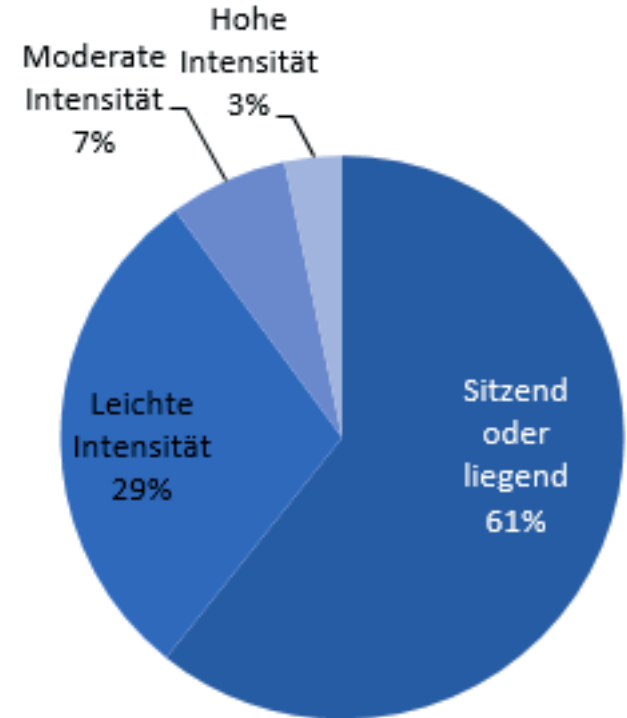
- 1439 children wore an accelerometer
1433 families completed a questionnaire
1206 parents wore an accelerometer
- 1,306 children provided valid accelerometer data (worn for at least 10 hrs/day for 3 days/week and 8 hrs on a Saturday or Sunday) and completed a questionnaire. Of these children,
 - 48.6% girls / 51.4% boys
 - 69.5% German-speaking Switzerland, 19.1% Romandie & 11.4% Ticino
 - 19.1% live in cities, 48.5% in urban areas and 32.4% in the countryside.

Figura 1: Distribuzione geografica dei bambini e adolescenti partecipanti a SOPHYA



SOPHYA

- Children spent most of the day (90%) sitting or lying down, or had low activity.
- On average, children spent only 10% of the time in moderate to high activity.



RESEARCH ARTICLE

Open Access



Objectively measured physical activity in population-representative parent-child pairs: parental modelling matters and is context-specific

Bettina Bringolf-Isler^{1,2*}, Christian Schindler^{1,2}, Bengt Kayser³, L. Suzanne Suggs⁴, Nicole Probst-Hensch^{1,2} and the SOPHYA Study Group




- Parental moderate - vigorous physical activity was associated with MVPA of their children ($p < 0.001$).
- Correlations between parents and children's MVPA were stronger for children aged 10–12 years and for those living in the Italian speaking part of Switzerland.
- **An increase of 1 min of mother's and of father's MVPA was associated with 0.24 and 0.21 min more MVPA in children, respectively.**

Objectively measured physical activity in population-representative parent-child pairs: Parental modelling matters and is context-specific



Article

Sedentary Behaviour in Swiss Children and Adolescents: Disentangling Associations with the Perceived and Objectively Measured Environment

Bettina Bringolf-Isler ^{1,2,*} , Kees de Hoogh ^{1,2}, Christian Schindler ^{1,2}, Bengt Kayser ³ ,
L. Suzanne Suggs ⁴ , Alain Dössegger ⁵, Nicole Probst-Hensch ^{1,2} and the SOPHYA
Study Group

- 1306 children and adolescents (6–16 years)
- Accelerometers were used to assess SBT. Perceived environment was examined by a validated parental questionnaire, and objective environmental data were allocated using GIS (ArcMap 10.2, Esri, Redlands, CA, USA).
- A high perceived safety was associated with less SBT. Boys, those whose residential neighbourhood was characterized by dead ends in urban areas, a low main street density in the neighbourhood of children and greenness were less likely to exhibit SBT.

land-use
planning to
reduce SBT,
environments
should be
complemented
with efforts to
increase
parental sense
of security.



ELSEVIER

Contents lists available at ScienceDirect

Preventive Medicine Reports

journal homepage: <http://ees.elsevier.com/pmedr>



Low adherence of Swiss children to national dietary guidelines

L. Suzanne Suggs^a, Sara Della Bella^a, Pedro Marques-Vidal^b

^a Università della Svizzera italiana, Institute for Public Communication, Lugano, Switzerland

^b Department of Internal Medicine, Lausanne University Hospital (CHUV), Lausanne, Switzerland

ARTICLE INFO

Article history:

Received 26 October 2015

Received in revised form 22 February 2016

Accepted 7 March 2016

Available online 8 March 2016

Keywords:

Dietary guidelines

Eating behavior

Children

Guideline adherence

Epidemiology

ABSTRACT

Introduction. Dietary guidelines aim to inform people of the types of foods and quantities they should consume each day or week to promote and maintain health. The aim of this study was to describe children's dietary behaviors in terms of adherence to the Swiss Society for Nutrition (SSN) dietary guidelines and possible determinants.

