

# HEALTH CO-BENEFITS OF A LOW-ENVIRONMENTAL IMPACT DIET

AND THE ANTHROPOMETRIC DEVELOPMENT OF THE CHILD

# PHD SDC

**30+ UNIVERSITIES**

**102 SCOLARSHIPS**

**6 CURRICULA**

## **ONE COMMON GOAL**

To direct research towards new sustainable development models, in order to **minimize the impact of humankind** on the planet and to **reduce inequalities**



PhD IN **SUSTAINABLE DEVELOPMENT AND CLIMATE CHANGE**

# PHD SDC

The impact of climate change on the **structure**, **function** and **health** of biotic and abiotic components of **ecosystems**

Study the **human health** risks associated with climate change and their **interconnections**



PhD SDC  
**HEALTH AND  
ECOSYSTEMS**

# PHD SDC

The impact of climate change on the **structure**, **function** and **health** of biotic and abiotic components of **ecosystems**

Study the **human health** risks associated with climate change and their **interconnections**



Accounting for not only climate but **global change**

*i.e. planetary-scale changes in the Earth system which encompass the variety of changes connected to the rapid increase in human activities which started around mid-20th century*

# THE PROJECT

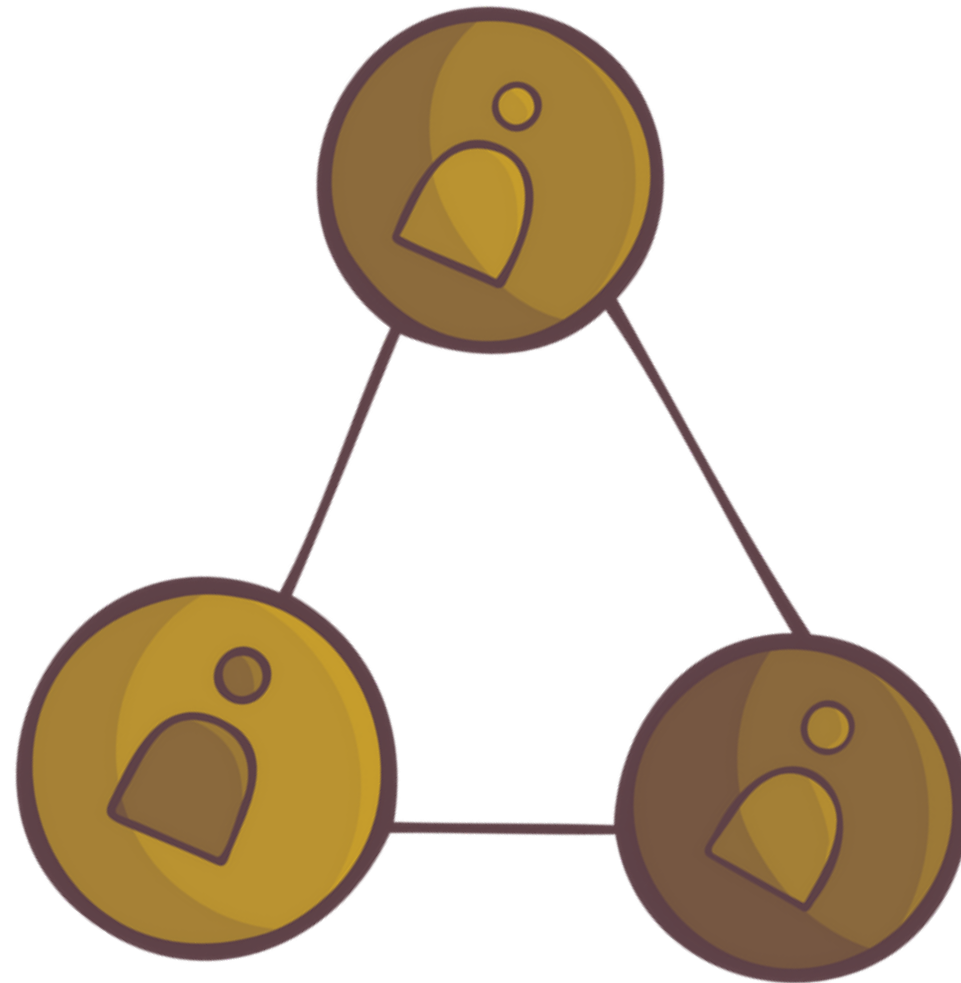


# THE PROJECT



## LIFESTYLE

Individual actions' impact on environment and health



# THE PROJECT



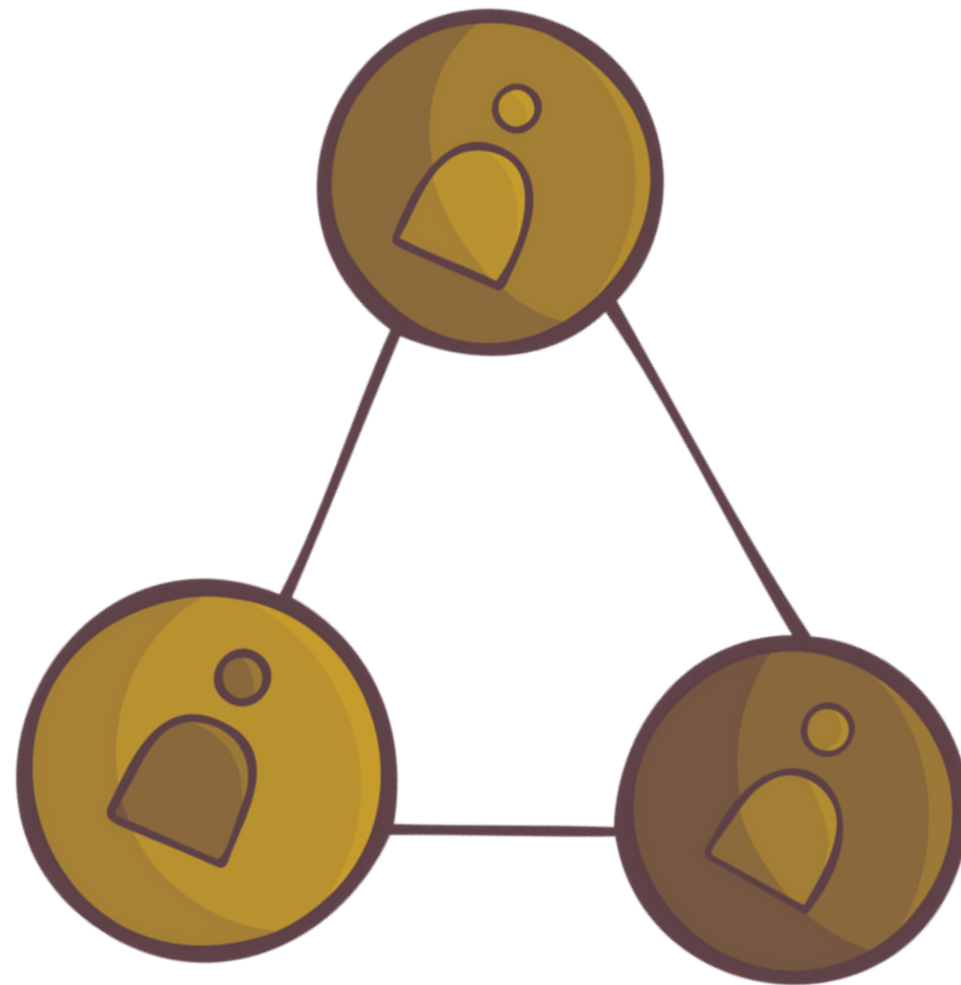
## LIFESTYLE

Individual actions' impact on environment and health



## SOCIO- ECONOMIC DETERMINANTS OF HEALTH

How socio-economic factors are able to **shape** individual's impact and health

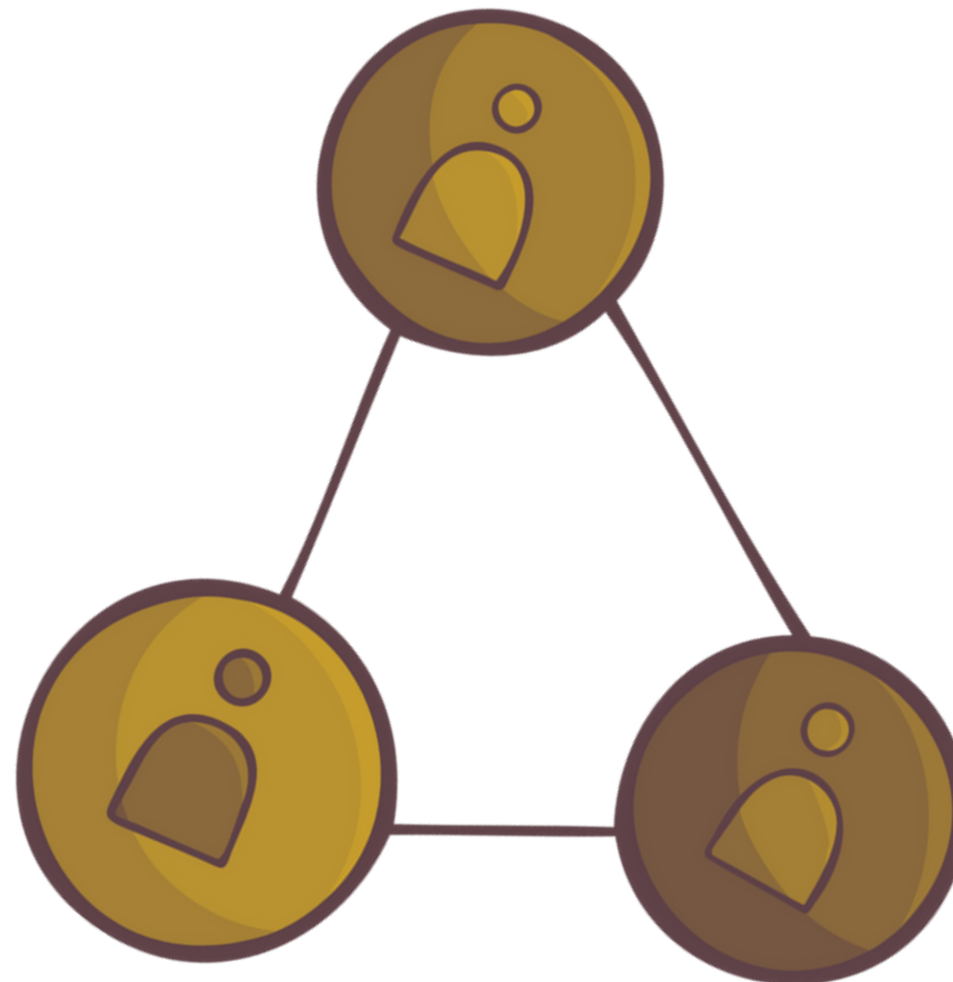


# THE PROJECT



## LIFESTYLE

Individual actions' impact on environment and health



## SOCIO- ECONOMIC DETERMINANTS OF HEALTH

How socio-economic factors are able to **shape** individual's impact and health

## PLANETARY HEALTH



The health of **human** civilization and the **natural system** on which it depend





# CO-BENEFITS

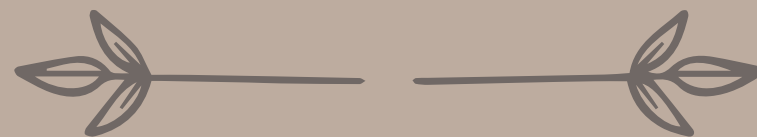
We live in ecosystems with a delicate balance

Human activities have strong consequences on them



But also our health depends on a delicate balance

And is deeply affected by the ecosystem's health and environmental parameters



# CO-BENEFITS

We live in ecosystems with a delicate balance

Human activities have strong consequences on them



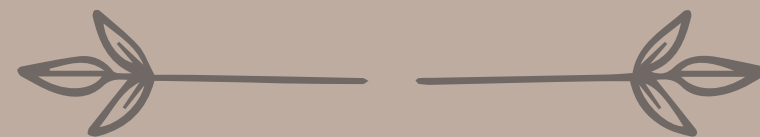
But also our health depends on a delicate balance

And is deeply affected by the ecosystem's health and environmental parameters

Co-benefit definition (IPCC)

*Co-benefits are defined as mitigation benefits resulting from an adaptation response\**

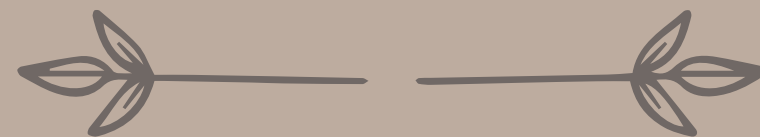
Health-related co-benefits are those positive effect on health arising from mitigation/adaptation actions and policies and vice versa



**DIET**

# WHY DIET?

Diet is one of the lifestyle-related factors that most affect **both climate change** and human health.



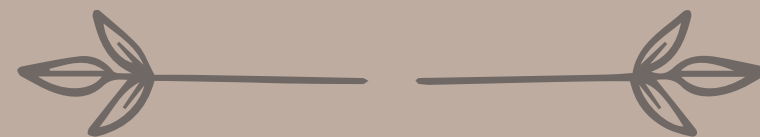
*\*IPCC, 2022: Climate Change 2022: Impacts, Adaptation, and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [H.-O. Pörtner et al.]. Cambridge University Press. In Press.*

# WHY DIET?

Diet is one of the lifestyle-related factors that most affect **both climate change** and human health.

In region with excess calories consumption a **dietary shift** towards foods with a **higher share in plant based** foods and with greater dietary diversity **and reduced** consumption of **animal-sourced** foods and **unhealthy** foods( as defined by scientific panels such as EAT-Lancet) has both **mitigation** and **adaptation** benefits along with reduced mortality from diet related non-communicable diseases, health, biodiversity and other environmental co-benefits (high confidence) (1)

Reducing food waste, especially of environment- and climate-costly foods would further extend these benefits

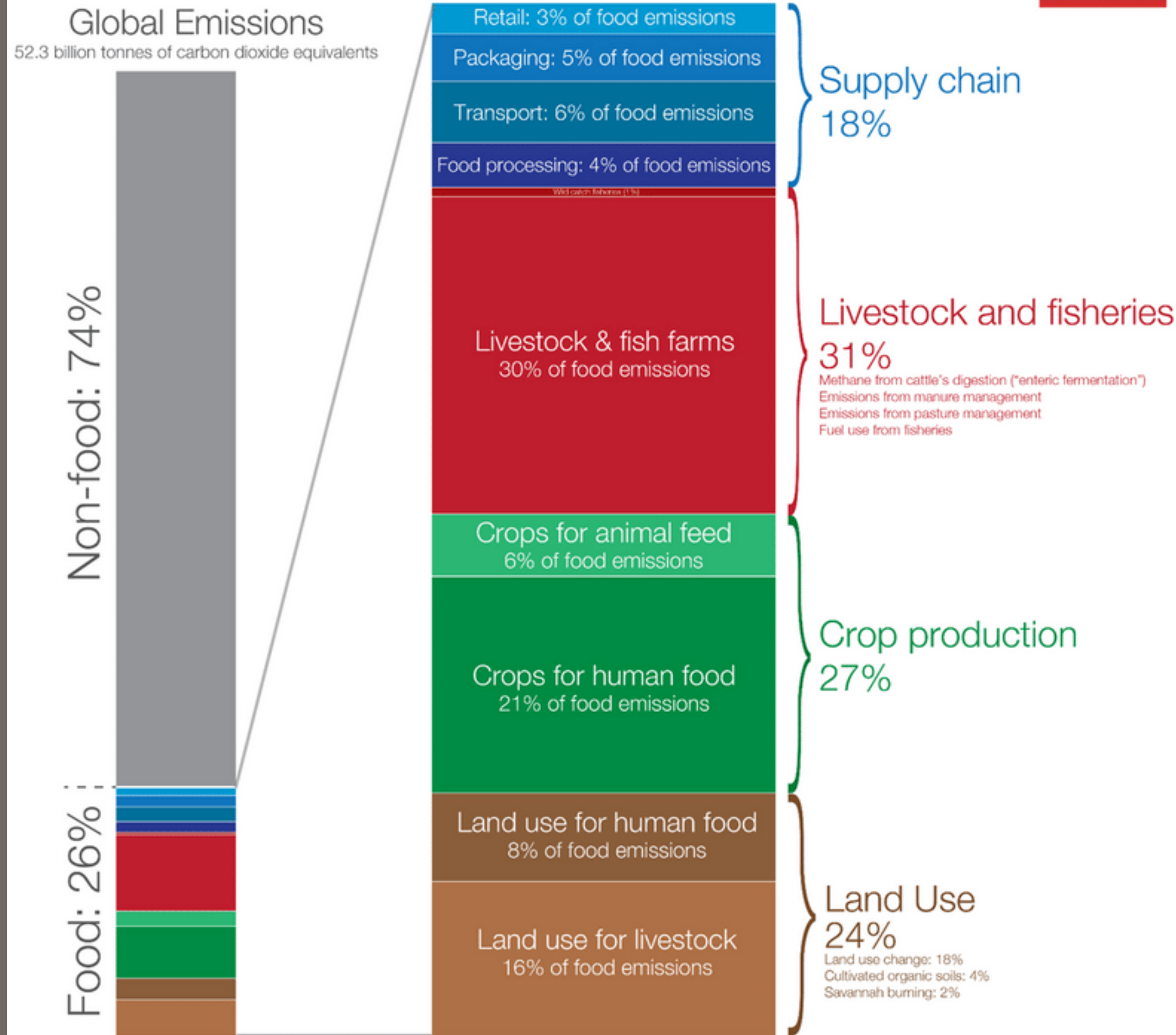


# WHY DIET?

The **food sector** is responsible for the 20 to 30% of global GHG emissions

The emissions **intensity** varies according to the stage of the production chain

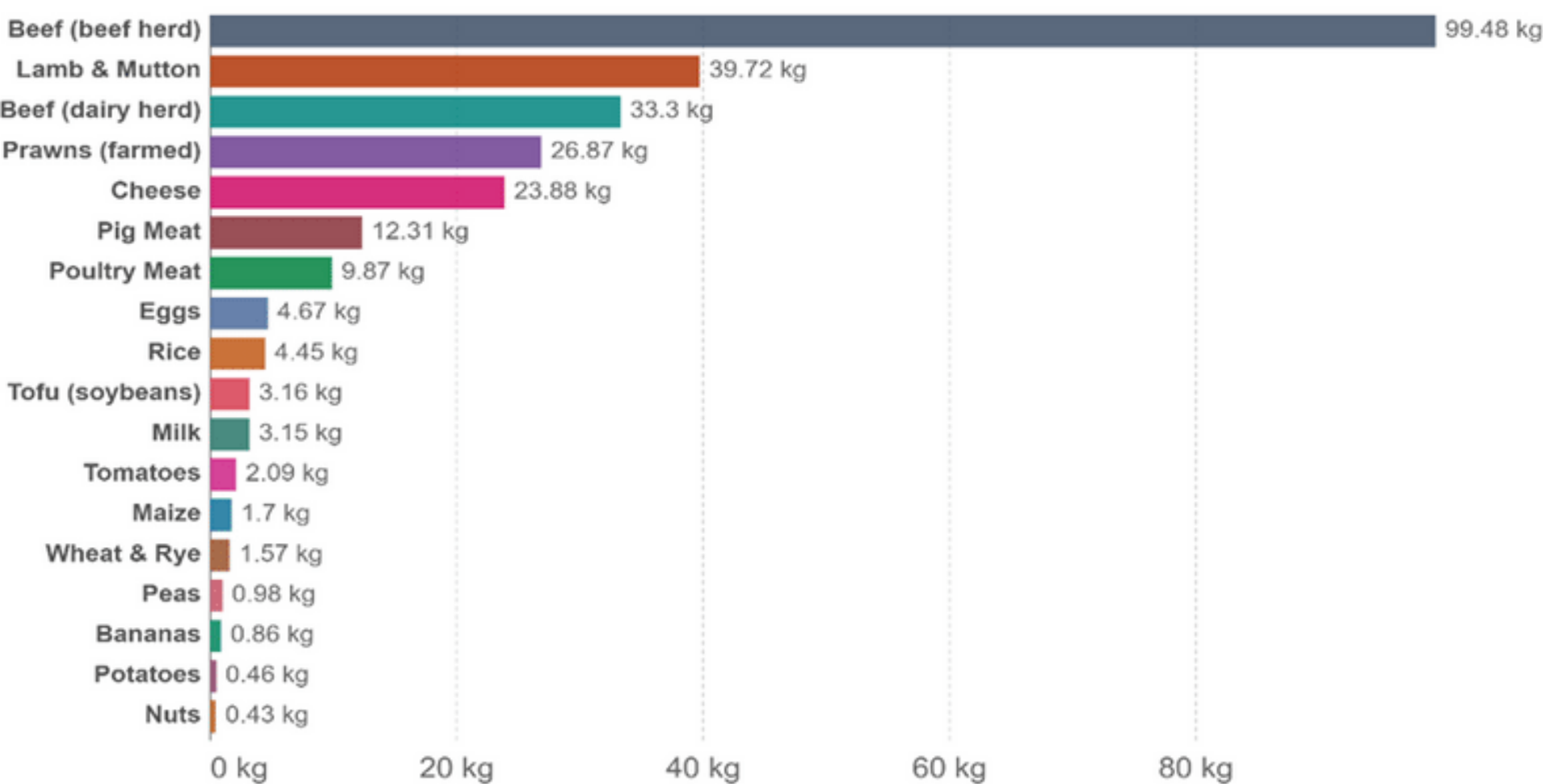
## Global greenhouse gas emissions from food production



# WHY DIET?

## Greenhouse gas emissions per kilogram of food product

Greenhouse gas emissions are measured in kilograms of carbon dioxide equivalents (kgCO<sub>2</sub>eq) per kilogram of food product. This means non-CO<sub>2</sub> greenhouse gases are included and weighted by their relative warming impact.

