Healthier Lives Through Food

EIT Food Missions Roadmap: Survey report

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General introduction to the survey

The survey Healthier lives through food was designed to collect views, knowledge and inputs from consumers and from experts involved in the food and medical sectors. The questions were formulated to allow an easy and immediate answer from respondents.

Two sets of questions were prepared to reach consumers and experts. We were interested in understanding from consumers their approach to healthy diets and foods, the barriers blocking their implementation, and the strategies consumers would suggest improving the diffusion of healthy food choices. From experts, we wanted to identify what actions different stakeholders have taken to address non-communicable diseases and what areas of food systems need to be addressed to improve consumption of healthy foods and reduce intake of unhealthy products.

The survey was disseminated via existing extensive networks of Mission 1 consortium members and institution from EIT Food. Moreover, big efforts have been put in place to connect with relevant institutions in Europe (industry associations like FoodDrinkEurope, the British Nutrition Foundation and the Italian Cluster of Agrifood industry, consumer associations like Altroconsumo, national clusters as the Lower Austrian Food Cluster, project consortia as MicrobiomeSupport, Fit4Food2030 or Domino, and Information Platforms such as the TABLE Newsletter etc.) which served as multipliers. Social media, mainly represented by LinkedIn, Instagram, Telegram, and Twitter were exploited as well by all consortium partners and their respective multipliers. 989 responses from consumers and 221 from experts were collected.

The majority of respondents were located in Italy (83% in consumer group and 46% in expert group). An explanation could be that some networks and multipliers (organizations that disseminated the survey) were more effective in some countries than others. Important to underlined is that the unbalance in the geographic distribution did not introduce any bias in the survey results: the outcomes did not differ when conducing analysis including and excluding the participants from Italy. Hence, we present the results of all respondents (including Italy) in the forthcoming sections.

The results of the survey are described in more detail in the next chapters below.

Demographics "Consumers"

Geographic distribution

We collected responses among consumers from 25 countries. As shown in the Table 1, more than 80% of the consumers who answered to the survey came from Italy, followed by UK and Austria. The high number of Italian responses were most likely caused by a more effective survey distribution than in other countries. To validate the results of the survey, data was analyzed with and without participants form Italy. However, the two sets of analysis demonstrated no differences in the outcomes.

Table 1. Country of residence in consumer group

Country	# of respondents	%
Italy	820	83,76%
United Kingdom	30	3,06%
Austria	23	2,35%
Belgium	12	1,23%
Germany	12	1,23%
France	9	0,92%
Greece	9	0,92%
Spain	9	0,92%
Finland	8	0,82%
The Netherlands	7	0,72%
Portugal	7	0,72%
Denmark	4	0,41%
Ireland	4	0,41%
Poland	4	0,41%
Switzerland	4	0,41%
Czech Republic (Czechia)	3	0,31%
Romania	2	0,20%
Iceland	1	0,10%
Sweden	1	0,10%
Turkey	3	0,31%
India	2	0,20%
Israel	2	0,20%
Malaysia	1	0,10%
Argentina	1	0,10%
Venezuela	1	0,10%

Gender and age

Regarding the gender, there was a higher prevalence of female (68%) over male (28%) and most participants were between 18-30 years old (Figure 1 and Figure 2).

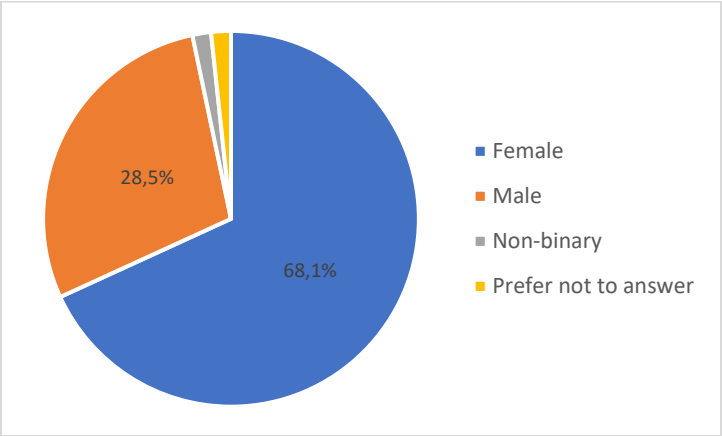


Figure 1. Gender distribution in consumer group

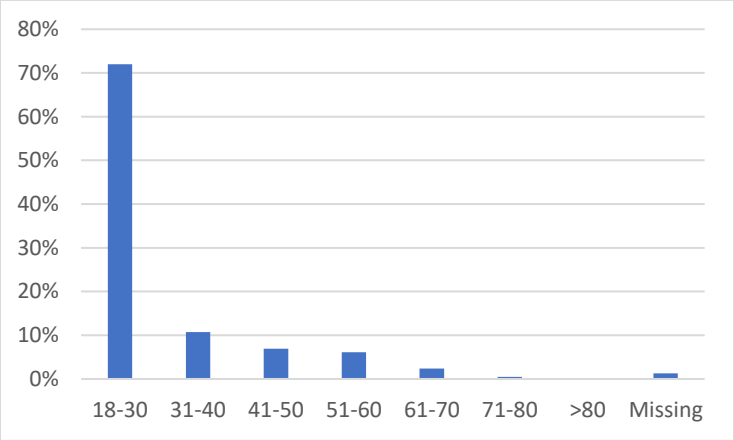


Figure 2. Age distribution in consumer group

Level of education

More than 30% of the survey participants possessed an upper secondary education level, while about 45% received a university degree (27% bachelor, 14% master and 4% PhD) (Figure 3).

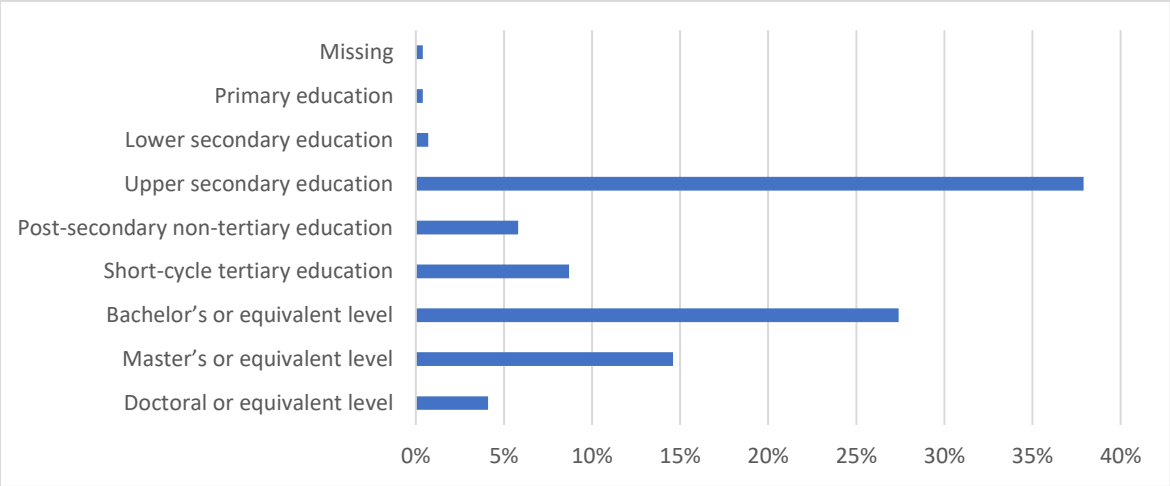


Figure 3. Level of education among consumers

Demographic "Experts"

