The Healthy Food Environment Policy Index (Food-EPI): The Netherlands

An assessment of national governmental policies affecting the food environment in the Netherlands and policy actions for creating a healthy food environment

SUMMARY
In recent decades, the number of people in the Netherlands with overweight, obesity or diet-related chronic diseases (such as cardiovascular diseases and type 2 diabetes) has increased substantially. Unhealthy diets are the main cause of these health problems and the loss of healthy life years.

A large majority of the Dutch population do not meet the national dietary guidelines: people consume more calories through dietary intake than they burn through physical activity and they eat too many ultra-processed foods that are rich in saturated fat, refined carbohydrates (sugar) and salt, and too few fresh, unprocessed products such as vegetables, fruit and fibre-rich foods. In addition, there are large socioeconomic inequalities in dietary intake, which means that overweight, obesity and diet-related chronic diseases are more common in lower than higher socioeconomic groups.

Our diet is strongly influenced by the food environment, which is characterized by, for example, the availability, price and marketing of foods. In the current Dutch food environment, more ultra-processed foods are available than less processed and unprocessed, fresh foods. These products are also cheaper and more heavily promoted. Thus, the current food environment does not make the healthy choice the easy choice for consumers. By means of policies and regulations, the Dutch government has the opportunity to improve the food environment so that the healthy choice becomes the easiest choice. However, it has never been systematically investigated to what extent the national government has implemented food environment policies and what priority policy actions can fill policy implementation gaps. The central research questions were therefore: to what extent has the Dutch national government implemented policies that contribute to a healthy food environment and where are the main opportunities for governmental policies for creating a healthy food environment?

Aims

The aims of this research were:

1. To provide an overview of national government policies in the Netherlands that have a direct or indirect influence on the food environment (this overview has already been published and is available here).
2. To have independent experts assess national government policies in the Netherlands compared to the best practices of other countries.
3. To have independent experts identify and prioritise policy and infrastructure support actions recommended to the national government for creating a healthy food environment in the Netherlands.

Approach

This study applied the Healthy Food Environment Policy Index (Food-EPI) – a tool and process developed by the International Network for Food and Obesity/Non-communicable Diseases Research, Monitoring and Action Support (INFORMAS; informas.org). The Food-EPI is a tool and systematic process to assess the extent of implementation of government policies that contribute to a healthy food environment and compare these policies with the best practices of other countries.
The tool describes 13 domains, specified in 22 Food-EPI indicators that refer to policies for creating a healthy food environment (e.g. food composition or food marketing), as well as 24 Food-EPI indicators that refer to infrastructure support domains (e.g. funding and resources). The tool was first adapted to the European context (step 1) using the Food-EPI assessment process, which consists of six steps (see Figure 1), and an overview was made of national government policies that have a direct or indirect influence on the food environment (step 2, available here).

Subsequently, independent experts assessed the extent of implementation of government policies with regard to the food environment compared to best practices, namely good examples of government policies in other countries that are at the forefront of creating healthy food environments (step 3). Finally, experts identified and prioritized policy and infrastructure support actions that are recommended to the national government for creating a healthy food environment (steps 4 – 6). The Dutch Food-EPI study was conducted as part of the European JPI Policy Evaluation Network (https://www.jpi-pen.eu/). The Food-EPI has also been conducted in Norway, Germany, Ireland and Poland.

**Figure 1** The Dutch Food-EPI Process

<table>
<thead>
<tr>
<th>1 Food-EPI Adaptation</th>
<th>2 Collection of EU-level policies</th>
<th>3 Online rating</th>
<th>4 Online workshops</th>
<th>5 Refining and selecting actions</th>
<th>6 Prioritisation</th>
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</thead>
</table>
| • Food-EPI adaptation to EU context: Feb-May 2019 | • Collecting information on EU-level policies: Feb-Sep 2019  
• Describing EU-level policies in ‘evidence document’: Oct-Dec 2019 | • Online survey to rate the strength of EU-level policies and formulate actions: Feb-May 2020 | • Online workshops with selected group of experts to discuss actions formulated in the online rating survey: July 2020 | a. Reformulating actions: July-Aug 2020  
b. Survey to investigate which actions to recommend: Sep 2020 | • Online prioritisation by experts: Oct 2020 |

**Expert panel**

The Dutch Food-EPI expert panel consisted of 28 independent experts from universities, health organisations, food organisations, knowledge organisations, civil society organisations (NGOs) and local governments, specialized in themes such as public health, nutrition, consumer behaviour, obesity, chronic diseases and/or food and health policy.