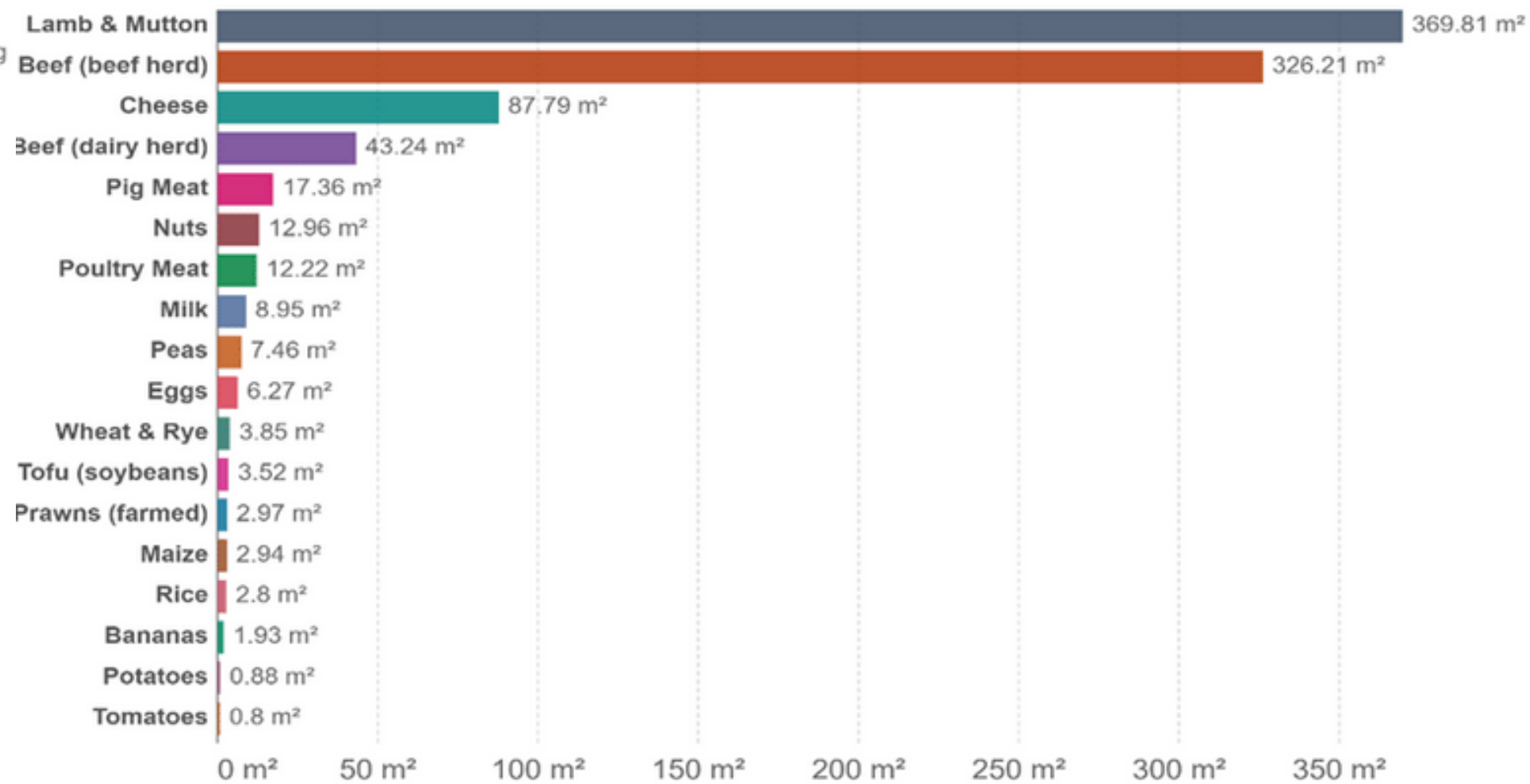


Source: Poore, J., & Nemecek, T. (2018). Reducing food's environmental impacts through producers and consumers. OurWorldInData.org/environmental-impacts-of-food • CC BY

Our World  
in Data

## Land use per kilogram of food product

Land use is measured in meters squared (m<sup>2</sup>) per kilogram of a given food product.



Source: Poore, J., & Nemecek, T. (2018). Reducing food's environmental impacts through producers and consumers. OurWorldInData.org/environmental-impacts-of-food • CC BY

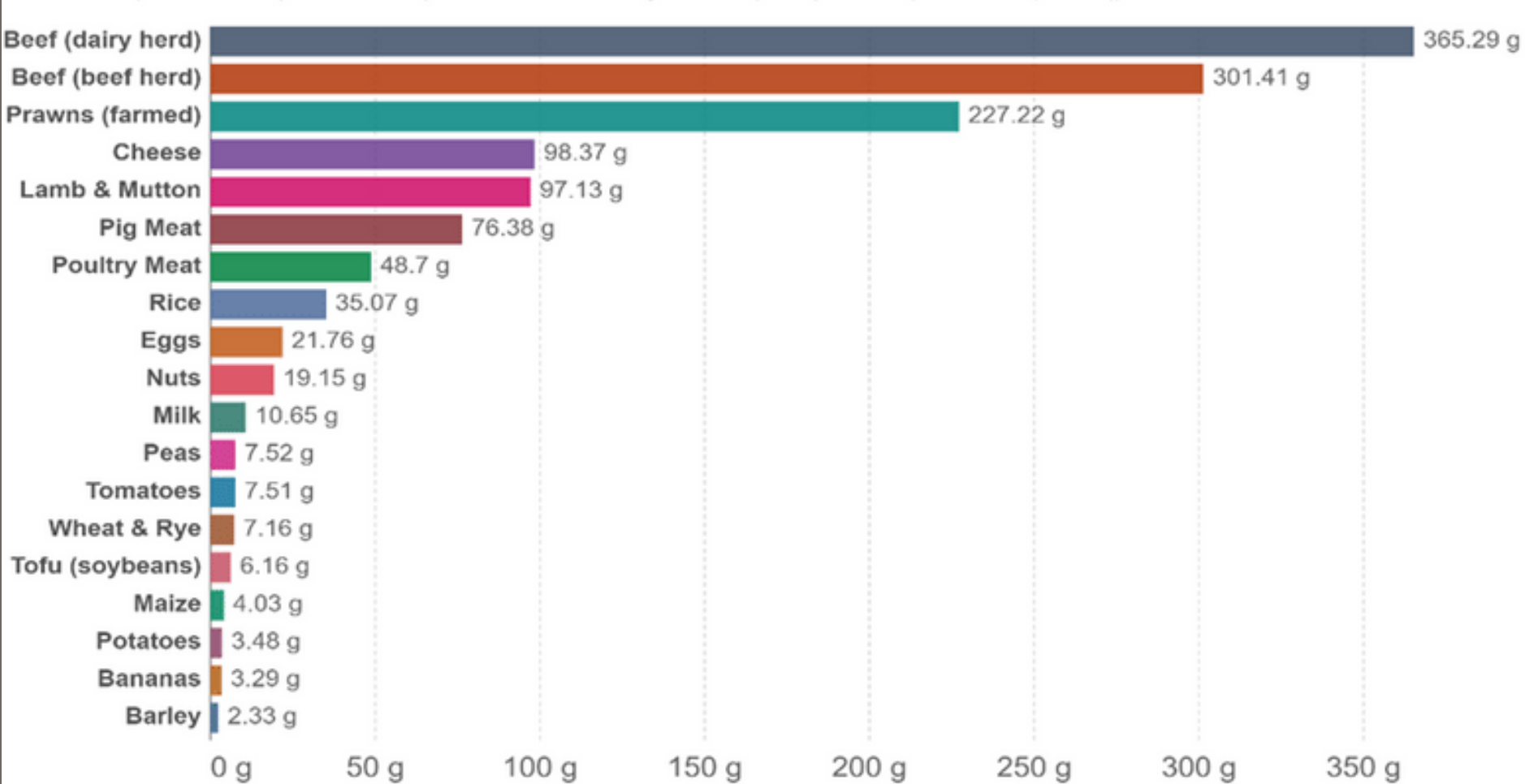
Our World  
in Data



# WHY DIET?

## Eutrophying emissions per kilogram of food product

Eutrophying emissions represent runoff of excess nutrients into the surrounding environment and waterways, which affect and pollute ecosystems. They are measured in grams of phosphate equivalents (PO<sub>4</sub>eq).

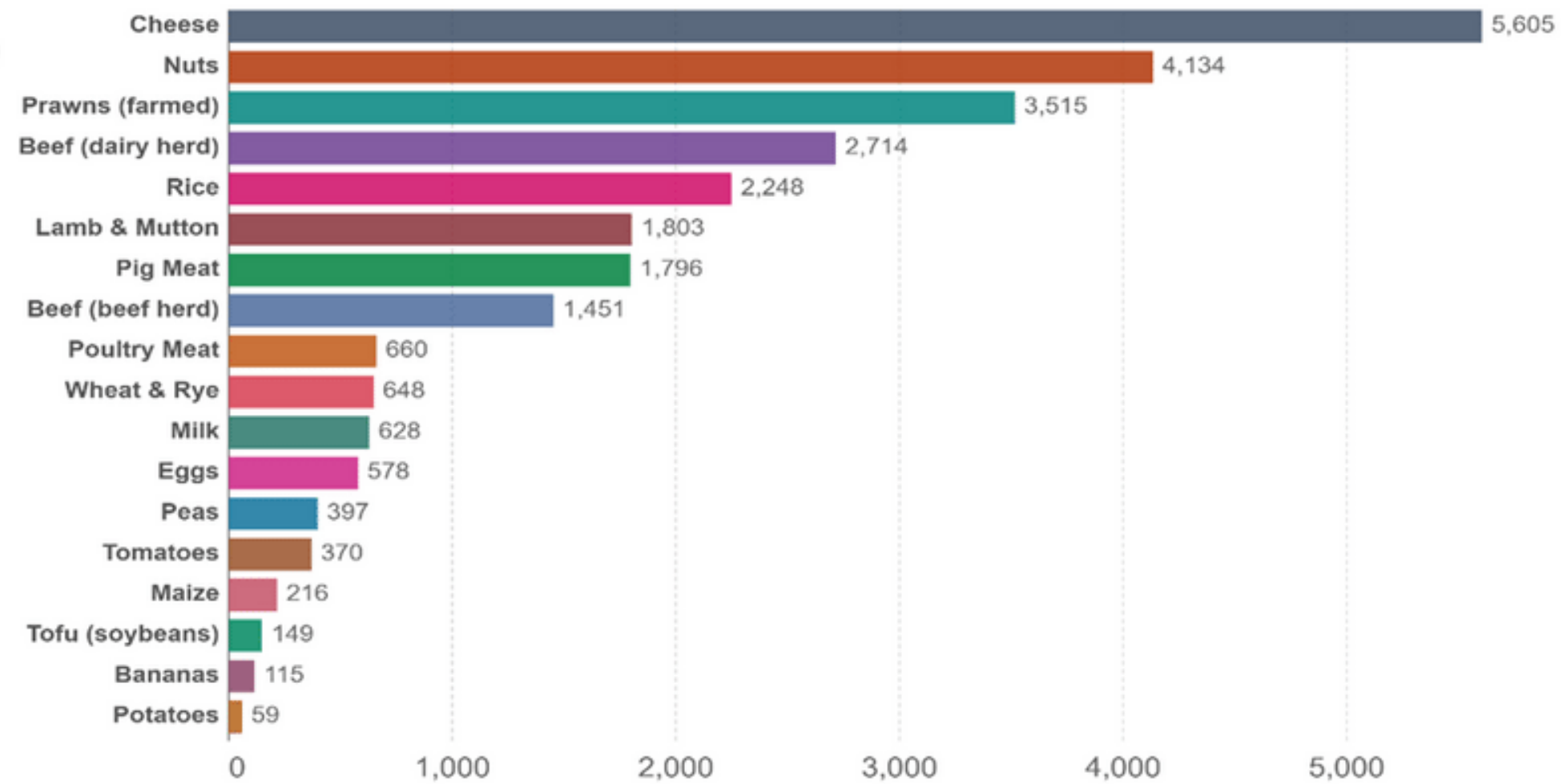


Our World in Data

## Freshwater withdrawals per kilogram of food product

Freshwater withdrawals are measured in liters per kilogram of food product.

Our World in Data



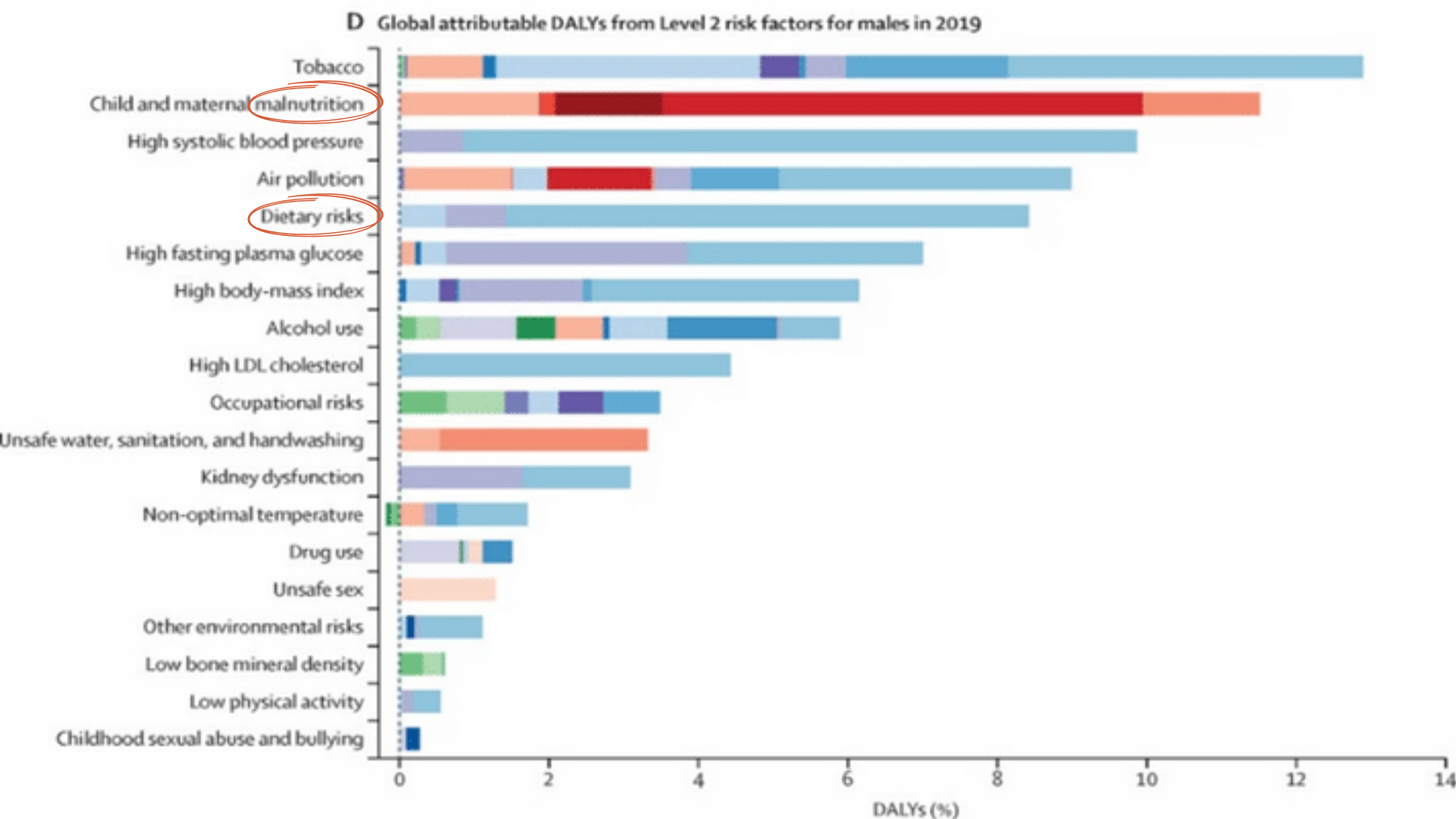
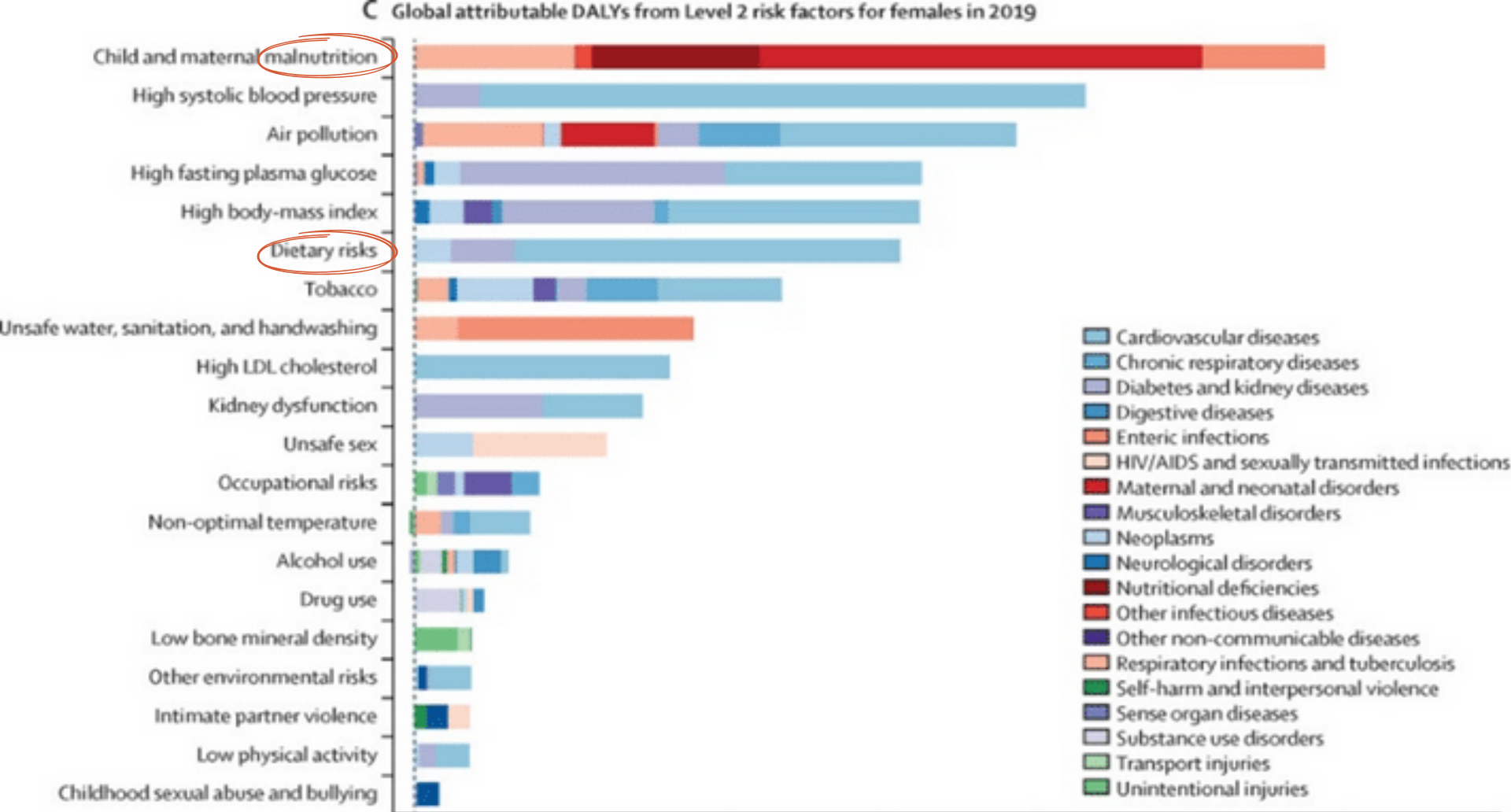
Source: Poore, J., & Nemecek, T. (2018). Reducing food's environmental impacts through producers and consumers. OurWorldInData.org/environmental-impacts-of-food • CC BY

Source: Poore, J., & Nemecek, T. (2018). Reducing food's environmental impacts through producers and consumers. OurWorldInData.org/environmental-impacts-of-food • CC BY