Geographic distribution

The experts participating in the survey came from 23 different countries; almost half of the participants came from Italy and more than 20% from the UK (Table 2). Similar to the analysis of the consumer responses, we also conducted the analysis excluding responses from Italy to test the validity of our results but found no bias.
Also experts from Austria and Spain contributed to the survey results with more than 10 completed questionnaires.

Table 2. Country of residence in expert group

Country	# of respondents	%
Italy	102	46,79%
United Kingdom	45	20,64%
Austria	12	5,50%
Spain	10	4,59%
Germany	9	4,13%
Belgium	8	3,67%
The Netherlands	6	2,75%
France	5	2,29%
Greece	3	1,38%
Poland	2	0,92%
Croatia	1	0,46%
Denmark	1	0,46%
Estonia	1	0,46%
Finland	1	0,46%
Iceland	1	0,46%
North Macedonia	1	0,46%
Romania	1	0,46%
Slovenia	1	0,46%
Switzerland	1	0,46%
Turkey	3	1,38%
India	2	0,92%
Egypt	1	0,46%
Malawi	1	0,46%

Gender and age

As for the consumers' group, also in the experts' group, there was a majority of females who participated in the survey. Regarding the age, experts covered more homogeneously the different intervals than consumers did (Figure 4 and Figure 5).

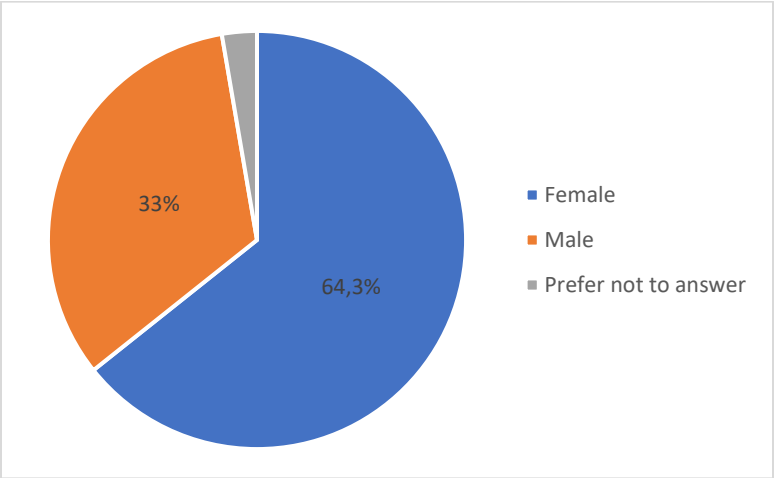


Figure 4. Gender distribution in expert group

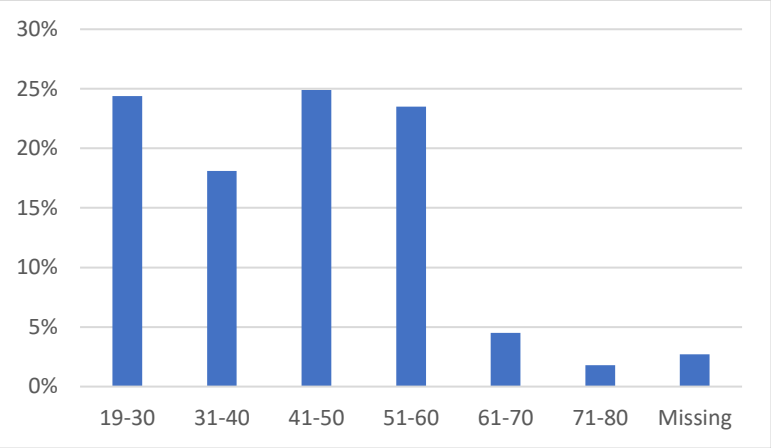


Figure 5. Age distribution in expert group

Level of education

Almost all of the experts participating in the survey possessed a university degree (90%), with almost 45% of them who are holding a PhD (Figure 6).

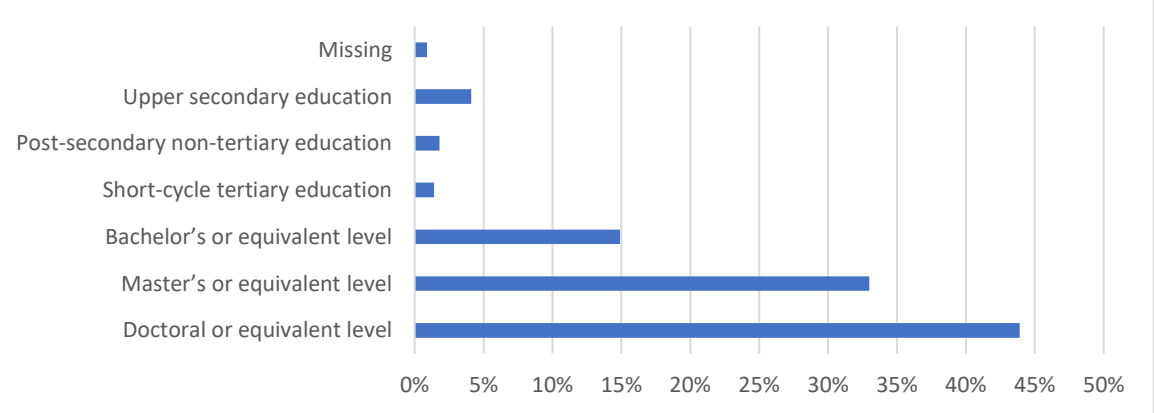


Figure 6. Level of education among experts

Role in the food system

Regarding the role that the experts take over in the food system, most respondents had roles in research & education and in healthcare (Table 3). There were representatives of all different sectors.