Methods. A cross-sectional study was conducted in September 2010 with 568 children aged 6–12 years old living in Ticino Switzerland. Food intake was collected using 7-day food logs. Adherence with the dietary guidelines from the SSN was assessed according to age group.

Results. With the exception of fish and cereal/potato intake (adherence rates of 68.5% and 47.9%, respectively), adherence to SSN guidelines was low: 26.9% for meat; 22.7% for eggs; 10.4% for fruit; 9.5% for sweets, snacks & soft drinks; 3.5% for milk & dairy, and 0% for vegetables. Multivariate analysis showed no consistent association between the child or their parent's socio-demographic characteristics and adherence to SSN guidelines. Girls had a higher likelihood of adhering with fruit and meat guidelines: multivariate adjusted odds ratio (95% confidence interval) 1.98 (1.10–3.56) and 1.80 (1.08–2.99), respectively. Children aged 10 to 12 had a lower likelihood of adhering with cereals and potatoes 0.48 (0.29–0.78), and a higher likelihood of adhering with the guideline for eggs 1.78 (1.00–3.15).

Conclusion. Dietary intake of Ticinese children shows poor adherence with SSN guidelines. Given the lack of specific socio-demographic factors associated with adherence, population-wide interventions to improve dietary intake are necessary.

© 2016 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).



Low adherence of Swiss children to national dietary guidelines.

Suggs LS¹, Della Bella S¹, Marques-Vidal P².

METHODS: A cross-sectional study was conducted in September 2010 with 568 children aged 6-12 years old living in Ticino Switzerland. Food intake was collected using 7-day food logs. Adherence with the dietary guidelines from the SSN was assessed according to age group.

RESULTS: With the exception of fish and cereal/potato intake (adherence rates of 68.5% and 47.9%, respectively), adherence to SSN guidelines was low: 26.9% for meat; 22.7% for eggs; 10.4% for fruit; 9.5% for sweets, snacks & soft drinks; 3.5% for milk & dairy, and 0% for vegetables. Multivariate analysis showed no consistent association between the child or their parent's socio-demographic characteristics and adherence to SSN guidelines. Girls had a higher likelihood of adhering with fruit and meat guidelines: multivariate adjusted odds ratio (95% confidence interval) 1.98 (1.10-3.56) and 1.80 (1.08-2.99), respectively. Children aged 10 to 12 had a lower likelihood of adhering with cereals and potatoes 0.48 (0.29-0.78), and a higher likelihood of adhering with the guideline for eggs 1.78 (1.00-3.15).

Is it better at home with my family? The effects of people and place on children's eating behavior



L. Suzanne Suggs^{a, c, d, *}, Sara Della Bella^a, Natalie Rangelov^a, Pedro Marques-Vidal^{b, d}

^a BeCHANGE Research Group, Institute of Public Communication, Università della Svizzera italiana, via G. Buffi 13, 6904 Lugano, Switzerland

^b Department of Medicine, Internal Medicine, Lausanne University Hospital, Rue du Bugnon 46, 1011 Lausanne, Switzerland

^c Institute for Global Health Innovation, Faculty of Medicine, Imperial College London, Exhibition Road, SW7 2AZ London, United Kingdom

^d Swiss School of Public Health+, Switzerland

ARTICLE INFO

Article history:

Received 30 March 2017

Received in revised form

30 October 2017

Accepted 1 November 2017

Available online 6 November 2017

ABSTRACT

The people and places children eat with can influence food consumption. This study investigates the people and places Swiss school-aged children ate with over a 7-day period and analyses the effects of eating at home with family on food consumption. Children completed a 7-day food diary documenting the foods they consumed, the people with whom they ate, and the place where they ate. Analyses were conducted for all meals and included 9911 meal occasions. Most meals (80.5%) were consumed at home with family. Generalized estimating equations were used to model the effects of the home-family dyad on the child's chance of consuming a certain food while controlling for age, gender and BMI of the child, education, nationality and BMI of the parent. Compared to eating in other dyads (e.g. school-peers or restaurant-family), eating in the home-family dyad was associated with higher consumption of vegetables (+66% and +142% at weekday lunch and dinner and +180% and +67% at weekend lunch and dinner), lower consumption of sweets (−45% and −49% at weekday lunch and dinner; −43% and −49% at weekend lunch and dinner), and fewer soft drinks (−37% and −61% at weekday lunch and dinner; −66% and −78% at weekend lunch and dinner). This study shows the positive influence of eating at home with the family on food consumption in a sample of Swiss children. Interventions and policies that encourage children and parents to eat together at home could serve as effective prevention against a poor diet.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

- Of the 9911 meals: Most (80.5%) were consumed at home with family.
- Compared to eating in other dyads, **eating in the home-family dyad** was associated with
 - + consumption of vegetables (+66% and +142% @weekday lunch & dinner and +180% and +67% at weekend),
 - - consumption of sweets (-45% and -49% @weekday lunch & dinner; -43% and -49% at weekend),
 - - sugar drinks (-37% and -61% @ weekday lunch & dinner; -66% and -78% at weekend).