# WHY DIET?

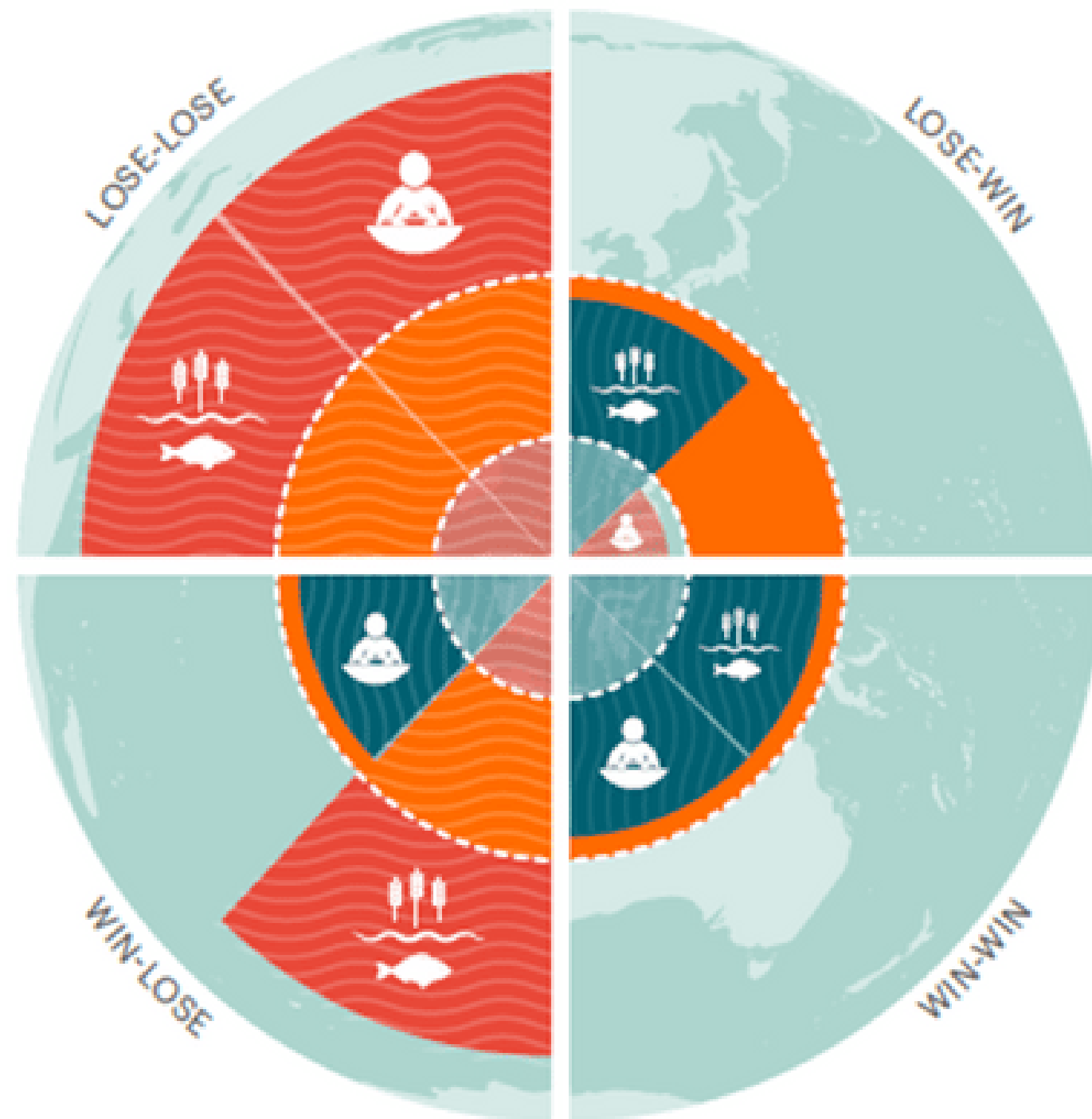
On the other hand child and maternal malnutrition causes **295 million** (95% CI 253-350) **DALYs** and **2.94 million** (2.49-3.51) **deaths**





# BACKGROUND - EAT LANCET

*The Lancet*, together with the *Stockholm Resilience Centre* created the **EAT Lancet Commission** with the aim of promoting guidelines for a Planetary Health diet, both sustainable and good for human health



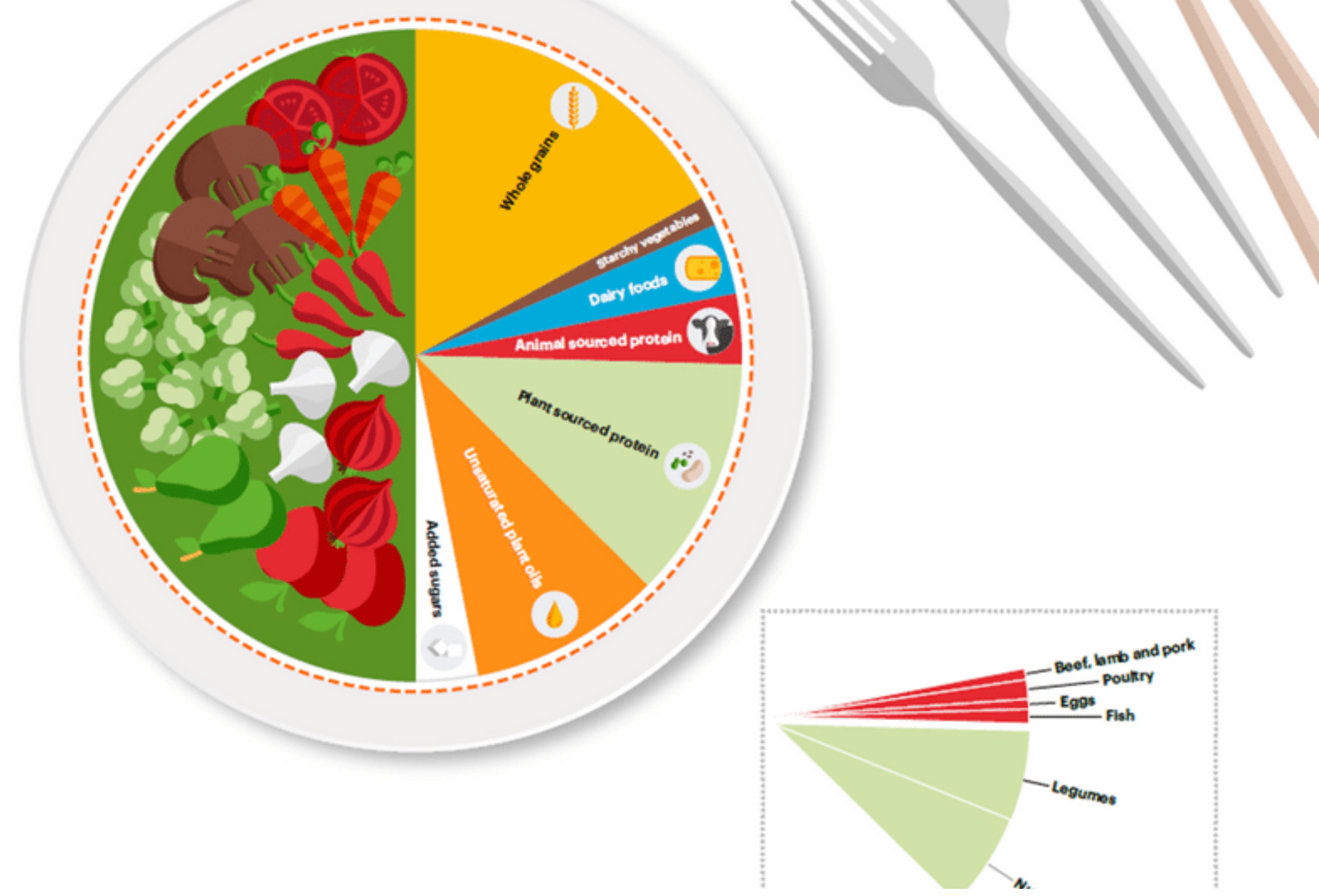
**Figure 2**

Scientific targets define the safe operating space for food systems and are represented here by the orange ring. The wedges represent either dietary patterns or food production, and together they reflect various dietary patterns that may or may not meet scientific targets for human health and environmental sustainability, i.e. outside of the safe operating space. These dietary patterns can be “healthy and unsustainable” (win-lose), “unhealthy and sustainable” (lose-win), “unhealthy and unsustainable” (lose-lose) and “healthy and sustainable” (win-win).

# EAT LANCET

	Macronutrient intake grams per day (possible range)	Caloric intake kcal per day
Whole grains Rice, wheat, corn and other	232	811
Tubers or starchy vegetables Potatoes and cassava	50 (0-100)	39
Vegetables All vegetables	300 (200-600)	78
Fruits All fruits	200 (100-300)	126
Dairy foods Whole milk or equivalents	250 (0-500)	153
Protein sources		
Beef, lamb and pork	14 (0-28)	30
Chicken and other poultry	29 (0-58)	62
Eggs	13 (0-25)	19
Fish	28 (0-100)	40
Legumes	75 (0-100)	284
Nuts	50 (0-75)	291
Added fats		
Unsaturated oils	40 (20-80)	354
Saturated oils	11.8 (0-11.8)	96
Added sugars		
All sugars	31 (0-31)	120

**Table 1**  
Scientific targets for a planetary health diet, with possible ranges, for an intake of 2500 kcal/day.



**Figure 3**  
A planetary health plate should consist by volume of approximately half a plate of vegetables and fruits; the other half, displayed by contribution to calories, should consist of primarily whole grains, plant protein sources, unsaturated plant oils, and (optionally) modest amounts of animal sources of protein. For further details, please refer to section 1 of the Commission.

The global adoption of the planetary health diet has been estimated to **avoid** about **10.8–11.6 million deaths per year**, (19.0–23.6%).



Murray, Christopher JL, et al. "Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019." *The Lancet* 396.10258 (2020): 1223-1249



# BACKGROUND - EPIC

**Co-benefits from sustainable dietary shifts for population and environmental health: an assessment from a large European cohort study**

*Jessica E. Laine et al*

Inside the EPIC (European Prospective Investigation into Cancer and Nutrition) multicentric cohort

Diet data has been collected  
with quantitative and semi  
quantitative Food Frequency  
Questionnaires



# BACKGROUND - EPIC

**Co-benefits from sustainable dietary shifts for population and environmental health: an assessment from a large European cohort study**

*Jessica E. Laine et al*

Inside the EPIC (European Prospective Investigation into Cancer and Nutrition) multicentric cohort

For each food item GHG emissions and LU per consumed quantity of food has been calculated



Diet data has been collected with quantitative and semi quantitative Food Frequency Questionnaires

# BACKGROUND - EPIC

**Co-benefits from sustainable dietary shifts for population and environmental health: an assessment from a large European cohort study**

*Jessica E. Laine et al*

Inside the EPIC (European Prospective Investigation into Cancer and Nutrition) multicentric cohort

For each food item GHG emissions and LU per consumed quantity of food has been calculated



Individual total GHGE e LU has been calculated and were modelled as quartiles



Diet data has been collected with quantitative and semi quantitative Food Frequency Questionnaires

# BACKGROUND - EPIC

**Co-benefits from sustainable dietary shifts for population and environmental health: an assessment from a large European cohort study**

*Jessica E. Laine et al*

Inside the EPIC (European Prospective Investigation into Cancer and Nutrition) multicentric cohort

For each food item GHG emissions and LU per consumed quantity of food has been calculated



Individual total GHGE e LU has been calculated and were modelled as quartiles



Diet data has been collected with quantitative and semi quantitative Food Frequency Questionnaires



A pooled analysis across the EPIC cohorts was conducted, comparing the fourth LU/GHGE quartile to the first and computing the HR for specific and all cause mortality

# BACKGROUND - EPIC

	Events (%)	Greenhouse gas emissions: adjusted hazard ratios* (95% CI)			Land use contributions; adjusted hazard ratios* (95% CI)		
		Second quartile†	Third quartile†	Fourth quartile†	Second quartile†	Third quartile†	Fourth quartile†
All-cause mortality	46 636 (10.5%)	0.96 (0.94-0.99)	1.02 (0.99-1.04)	1.13 (1.10-1.16)	0.99 (0.96-1.01)	1.05 (1.03-1.08)	1.18 (1.15-1.21)
Cause-specific mortality							
Coronary heart disease mortality	4944 (1.1%)	0.88 (0.81-0.96)	1.06 (0.97-1.14)	1.19 (1.10-1.30)	1.003 (0.93-1.09)	1.12 (1.04-1.21)	1.38 (1.27-1.49)
Cardiovascular disease mortality	6393 (1.4%)	0.99 (0.93-1.07)	1.03 (0.95-1.10)	1.19 (1.10-1.28)	0.97 (0.91-1.04)	1.04 (0.97-1.11)	1.18 (1.10-1.27)
Respiratory disease mortality	2479 (0.6%)	0.89 (0.78-0.99)	0.95 (0.84-1.06)	1.02 (0.91-1.15)	0.89 (0.91-1.00)	1.02 (1.09-1.14)	1.09 (0.97-1.22)
Cancer mortality	14 095 (3.2%)	1.03 (0.98-1.08)	1.11 (1.05-1.16)	1.16 (1.10-1.22)	1.06 (1.01-1.11)	1.14 (1.09-1.20)	1.21 (1.16-1.27)

\* Models adjusted for age at recruitment, marital status, education, physical activity, smoking status, and body-mass index. Pooled analyses (all countries) were also adjusted for country. †The first quartile is the reference value.

**Table 2: Adjusted hazard ratios for all-cause and cause-specific mortality estimated for greenhouse gas emissions and land use contributions from diet modelled as quartiles**







**CAN A DIET WITH LOW-ENVIRONMENTAL IMPACT INFLUENCE CHILDREN  
ANTHROPOMETRIC DEVELOPMENT AND THEIR LIFE-COURSE RISK  
FACTORS? HOW?**

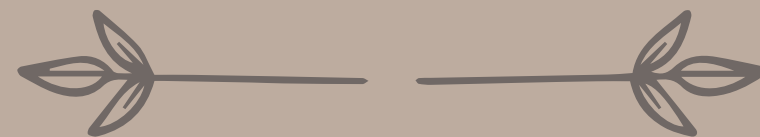
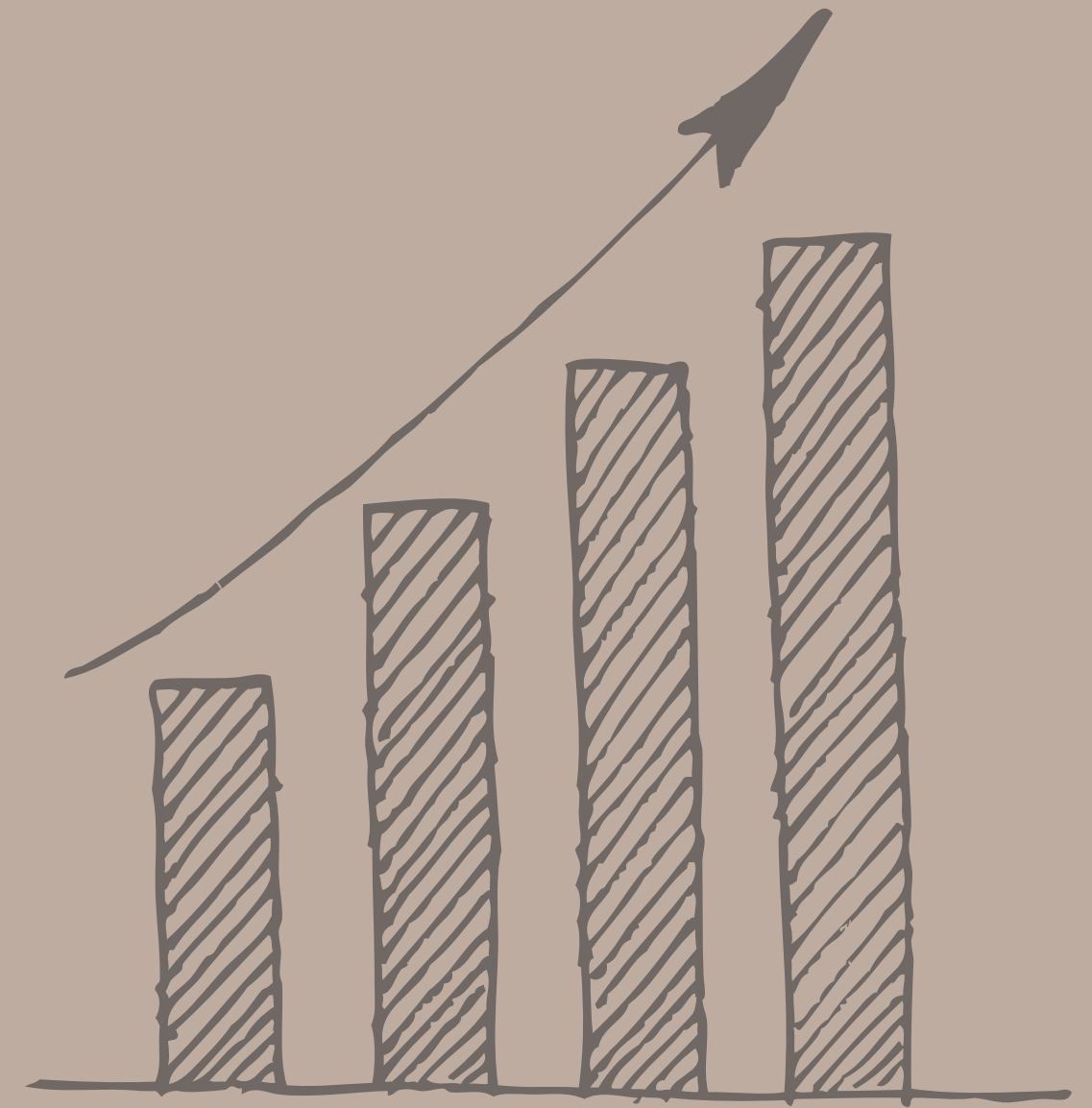
# WHY CHILDREN?

When does a chronic disease start?

Specific exposures and conditions act during the whole course of life. If they occur in critical period (*i.e. time window when intrinsic changes in the organisation of living systems or sub-systems occurs rapidly*) they more easily manifest their consequences in a favourable or unfavourable direction.



# EXCESS WEIGHT

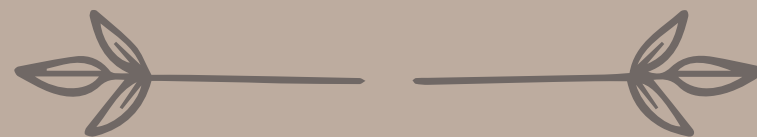




# EXCESS WEIGHT

Overweight and obesity have alarming rates worldwide, affecting 38.9 million children <5 years.

Prevalence of excess weight in **preschool age** are over **25%** in Southern Europe, USA and Australia

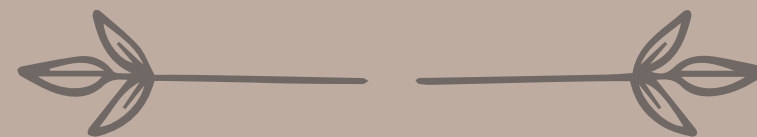


# EXCESS WEIGHT

Overweight and obesity have alarming rates worldwide, affecting 38.9 million children <5 years.

Prevalence of excess weight in **preschool age** are over **25%** in Southern Europe, USA and Australia

Obesity **decrease** health-related **quality of life** and overall **life expectancy**, and increase risk of several **NCDs**, such as Type 2 Diabetes and CHD, whose genesis It is emerging convincingly that begins in childhood, with childhood obesity as an important factor



# EXCESS WEIGHT

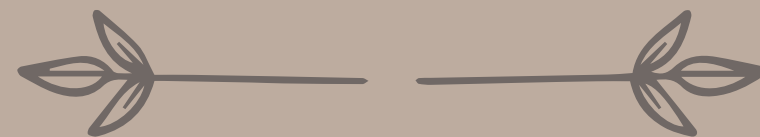
Overweight and obesity have alarming rates worldwide, affecting 38.9 million children <5 years.

Prevalence of excess weight in **preschool age** are over **25%** in Southern Europe, USA and Australia

Obesity **decrease** health-related **quality of life** and overall **life expectancy**, and increase risk of several **NCDs**, such as Type 2 Diabetes and CHD, whose genesis It is emerging convincingly that begins in childhood, with childhood obesity as an important factor

Obesity and its comorbidities are preventable and:

- Obesity account for between **0.7%** and **2.8%** of **countries' total healthcare expenditures**.



# EXCESS WEIGHT

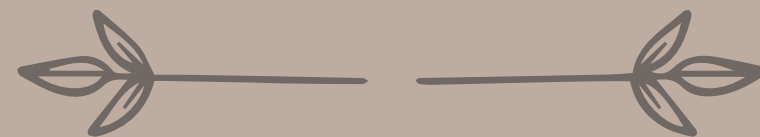
Overweight and obesity have alarming rates worldwide, affecting 38.9 million children <5 years.

