

PROFESSOR EMELY DE VET:

# ‘A healthy lifestyle is a luxury not everyone can afford’

**The coronavirus pandemic has made people more aware of the importance of health for resistance to diseases. But knowing the theory does not automatically lead to healthy behaviour. ‘We’ve got to make it easier to make healthy choices,’ says Professor Emely de Vet. Financially as well.**

TEXT ALEXANDRA BRANDERHORST PHOTOGRAPHY MARCEL VAN DEN BERGH

**I**t is incredibly important that we work on a healthier lifestyle,’ says Emely de Vet, Wageningen professor of Consumption and Healthy Lifestyles. ‘Even without the coronavirus crisis, lifestyle-related diseases such as type 2 diabetes, cardiovascular diseases and obesity put our healthcare system under enormous pressure. And now the health service is very stretched, partly because people with severe overweight or other lifestyle-related conditions are more likely to end up in intensive care.’

## *How big is the problem?*

‘Even before the pandemic, the Institute for

Public Health (RIVM) estimated that more than 60 per cent of Dutch adults would be overweight by 2040. And Covid-19 is exacerbating the problem. Because of the lockdown, people are getting less exercise and the Covid kilos are piling on. The prognoses of Covid patients with lifestyle-related conditions are clearly much worse. This effect is also partly age-related: Covid-19 is often more acute in the elderly. But all those lifestyle-related conditions tend to come with ageing too, so it’s a double whammy. A healthy lifestyle is just as important for old people, so they can be free of health problems for as long as possible.’

## *What does a healthy lifestyle look like?*

‘It is important to eat well, following the guidelines for a healthy diet, and you should get at least 30 minutes of moderate exercise such as walking or cycling on at least five days a week. Preferably you should also do some intensive activity such as sport twice a week. How much time you spend sitting plays a big role too: a lot of sitting is bad for your health. Doing sport three times a week does you less good if you spend the rest of your time sitting down than if you lead a more physically active life. And there is no place for smoking and alcohol in a healthy lifestyle, while getting enough sleep and relaxation is important. People who go short >



## ‘A healthier diet means going against the tide’

of sleep may be more inclined to reach for fatty and unhealthy food.’

*A healthy diet, enough exercise and sufficient sleep: it doesn't sound complicated. So why is it so difficult for a lot of people?*

‘That’s because of a combination of factors influencing our lifestyle. It is largely a societal problem. We get less exercise because more and more people spend all day seated, working on a computer. Because we travel further to work than we did 50 years ago, for instance, we go by car instead of by bike. And as long as most of what is sold or on special offer at the supermarket falls outside the guidelines for a healthy diet, it is difficult for people to make healthier food choices. Food choices are nearly always based on established habits prompted by the environment. A healthier diet is not simply a question of choosing something else. It requires people to swim against the tide.’

*Can anything be done about that?*

‘To start with, the places we get our food from, like supermarkets, canteens and catering outlets, should offer healthier food. And municipalities need more scope for controlling what food is on offer, by using zoning, for example, to ban fast food outlets from a 500-metre radius around schools. Getting rid of VAT on fresh fruit and vegetables also makes it more financially attractive to eat more healthily. An additional tax on unhealthy products, a sugar or fat tax, is not a magic bullet but does help, as research has shown. Central government should also act to regulate things like a healthier composi-

tion of products and smaller portion sizes in packets.

‘Compared with other countries the Netherlands is not very proactive. The United Kingdom and Chile, like a lot of countries, are working on reducing the consumption of soft drinks and have a sugar tax. As a result, producers in these countries are doing their best to market soft drinks with less sugar in them. In March, researchers from my group and from Utrecht University published an advisory report with recommendations for these kinds of measures, so that the EU can support the member states in creating a healthy food environment.’

*Taxes, zone restrictions for food outlets and more regulation. This all goes much further than information about a healthy diet.*

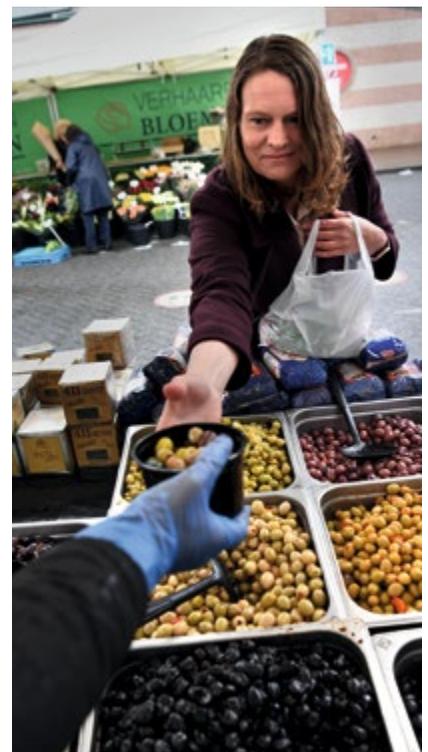
‘Fifty years ago, health education focused on informing the individual, with folders and the Dutch “wheel of five” food groups, for example. By now it has become apparent that these things only reach people who are capable of understanding and applying the information. What we have learned from behavioural research now enables us to reach more groups in ways more compatible with people’s actual behaviour. We all know that knowing the theory doesn’t always lead to healthy behaviour, and that applies to us too. With a view to gaining a better understanding of how we could achieve that, we are working with people from different disciplines such as health scientists, psychologists, sociologists, educationalists, and