Table 3. Experts' role in the food system

Role in the food system	***Explanation***	**# of respondents**	**%**
Research & education	*university, industrial R&D, etc.*	104	47,1
Healthcare		37	16,7
Food processing & production	*incl. equipment and ingredients*	17	7,7
Food services	*restaurants, hotels, cafes, etc.*	17	7,7
Government & policy	*regulators, NGOs, supranational orgs., etc.*	8	3,6
Primary production	*agriculture, husbandry, aquaculture, incl. agricultural technology, fertilizers, pesticides, and other agrichemicals*	7	3,2
Retail	*supermarkets, online shops, brand owners, etc.*	7	3,2
Support services	*marketing, QA, operations, etc.*	6	2,7
Food distribution	*logistics, storage, etc.*	3	1,4
Other		15	6,8

Consumers' insights on non-communicable diseases

Consumer perceptions on NCDs

Questions pertaining to consumer beliefs about the selected NCDs, i.e. heart disease, stroke, diabetes (Type 2), obesity, colorectal cancer, and dementia.

- How problematic do you think the following NCDs are in your country?
- How significantly do you think food influences the development of the following NCDs?

As shown in the Figure 7, all the NCDs are mostly considered problematic, with hearth diseases, diabetes and dementia scoring above 60% when "extremely problematic" and "quite problematic" were added together. Obesity and colorectal cancer were the two NCDs scored around or above 20% when "slightly problematic" and "not problematic" were put together.

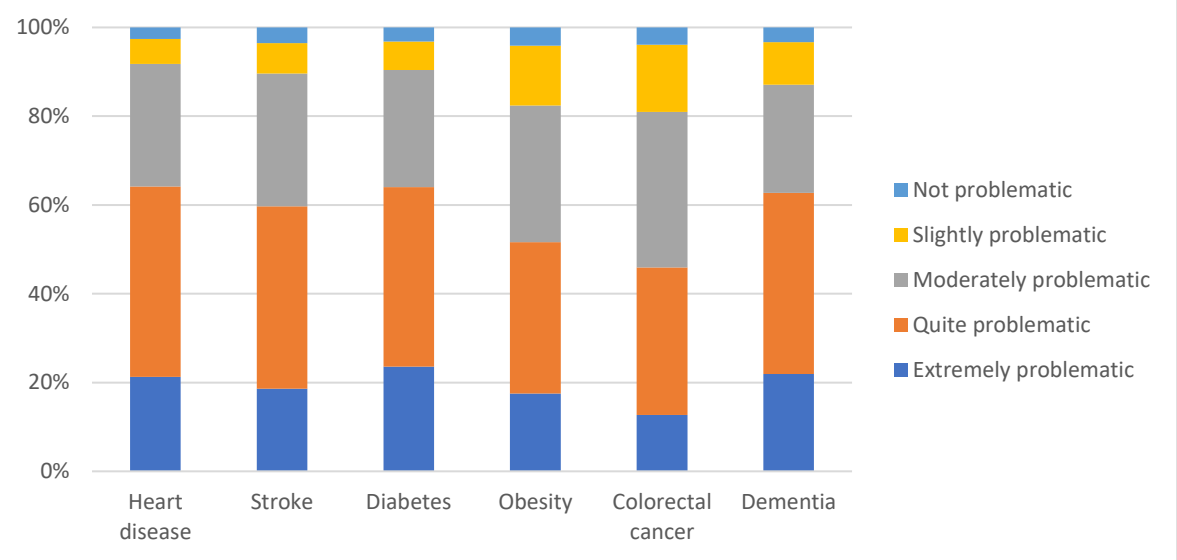


Figure 7. Overall perception of the identified NCDs

When consumers were asked to express their opinion regarding how significantly food influences the development of NCDs, obesity and diabetes received more than 60% of the answer "extremely significant" underlining that consumers strongly link these two NCDs with food (Figure 8). Also, hearth disease was rated high if the answer options "extreme significant" and "quite significant" were added together. Consumers did not consider the relationship between food and stroke, colorectal cancer and dementia to be particularly significant.

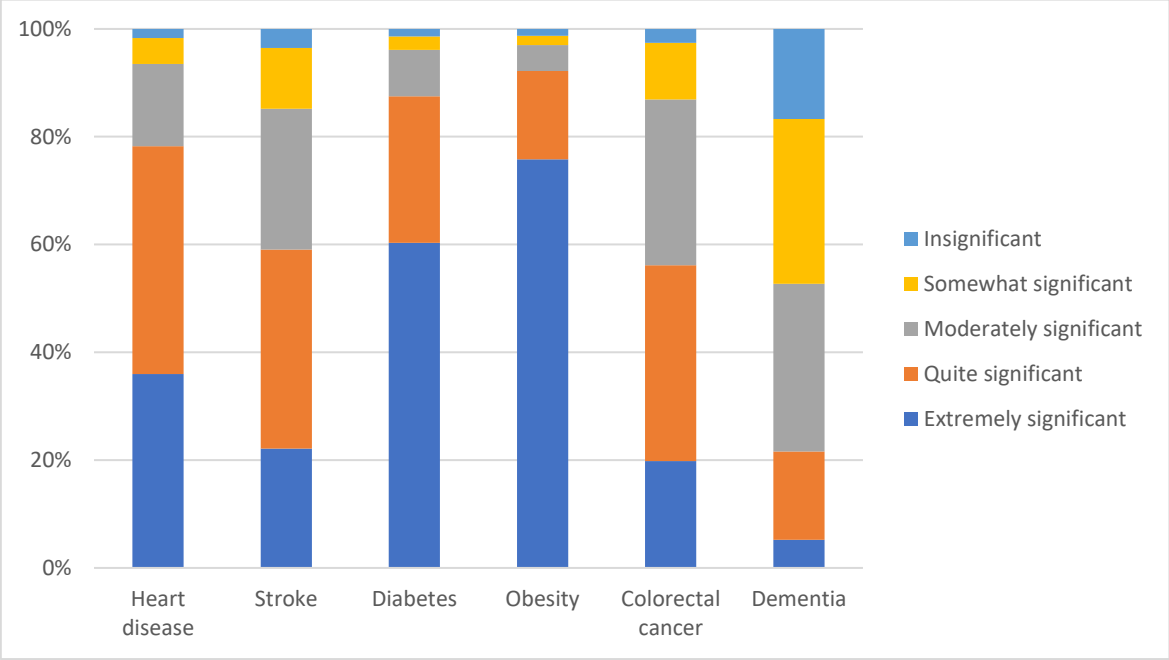


Figure 8. Perceived importance of food influencing the identified NCDs

Perception of own diet

The risk for most non-communicable diseases (NCDs) can be reduced with a diet consisting of:

