Health professionals and sustainable diets: Policy and understanding

Report of findings from scoping research by Eating Better, the Faculty of Public Health and the UK Health Alliance for Climate Change

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1. Executive summary

Globally, the food system contributes one third of all greenhouse gas emissions, with the vast majority coming from agriculture and land use[1]. In the UK, over 60% of adults are overweight or obese, and the incidence of diet-related disease costs the NHS £6.1 billion a year[2].

Shifting to low-carbon diets can help reduce greenhouse gas emissions while also having positive health benefits. As a trusted, connected and influential profession, health leaders can play an important role in driving the societal and cultural dietary shift that will be required. This includes messaging on the benefits of adopting sustainable diets and how to do so, and leading by example in their own organisations

We investigated the position on sustainable diets among the UKHACC health organisations, as they are already engaged in the issue of the climate crisis. We surveyed organisations to learn the extent of their understanding of the issue; their readiness to support, advocate for, and adopt clear sustainable diet policy; and the perceived barriers to action. A total of 25 responses to the survey were received, representing 24 organisations.

Findings show:
- 71% of respondants (n=17) reported their organisations would be willing to take part in advocating sustainable diets;
- 2/3 of organisations surveyed (n= 16; 66%) don't currently have a sustainable diet strategy or policy.
- Of those that do have a policy (n=8, 33%), most define a sustainable diet as a focus on fruits, vegetables, and whole grains in the diet, reducing food waste and sourcing foods that were produced with agroecological or organic farming methods.
- Barriers to adopting sustainable diet policies included lack of expertise and a clear definition; lack of capacity or support from leadership; and the perceived complexity and sensitivity of the issue in relation to other priorities within the health sector.

Key recommendations:
- Produce guidance on what constitutes a sustainable diet for health organisations, including provision of access to and signposting of existing educational content and resources on sustainable diet available to health organisations.

- Produce policy recommendations for health organisations to take forward in their organisations, including a system for monitoring progress

- Facilitate a panel discussion with members of UKHACC on the findings of this survey and proposed recommendations to establish support and identify other opportunities for implementation

- Work with leaders of UKHACC member organisations to position sustainable diets as a priority for their organsiations

2. Background and rationale

The food system is a key contributor to climate change, land-system change, chemical pollution of air and water, biodiversity loss, freshwater use, and influence on nitrogen and phosphorus cycles.[3][4] Within the food system, the production of meat and dairy are major contributors to climate change and high consumption of these foods have significant health impacts linked to overweight and obesity, and non-communicable diseases[5][6].

While adaptation and improvements to farming methods can reduce these impacts, without changes in dietary patterns, improved farming methods on their own are not enough to create a sustainable food system[7]. Considering greenhouse gases (GHG), mitigation techniques at the farm stage have potential to reduce GHG by approximately 10% by 2050, while a shift of dietary patterns could reduce GHG by up to 80%[5]. In the UK, replacing half of meat and dairy consumption with fruit, vegetables and cereals would result in a 19% reduction in agricultural greenhouse gas emissions, while also avoiding or delaying 37,000 deaths a year from coronary heart disease, stroke and diet-related cancer[8].

Therefore, to reduce the impact of the food system on the environment, meet net-zero carbon emissions targets, and protect health, a shift in population diet is an essential and unavoidable step. However, consumer behaviour change is difficult because the food system is inherently complex. It is deeply embedded in wider sociocultural, political, and economic systems that themselves are highly resistant to change[9]. Behaviour change will benefit from a multi-faceted approach focused on promoting healthy living across the food system that articulates the co-benefits for both human and planetary health.

Persuasive messaging to encourage dietary shift, including the value of adopting sustainable diets and how to do so, should be delivered from trusted sources. For the UK public, doctors and civil society organisations, along with police are regularly rated the top three most trusted groups[10]. It would therefore be ideal for messaging on the critical importance of sustainable diets to come from health professionals and organisations that represent health professionals. As such, it is important to establish current knowledge, understanding and actions in health organisations on the adoption of sustainable dietary guidelines, and advocacy for healthy sustainable diets with patients and policy makers.

While this role is relevant to all health organisations, for the purpose of this study, the focus was placed on health organisations already engaged in action on the intersection between climate and health. This included members of the UK Health Alliance on Climate Change – an alliance of 35 UK-based health organisations involved in advocacy and action on climate and health – and health professionals who had registered to receive information from the UKHACC.

The aim of this project was to:
- explore the current position on sustainable diets among health-focussed organisations and individuals who are already engaged in the issue of the climate crisis;
- gain insights to understanding of, readiness to support, advocate for, and adopt clear sustainable diet policy
- identify barriers to action for organisations who have not yet prioritised sustainable diet.

