Five Reasons Why ‘Food’ Is A Massive Global Health Issue

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Last week in Stockholm, Sweden, I was asked to present an insight into the links between food and global health to the Swedish Medical Society Conference; a brief outline on the parallels and overlap between what we eat, the systems that produce and support that consumption, and the health of our populations.

Now this is no easy task – and not because the overlaps are limited – quite the opposite – but because I had only 10 minutes to do it in!

With this in mind, I proposed just 5 of the reasons why food is, and must be, a Global Health Issue.

Reason number one, we are what we eat.

Put simply, globally, locally and individually – we are what we eat. Improvements in nutrition may have given us enormous health benefits this last century, but food-related disease, including obesity, has now become our greatest health challenge for the current century.

In addition to half a billion people still undernourished worldwide - today diabetes, heart disease, cancers and lung disease, are the leading cause of global deaths. In China, a nation rapidly undergoing nutritional and epidemiological transition, one in two or 500 million people are thought to be prediabetic or diabetic.

Diseases which are both caused and solved, in part, by food.

In Europe, the USA and Australia, obesity rates range from the low teens to mid thirty percent, and obesity-related disease is already crippling populations, health systems and national budgets – concurrently under strain from the economic crisis.

Now this is not to suggest that it is simply a question of calories in versus calories out, but the food we eat, can afford and have access to – and how this is marketed, packaged and served – is a large dictator of our health.

Reason number two: Poverty is not a protector from food-related disease, but a risk factor for it.

In the 20th century, the global health scourges were more likely resulting from under-nutrition. This is no longer. Today – our leading global health challenge results from over-nutrition related malnutrition, with 80% of this disease burden occurring in the world’s low and middle income nations.

The commonly spouted theory that malnutrition resulting from overconsumption is a rich-person’s problem is a dangerous myth.
Risk factors such as obesity and poor diet – as well as diseases such as diabetes, heart disease, lung diseases, cancers and mental illness – are linked with poverty, not affluence. Diseases deeply linked with the quality and quantity of our diets, these are all linked with social and economic derivation.

**Reason three: Dietary risks represent profound health opportunities.**

The [2010 Global Burden of Disease Study](https://www.ncbi.nlm.nih.gov/pubmed/20395597) ranked the top causes of global disability and deaths. It is no surprise to many of us, that diet-related diseases topped the charts. But what can surprise some, is that diet itself was named the number one risk factor for morbidity and mortality globally.

The good news though, is that this is a risk factor. This is a disease modifier and amplifier, but if addressed, it is also a disease minimiser and an opportunity for prevention. The quality and quantity of our diets may be an enormous threat to current global health, but inversely it can also become an enormous opportunity for creating a healthier future – if managed appropriately.

**The fourth reason: Big Food is a complex, heterogenous and prickly beast.**

In 2013, top food companies have more power than some governments, but are unelected and have very different incentives – we must understand this.

The world’s biggest food company alone employs 330,000 people and has an annual revenue of almost 100 billion US dollars – two-thirds the [GDP](https://www.worldbank.org/en/country/newzealand/indicator/national-gdp) of New Zealand and twice the GDP of Croatia. This company also produces 1 billion products each and every day.

In short, some of these companies have more economic power than some national governments and probably more global political influence than many national governments. Yet, the leaders of these companies are unelected and their driving incentives are market-based and focused on profit, not development, environmental sustainability, social justice or health.

This is a challenge – a huge challenge – and currently there is no clear consensus on how to manage this risk.

Do we work with them? Do we shut the door? Do we regulate or let them regulate? Can they really be trusted to fund governments and elections?

These companies exert an enormous influence on population health and I categorise their behaviours into three groups. The good, the bad and the ugly.

The good companies – those which supply food staples, share the need to create healthy populations and sustainable practices - must be engaged and led by government, but in an independent, mature, arms-length and transparent way.

The bad must be recognised, called out, improved and, when necessary, regulated.

The ugly are the most dangerous. We must recognise that selfish and deliberate decisions by food multi-nationals have caused enormous public health costs in the past decades. These Big Food corporations and their practices must be controlled, even limited – this is essential for global health.
The final reason, there is a growing disconnect between food, cooking and people.

Food is essential to global health, right down to the individual level. As food systems become more processed, supply-chains become longer, and our diets are characterised by a long list of chemicals rather than ingredients – we are losing our personal connection to food. Our understanding of how to choose it, cook it and consume it. And this is occurring almost ubiquitously.

Understanding food and where it comes from, is an essential knowledge nugget for a healthy society – and crucial for those working in health. As the *Journal of the American Medical Association* recently published, the old medical adage of “see one, do one, teach one” must also become “see one, taste one, cook one, teach one”.

Engaging with the education and political sectors to ensure this is understood, would be time and energy well spent for any global health enthusiast or doctor. Food must become a more accepted part of the clinical mandate.

Looking Forward.

To conclude, Food is an essential part of health and wellbeing – chosen, prepared, cooked and consumed correctly, food is medicine – it can and has been an enormous catalyst to gains in life expectancy and quality of life to populations around the globe.

But – and this is an important ‘but’ – mismanaged, unregulated, recklessly advertised, poorly produced and over consumed, food can have dire public health consequences. And those consequences are currently playing out around the world.

Food companies, governments, the medical community, the food supply, what we eat, how we eat, food policies and what we subsidise, how much we eat and what we waste will all dictate whether, in the next century, food can once again be a catalyst of health – or continues as a risk to it.

One thing is clear - food is, and must be, a Global Health Issue.