- **high intake of fruits and vegetables**: eating at least 5 servings per day, 3 of vegetables and 2 of fruit;
- **choosing whole grains**: consuming less refined grains and foods containing simple sugars and avoiding sugary drinks;
- **healthy fats with low content of saturated fats**: consuming less butter, cream, palm oil, cheese, fatty meats and processed meats; replacing animal fats, including dairy fat, with vegetable oils; avoiding food containing industrially produced trans fats;
- **reduced salt consumption**: consuming less foods rich in salt (cheese, cold cuts, preserved foods, sauces rich in salt, etc.) and adding only a small amount of salt while cooking;
- **healthy protein sources**: choosing fish, legumes and white meat; consuming red meat and processed meat only 1-2 servings per week; eating eggs and cheese with moderation;
- **low alcohol intake**: consuming not more than 2 unit/day for males and 1 unit/day for females;
- consumption of portions of foods that allow to maintain/achieve a **healthy weight.**

A diet as the one described above can be considered as **healthy diet**.

Questions pertaining consumers' evaluation of their own diet in relation to the NCD-preventative diet.

1. My own diet reflects the one described above.
2. I would like my diet to be more like the one described above.
3. I am not motivated to change my current diet to the one described above.

The majority of consumers indicate that their own diet is comparable to a healthy diet with around 60% of the answers being "strongly agree" and "agree" (Figure 9). Almost 30% of the answers were neutral, meaning that there was not a clear understanding whether the diet was closer to be healthy or not.

There was a general willingness of the consumers to improve their diets to adhere to a healthy diet. Still one fourth (25%) of the respondents manifested their neutrality. This aspect underlines that there is still a quite large proportion of the consumers who are available to be guided towards healthy diets.

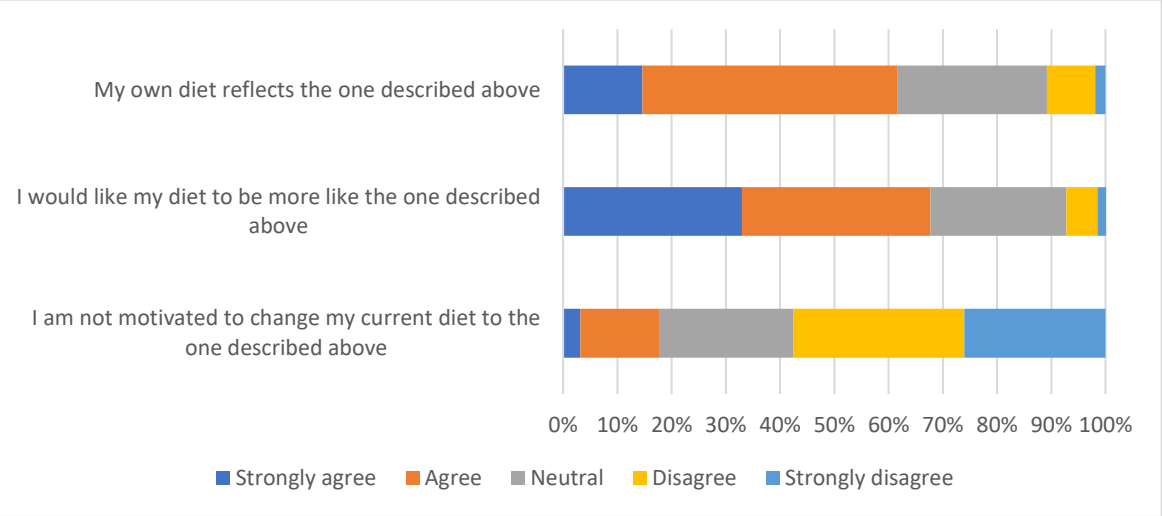


Figure 9. How consumers perceived their own diet

Perceived effectiveness of existing programs

Questions pertaining consumers' opinions towards existing NCD programs, i.e., *"How effective are the following measures to reduce NCDs in your country?"*

- Education of general population (in school, through public service, etc.)
- Prevention for potential patients (nutritional education, lifestyle change, etc.)
- Treatment for patients with disease (dietetic treatment, drug administration, etc.)

Consumers considered programs to prevent becoming patients (nutritional education, lifestyle change, etc.) and to treat patients with disease (dietetic treatment, drug administration, etc.) as the most effective to combat food related NCDs, with the treatments reaching almost 60% of the responses if the options "extremely effective" and "quite effective" are merged. Education programs were rated less impactful when compared to treatment and prevention (Figure 10).

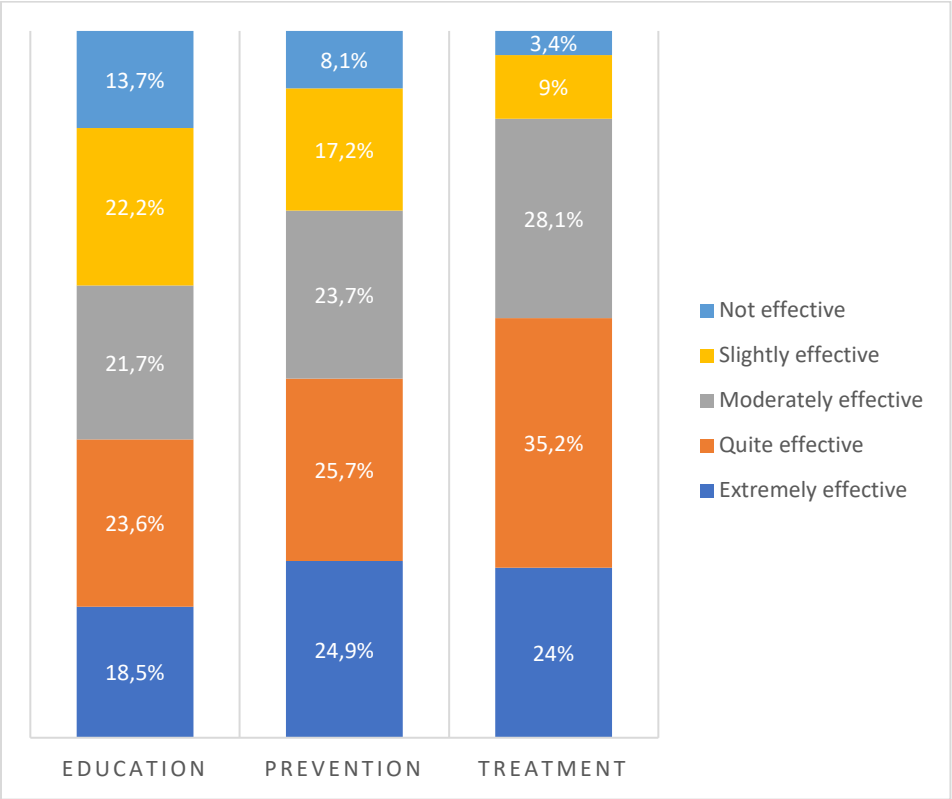


Figure 10. How effective are the following measures to reduce NCDs in your country?