3. Methods

3.1 Survey

Participants and recruitment

The study population for this research was recruited from member organisations of the UKHACC and individuals who have registered to receive the UKHACC newsletter. By doing so, we were able to isolate two variables: 1) membership in a health-orientated UK organisation, and 2) membership in an organisation that has entered into an alliance dedicated to advocating for action on the climate agenda.

An introduction to the research was presented at a UKHACC meeting of communications and policy leads on 07 June 2022. This was followed by an announcement and link to the survey in the UKHACC monthly newsletter to 16000 subscribers on 17 June and the monthly director's update to UKHACC members on 1 July. The survey link was opened on 17 June and intended to close on 15 July, but this was extended to encourage a wider response. A reminder was sent via the UKHACC newsletteron 15 July. The survey closed at the end of the day on 25 July.

Upon opening the survey link, participants were presented with information on the research, how the data would be used and reminded of their right to stop the survey at any point. The first four questions asked respondents to confirm aspects of their understanding and consent to participation in this research; a negative response on any one of these triggered an end to the survey. No personally identifiable information was collected at any point.

Survey design

Organisational readiness for change has been defined and understood in different ways. Among the most prominent conceptualises organisational readiness as both (1) a shared motivation to implement the change among individuals within the organisation (change commitment), and (2) a shared belief in the collective capability of the organisation to do so (change efficacy)[1] . These factors informed the questions included in the survey, to acquire an understanding of readiness at organisational level from the perspective of individuals within the organisation.

A full list of survey questions is included as Appendix A.

Analysis

Quantitative analysis of results was performed in Microsoft Excel and limited to creating descriptive statistics and calculations of percentage of responses across key survey questions.

3.2 Interview

Interviews were limited due to the timetable required for completion of the report. Within the survey (as described above), participants were asked if they would agree to a short semi-structured interview that would further explore the views and positions of their

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[1] Weiner, B.J. A theory of organizational readiness for change. *Implementation Sci* **4,** 67 (2009). https://doi.org/10.1186/1748-5908-4-67

organisations on the topic of sustainable diets. Anyone interested was asked to contact the lead researcher, to avoid collection and storage of personally identifiable data within the survey. The lead researcher was contacted by two individuals from separate organisations, and two interviews were held.

Interviews were designed to be short (under 30 minutes) and semi-structured in design; key questions were used, but additional questions were asked dependent on responses and designed to capture the complexity offered within the answers given by interviewees. Development of key questions was based on survey findings and agreed by key members of the steering group ahead of the interview.

Ahead of each interview, participants were provided with an information sheet describing the nature of the interview, its purpose, how findings would be used, and how their data would be handled. This was reviewed ahead of each interview, and an audio recording of each participant's consent was made prior to the start.

4. Findings – Surveys

A total of 24 people responded to the survey, representing 24 different organisations; those listed in blue font are member organisations of UKHACC (Table 1).

Table 1 Organisations represented in survey responses.

British Army	Royal Devon University Healthcare Trust
Doctor Care Anywhere	Royal United Hospitals, NHS Bath
FPHP	SEE Sustainability
GP Surgery	Royal College of Paediatrics and Child Health
Greener Practice	Royal College of Veterinary Surgeons
Health Insurance	Royal College of General Practitioners
Imperial College NHS Healthcare trust	Royal College of Obstetricians and Gynaecologists
NHS England	The Lancet
NHS Lothian	The Royal College of Physicians of Edinburgh.
NHS Wales	The Royal College of Surgeons of England
Nottingham University Hospitals NHS Trust	Plant-Based Health Professionals UK
Public Health England	Unspecified organisation x2

Participants were asked to describe themselves in terms of position and time spent at their respective organisation, whether they considered themselves within a leadership role, and what their own dietary preferences were. Notably, a minority of participants (21%) self-identified as meat eaters, while over half of respondents (52%) self-identified as vegetarian or vegan. A summary of participant characteristics is included in Table 2.

Table 2 Characteristics of survey participants.

Leadership or management position, n (%)	
Yes	15 (60)
No	10 (40)
Duration of position, n (%)	

0-1 years	5 (20.8)
1-5 years	13 (54.2)
5-10 years	3 (12.5)
10+ years	3 (12.5)
Diet, n (%)	
Regular meat consumer	4 (21.1)
Flexitarian	4 (21.1)
Pescetarian	1 (5.3)
Vegetarian or vegan	52.6)

4.1 Existing organisational stance on sustainable diets

Of the 24 surveyed organisations, the majority (16 organisations; 66%) had no existing position or policy related to sustainable diets. Of these 16 organisations, only a small minority had previously incorporated sustainable diet policy (two organisations) or had plans to incorporate them at a future date (three organisations).