Healthy and unhealthy food



Tasty and non tasty food

Do children know what food is healthy?
Do they think healthy food is tasty food?
How do they respond to promotions of healthy food?
When given a choice, what do they choose?



Actual behavior

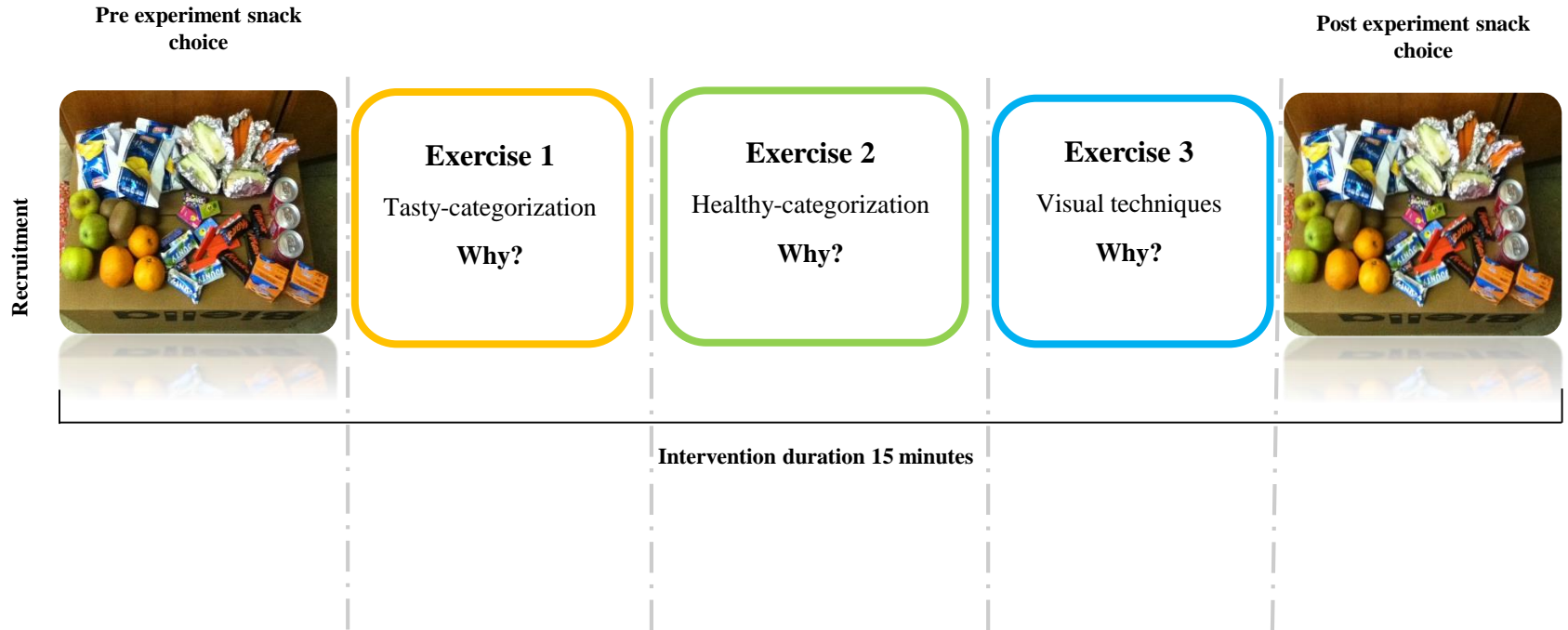


Visual techniques

Experimental design

N=100 children (first class of elementary school), 8 classes from 5 schools in Ticino

