

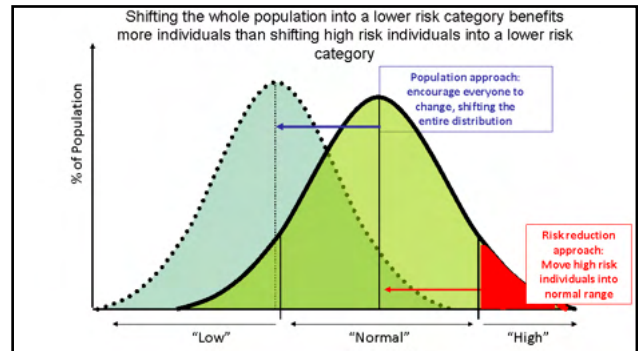
Chess, not chequers

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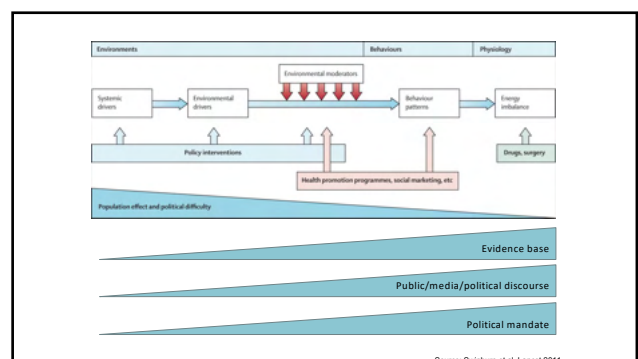
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Individual behaviour	Corporate behaviour
1.1 nutrition information and guidelines	1.2 SSB taxes
1.4 nutrient profiles to identify unhealthy foods	1.3 reduce marketing
1.6 standardised nutrient labelling	1.5 cross-border marketing
1.7 front of pack labelling	4.1 marketing of breast milk substitutes
2.1 guidance to children and parents	4.5 marketing regulations
3.3 pre-natal guidance	
3.4 guidance on diets, physical activity, etc	
4.3 education on benefits of breastfeeding	
4.6 guidance to caregivers	
4.7 guidance to caregivers	
4.8 guidance to caregivers	
4.10 food education	
4.12 guidance on sleep and activity	
4.13 support to promote healthy lifestyles	
5.4 nutrition and health education	
5.5 nutrition literacy	
5.6 cooking classes	



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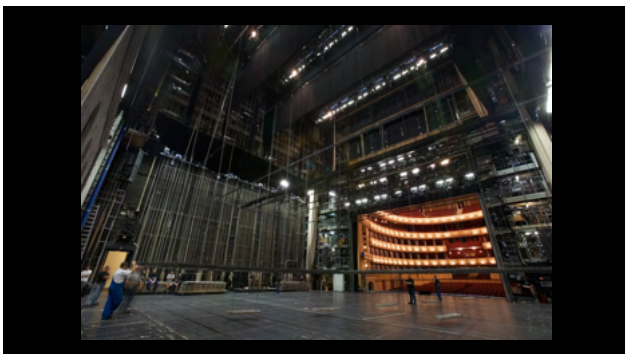
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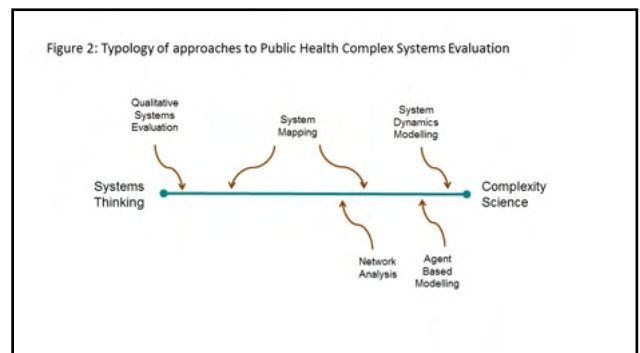
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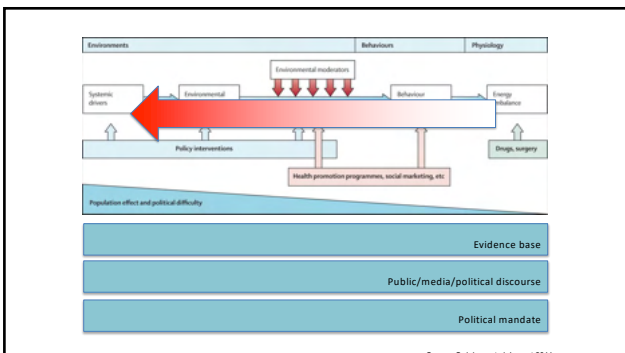
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Conclusions

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- The public health evidence base is structurally biased towards short term impacts of tightly defined, highly agentic, individual level interventions
- This promotes policy and practice aimed at proximal risk factors, rather than the root causes of the biggest problems confronting us
- The focus on individual level agency risks widening inequalities
- Framing matters – SSB taxes internalize negative externalities, they don't punish 'sin'
- The time dimension is essential: 20 year vision, 5 year strategy, 1 year plan
- Complex systems approaches can help us to understand the ways in which interventions influence systems, how those systems adapt in response, and what this means for public health evidence and action

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