The panel assessed the extent of implementation of the Dutch government’s policies with regard to the food environment. They also identified policy and infrastructure support actions with which the government can create a healthy food environment. The experts ranked the policy actions on relevance, achievability and equity, that is, the potential to reduce socioeconomic inequalities in dietary intake. The experts also ranked the infrastructure support actions on relevance and achievability.
Results: Evaluation of policies and infrastructure support

As shown in Figure 1, there is great potential for the Dutch government to improve policies that influence food environments. The implementation of policies with a direct influence on the food environment was rated by the experts as ‘non-existent/very little’ (41% of the policy indicators), ‘weak’ (50%) or ‘moderate’ (9%). The implementation of indicators referring to the infrastructure support domains was rated as ‘weak’ (12%), ‘moderate’ (42%), ‘acceptable’ (42%) or ‘high’ (4%).
## INFRASTRUCTURE SUPPORT DOMAINS

<table>
<thead>
<tr>
<th>Domains</th>
<th>Indicators</th>
<th>0-20%</th>
<th>20-40%</th>
<th>40-60%</th>
<th>60-80%</th>
<th>80-100%</th>
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<tbody>
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<td><strong>Leadership</strong></td>
<td>Strong visible political support</td>
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<td>Clear population intake targets</td>
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<td>Food-based dietary guidelines</td>
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<td>Comprehensive implementation plan for nutrition</td>
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<td>Priorities for reducing health inequalities</td>
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<td><strong>Governance</strong></td>
<td>Restricting commercial influence on policy development</td>
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<td>Use of evidence in food and nutrition policies</td>
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<td>Transparency in development of food and nutrition policies</td>
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<td>Public access to nutrition information</td>
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<td><strong>Monitoring &amp; Intelligence</strong></td>
<td>Monitoring food environments</td>
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<td>Monitoring nutrition status and intakes</td>
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<td>Monitoring overweight and obesity</td>
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<td>Monitoring non-communicable diseases risk factors and prevalence</td>
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<td>Evaluating health and nutrition programmes and policies</td>
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<td>Monitoring progress in reducing health inequalities</td>
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<td><strong>Funding and Resources</strong></td>
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<td>Funded research targeted at improving food environments and reducing obesity and non-communicable diseases and their related inequalities</td>
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<td>Statutory health promotion agency</td>
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<td><strong>Platforms for Interaction</strong></td>
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<td>Platforms between government and civil society</td>
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<td>System-based approach with local and national organisations</td>
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<td><strong>Health in all Policies</strong></td>
<td>Assessing public health impacts of food-related policies</td>
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<td>Assessing public health impacts of non-food policies</td>
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*Figure 1* Expert panel’s assessment of the extent of implementation of Dutch national government policies and infrastructure support that influence food environments
Priority recommendations

In total, the experts recommend 18 policy actions to the Dutch government. Six policy actions were identified as having the highest priority for implementation, based on a combination of importance, achievability and potential to reduce socioeconomic inequalities in dietary intake. By implementing these policy actions, the government can create a healthy food environment that supports healthy food choices and thus prevent overweight, obesity and diet-related chronic diseases.

The six policy actions with the highest priority for implementation by the Dutch government are (see also Figure 2):

I Ensure that the new product improvement system, in continuation of the agreement on product composition improvement, meets at least the following requirements:
• Includes more ambitious food composition targets than the current targets in the agreement on product composition improvement.
• Includes annual targets to reduce the amounts of salt, saturated fat and added sugars in all product categories, where a reduction in one nutrient does not lead to an increase in another nutrient.
• There is a clear timeline with annual independent monitoring including baseline measurement, with publicly accessible reporting, to make the progress visible.
• Includes proven effective incentives per product category that ensure that food producers comply with agreements.

II Ban all forms of marketing (Article 1 of the Dutch Advertising Code) aimed at children under the age of 18 years of foods that fall outside the Dutch healthy dietary guidelines (i.e. the Wheel of Five) (an advertisement is ‘aimed at children’ when it reaches an audience consisting of ≥10% children under 18), via:
• Media channels such as TV, radio, online and social media, point of sale, packages, games, cinema, print, sponsorship, kids’ clubs, sales promotion, product placement, films, peer-to-peer, etc.
• Marketing methods such as the use of children’s idols, cartoons, animation figures, games, puzzles, etc

III Increase the prices of unhealthy foods such as sugar-sweetened beverages, for example via a proven effective VAT increase or excise tax.

