

## Consumption Matters:

### Improving Eating Patterns through Policy in St. Kitts and Nevis

#### NCDs are the leading cause of death and disability

The link between Non-communicable diseases (NCDs) and dietary choices has long been established. Unhealthy eating habits are associated with significant risk factors for NCDs, including obesity, high blood pressure, cholesterol and improper functioning of insulin in the body [1]. In St. Kitts and Nevis, there has been a marked increase in the role of NCDs in overall mortality, with cancers and diabetes being among the major contributors to this trend [3, 4]. As part of a wider collaborative project with regional and international research institutions, the HEU, Centre for Health Economics conducted research on "Improving Household Nutrition Security and Public Health in the Caribbean Community". This policy brief presents the key findings of HEU's research component and proposes recommendations to improve dietary choices in St. Kitts and Nevis.

#### Food Choices Findings



**Age group:** younger respondents have a higher rate of unhealthy food and drinks consumption.

**Gender:** male respondents are more likely to consume less healthy drinks than their female counterparts.

**Education:** higher educational attainment is associated with higher consumption prevalence of salads and lower consumption rates of carbonated beverages.



Most reported consuming fruits and vegetables once per day, hinting at the possibility of an insufficient intake of these items.

#### Perception of the Healthfulness of Foods & Drinks

The data showed limited evidence of any widespread misunderstandings regarding the health content of commonly consumed items. However, lower income and level of education are associated with a more

favourable perception of less nutritious foods such as patties, pizza and sausages.

#### Main Drivers of Unhealthy Eating Habits



Forty per cent (40%) of respondents classified their diet as "unhealthy." Male, young, low-income and tertiary level educated respondents are more likely to assign that classification to their diet. The main drivers of unhealthy eating include the perceived better **taste**, the comparatively lower cost of unhealthy foods, and greater **accessibility** to unhealthy foods and **personal habits**. The drivers of "taste" are more prevalent among the young, low income and less educated. The "Cost" barrier affects the less educated, the low income and the young more than other groups.

#### Drivers of Healthy Eating Habits



Healthy eaters (60%) are mainly motivated by the **nutritional benefits of healthy** foods, and drinks and **personal habits**

#### Price Comparison: Healthy & Unhealthy Foods



Price data for 2020 were used, and selected goods were classified as either healthy or unhealthy foods. The analysis showed that in most cases, the unhealthy food items were the cheaper option.

#### Sensitivity Analysis



Due to the unavailability of appropriate data series for St. Kitts and Nevis, the PED<sup>1</sup> estimates utilized for the sensitivity analysis were sourced from available literature and adjusted [8-10] to reflect proxies for St. Kitts and Nevis. Some items were more sensitive to price changes, such as rice, cereals, bananas, poultry, beef, milk, juice, and soft drink. A decrease in the price of healthy food items such as poultry and bananas would boost consumption, while an increase in the price of unhealthy food and drink such as beef and soft drinks would diminish consumption.

<sup>1</sup> Price Elasticity of Demand



## RECOMMENDATIONS FOR POLICY INTERVENTIONS TO ADDRESS UNHEALTHY EATING

## CONCLUSION

POLICIES AIMED AT CHANGING THE MARKET ENVIRONMENT	
(a) fiscal measures to address cost, availability, and access barriers to healthy eating	
(b) regulation to reduce the consumption of high fat, high sugar and high sodium food and drink options among at-risk groups	
TARGET AREAS	POSSIBLE INTERVENTIONS
<ul style="list-style-type: none"> <li>• The relative cost of healthy foods</li> <li>• Availability of healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>• Provide subsidies to reduce prices of healthy foods.</li> <li>• Impose taxes to increase the price of unhealthy foods (VAT and other sales taxes).</li> <li>• Provide social support to vulnerable households to buffer the cost of healthy foods.</li> <li>• Boost community-based events- farmers markets, health food fairs, community gardens etc.</li> <li>• Conduct nutrient cost analysis studies to derive cost-efficient options of nutritionally balanced food baskets.</li> <li>• Incentivize local agricultural and manufacturing sectors to increase the supply and lower the price of healthy food items.</li> </ul>
POLICY AREA - SUPPORTING MORE INFORMED DIETARY CHOICES	
<ul style="list-style-type: none"> <li>• Increase knowledge of healthy eating and health-related consequences of unhealthy eating</li> <li>• Improve knowledge and skills for preparing nutritionally balanced meals</li> </ul>	<ul style="list-style-type: none"> <li>• Launch health education campaigns to increase awareness of the health impacts of unhealthy eating, specifically NCDs and obesity.</li> <li>• Develop health promotional material for display at health centres, shops and other common areas in communities.</li> <li>• Develop and launch food preparation workshops targeting key groups - heads of households, women, single parents etc.</li> <li>• Introduce workplace health education programmes to encourage healthier eating habits on the job.</li> </ul>
<p>The effectiveness of the proposed policy measures has to be assessed by comparing the costs to government fiscal accounts against the savings that can accrue from reducing the cost of treatment of those suffering from NCDs or the projected costs that can be avoided by reducing the number of persons at risk. It should be noted, however, that investment in healthy eating is a win-win situation for all.</p>	

The empirical findings from the survey and the elasticity analysis point to the need for key interventions to improve consumption choices and promote healthier diets. The proposed policy interventions include fiscal measures, economic incentives, and information provision among others.

Given that there are currently no subsidies on foods, there may be room for subsidies to be introduced on foods that are deemed to be healthy, either directly on the final products or through the provision of subsidies on agricultural and farms inputs etc. Taxes can be used to deter consumption of unhealthy food options. In terms of non-fiscal measures, there may be merit in investing in agriculture to expand the production of food locally, as much of the food consumed are imported.

The fiscal space for government intervention in this area should be carefully analyzed, especially in light of COVID-19.

Finally, it should be noted that both fiscal and non-fiscal interventions aimed at influencing consumers' eating habits should be situated within the overall Food and Nutrition Policy, which includes a multisectoral approach that is endorsed by stakeholders and partners across various sectors.



## REFERENCES

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