Prevalence of excess weight in **preschool age** are over **25%** in Southern Europe, USA and Australia

Obesity **decrease** health-related **quality of life** and overall **life expectancy**, and increase risk of several **NCDs**, such as Type 2 Diabetes and CHD, whose genesis It is emerging convincingly that begins in childhood, with childhood obesity as an important factor

Obesity and its comorbidities are preventable and:

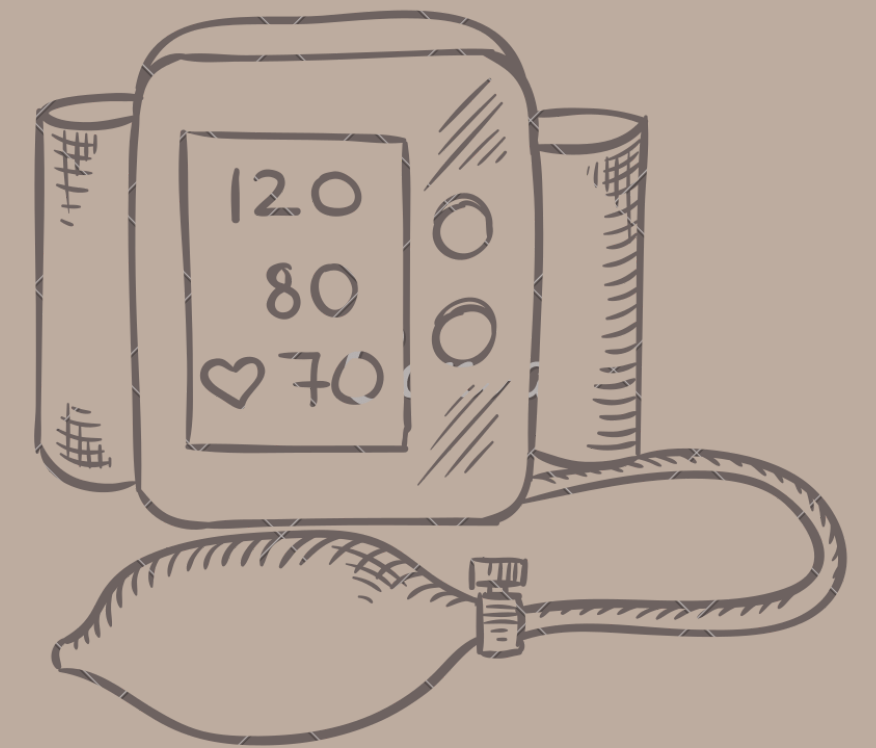
- Obesity account for between **0.7%** and **2.8%** of **countries' total healthcare expenditures**.
- Obese individuals have medical costs approximately **30% greater** than their normal weight peers



# BLOOD PRESSURE

Hypertension in children and adolescents is a growing health problem.

In persons three to 18 years of age, the prevalence of prehypertension and hypertension are **3.4% and 3.6%** respectively, which rise to 20-30% in obese adolescents.

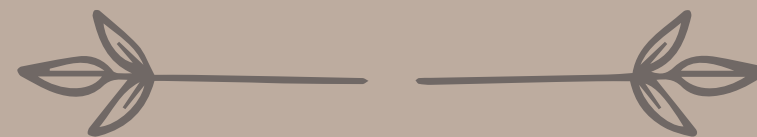
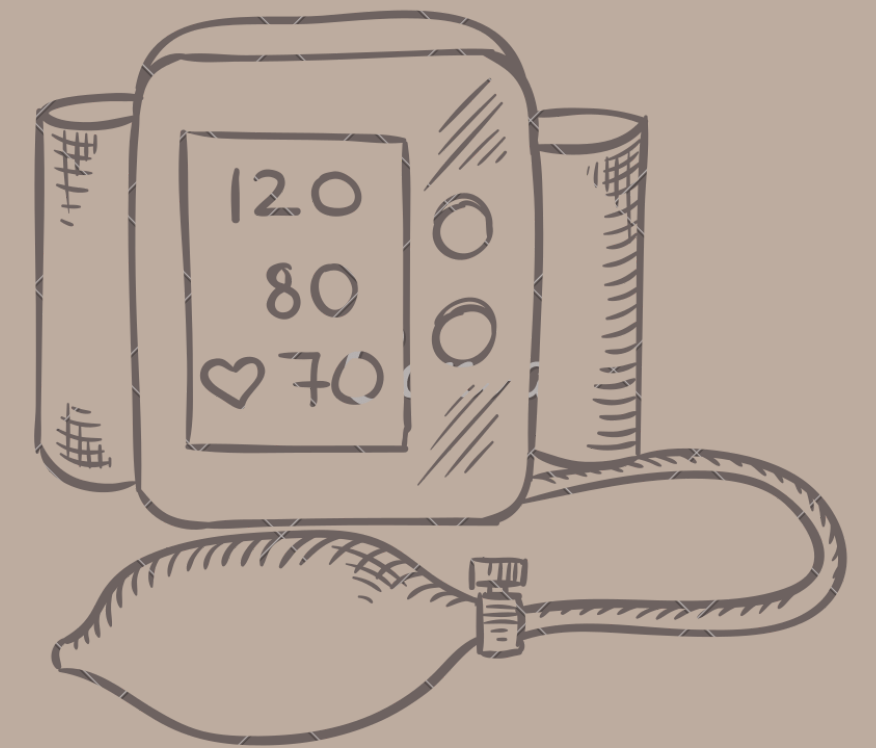


# BLOOD PRESSURE

Hypertension in children and adolescents is a growing health problem.

In persons three to 18 years of age, the prevalence of prehypertension and hypertension are **3.4% and 3.6%** respectively, which rise to 20-30% in obese adolescents.

This is a known risk factor for **hypertension in adulthood** which is the leading cause of premature death around the world



# HOW

**HIGH EMISSIONS  
FOOD HABITS**



High animal protein intake

High Ultra-processed food intake

Arnesen, Erik Kristoffer et al. "Protein intake in children and growth and risk of overweight or obesity: A systematic review and meta-analysis." Food & nutrition research vol. 66 10.29219/fnr.v66.8242. 21 Feb. 2022

Higher BMI  
critical period: 12 mo  
and 5-6y

Ultra-Processed Food Consumption among the Pediatric Population: An Overview at...

Higher BMI  
and obesity

**LOW EMISSIONS  
FOOD HABITS**



High vegetable intake

Bahreynian, Maryam, et al. "Association of dietary fiber intake with general and abdominal obesity in children and adolescents: The Weight disorder survey of the CASPIAN-IV Study." Mediterranean Journal of Nutrition and Metabolism 11.3 (2018): 251-260.

Higher fiber intake associated with lower BMI

# HOW



**OVERALL DIET IMPACT**

**UNKNOWN FACTORS  
AND EFFECTS**





**CAN A DIET WITH LOW-ENVIRONMENTAL IMPACT INFLUENCE CHILDREN  
ANTHROPOMETRIC DEVELOPMENT AND THEIR LIFE-COURSE RISK  
FACTORS? HOW?**

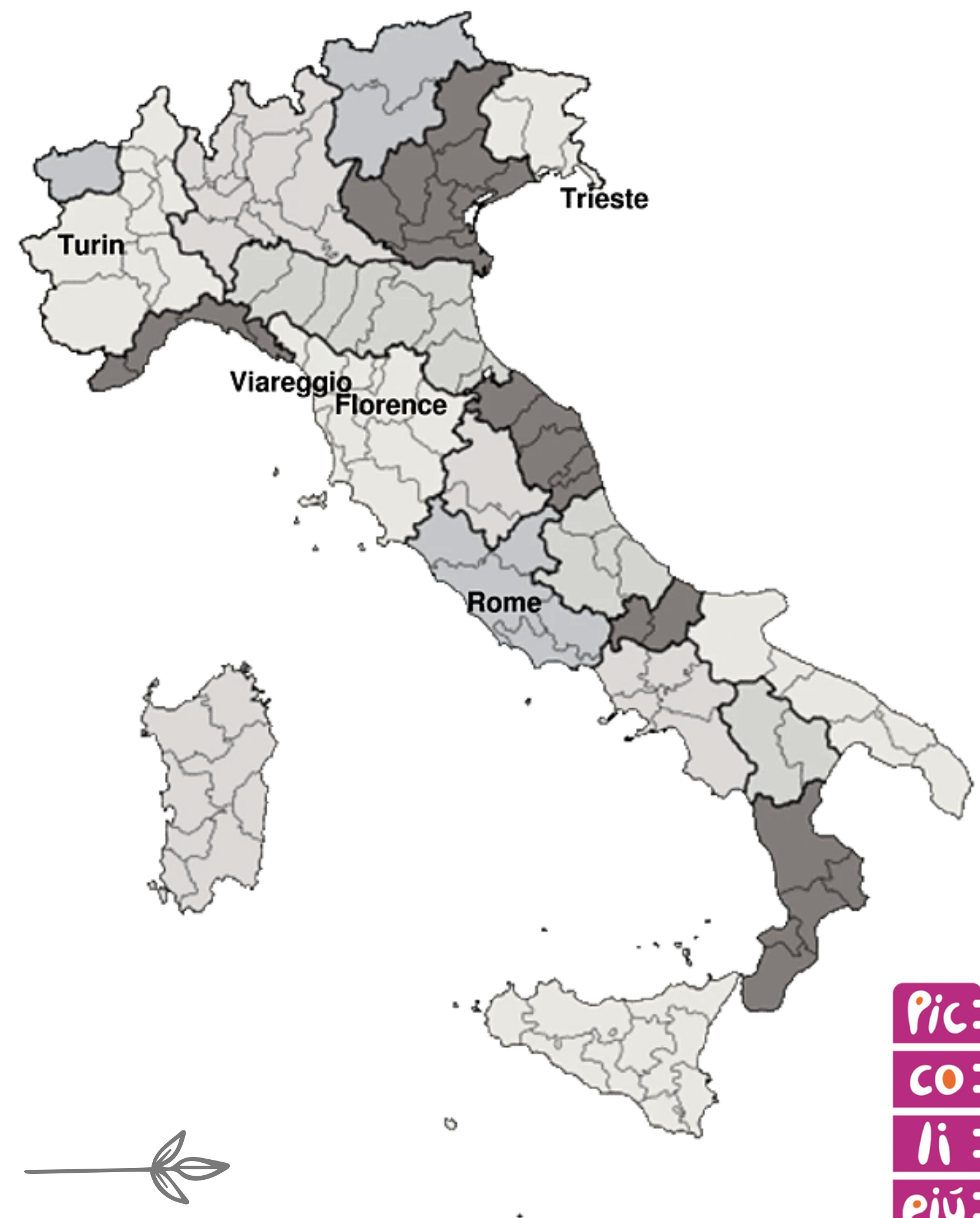
**Negative vs positive** association impact

# THE COHORT

**3000 children** recruited at birth since 2011

**Follow-up** questionnaires and outpatient visits were carried out at 6, 12 and 24 months and every 2/3 years afterwards.

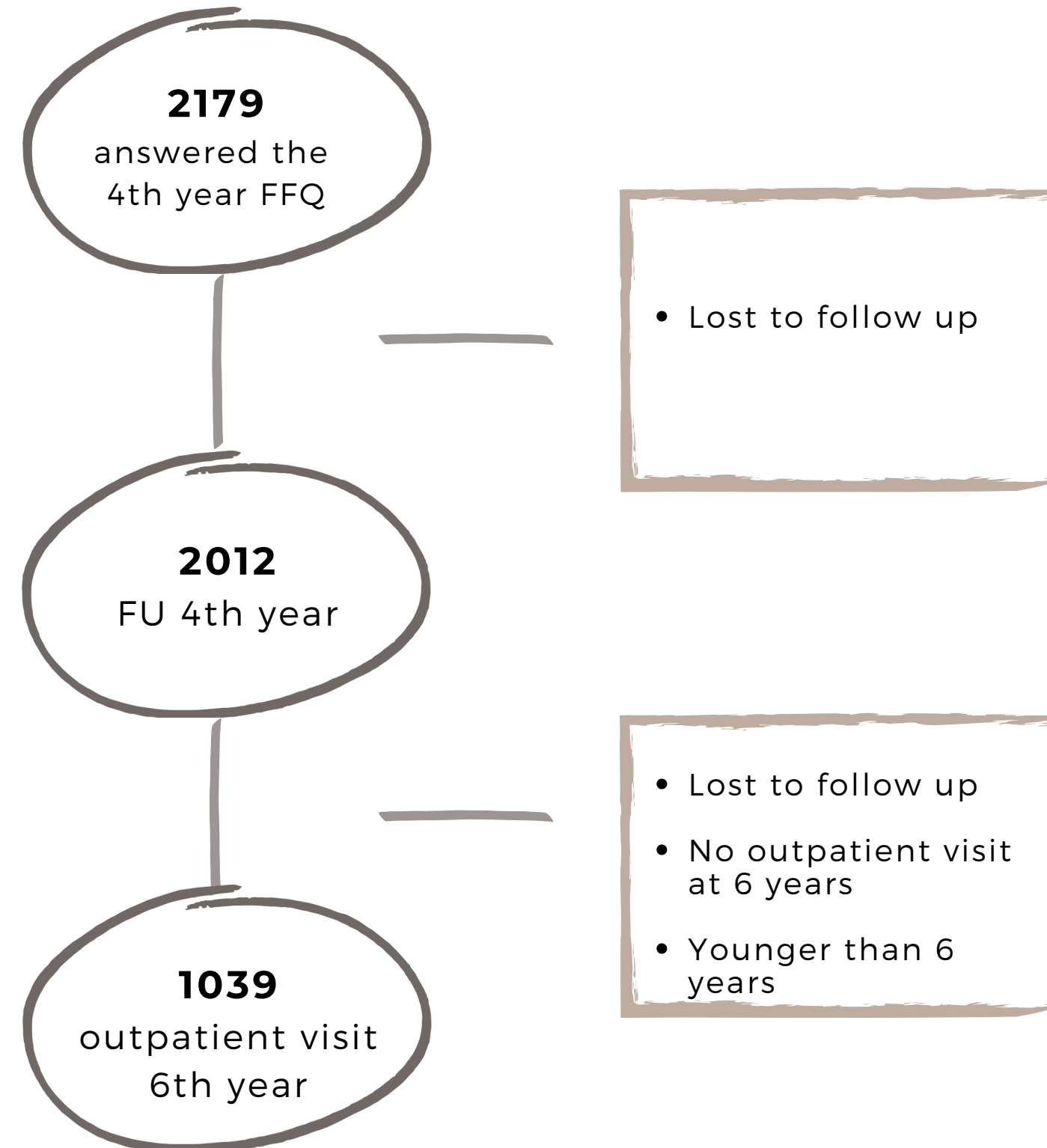
A **semiquantitative Food Frequency Questionnaire** was compiled by the mother at child 4th year



# THE COHORT

Information from:

- Baseline
- 4th year FFQ and F-U questionnaire
- 6th year's anthropometrics



# THE FFQ



4 YEARS OLD CHILD  
PREVIOUS 2 MONTHS  
46 FOOD ITEMS



Frequency of consumption

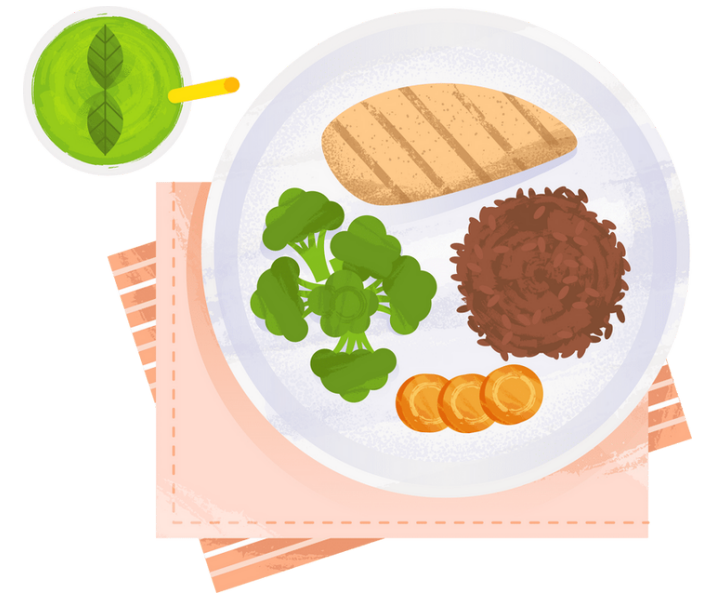
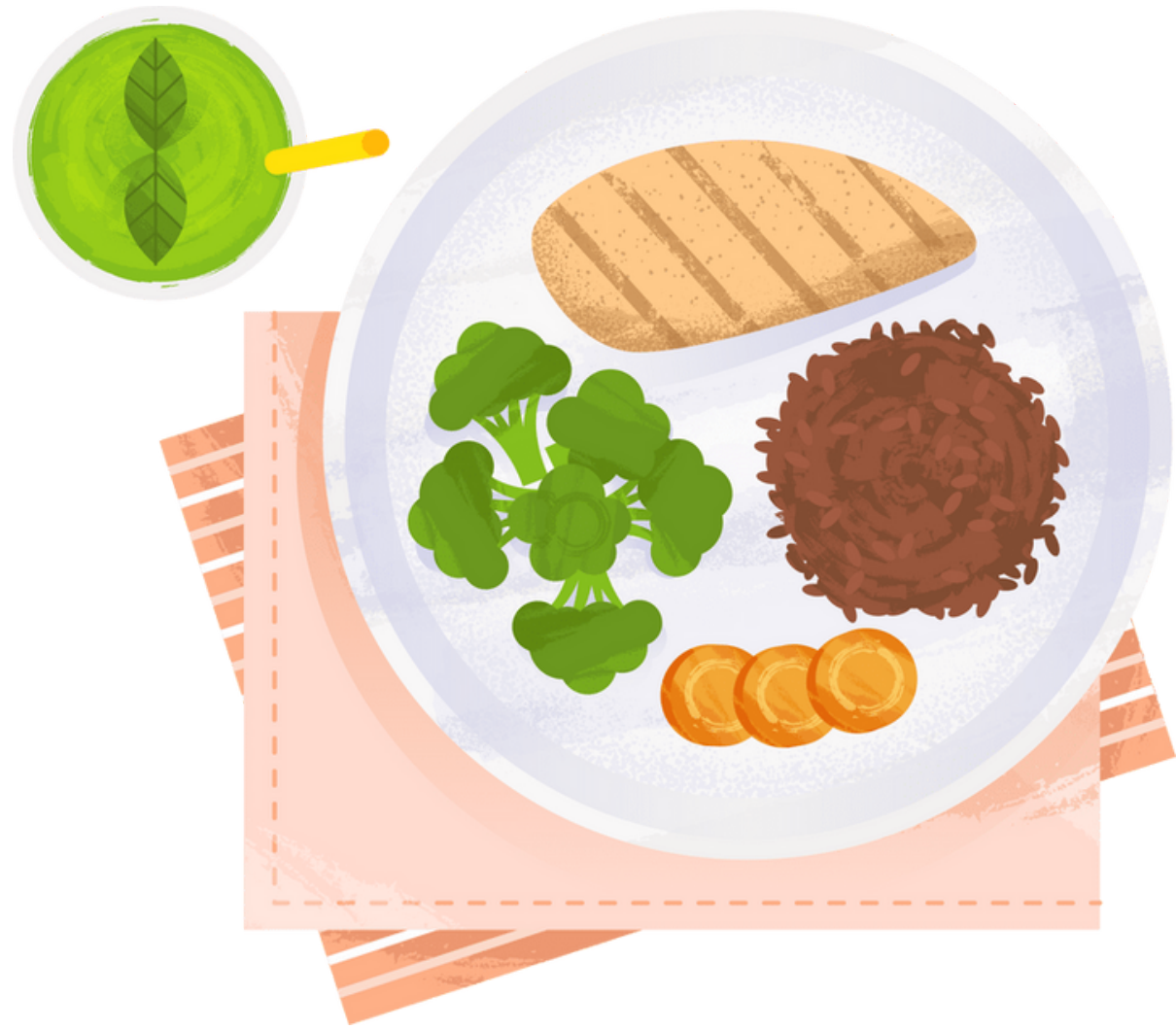
NO

YES daily

YES weekly -> Monthly

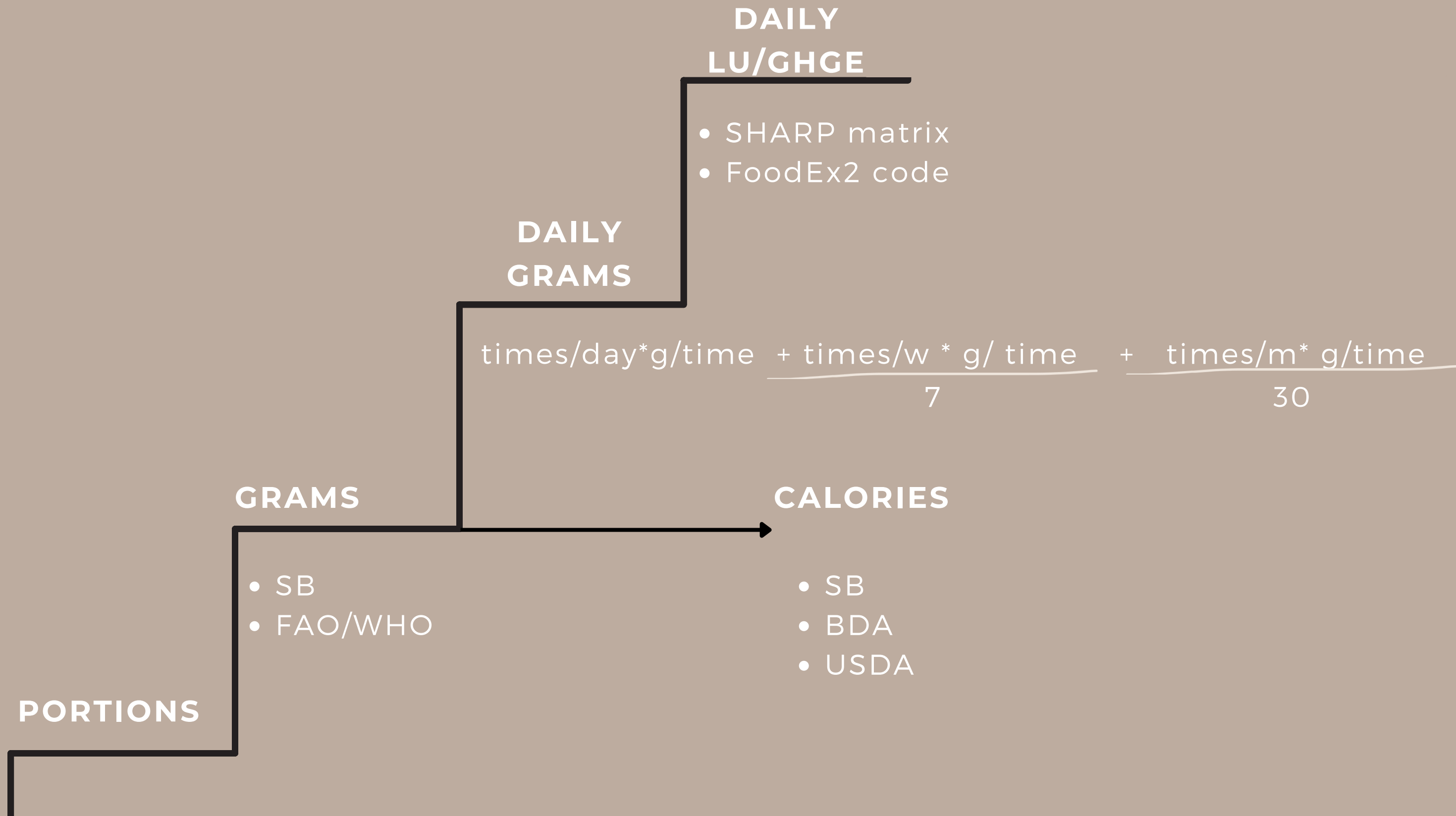
Portion size

The questionnaire was built according to the Scotti Bassani pediatric food portions Atlas