Mean age: 6.4 years old. 56% Girls

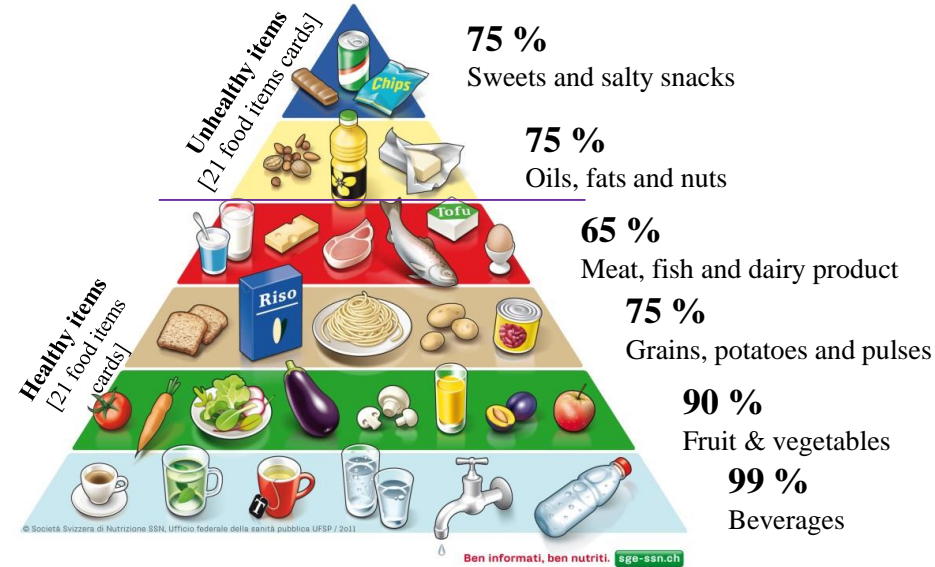
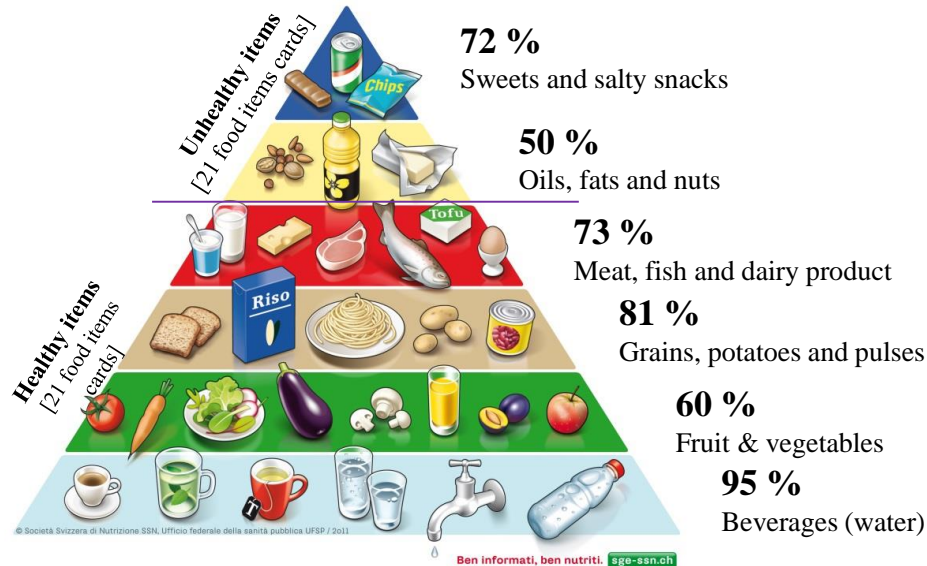


1: Tasty foods

2: Knowledge of Healthy foods

Percentage of children that liked the foods


























Percentage of children that correctly categorized foods.



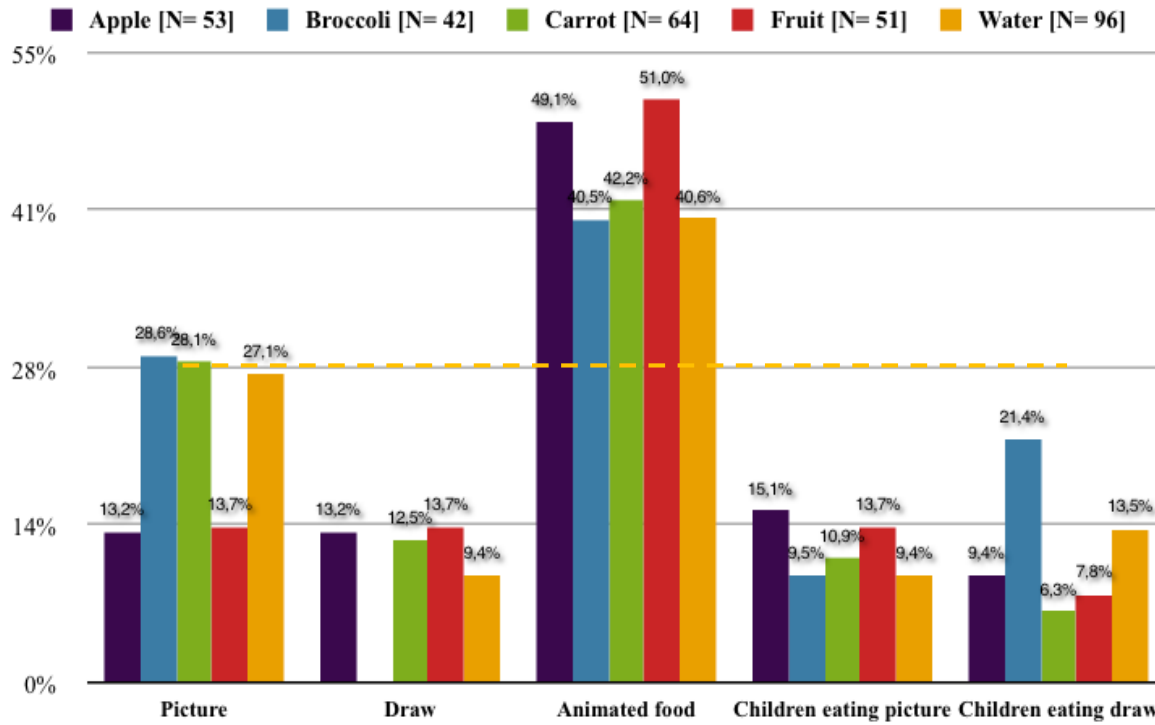
Swiss Food Pyramid (SSN, 2011)