Among organisations that had existing positions or policies (8 organisations; 33%), definitions of sustainable diets varied. Most definitions included higher intakes of fruit, vegetables, wholegrains, nuts, and pulses, while some incorporated aspects of the EAT-*Lancet* plate[2]. This is reflected in the specific dietary guidance or advice; among organisations that provided this kind of advice, most included recommendations for increased fruit, vegetable, wholegrain, legume, nut, and/or seed intake, followed by encouragement of 'cleaner' farming practices and the reduction of food waste (see Figure 1). Six organisations (24%) explicitly reported policies related to "better" meat and dairy consumption. Again, understanding of "better" meat and dairy seemed variable and included reference to locally farmed animals, 'cleaner' or more ethical production practices (i.e., grass-fed, organic), and lower overall intake.

No organisations included recommendations or guidance related to meat or dairy substitutes.

In terms of how dietary recommendations were used, they were mainly promoted in advocacy positions to policy makers, but also to their own organisation members and the public. The most common channels used by organisations to communicate recommendations were their websites, briefing papers, and through policy consultation.

4.2 Efficacy and barriers related to positions on sustainable diets

Whilst the previous set of questions assessed existing organisational positions related to sustainable diets, the remainder of the survey explored perceived capability and barriers to organisational implementation or uptake of sustainable diet practices.

First, all respondents (100%) agreed that "sustainable diets are needed to improve public health outcomes", and therefore should be incorporated into their organisation's policy, position, or practices. Slightly fewer respondents (84%) agreed that supporting sustainable diets aligned with the priorities or missions of their respective organisations. These results

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[2] Willett W, Rockström J, Loken B, Springmann M, Lang T, Vermeulen S, et al. Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. The Lancet. 2019;393(10170):447-92.
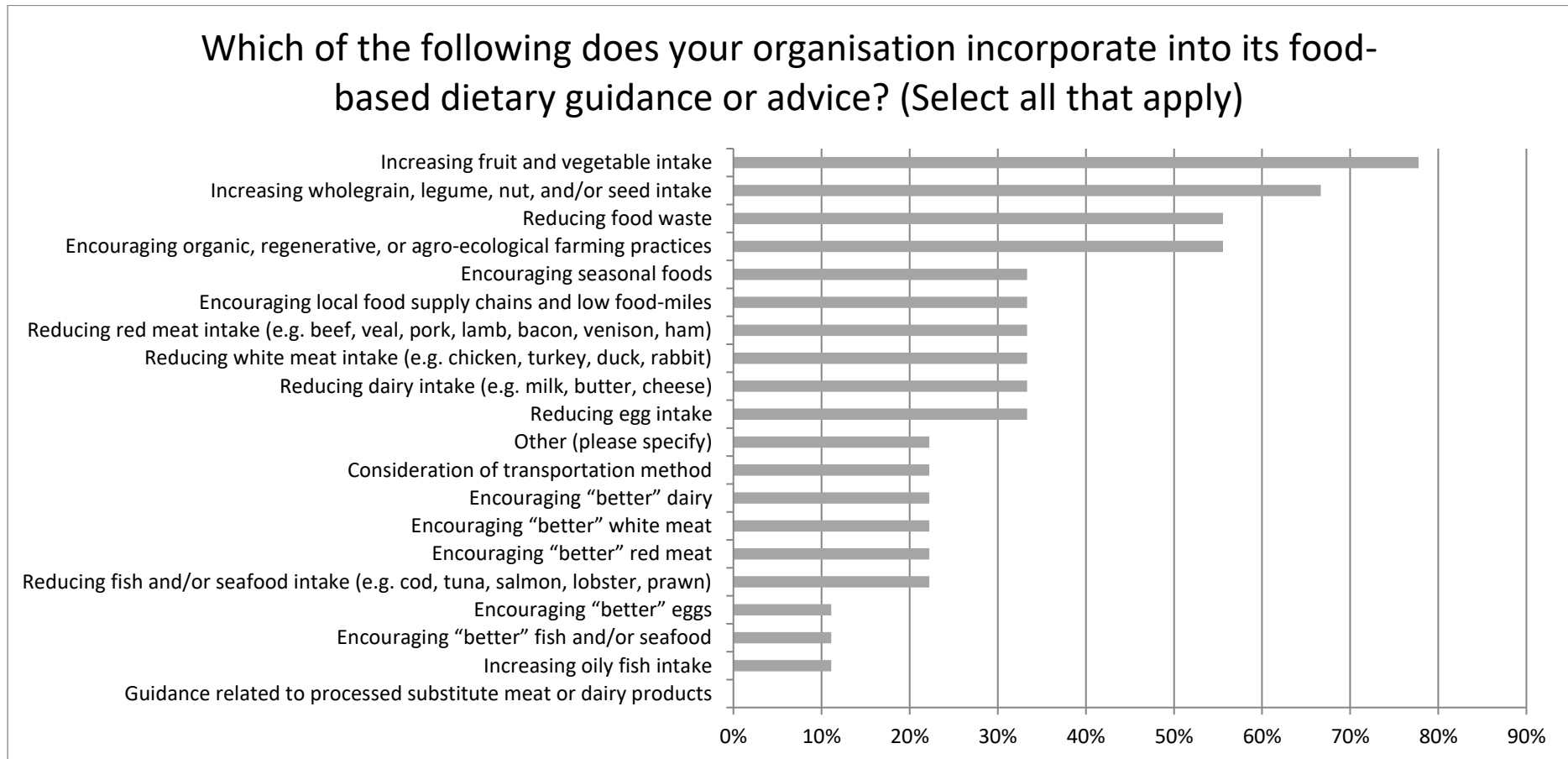
indicate a desire among individual participants to advocate for sustainable diets within their organisations, which may or may not align with their organisations' current priorities.