Influence of STEEP factors

STEEP is an acronym for: Social, Technological, Economic, Environmental and Political. A STEEP analysis is a tool used in speculative design to prompt discussion and flesh out various societal factors in our future scenario. A set of questions related to STEEP factors was used to evaluate external factors that may impact consumers.

In this context, consumers were asked to rate the importance of several factors, regarding their influence for adoption of an NCD-preventative diet. These encompassed selected personal, social, technological, economic, environmental, and policy factors.

Table 4 presents the perceived importance of STEEP factors. The first column presents the factors according to the STEEP categorization. The color coding indicates the degree of agreement: green indicates that the majority of respondents selected a specific degree, while red indicates that only few respondents opted for that degree. The numbers are percent of respondents. At a glance, we observed the following:

- Consumers rated environmental and policy factors as the most important ones to promote transition to more healthy diets:
    - Respect of animal welfare and of human working conditions were rated the most impactful at environmental level.
    - Price reduction and regulation of offers at public services were considered relevant as policy factors to addressed.
- Personal factors were not considered very relevant and the percentage of the answers in the category "disagree" and "strongly disagree" were rather high compared with the rest of the factors.

STEEP factor groups ranking by consumers

Consumers were also asked to rank the factor groups regarding their importance for switching to an NCD-preventative diet.

When the consumers were asked to prioritize the factor groups (contrary to the individual factors), the results obtained diverged from the previous analysis presented. Economic and personal factors were ranked on top while policy factors were ranked as least important. Below the complete group ranking:

1. Economic factors
2. Personal factors
3. Environmental factors
4. Social factors
5. Technological factors
6. Policy factors

Table 4. Agreement of the influence of STEEP factors: "To shift to a healthier diet and prevent NCDs, …" (in %)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Social factors I would have to consider					
Cultural tradition	13,1	37,7	26,2	14,8	8,2
Diet of family and friends	17	40,4	20,2	14,9	7,5
Expectation within my environment	9,4	34,3	34,2	14,5	7,7
Offers for out-of-home eating	17,4	39	26,5	11,6	5,5
Technological factors I consider the following factors to have the most influence					
Cultured foods (e.g., lab-grown meat)	15,4	30,1	32,8	13,9	7,9
Dieting apps	4,3	19,8	32,5	28,3	15,1
Degree of food processing	17,4	42	31,5	7,3	1,8
Meal-kit providers (e.g., delivery of ready to cook meals)	7,9	26,4	34	22,4	9,3
New preservation technologies (ultrahigh pressure, etc.)	10,6	37,2	39,7	9	3,4
Packaging technologies (sous vide, active packaging, etc.)	12	38,8	36,8	8,3	4
Plant-based alternatives	31,9	37,1	22,3	6,1	2,6
Use of additives (preservatives, emulsifiers, etc.)	15,7	27,2	25,9	19,6	11,6
Unconventional proteins (insects, algae, etc.)	13,2	26,2	32,8	17,2	10,6
Economic factors I would have to consider					
Price	31,9	40,8	16,1	8,3	2,9
Availability of appropriate cooking facilities or kitchen appliances to prepare that diet	12,8	39,3	25,4	16,7	5,8
Availability in restaurants nearby	11,5	35,2	27,6	19,1	6,6
Availability in supermarkets nearby	23,2	44,7	18,4	10,2	3,5
Economic efficiency in production	19	41,8	30,7	6,2	2,3
Environmental factors I consider the following factors to have the most influence					
Agricultural production methods	28	46,1	20	4,8	1,1
Environmentally friendly industrial production	35,4	43,7	15,4	3,9	1,6
Regional production	30,6	42,7	21,3	4,2	1,1
Respect of animal welfare	43,3	35,7	17,1	2,4	1,5
Respect of human working conditions	47,9	34,8	13,8	2,4	1,1
Soil composition	27,9	39	27,3	4,1	1,6
Climate change	37,1	37,7	19,1	4,2	1,8
Personal factors I would have to change my					
Alcohol intake	12,5	21,6	24,6	17	24,3
Cooking skills	12,9	33,2	22,1	18	13,8
Eating habits	22,8	42,1	20,9	9	5,3
Food preferences	14,8	30,4	29,4	16,2	9,2
Knowledge about NCD-preventative diet	21,1	39,6	23,2	10,2	5,9
Preparation time	13,5	37,2	32	10,8	6,5
Self-control	27,7	36,2	20	9,8	6,3
Shopping habits	17,5	33,3	26,7	14,5	8,1
Specific knowledge to prepare NCD preventative dishes	14,7	40,7	27,2	10,6	6,8
Policy factors I would support					
Harmonised front-pack nutrition label	18,5	43,9	31,3	4	2,2
Price reduction of healthy food (e.g., through subsidies)	54,2	32,8	11	1,4	0,6
Price increase of unhealthy food (e.g., through taxation)	29,9	30,4	21,1	14,7	3,8
Regulation on food reformulation (e.g., for lower salt, sugar, fat)	31	46,7	18,1	3,2	0,9
Regulation of advertisement practices	29	43,6	22,8	3,4	1,2
Regulation of offers at public services (e.g., schools, hospitals)	39,6	42,2	15,9	1,7	0,6

Experts' insights on non-communicable diseases

Existing considerations of non-communicable diseases and mitigation strategies

Questions pertaining the perceived responsibilities and implemented measures

- How important do you think your area of work is in combatting the following diseases?
- In your area of work, which of the indicated NCDs are taken into consideration?
- In your area of work, which strategies do you use to tackle the above-mentioned NCDs?

Experts ranked their own area of work as most important in combatting diabetes and obesity, while colorectal cancer and dementia received the lowest consideration (Figure 11).