Swiss Food Pyramid (SSN, 2011)

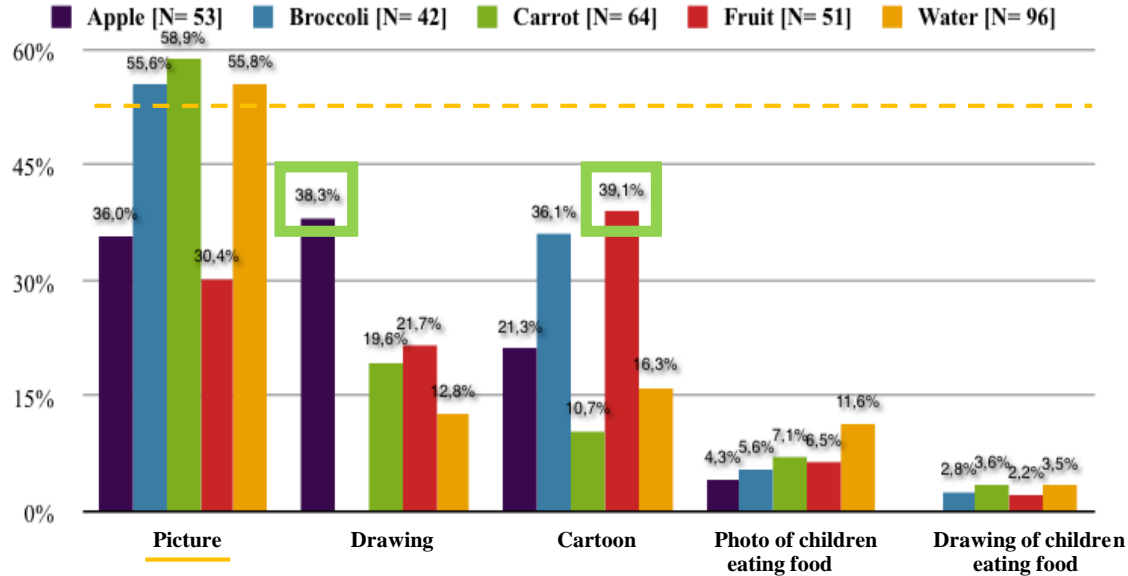
3: Visual Techniques

Food item cards	Visualizations				
	Style of display: Only the food			Style of display: Food displayed while being consumed	
	Photo	Drawing	Cartoon	Photo of children consuming the food	Drawing of children consuming the food
	Fantasy: No	Fantasy: Low	Fantasy: High	Fantasy: No	Fantasy: Yes
Apple cards					
Broccoli cards					
Carrot cards					
Fruit cards					
Water cards					

3: Visual Techniques preferred



3: Visual Techniques of food they thought was tasty



Implications

- Children
 - Know what they eat
 - Know what is healthy and not healthy
 - Like both healthy and unhealthy food
 - Do not meet dietary guidelines
 - Eat better when at home with parents
 - Need support and perhaps limits on choice of unhealthy foods
 - Need population based solutions that are targeted and tailored
- Parents
 - Need and want support
- Practice
 - Fun and appealing promotions do not make kids want to eat healthy foods
- Policy
 - Needs to understand knowledge & existence of policy do not change behavior. Must make healthy options easy options.

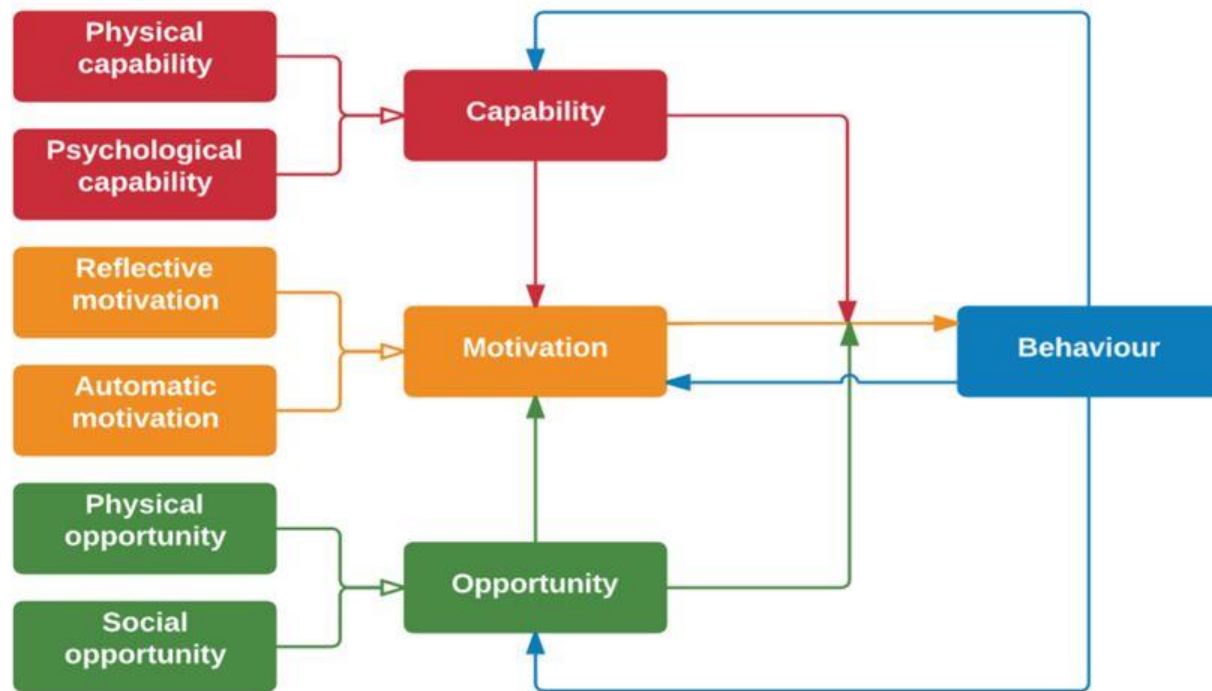
Two paths to making
healthy options easy
options