The most cited barriers to adopting sustainable diet positions were those related to logistical or administrative obstacles. This was closely followed by the lack of a clear, universal definition of sustainable diets – which reflects the mixed understanding and definition of sustainable diets used by organisations, as noted in section 4.1. The third most common barrier was the presence of competing organisational priorities – which included financial or operational costs, or more immediate concerns about staff retention, patient safety or acceptance (Table 3).

Table 3 Perceived organisational barriers incorporating sustainable diets.

Perceived barriers	n (%)
Internal, logistical, or administrative barriers	11 (57.9)
Lack of clear definitions or understanding of what 'sustainable diet' means	10 (52.6)
Competing priorities within the organisation	10 (52.6)
Low priority or importance	9 (47.4)
Government support or receptiveness	7 (36.8)
Perceived patient support or receptiveness	7 (36.8)
Industry lobbying	6 (31.6)
Competing priorities within the general agenda of sustainability	5 (26.3)

Which of the following does your organisation incorporate into its food-based dietary guidance or advice? (Select all that apply)

Responses to the question, "Which of the following does your organisation incorporate into its food-based dietary guidance or advice?". Respondents were able to select multiple responses. ↑ denotes encouragement, ↓ denotes discouragement.

Perceived norms and social support are important factors in behaviour change, at both individual and organisational levels. Survey responses indicate that both exist to varying extents in the health organisations included in this study. Over half of survey respondents (53%) reported they knew of sustainable diet positions being adopted by similar organisations to theirs, indicating a high perceived norm.

A majority of respondents (53%) reported a high perceived level of support for sustainable diet implementation among staff and other practitioners. However, only a minority of respondents reported social support from leadership or managerial staff (42%); a majority either disagreed or were undecided on whether there was any support from leadership (58%). More respondents disagreed (36.8%) than agreed (31.5%) that there were adequate opportunities for staff at their organisation to learn about sustainable diets.

Table 4 The leadership in my organisation support sustainable diet policy

Leadership support for sustainable diets?		
Agree	4	21%
Strongly Agree	4	21%
Disagree	3	16%
Undecided	8	42%
Total	19	100%

Overall, there appears to be an appetite for incorporating sustainable diet policy among respondents at their respective organisations. To facilitate implementation, respondents identified several areas in need of further support. Broadly, these may be categorised under (1) increased knowledge, understanding, or clarity regarding sustainable diets and their benefits (i.e. through the provision of training, research, educational resources, or successful case studies from other parts of the world), (2) policy, incentives, or regulation to encourage sustainable diets, and (3) increased funding or financial support.

5. Findings - Semi-structured Interviews

One represented an organisation that did not have a policy related to sustainable diet in place; the second represented an organisation that was actively developing their policy at the time of interview. Across both interviews, key themes emerged related to: internal leadership and support, external support and delegation, definition and understanding of sustainable diets, and sensitivity around the message. External support and expertise, including resources and materials to educate members was also identified by both respondents. A summary of themes and responses is included in Table 3.