- Grams
- Energy intake
- Nutrient intake

# EXPOSURE ASSESMENT



# GHGE AND LU ESTIMATION

**FoodEx2 EFSA** (*European Food Safety Authority*) catalogue browser -> FoodEx2 hierarchical encoding

**SHARP-ID** provide attributional **Life Cycle Analyses** using environmental indicators (GHGE and LU)



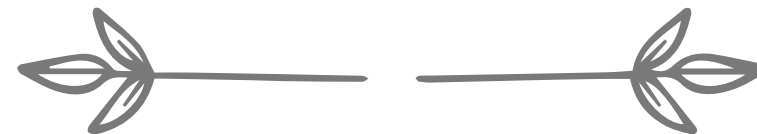
# GHGE AND LU ESTIMATION

**FoodEx2 EFSA** (*European Food Safety Authority*) catalogue browser -> FoodEx2 hierarchical encoding

**SHARP-ID** provide attributional **Life Cycle Analyses** using environmental indicators (GHGE and LU)

**GHGE: kg of CO<sub>2</sub> equivalent per kg of food as eaten\***

**LU: m<sup>2</sup> of land/year per kg of food as eaten**





# GHGE AND LU ESTIMATION

**FoodEx2 EFSA** (*European Food Safety Authority*) catalogue browser -> FoodEx2 hierarchical encoding

**SHARP-ID** provide attributional **Life Cycle Analyses** using environmental indicators (GHGE and LU)

**GHGE: kg of CO<sub>2</sub> equivalent per kg of food as eaten\***

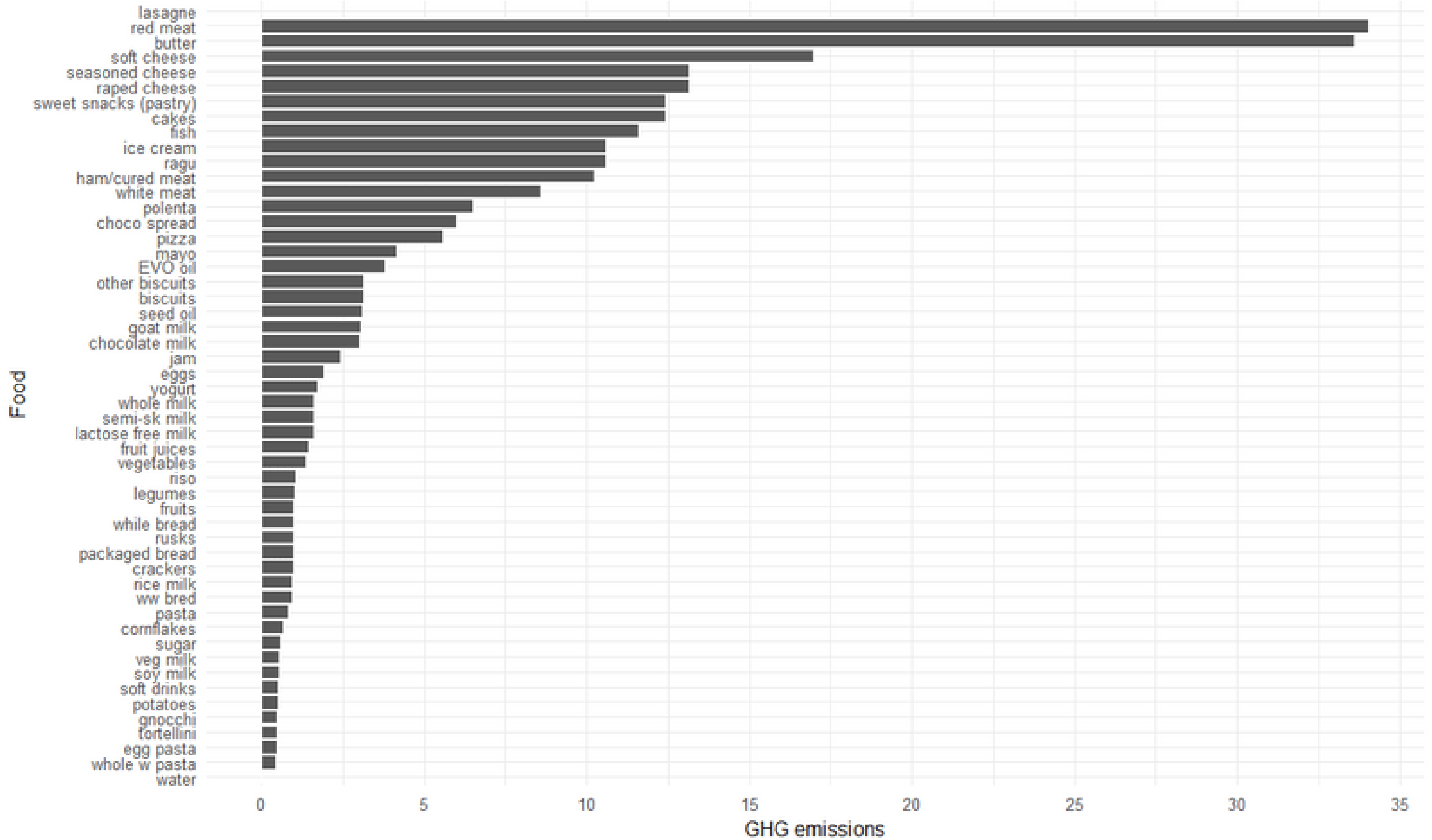
**LU: m<sup>2</sup> of land/year per kg of food as eaten**

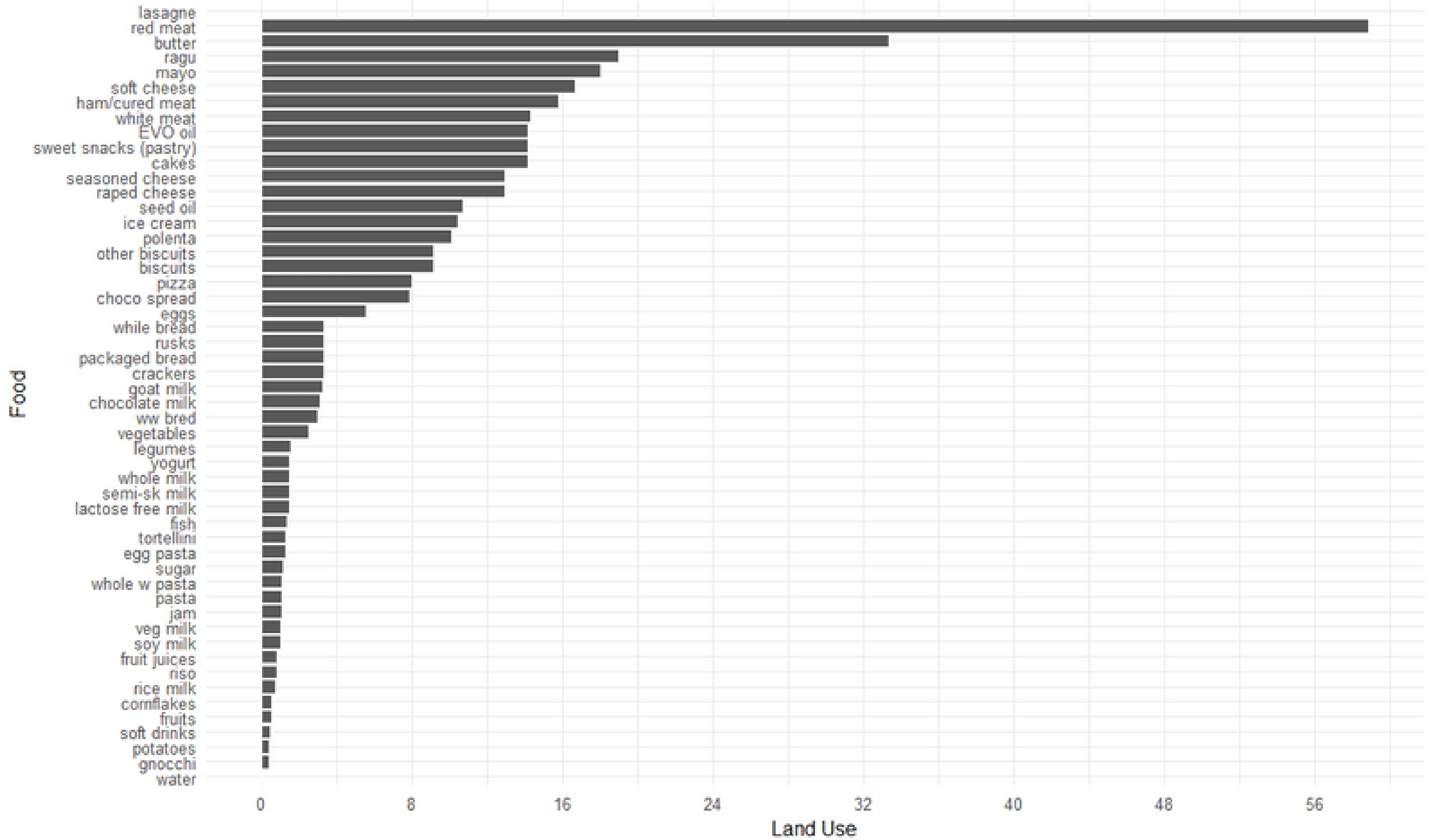
It combined **inventory data** of **182** primary products. While, based on similarities in type, production system and ingredient composition, estimates of GHGE and LU were obtained per kg of food as eaten for **944 food items** coded with FoodEx2-and consumed in four European countries, (i.e. Denmark, Czech Republic, Italy and France)

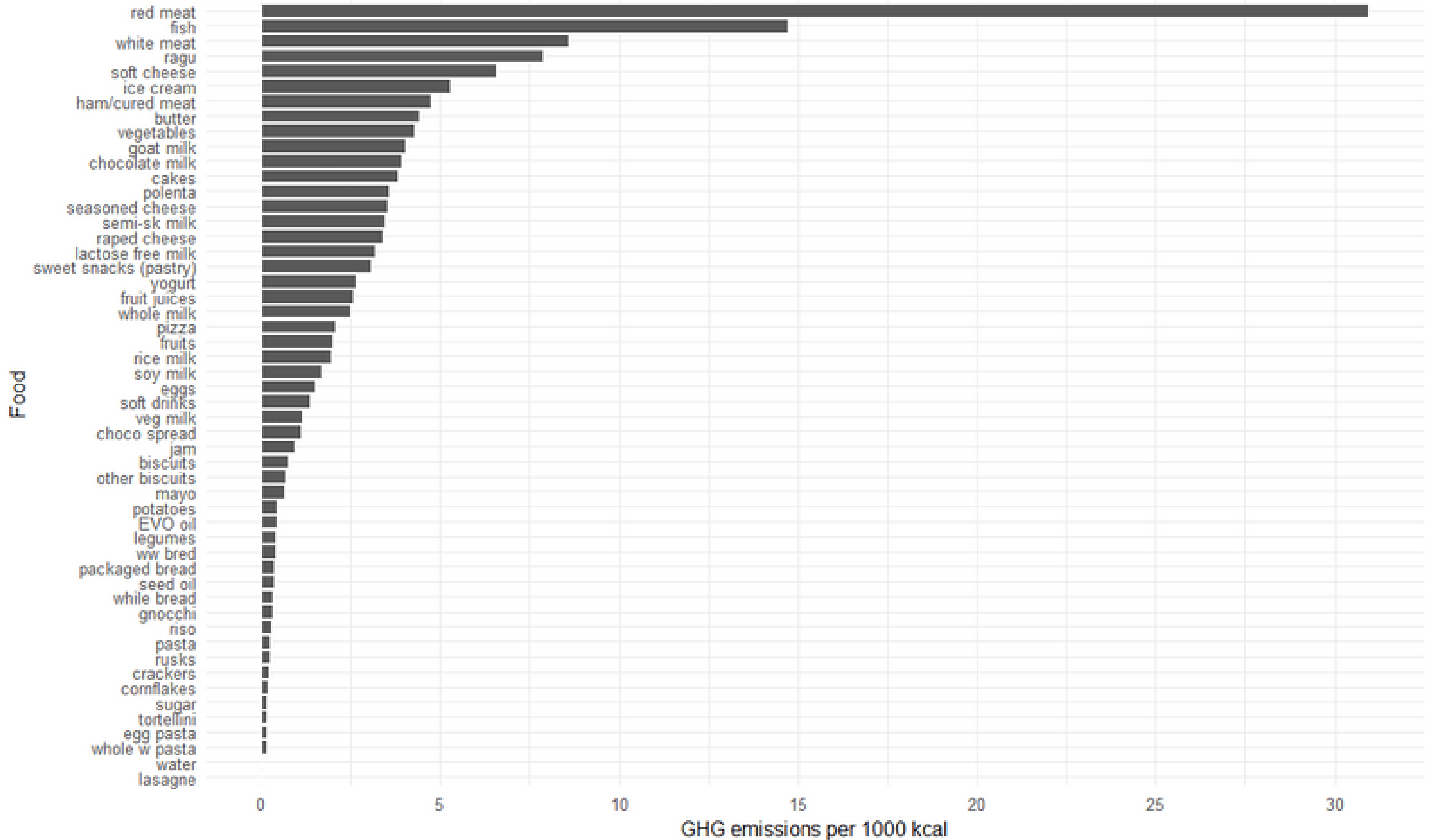
**NB.** They used primary data on production, trade and transport, and adjusted for consumption amount using conversions factors for production, edible portion, cooking losses and gains, and for food losses and waste to derive estimates of **GHGE and LU for the foods as eaten.**

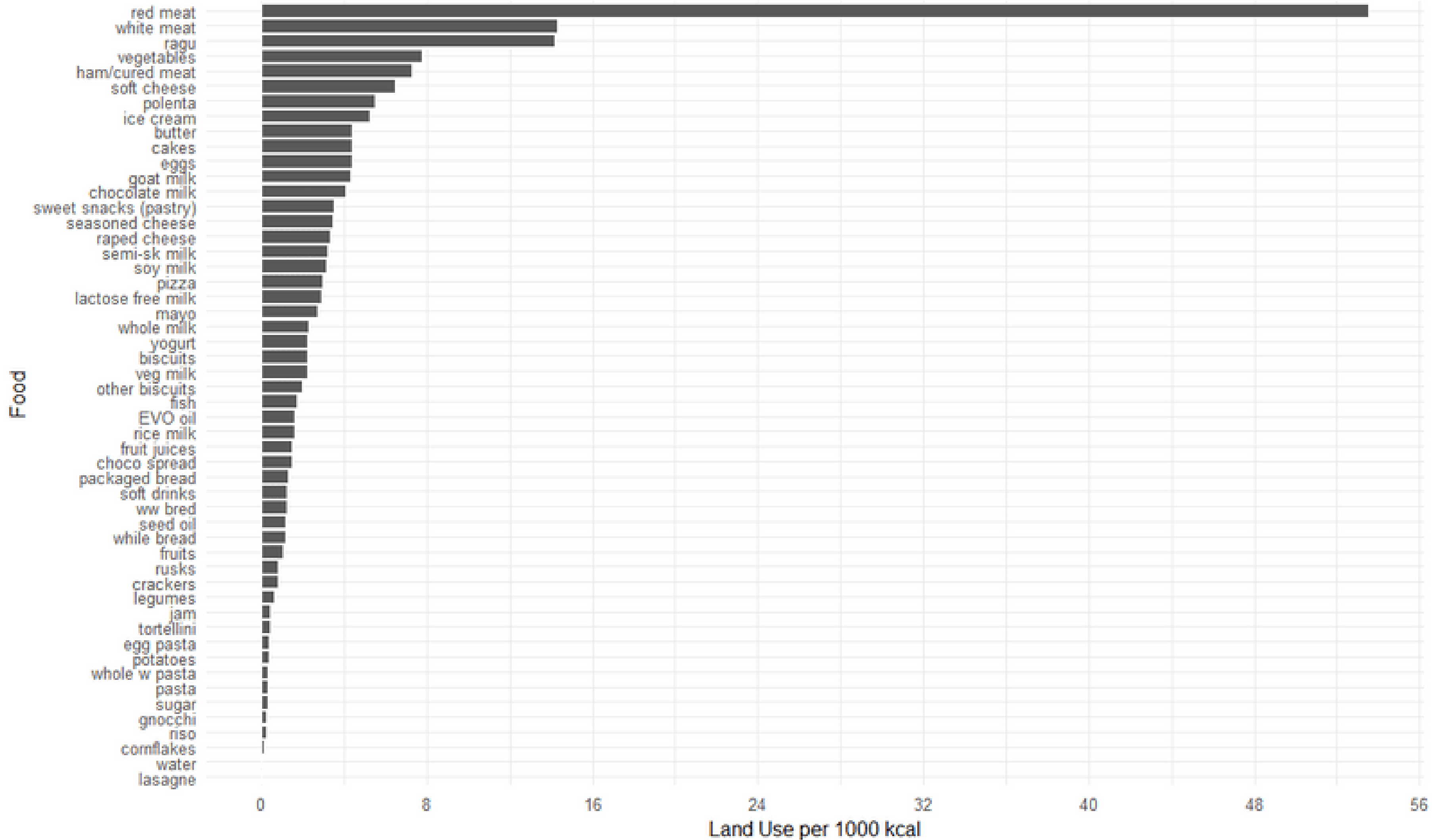
\* 1kgCH<sub>4</sub> equal to 25 kgCO<sub>2</sub>, and 1kgN<sub>2</sub>O equal to 298 kgCO<sub>2</sub> (IPCC 2007)