Better policy

Better
communication

Health 2020, NCD action plan, WHO... suggest BOTH!

COM-B model of behaviour change



Michie S, M van Stralen, West R (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42..



Social Marketing:

- **Seeks to develop and integrate marketing concepts with other approaches to influence behaviour that benefit individuals and communities for the greater social good.**
- Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable.

Can be used to influence



Individual



Community



Organizations



Policy

Social Marketing

Goes **beyond communication** and investigates the determinants of behavior in context of how people live and what influences their lives. It then designs solutions in the context of those determinants.

Many “individual choices” impact our communities and our society

- Ex:
 - Speeding
 - Recycling
 - Smoking
 - What we eat
 - What clothes we buy
 - What water we drink
 - Vaccination





We do regulate some health-related behaviors:

- Tobacco use
- Seat belts
- Helmets
- Speed limits
- Recycling
- Killing people

One day in prison for breaking Swiss rubbish rules

02/06/2016 BY LE NEWS

26 September 2018 | 19:56 CEST+02:00

A man in the Swiss city of Biel/Bienne has been sentenced to two days in prison for failing to pay a fine for breaking municipal garbage laws after rubbish detectives uncovered his crime.

The 33-year-old committed the offence back in November 2017 when he put a bag of rubbish out on the street on the wrong day and also failed to attach a municipal tax sticker to the bag.



Passive smoking

Secondhand smoke contains more than 7,000 chemicals. There is no risk-free level of exposure to **secondhand smoke**.

Long-term effects from exposure to second-hand smoke include increased risk of:

- coronary heart disease (risk increased by 25-30%)
- lung cancer (risk increased by 20-30%) and other cancers
- stroke (risk increased by 20-30%)
- increased risk of COPD and other breathing problems
- increased risk of blood clots forming, even with brief exposure.

Note: smoking in cars with children on board has been banned in Scotland since December 2016.

(CDC)



Bibione Beach totally smoke free

- After first banning smoking on the actual shoreline, this Veneto bathing resort is now ready to ask its guests to refrain from smoking on the entire beach. As Gianni Carrer, the deputy mayor says:
- **“We do not wish to harass anyone, but merely safeguard the right of all to good health; not even one fine has been made in these years”.**
- **“Respira il Mare” has never been intended as an initiative against smokers, but has rather been aimed at respecting the right to good health for all.**