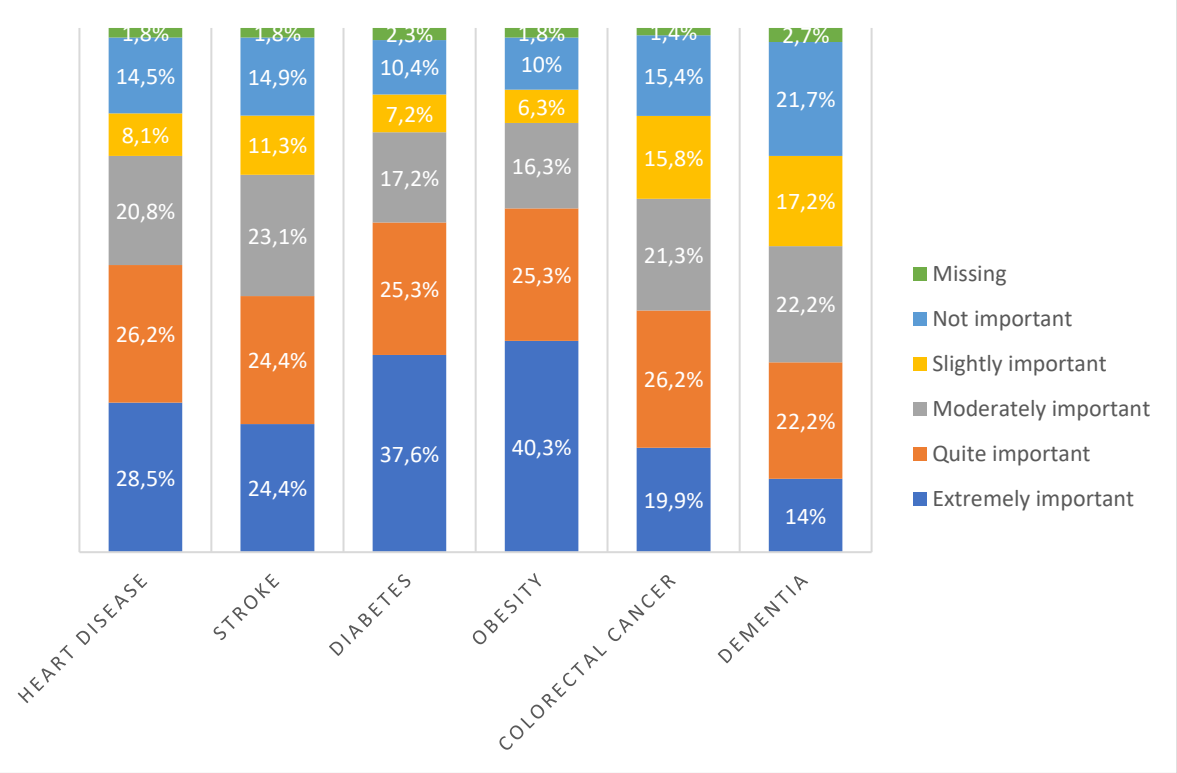


Figure 11. How important is your area of work in combatting the NCDs?

Experts were also asked to evaluate if the sector they belong to is addressing the NCDs included in this survey. Results show that obesity and type 2 diabetes are considered in different sectors of the food systems (Figure 12). Respondents within healthcare considered heart disease and stroke more frequently. Furthermore, several sectors, like primary production, support systems, food processing and production, food services and even government and policy appear to not consider NCDs in their area of work.

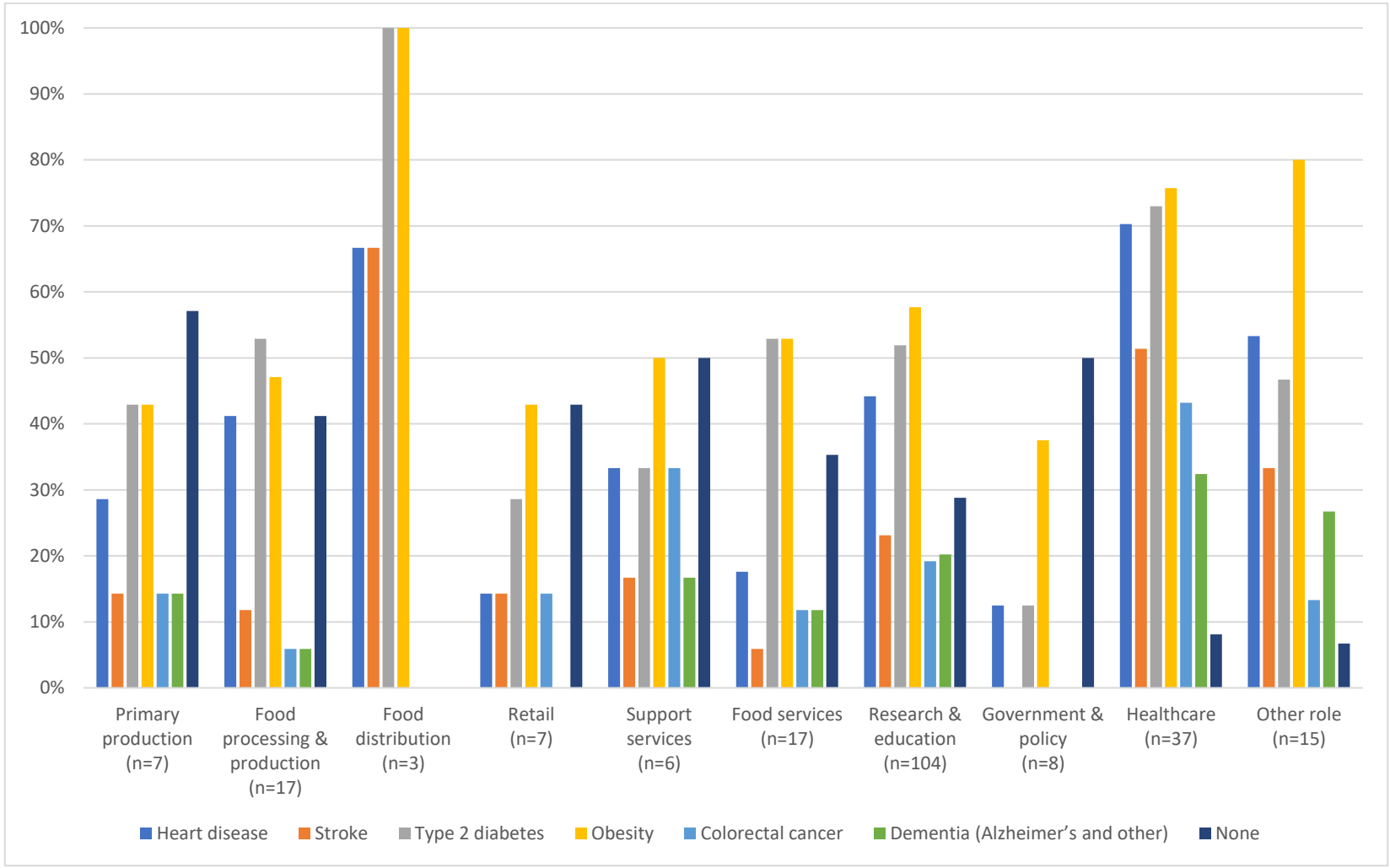


Figure 12. Role of the areas of work of the experts in addressing the NCDs included in the survey

We also asked about strategies to tackle NCDs and 75 % of the experts responded that in their area of work there is no strategy in place to combat NCDs (Figure 13). The remain 25% of the experts answered that diversification of the ingredients is the most use strategy, followed by the reduction of unhealthy ingredients, implementation of education programs and increase of healthy ingredients.