# EXPOSURE ASSESMENT

QUALITY

QUANTITY

Daily diet-related  
**GHG EMISSIONS  
AND LAND USE**

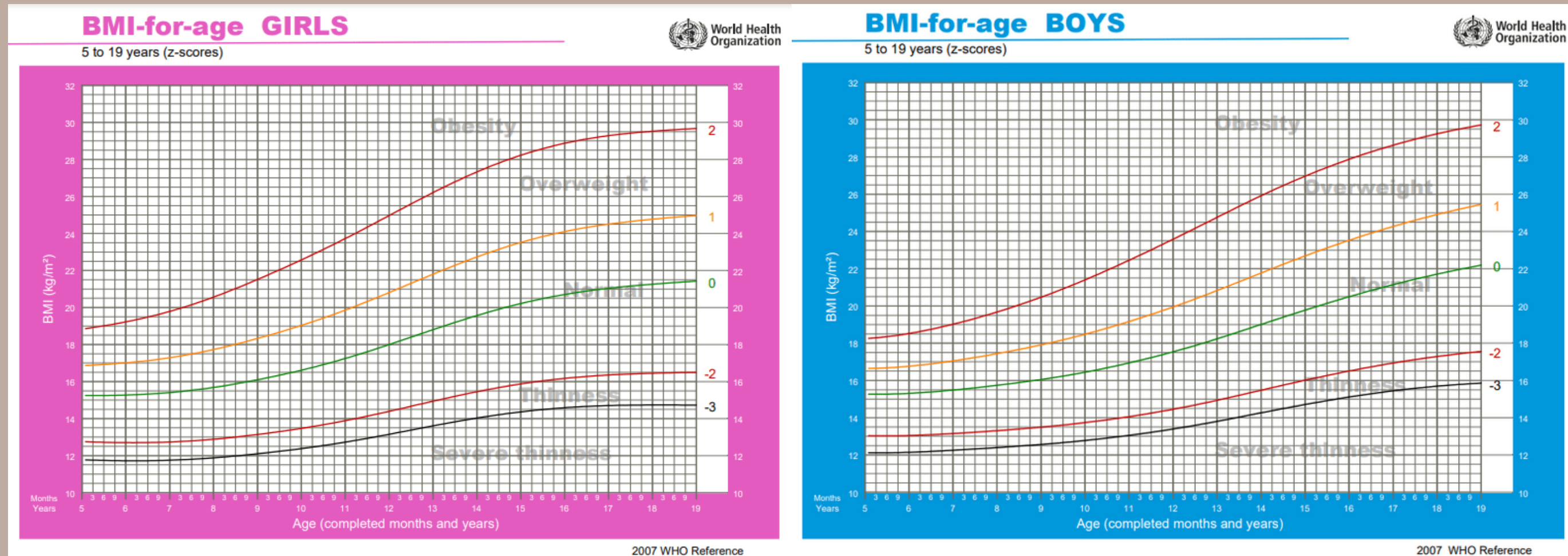
**GHGE /LU  
INTENSITY**  
per kcal

=  $\frac{\text{Tot GHGE (LU)/day}}{\text{Tot kcal /day}}$

# OUTCOME(S)

## PRIMARY OUTCOME

Height and weight measurements at 6 years -> BMI



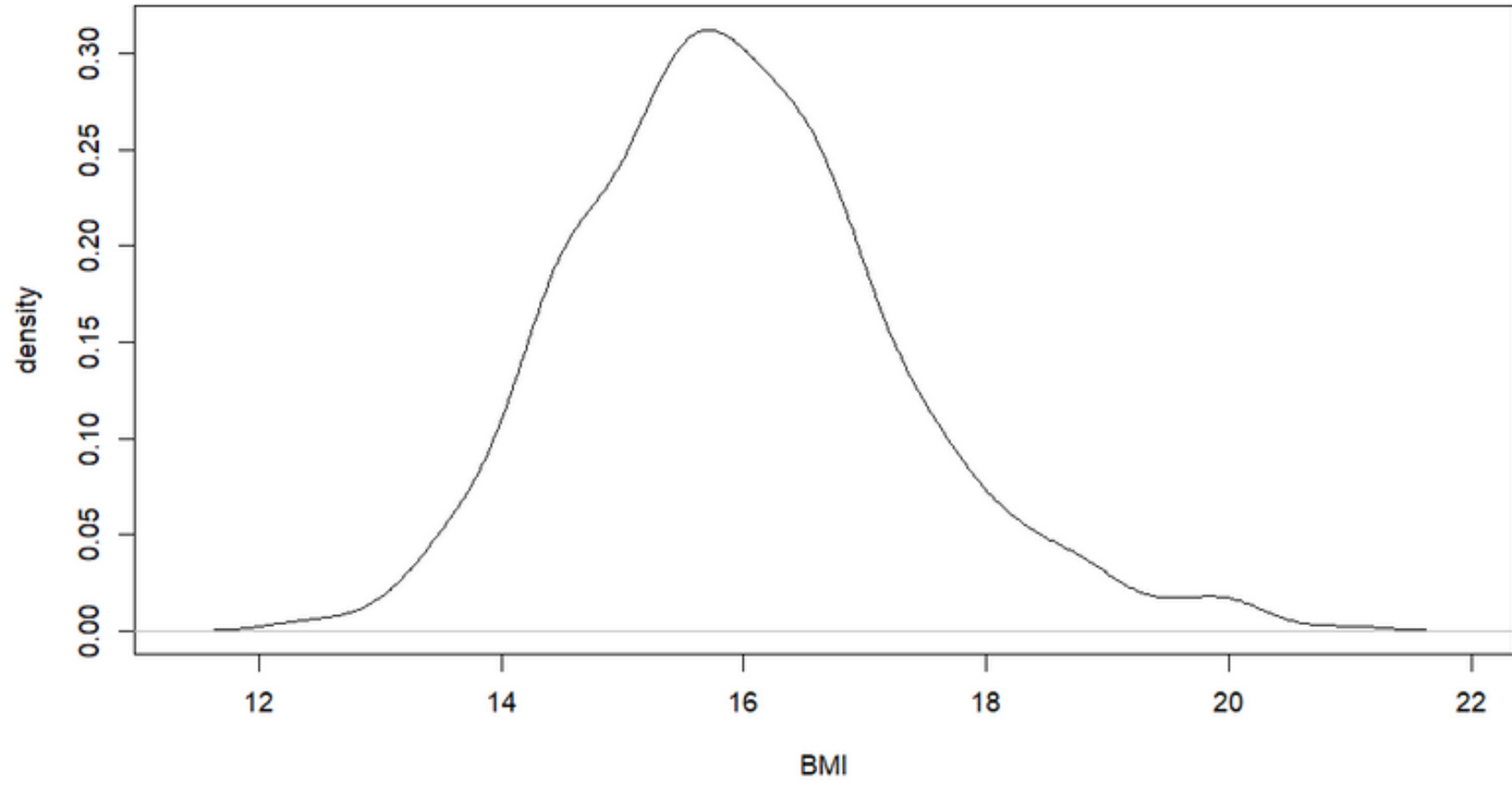
## SECONDARY OUTCOMES

Blood Pressure

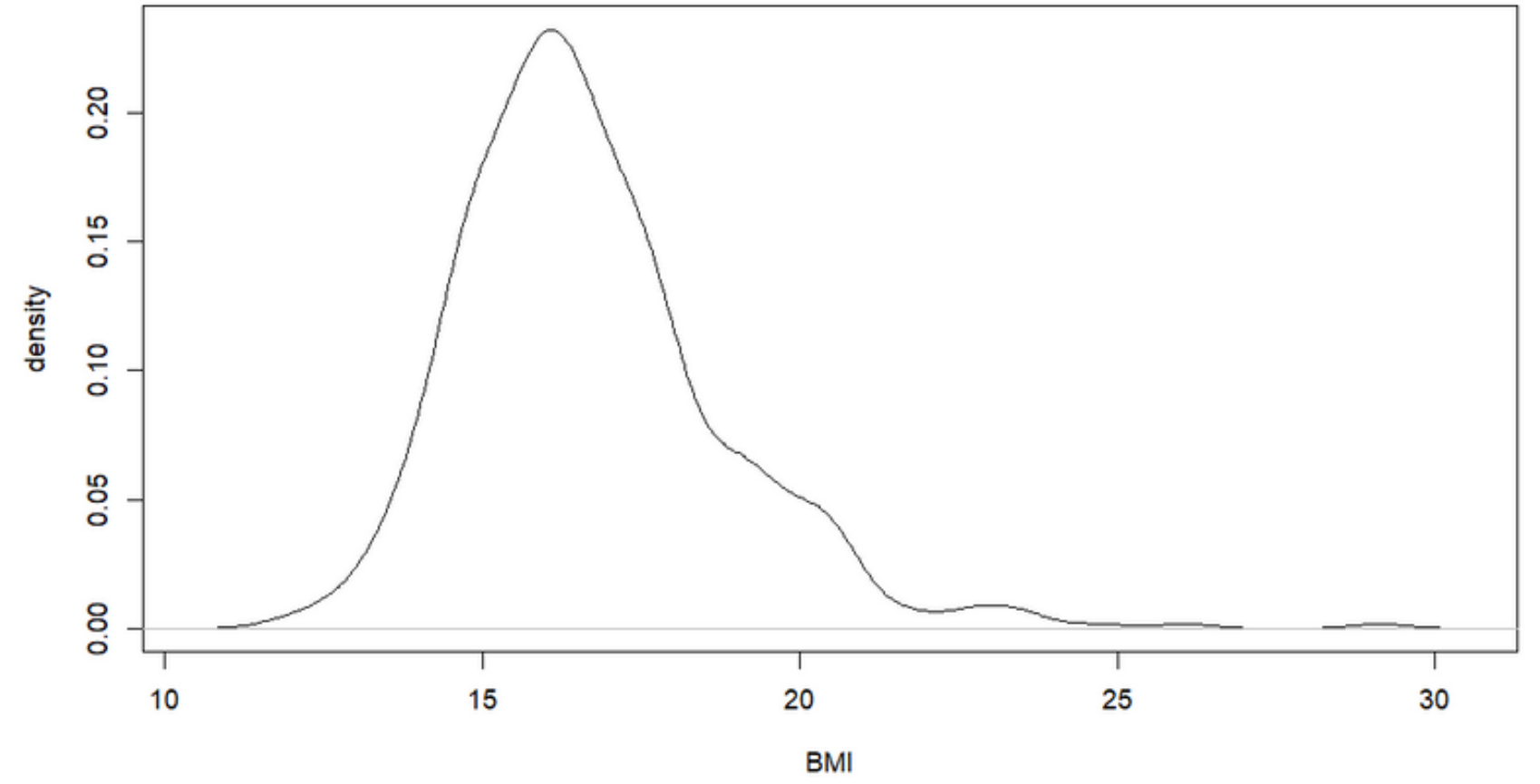
Abdominal circumference



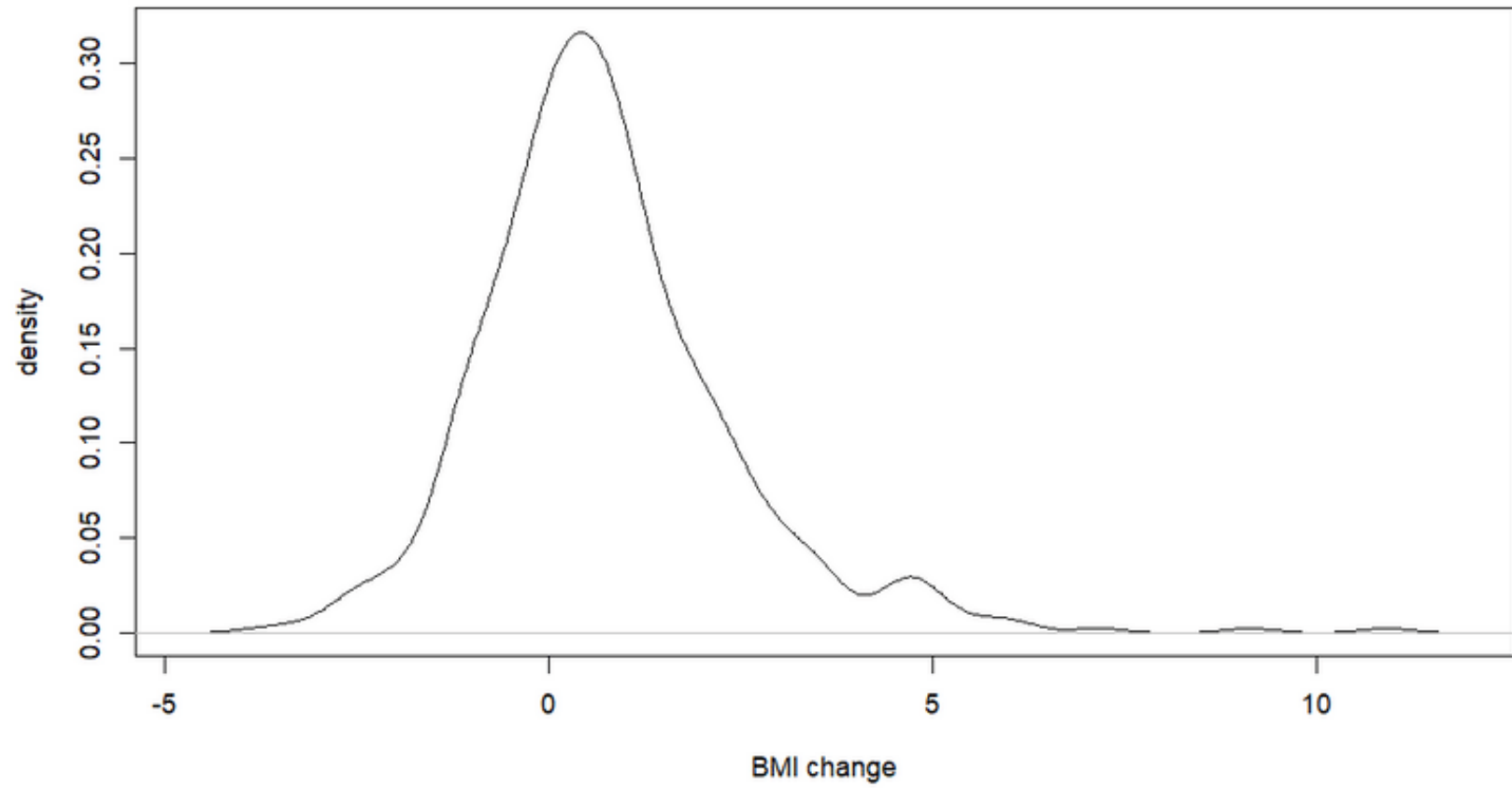
**BMI 4 years- boys**



**BMI 6 years- boys**



**BMI change density-boys**



**BMI PP 50%**

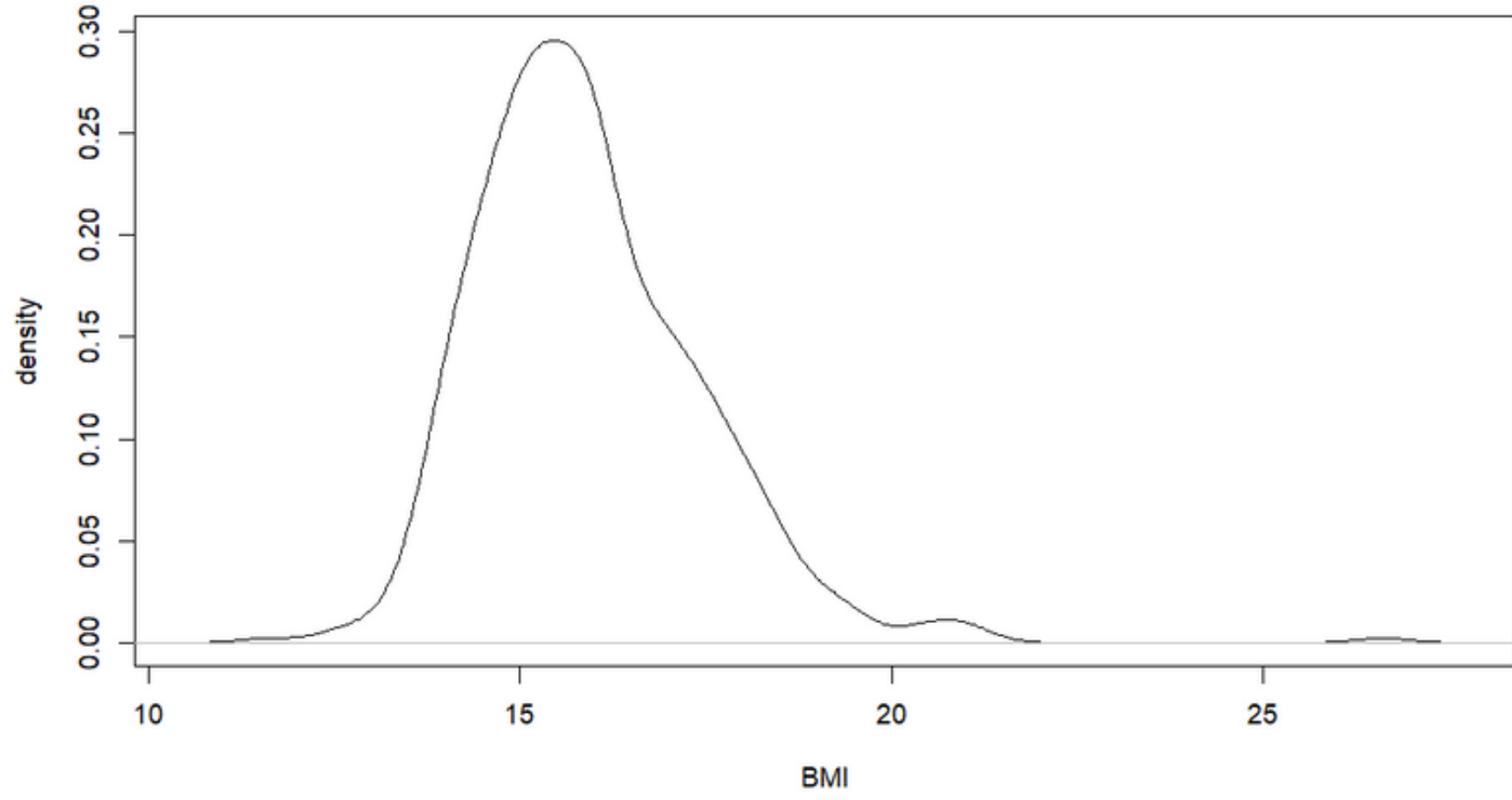
4aa 15.8

6aa 16.4

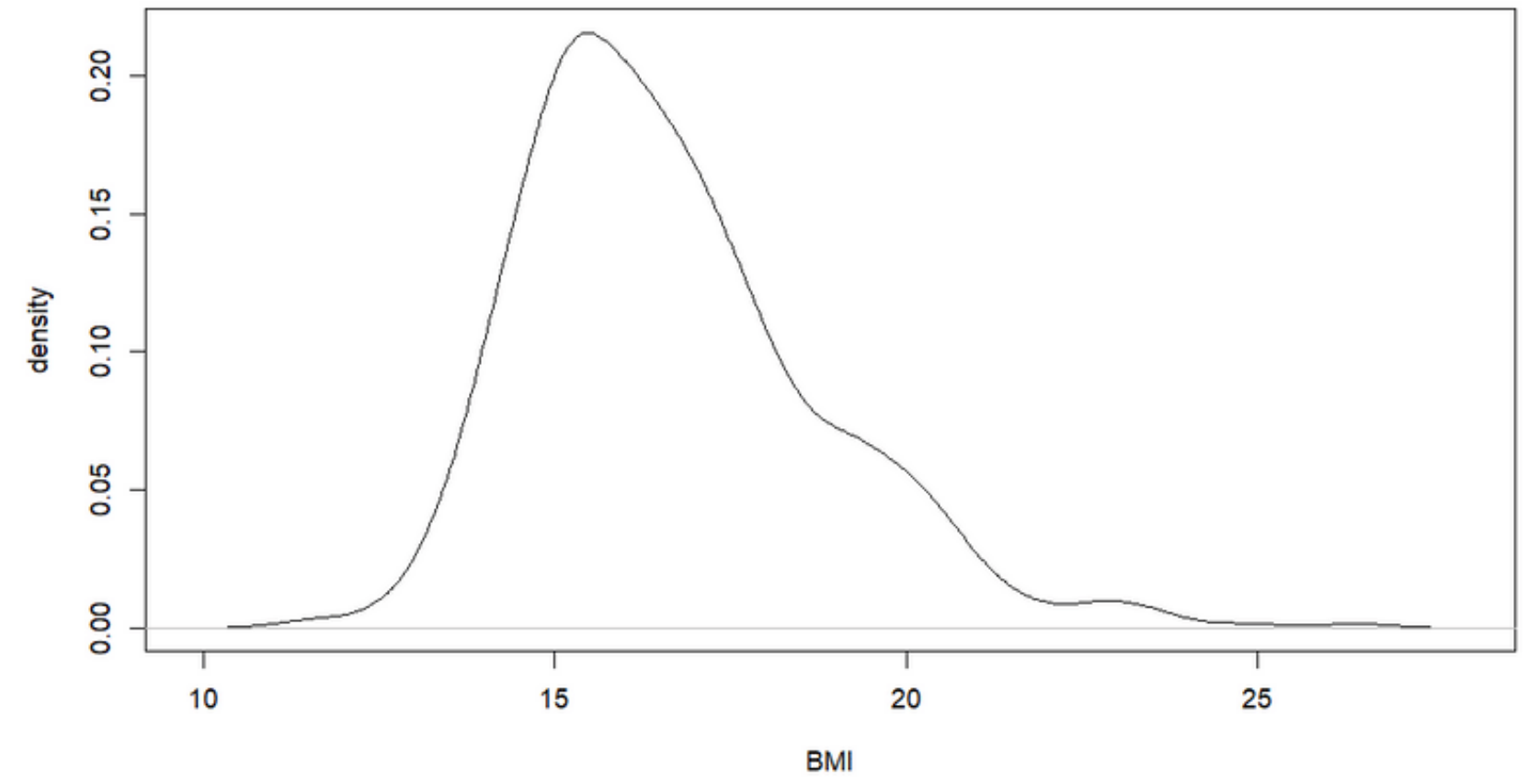
Change median + 0.6



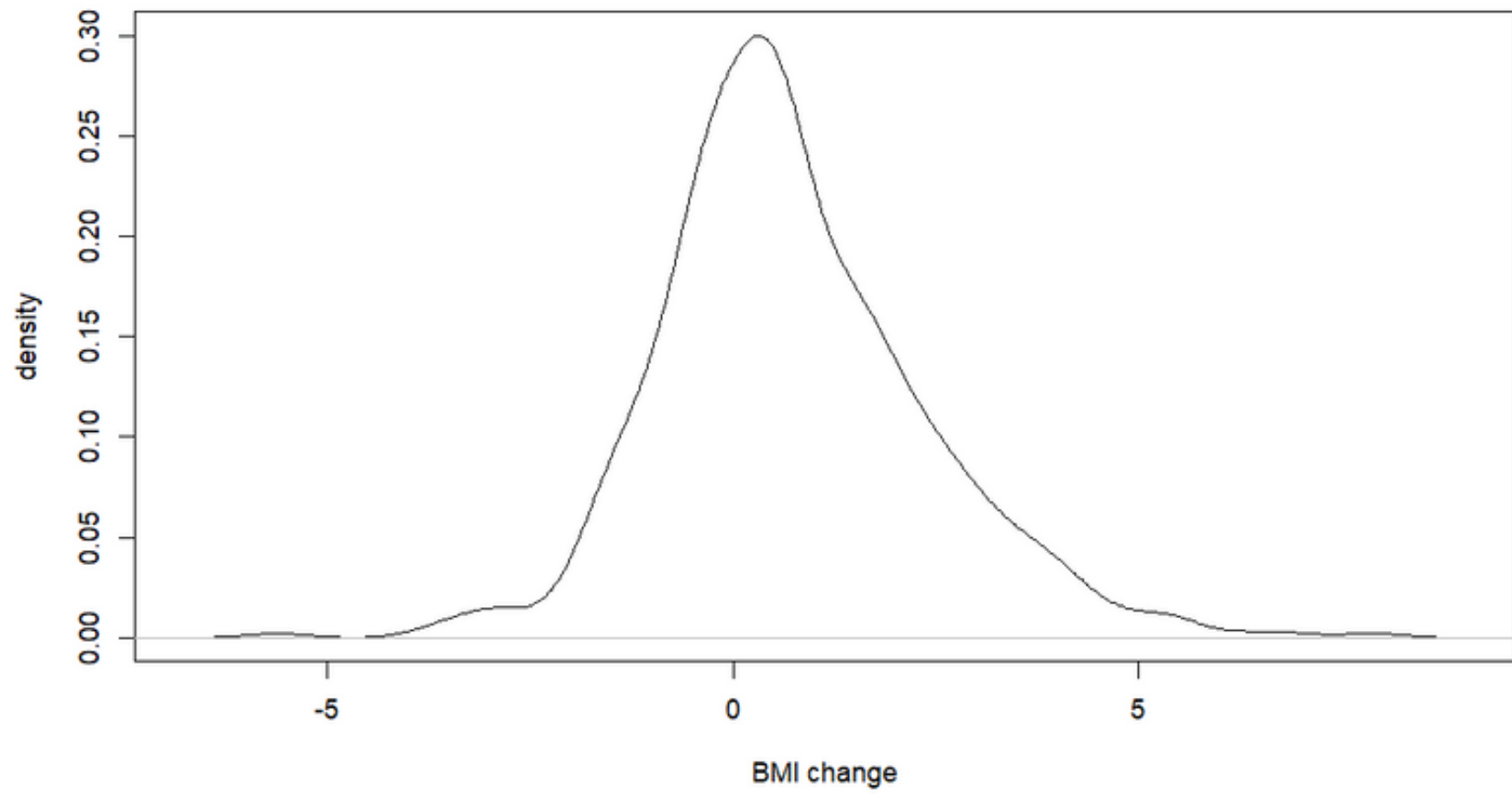
**BMI 4 years- girls**



**BMI 6 years- girls**



**BMI change density-girls**



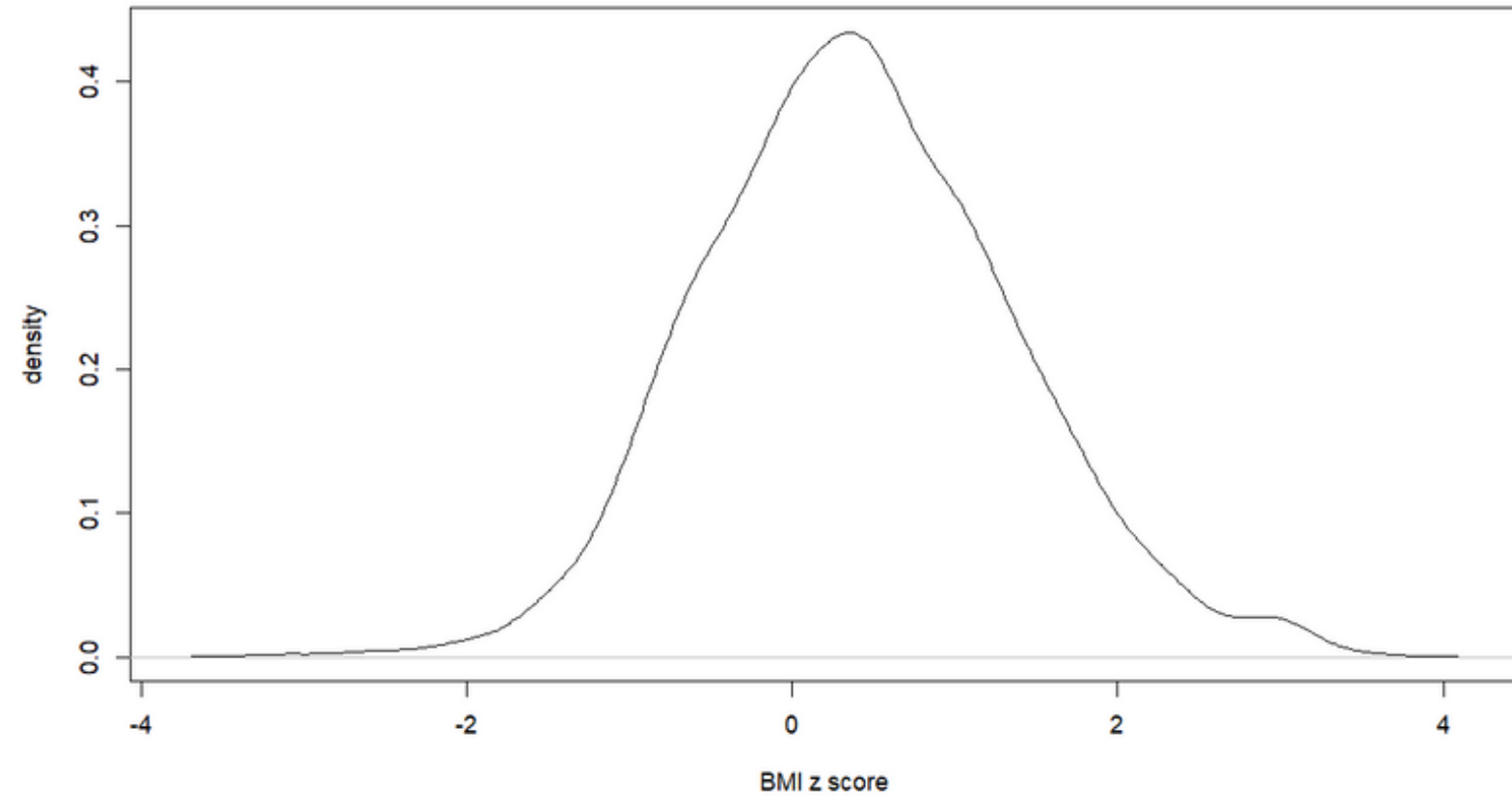