Creating supportive environments



Supportive
environments

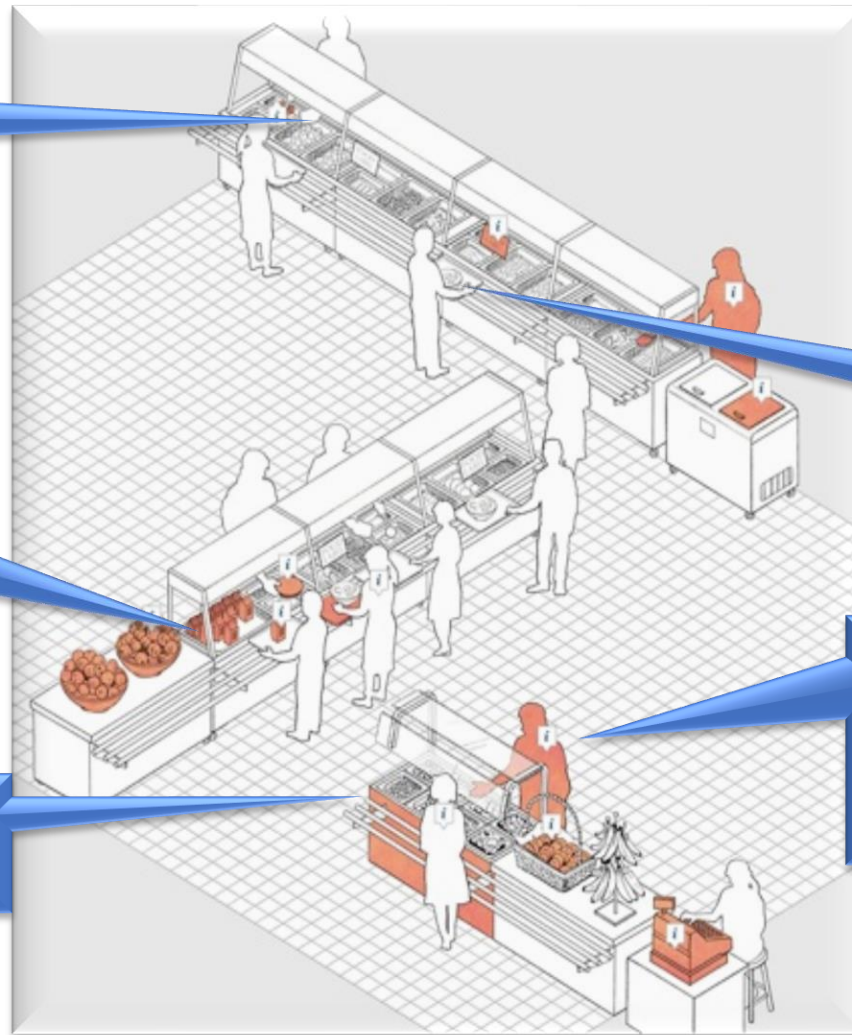


Misch
Frische Früchte und Eier

Put the vegetables at the start of the queue

Use glass fruit bowls not stainless steel

Make salad bar accessible from two sides



Use smaller sized plates

Make an express line that emphasizes healthy products

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal



Commit to clear labelling
and information

Share a 'Coke'

with



Share a
Coke with...



Tap it up

Tap it up

**WHY CHOOSE
TAP WATER?**

A project carried out by students
of the Social Marketing course



Environment

Every year in CH, 200 million PET bottles are not recycled (RTS, 2008)
PET bottles take an enormous amount of water to produce

Health

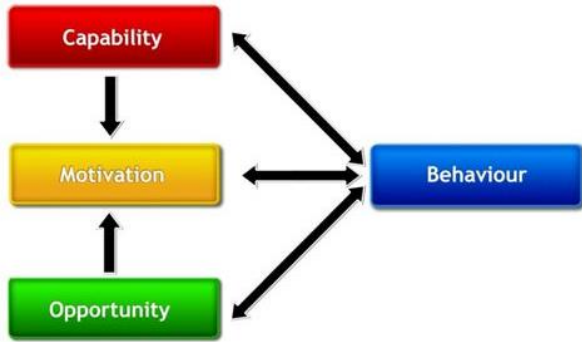
BPA has harmful effects on health (EFAS, 2010)

Economic

USI students spend on average 400 CHF per year to buy bottled water

Social

Minimal awareness and simplicity allows public to conveniently pollute and waste water



Michie et al 2011 Impl

Tap it up

A project carried out by students of the Social Marketing course

WHY CHOOSE TAP WATER?

Annual consumption of bottled water in Switzerland.

In Ticino, people annually drink water equivalent to 15 Olympic swimming pools.

Drinking tap water is up to 1'000 times more ecological than drinking bottled water.

The production and transport of 1 litre of bottled water requires 3.1 deciliter of oil.

Each year, 12'000 trucks cross the Alps to deliver bottled water.

Drinking 2 litres of bottled water per day equals to travelling 2'000 km by car, which is the distance from Switzerland to Sweden.

Reused plastic bottles contain millions of bacteria that grow on the bottleneck and that, in long run, create a nauseating smell.

Every year in Switzerland, 200 million PET bottles are not recycled.

On average, USI students spend over 400 CHF a year to buy bottled drinks.

Tap it up presents a new ecological bottle!

More information: tap.sinc.usi.ch

In Switzerland tap water is safe, ecological and economical!

Sponsoring: Sustainability Practitioner (SINC)

DID YOU KNOW #1

The average price of 0.5 litre of bottled water is equivalent to 1,000 glasses from your Tap.

tap.sinc.usi.ch

TapItUp-Regione



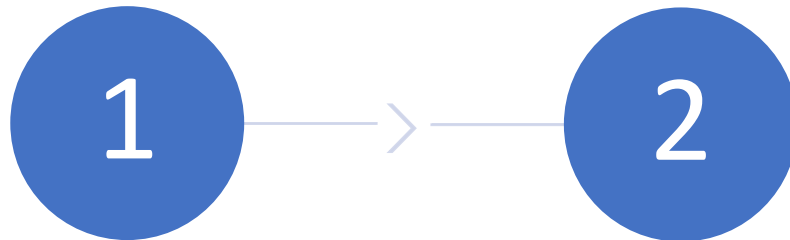
Tap it p

On average 339 liters per week were
taken from the dispensers
(the equivalent of **678** PET 0.5 l bottles)

Tap it  up

We have to stop blaming only citizens for their actions.

We also have to stop trying to change their behavior with poster campaigns.