anthropologists. This is a tough puzzle that we can only solve together. But it is precisely the complexity of this field that continues to interest me.’

*Studies worldwide show that people with lower levels of education and income are more likely to suffer from health problems such as obesity and type 2 diabetes, and more often have an unhealthy lifestyle.*

*Why is that?*

‘A healthy lifestyle is not a priority for people stressed by money worries, unemployment or other problems. Stress and a shortage of money induce short-term thinking, so people opt for whatever is immediately easy and rewarding. That makes you more vulnerable to unhealthy choices, which is further reinforced by the fact that unhealthy choices are also cheaper than healthy ones: healthy



products such as fruit and vegetables are more expensive than unhealthy, processed food. A healthy lifestyle is a luxury that not everyone can afford. And the social context – family, colleagues and friends – contributes too.

‘For me it’s about justice in a way. The lives of people on lower incomes and with less education are seven years shorter on average, and they are in good health for nearly 19 fewer years than those with higher educational levels. I think it’s absurd that we have those kinds of differences in the Netherlands. The main emphasis at present is on medical treatments for conditions. We should be paying more attention to prevention. Targeted policies can help us create equal opportunities, reduce health discrepancies, and make healthy lifestyle choices feasible for everyone.’

#### *Where does that passion for social justice come from?*

‘I come from a working-class background, and I was the first in my family to go to university. My father and other family members worked shifts in a factory. I know how high the ivory tower can be, full of scientists and professionals who mean well but are not in touch with ordinary reality. Because of my background, I am not quick to judge others and the choices they make. People from more intellectual circles sometimes speak scornfully about people from less highly educated classes. “Every kilo goes in through the mouth” is a Dutch saying I hear even doctors repeating. But it’s so much more complex than that.’

#### *If the social context has such a big impact, how can we change anything?*

‘Old habits die hard, and that applies to our eating habits too. If children learn an unhealthy lifestyle from an early age, it is not easy to repair the damage later. Research shows that bad eating habits and overweight

at a young age are good predictors of overweight later in life. That is why I argue for dietary education in schools. Many schools are joining in with the Wageningen Taste Lessons programme, or EU School Fruit, in which schools get free fruit and vegetables for the pupils. Attention paid to a healthy diet in schools has the biggest impact on children who don’t get fruit or vegetables at home. It would be best if diet and health were standard parts of the curriculum, so that all children learn about a healthy lifestyle from a young age.’

#### *And how can the health service help people who have overweight and health problems now?*

‘The health service offers effective lifestyle programmes these days, such as SLIMMER. Wageningen made a big contribution to developing this two-year programme, covered by the basic health insurance, for people with overweight and a raised risk of diabetes. Once they’ve been referred by their GPs, participants get guidance from physiotherapists, dieticians and lifestyle coaches to help them eat more healthily and get more exercise. The programme cuts the risk of getting diabetes by about 50 per cent. Hopefully programmes such as SLIMMER will be offered more widely in the coming years.’

#### *Is there a holy grail?*

‘There is no single measure, programme or lifestyle change that works for everyone. But a combination of various nudges and measures can help us as a society to move in a direction that promotes healthy living. With several interventions together and a long-term view, you can achieve a lot. As has happened with smoking. Thanks to higher taxes, a smoking ban in many public places and targeted marketing, the norms on smoking have changed.’ ■

[www.wur.eu/behaviour-health](http://www.wur.eu/behaviour-health)



#### **EMELY DE VET**

Emely de Vet has been professor of Consumption and Healthy Lifestyles at Wageningen since 2019. In 2021, she became a member of the Health Council and she holds various scientific advisory posts, including at the Nutrition Centre and the Brain Foundation.

**2001** MSc in Health Sciences, University of Maastricht

**2005** PhD in Health Sciences, University of Maastricht

**2006** Researcher in Social Healthcare, Erasmus University Medical Centre

**2006-2013** Assistant professor of Health Promotion and Disease Prevention, VU University Amsterdam

**2009-2013** Senior researcher in Health Psychology, Utrecht University

**2013-2016** Associate professor of Health Communication, WUR

**2016-2019** Personal professor of Health Communication and Behavioural Change, WUR