**BMI PP 50%**

4aa 15.7

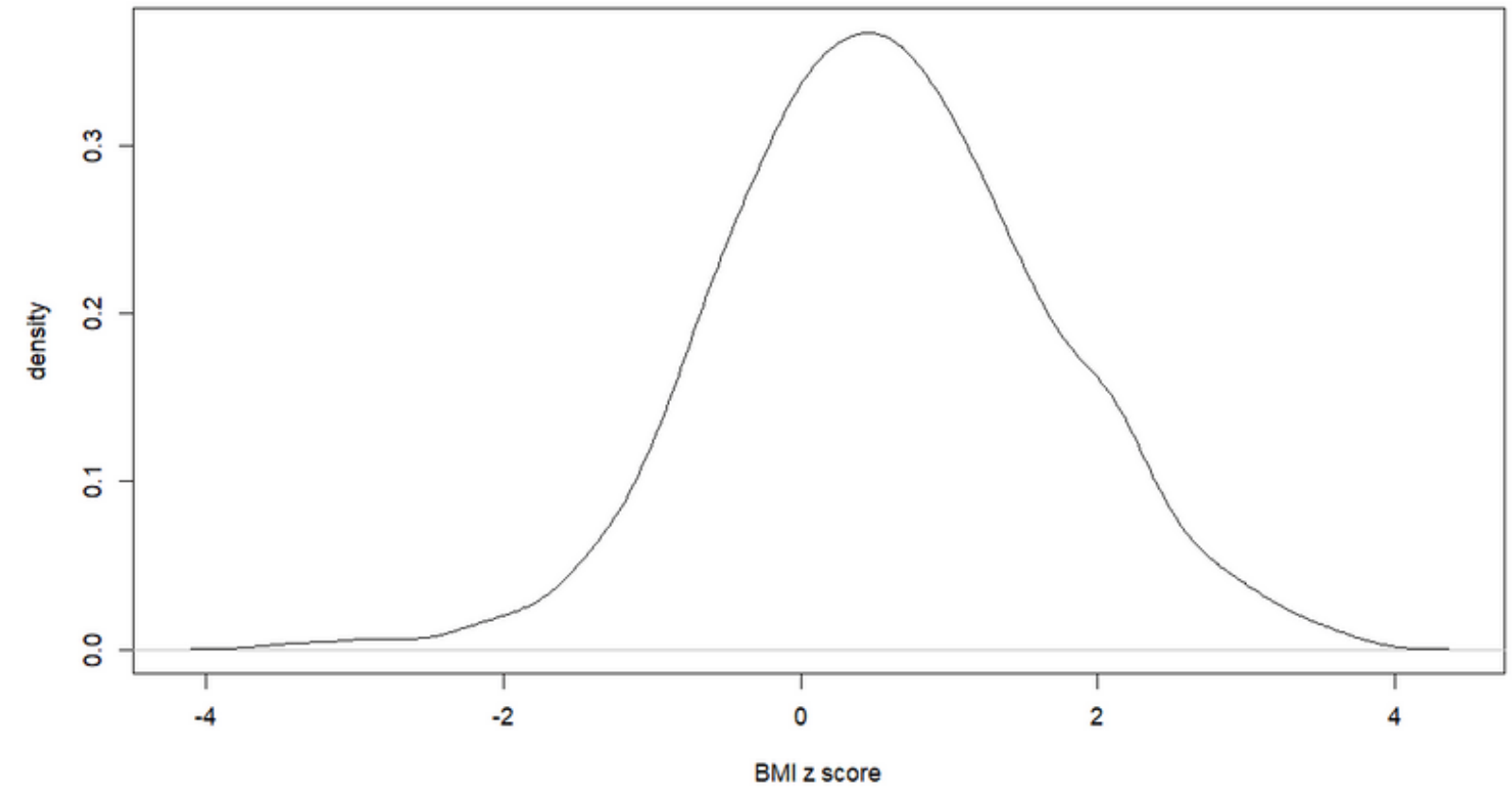
6aa 16.2

Change median + 0.5

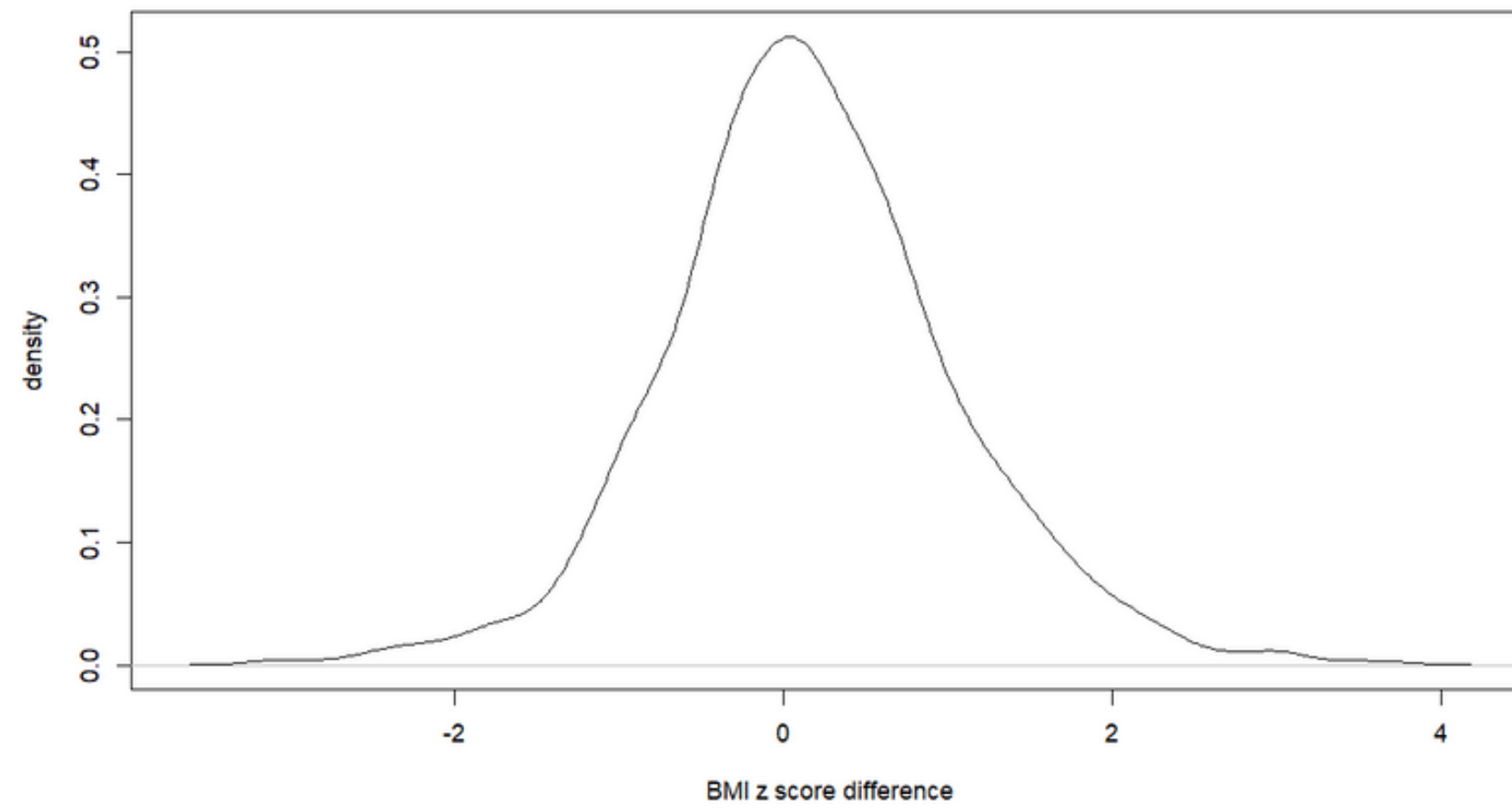
**BMI Z-score 4 y**



**BMI Z-score 6 y**



**BMI Z-score change**

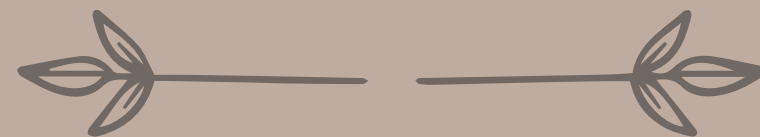


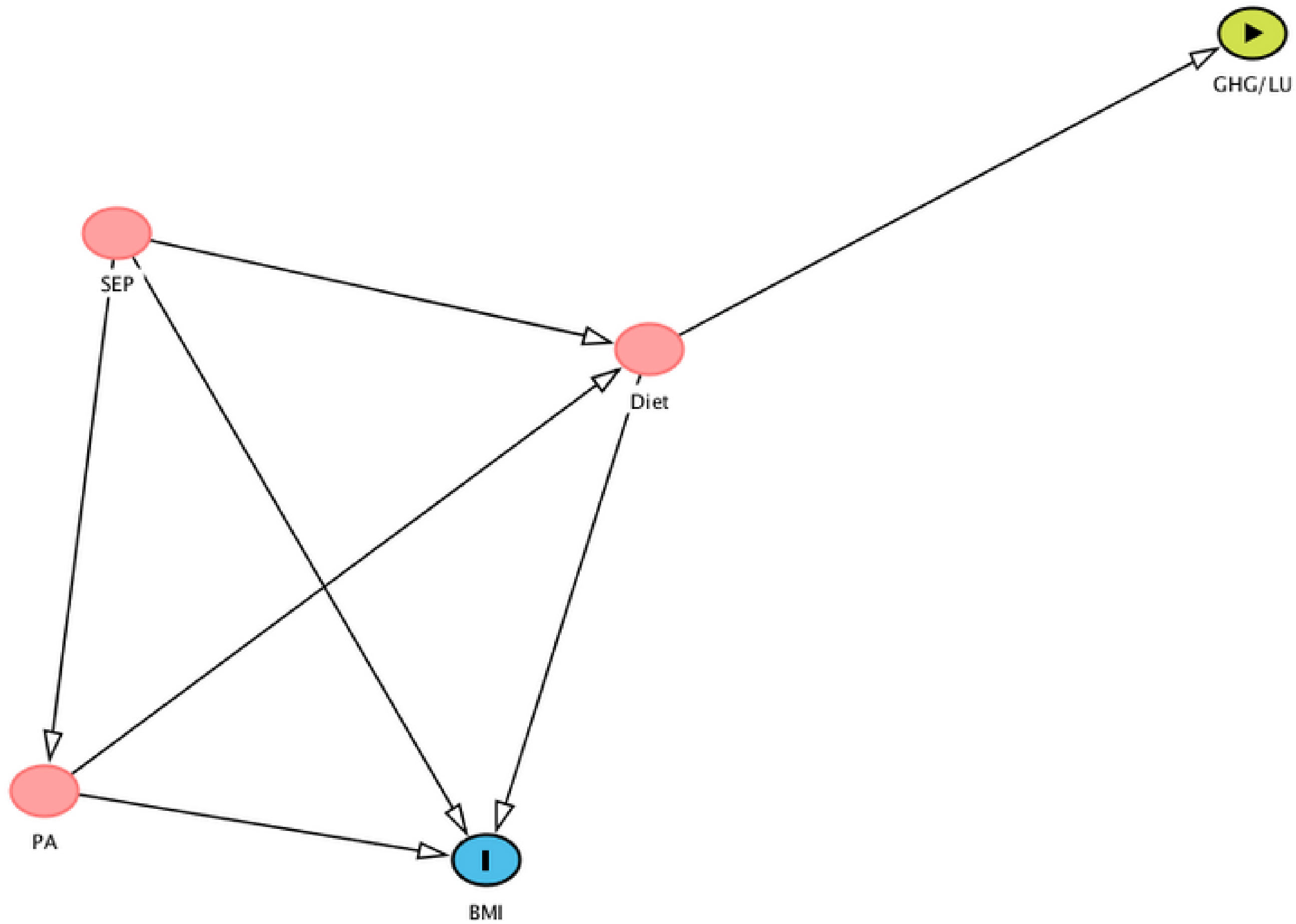
# THE ROLE OF SEP

“**Equivalized Household Income Indicator** (EHII)”, which measures the equivalized disposable household income, previously validated in the cohort and associated with BMI in 2 to 4 years children.

It includes the following:

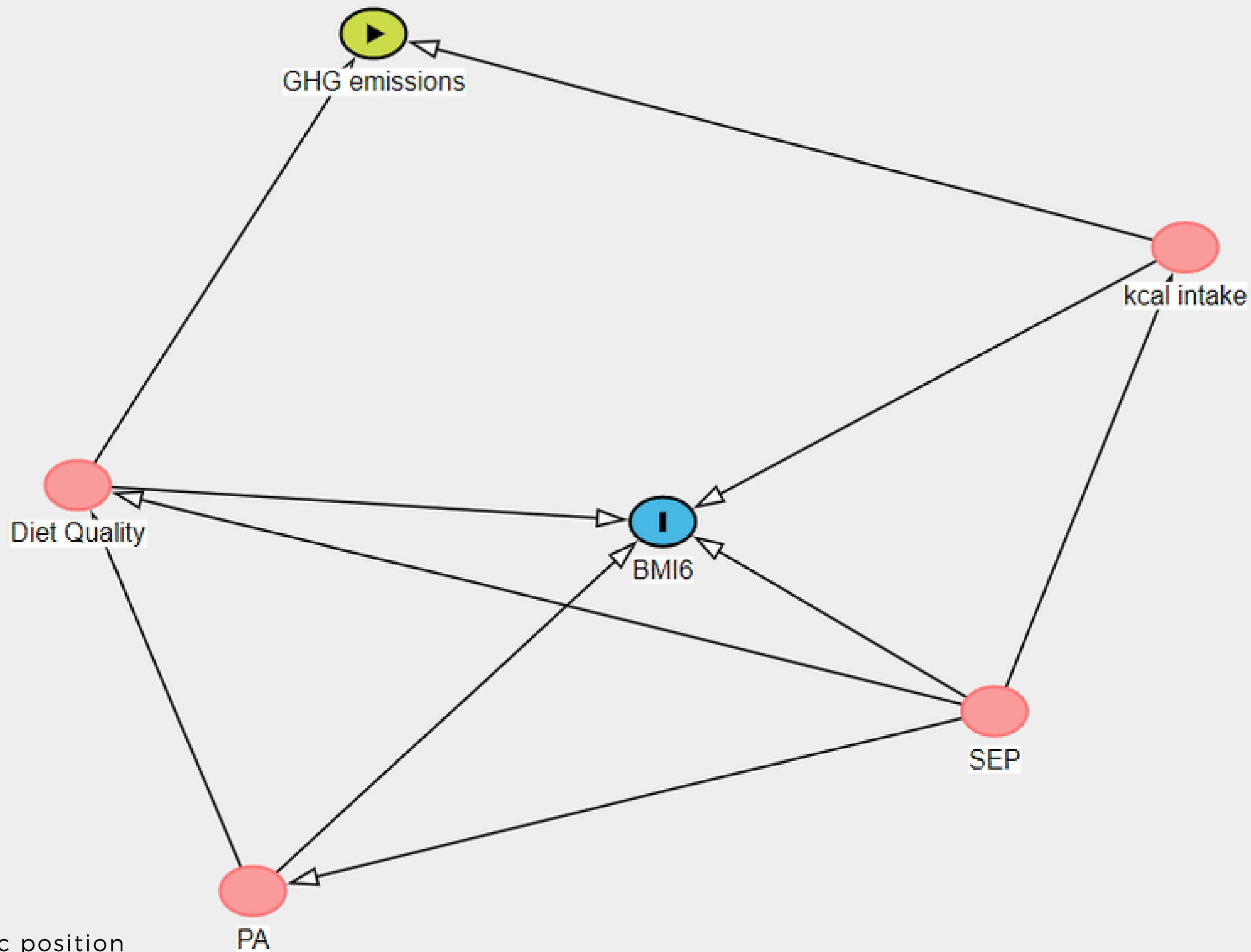
- **Maternal variables:** age, educational level, occupational status, ISCO code, country of birth, marital status and cohabitation status (living with/without a partner).
- **Household variables:** dwelling type, tenure status, number of rooms, and family size