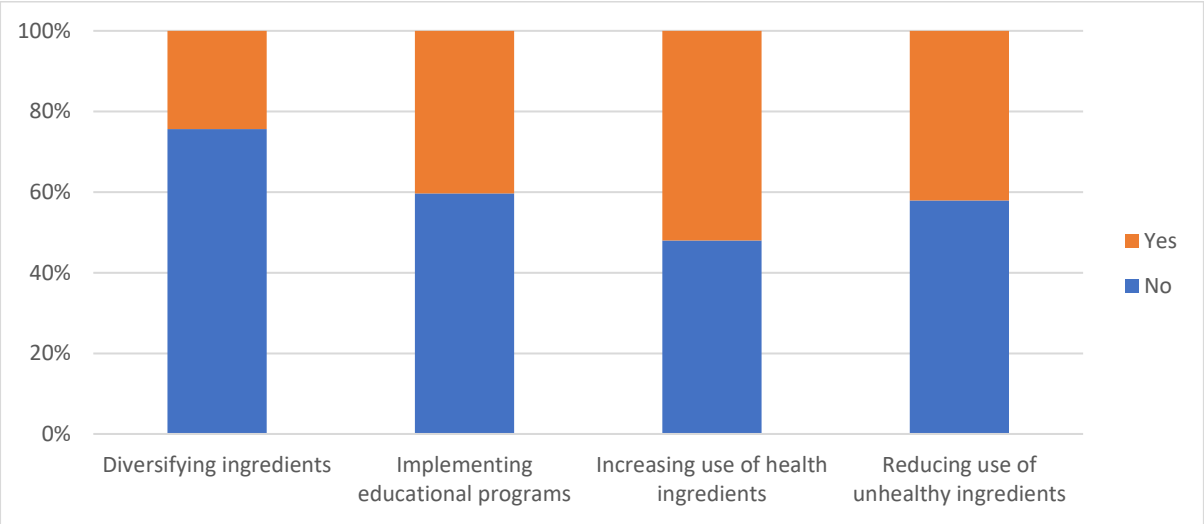


Figure 13. Strategies to tackle NCDs

Experts view on the sectors of the food system to mobilize for improving healthy diets

Questions pertaining the experts view on the mobilization of which sectors to increase healthy components and to reduce unhealthy ingredients in citizens diet:

- Which sectors of the food chain are mainly responsible for INCREASING the following ingredients in consumer diets: dietary fibre, healthy fats, healthy protein, vitamins & minerals and whole grains?
- Which sectors of the food chain are mainly responsible for REDUCING the following ingredients in consumer diets: animal protein, salt, sugar and unhealthy fats?

Figure 14 shows how the experts rated different sectors of the food system for their possible role in **increasing healthy ingredients** in the diets.

- *Food processing* and *primary production* were considered as the main responsible sectors. The big responsibility of food processing was expected while the future role of primary production in increasing selected ingredients still needs to be further investigated. Maybe respondents were referring to openness of agri-food sector for alternative agricultural production (e.g. insects rather than beef).
- *Food distribution* was considered to be of least relevance in reducing selected ingredients.
- There was only little variation in the selected ingredients: All 5 ingredients (dietary fibre, healthy fats, healthy protein, vitamins & minerals and whole grains) were almost equally selected across the different sectors.