IV Formulate clear rules and regulations for caterers, quick-service restaurants, supermarkets and shops to increase the relative availability of healthy foods (that contain sufficient fibre, vitamins and/or minerals) compared to the total food product availability.

V Reduce the prices of healthy foods such as fruit and vegetables by, for example, reducing the VAT to 0% (when this is possible according to the new European legislation).

VI Finance food-related income support by, for example, providing people below a certain income level with vouchers to purchase healthy foods (such as fruits and vegetables), along the lines of the UK’s Healthy Start programme.

In total, the experts recommended 11 infrastructure support actions to the Dutch government. Below are the five infrastructure support actions with the highest priority based on a combination of importance and achievability (see also Figure 2). Implementation of these infrastructure support actions will also contribute to the creation of a healthy food environment.
I Develop a government-wide national prevention policy and implementation plan containing universal, selective, indicated and care-related prevention measures, aimed at, for example, healthy food consumption and the reduction of diet-related chronic diseases among the entire population. Address the physical, socioeconomic and digital living environment so that it contributes to the promotion of health and underlying socioeconomic determinants of unhealthy food consumption (e.g. poverty, stress). Make all ministries co-owners of this policy and encourage collaboration between the ministries in this field.

II Help local governments to develop and implement prevention measures aimed at healthy food consumption, a healthy food environment and the reduction of diet-related chronic diseases.

III Develop concrete, measurable targets with regard to prevention measures (preferably integrated in a national prevention policy) aimed at healthy food consumption, a healthy food environment and the reduction of diet-related chronic diseases, which can be tested by an independent organization (National Institute for Public Health and the Environment; RIVM) and make publicly available a comprehensive overview of the achieved and not achieved results on these targets.

IV Increase the budget for universal, selective, indicated and care-related prevention in the national budget, with at least 10% of the healthcare budget going to prevention in the first four years and gradually reversing the financing pyramid for healthcare (with the vast majority of it going to prevention instead of curative care).

V Develop an instrument for reporting about the food availability in supermarkets, shops, quick-service restaurants and catering that shows the share of healthy foods in relation to the total food product range, and make binding agreements with the involved parties (local governments, schools, hospitals, food producers, etc.) about the monitoring and reporting thereof.
**Figure 2** Highest prioritised policy and infrastructure support actions for creating a healthy food environment in the Netherlands

### POLICY ACTIONS

#### I
- Ensure that the new product improvement system meets at least the following requirements:
  - more ambitious food composition targets
  - yearly targets to reduce the amounts of salt, saturated fat and added sugars in all product categories
  - clear timeline with annual independent monitoring including baseline measurement, with publicly accessible reporting.
  - proven effective incentives per product category.

#### II
- Ban all forms of marketing aimed at children under the age of 18 years of foods that fall outside the Dutch healthy dietary guidelines (i.e. the Wheel of Five) (an advertisement is ‘aimed at children’ when it reaches an audience consisting of ≥10% of children under 18).

#### III
- Increase the prices of unhealthy foods such as sugar-sweetened beverages via, for example, a proven effective VAT increase or excise tax.

#### IV
- Reduce the prices of healthy foods such as fruit and vegetables by, for example, reducing the VAT to 0% (when this is possible according to the new European legislation).

#### V
- Finance food-related income support by, for example, providing people below a certain income level with vouchers to purchase healthy foods (such as fruits and vegetables), along the lines of the UK’s Healthy Start programme.

### INFRASTRUCTURE SUPPORT ACTIONS

#### I
- Develop a government-wide national prevention policy and implementation plan containing universal, selective, indicated and care-related prevention measures aimed at, for example, healthy food consumption and the reduction of diet-related chronic diseases among the entire population.

#### II
- Help local governments to develop and implement prevention measures.

#### III
- Increase the budget for universal, selective, indicated and care-related prevention in the national budget.

#### IV
- Develop concrete, measurable targets with regard to prevention measures aimed at healthy food consumption, a healthy food environment and the reduction of diet-related chronic diseases.

#### V
- Develop an instrument for reporting about the food availability in supermarkets, shops, quick-service restaurants and catering that shows the share of healthy foods in relation to the total food product range.
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