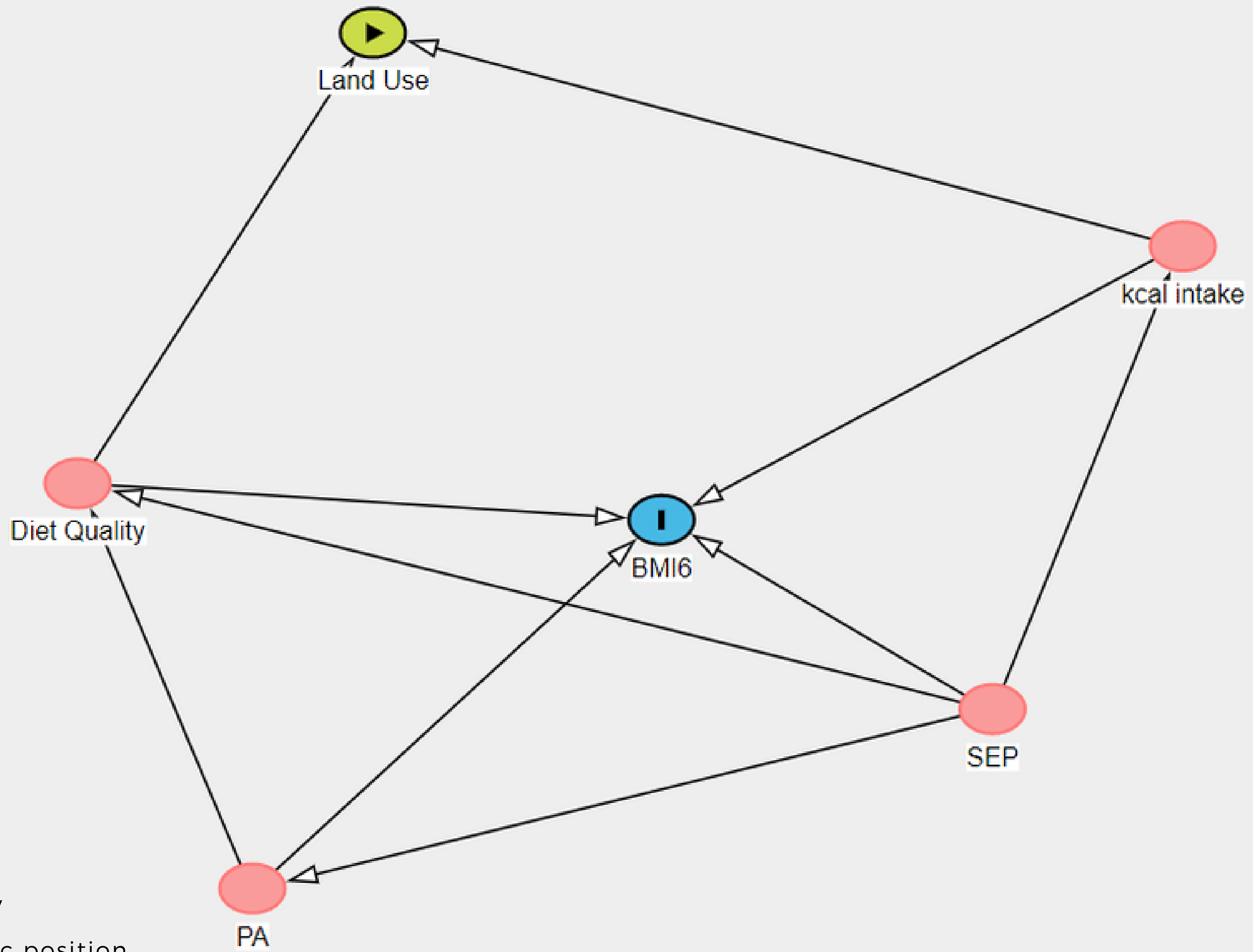
**PA:** physical activity

**SEP:** socio-economic position



**PA:** physical activity

**SEP:** socio-economic position



**PA:** physical activity

**SEP:** socio-economic position

# ANALYSES

Test for linearity of data -> GLM or non-linear models

Continuous outcomes (BMI z scores)

Binary outcomes (OW/OB)

Accounting for potential confounders:

- Physical activity
- SEP

Additional analyses

- Kcal intake
- PCA (see later)

# DISCUSSION

## DEVELOPING AGE

Crucial age and different requirements

## FINDING'S IMPLICATIONS

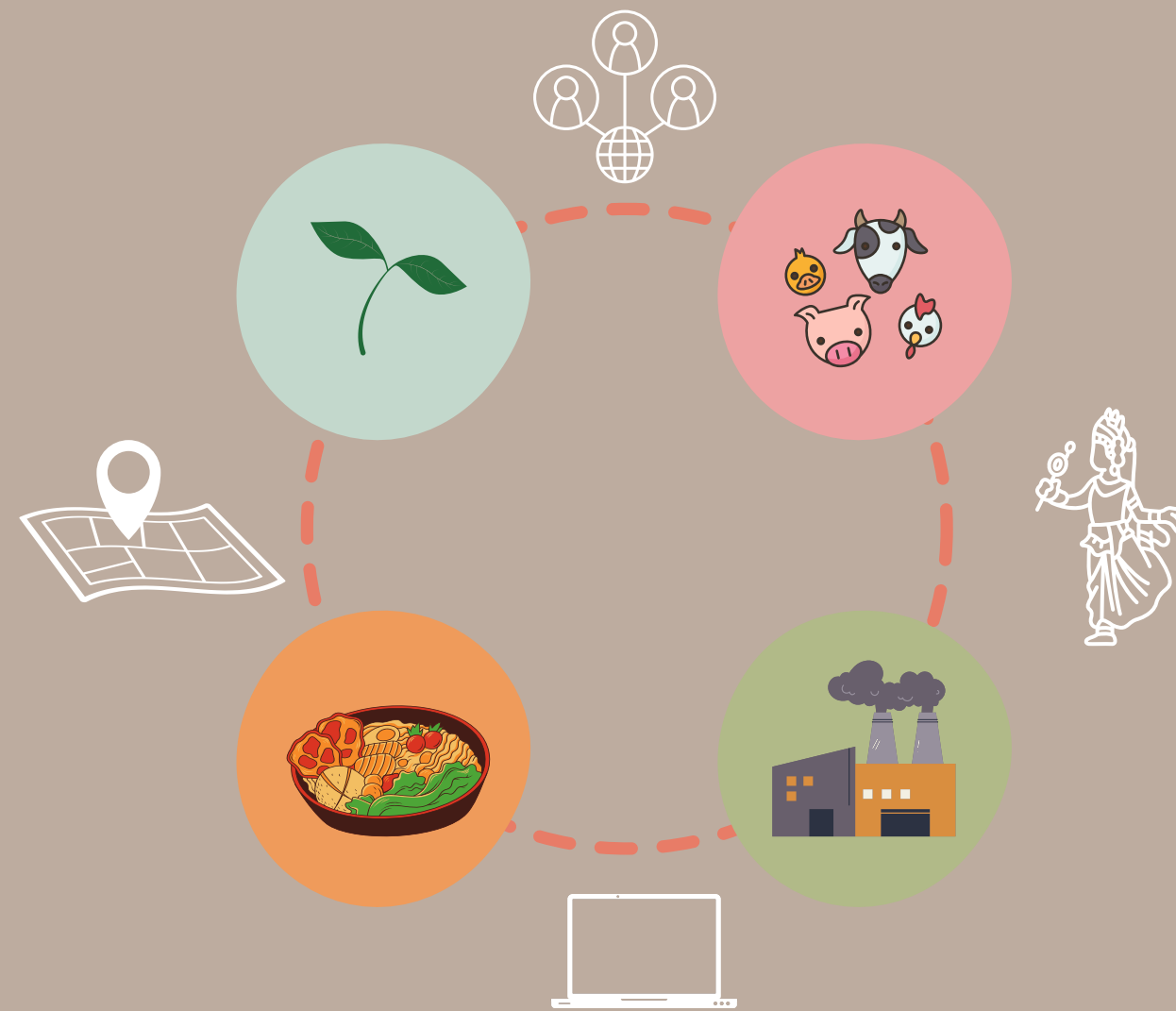
Emission and land use assessed quantitatively.

Qualitative indication needed to have more indication to the children's diet pattern: run the PCA of diet patterns in the PP cohort and analyze the component's relation with BMI, OW, OB



# FINAL CONSIDERATIONS

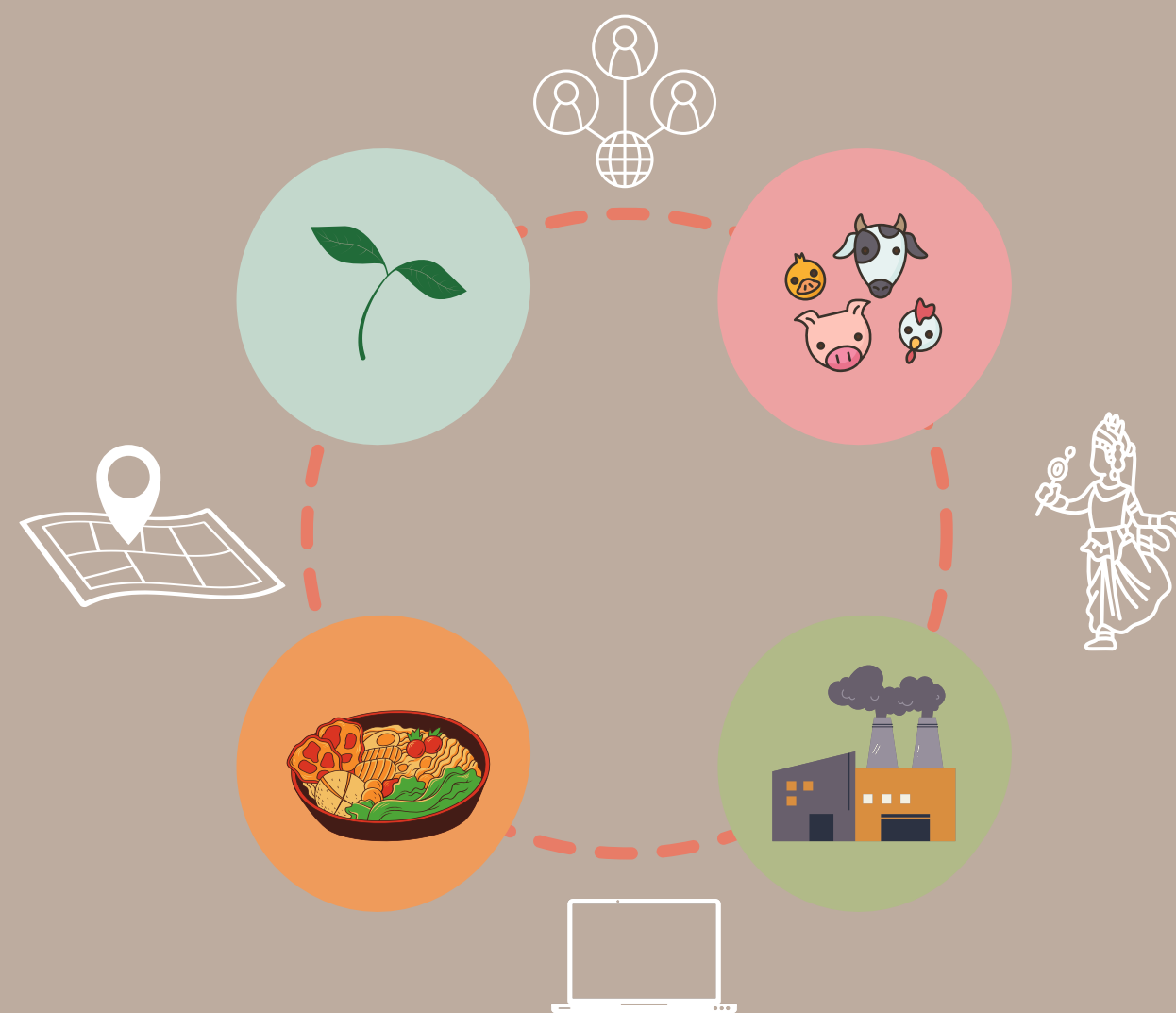
**Dietary behaviour** is complex as most food-related decisions are made at a subconscious level (Marteau et al., 2012). Food choices are **shaped by** several factors as the **food system**, **food** and **socio-cultural environments**.



# FINAL CONSIDERATIONS

**Dietary behaviour** is complex as most food-related decisions are made at a subconscious level (Marteau et al., 2012). Food choices are **shaped by** several factors as the **food system**, **food** and **socio-cultural environments**.

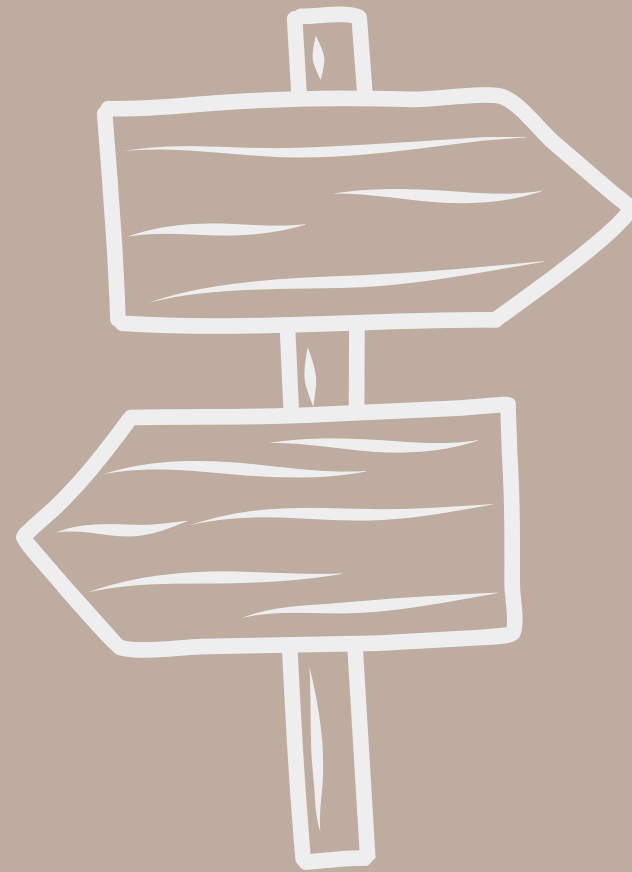
Several **parameters** need to be considered as food availability, accessibility and affordability, as well as food desirability, convenience and marketing.



**Policy and macro-level decisions** are needed to shape those factors in a science-based direction

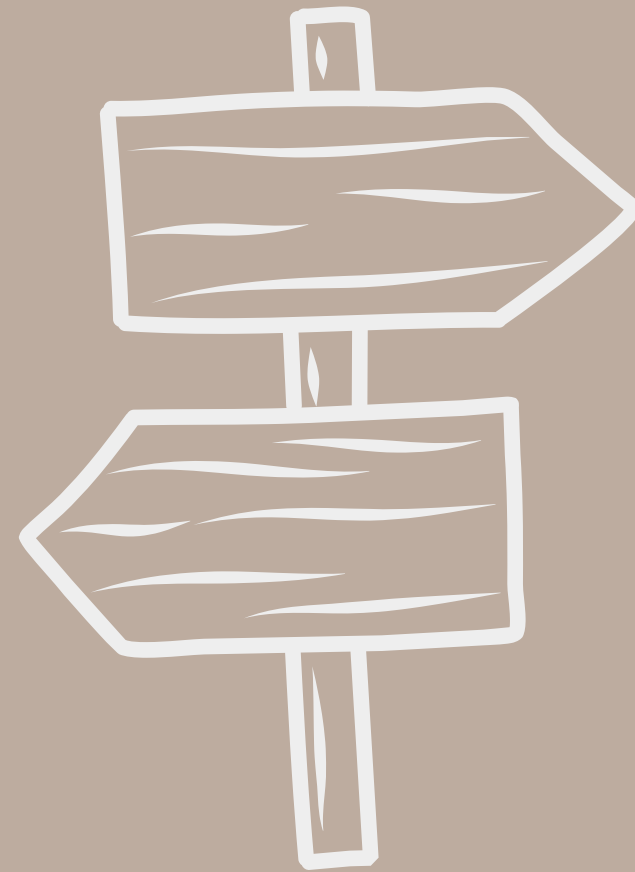
# FINAL CONSIDERATIONS

**Science-based guidelines** on an environmental-friendly and healthy diet are needed, and needs to be extended to **all ages** to shape and guide positive lifestyle changes



# FINAL CONSIDERATIONS

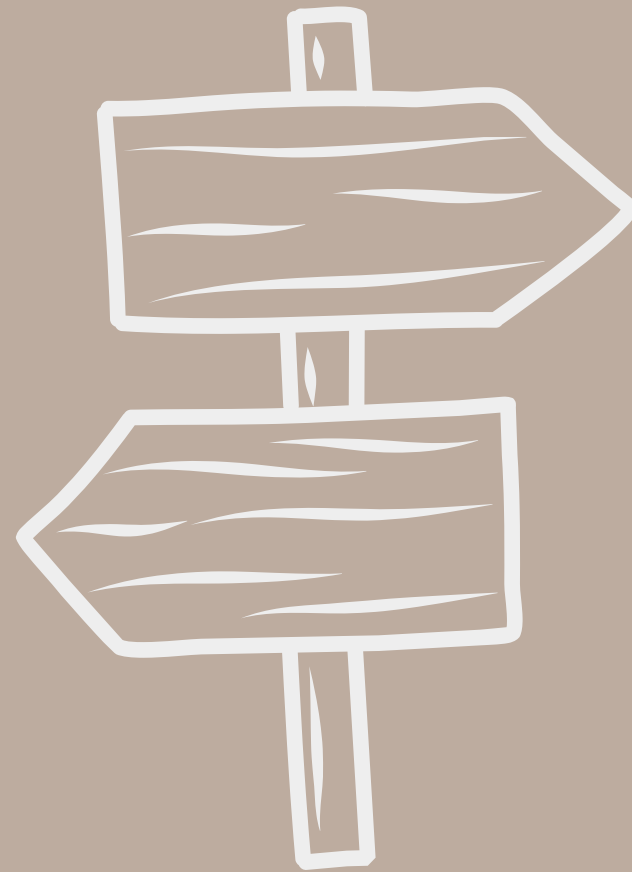
**Science-based guidelines** on an environmental-friendly and healthy diet are needed, and needs to be extended to **all ages** to shape and guide positive lifestyle changes



**Health implications** of a climate-friendly diet needs to be further delucitated, and especially for particularly **vulnerable** categories e.g. children

# FINAL CONSIDERATIONS

**Science-based guidelines** on an environmental-friendly and healthy diet are needed, and needs to be extended to **all ages** to shape and guide positive lifestyle changes



**Health implications** of a climate-friendly diet needs to be further delucitated, and especially for particularly **vulnerable** categories e.g. children

Although lifestyle impact is big, achieving dietary change for personal health reasons has proven difficult. Thus, a dietary change for climate needs to be accompanied by careful **attention** to the factors that **shape dietary choices** and behaviours.

# FINAL CONSIDERATIONS

Parallel to individual choices, other actions needs to be implemented

- Changes in **market regulamentations** which may change desirability of climate-unfriendly and/or unhealthy food

# FINAL CONSIDERATIONS

Parallel to individual choices, other actions needs to be implemented

- Changes in **market regulamentations** which may change desirability of climate-unfriendly and/or unhealthy food
- **Subsides for** disadvantaged families to make healthy food choices accessible to everyone

# FINAL CONSIDERATIONS

Parallel to individual choices, other actions needs to be implemented

- Changes in **market regulamentations** which may change desirability of climate-unfriendly and/or unhealthy food
- **Subsides for** disadvantaged families to make healthy food choices accessible to everyone
- **Cultural shift:** sensitization of the population and educational effort



# TAKE HOME MESSAGES



- **Human** and **planet's** health are related and we urgently need to use our instruments to protect and improve both of them.

# TAKE HOME MESSAGES



- **Human** and **planet's** health are related and we urgently need to use our instruments to protect and improve both of them.
- The analysis of **diet pattern** is complex and need the integration of quantitative and qualitative aspects

# TAKE HOME MESSAGES



- **Human** and **planet's** health are related and we urgently need to use our instruments to protect and improve both of them.
- The analysis of **diet pattern** is complex and need the integration of quantitative and qualitative aspects
- Since lifestyle, and most of all diet has a notable impact on health and environment **dietary reccomendation** on children's diet are fundamental and needs to be implemented and studied

# TAKE HOME MESSAGES



- **Human** and **planet's** health are related and we urgently need to use our instruments to protect and improve both of them.
- The analysis of **diet pattern** is complex and need the integration of quantitative and qualitative aspects
- Since lifestyle, and most of all diet has a notable impact on health and environment **dietary recommendation** on children's diet are fundamental and needs to be implemented and studied
- **Cultural shift** and policies needs to be implemented in parallel to an educational effort

# THANK YOU!!!