Theme		Organisation A	Organisation B
1	Existing policy on food insecurity?	No	In development

2	External support and delegation	Expect UKHACC to take lead on specific issues, including sustainable diet.	UKHACC membership energised organisation to take action Sought out external expertise for help with developing policy
3	Internal leadership and support	Not a priority issue for organisational leaders. Without leadership support, there was no action on the topic. Internal capacity limits action Competing priorities considering current stresses in health sector	Leadership support for sustainable diets was critical in building internal support and initiating action on the issue Need for careful consensus building over time within organisation leadership structures (i.e., management board) Organisation members – several of whom are 'very passionate' about the topic – helped to drive this agenda.
4	Definition and understanding of 'sustainable diet' and what actions to take.	Concern about implications for health within sustainable diet recommendations (linked to 2)	Focus on organisational actions – catering, contractors, professional development. Still working through details: generally understood to mean locally sourced foods, reduced meat and dairy. Sought external support to define the issue (link to 2)
5	Messaging/framing	Concern about insensitivity to cultural practices Complexity of adding sustainability into health messages around good nutrition Influence of personal preferences (link to 3)	Sensitivity of issue acknowledged, particularly with current issues in health sector. Noted this required careful handling, but if taken slowly it was manageable. Focus on internal actions to demonstrate intent (link to 4)
6	Support that could be useful	Resources and educational materials for organisation members to expand understanding of issue, particularly in relation to health implications. Due to sensitivity of issue in relation to health messaging, would find external advocacy on their behalf helpful (e.g., UKHACC)	External support in reviewing policy for quality assurance and expert input.

6. Key themes and discussion

Looking across the survey and interview responses, a few key points emerge for consideration.

1. Most of the organisations surveyed did not have existing positions or policy related to sustainable diets.

2. There is no clear consensus or understanding of what constitutes a sustainable diet. Some, but not all organisations cited the EAT-Lancet plate. This lack of clarity is also cited as a key barrier to action within organisations.

3. Where there are relevant policies in place, organisational understanding of, and guidance related to sustainable diets seems to largely focus on increasing intake of plant foods, considering more local and 'cleaner' farming practices, and reducing food waste. Reducing animal foods, or encouraging "better" animal foods, were recommended less often, despite being key and impactful components of healthy, sustainable diets. No organisation produced recommendations on meat or dairy substitutes.

4. There seems to be an appetite for incorporating sustainable diet policy among staff at the surveyed organisations (related to change commitment[3]). However, there was less perceived support among leadership. This is likely to be attributed to multiple barriers: competing priorities, administrative capacity, financial barriers, low support from leadership. It may also be due to more immediate concerns related to operations, staff retention, or perceived complexity of delivering a sustainable diet message within the key aim of patient safety. Ultimately, these represent barriers to change efficacy.

5. Where leadership was viewed to support sustainable diets, there was a greater likelihood for the organisation to have adopted related policies or actions.

6. Only one third of respondents indicated there was sufficient training and education related to sustainable diets. Interview responses supported the need for expertise to build knowledge and support policy development. To increase change efficacy, organisations may be supported through training and education, resource materials, expert guidance or external review.

These findings strenthen results from two other recent evaluations. Recent work by the UKHACC found that members of the alliance believe the shift to sustainable diets should be a high priority for their organisations. However, research by the Climate and Health Scorecard Project published in 2022, found that of the 11 health organisations included in the study, only two scored highly on sustainable food policies[11].

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[3] Weiner, B.J. A theory of organizational readiness for change. *Implementation Sci* **4,** 67 (2009). https://doi.org/10.1186/1748-5908-4-67

7. Limitations

The limitations of this research include the self-selection of respondents, both to the survey and to the request to contact researchers for interview; this may well have resulted in selection bias. The high percentage of respondents who self-identified as either vegetarian or vegan (over 52%) supports this possibility. However, this group may be expected to have a higher degree of support for sustainable diets and reduced meat and dairy consumption, but a majority of responses showed no current policy on sustainable diet. This suggests the possibility that our results are an under representation of how many organisations have adopted a sustainable diet policy.

8. Recommendations and next steps

This project has identified a number of issues where action can be taken to support health organisations to adopt policies on sustainable diets. Key recommendations are:

- Produce guidance on what constitutes a sustainable diet for health organisations, including provision of access to and signposting of existing educational content and resources on sustainable diet available to health organisations.

- Produce policy recommendations for health organisations to take forward in their organisations, including a system for monitoring progress

- Facilitate a panel discussion with members of UKHACC on the findings of this survey and proposed recommendations to establish support and identify other opportunities for implementation

- Work with leaders of UKHACC member organisations to position sustainable diets as a priority for their organsiations

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