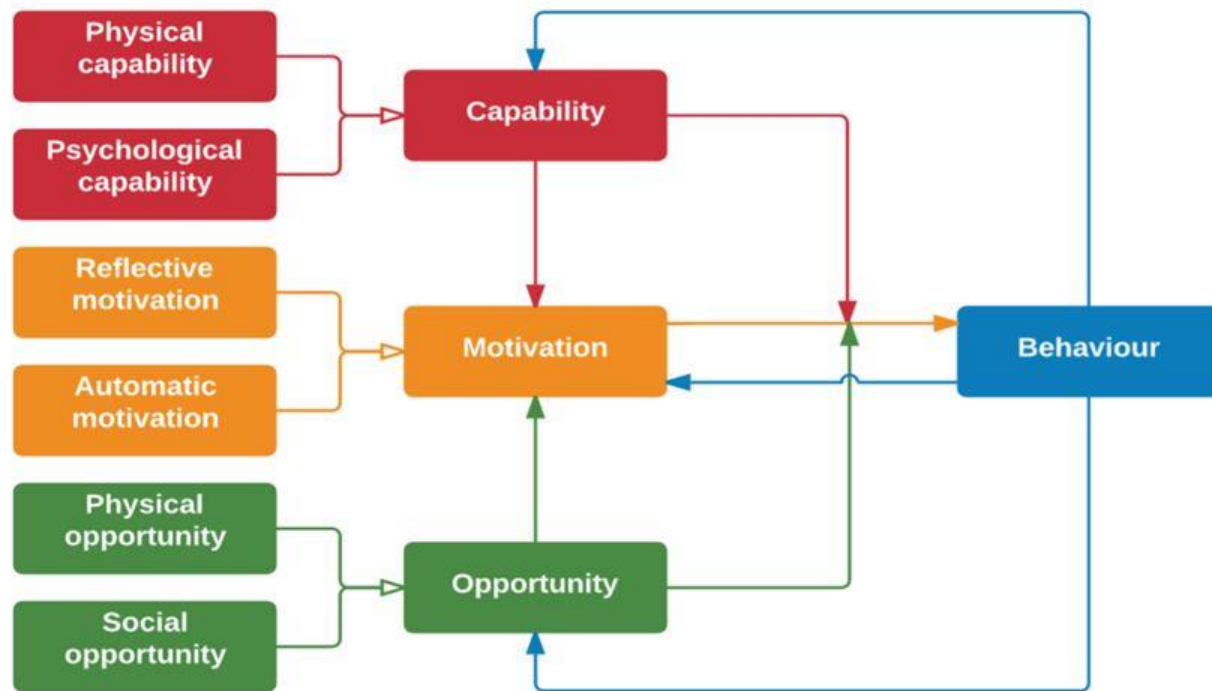


We have a responsibility to make healthy options easy options.

That means making sure that people have capacity, opportunity and motivation to adopt healthy behaviors.

Unless we make healthy options at least as easy as unhealthy options, we cannot claim to have “free choice”.

COM-B model of behaviour change

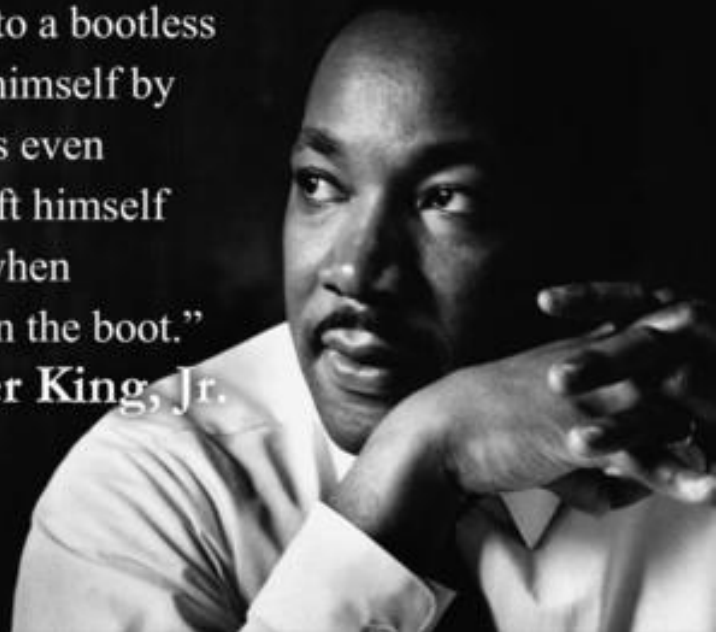


Michie S, M van Stralen, West R (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42..

Is it ethical to only motivate or address individuals without making supportive environments?

“It is a cruel jest to say to a bootless man that he should lift himself by his own bootstraps. It is even worse to tell a man to lift himself by his own bootstraps when somebody is standing on the boot.”

-Martin Luther King, Jr.





- Until we stop making unhealthy options easier than healthy options, we will not get better health faster.



Thank You

Prof. Dr. L. Suzanne Suggs, PhD

suzanne.suggs@usi.ch