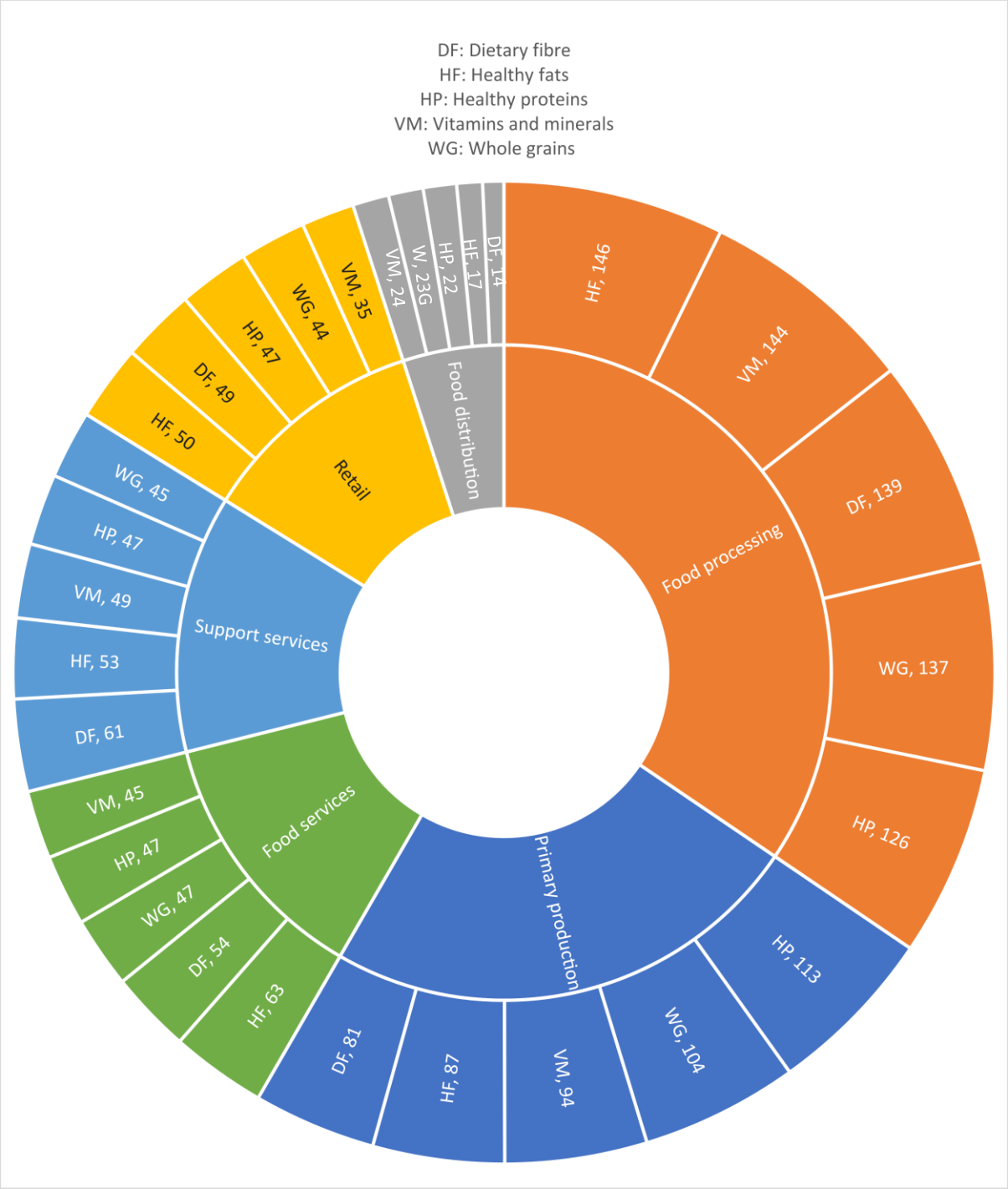


Figure 14. Sectors of the food system mainly responsible for increasing the healthy ingredients in consumer diets (the numbers refer to number responses)

Considering the **reduction of unhealthy ingredients** (Figure 15):

- We observe the same order of responsibilities in reducing unhealthy ingredients.
- *Food processing* was the sector with the highest share of responsibility in reducing especially salt, unhealthy fats and animal proteins.
- *Primary production* was attributed the highest responsibility in reducing sugars. It was also considered relevant in the case of unhealthy fats and animal protein.

- In all the other sectors, there was a quite balance response.

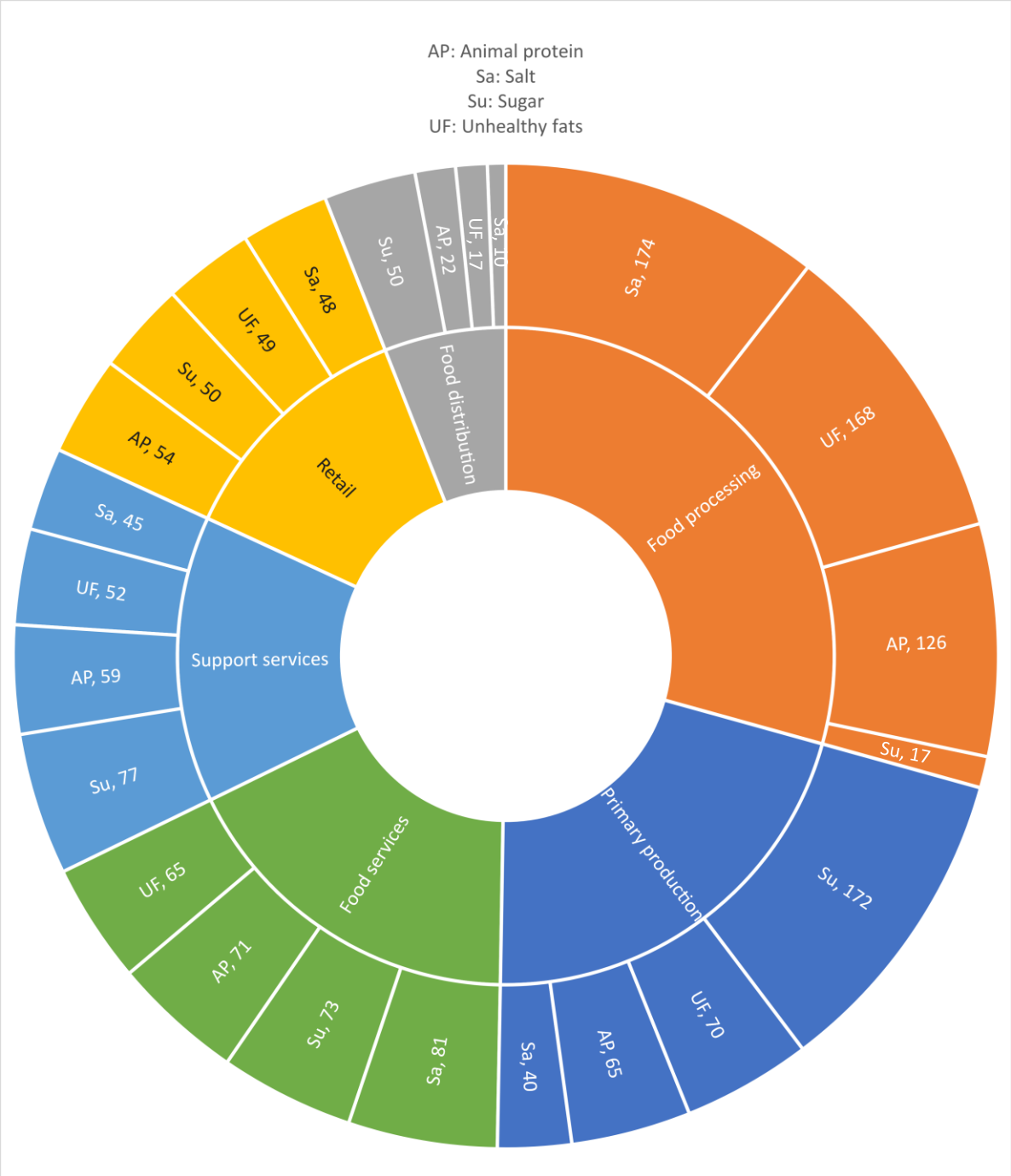


Figure 15. Sectors of the food system mainly responsible for reducing unhealthy ingredients in consumer diets (the numbers refer to number of responses)

Influence of STEEP factors

Also experts were asked to rate the importance of several factors, regarding their influence for adoption of an NCD-preventative diet. As for consumers, these encompassed selected personal, social, economic, environmental, technological, and policy factors.

Table 5 presents the perceived importance of STEEP factors for the adoption of an NCD-preventive diet. The first column presents the factors according to the STEEP categorization. The color coding indicates the degree of agreement: green indicates that the majority of respondents selected a specific degree, while red indicates that only few respondents opted for that degree. The numbers are percent of respondents. The following key messages can be derived:

- We observed a high share of agreement and only little variation across STEEP factors influence to adopt an NCD preventative diet.
- Experts shared the highest rate of agreement among policy factors: *regulation of offers at public services* and *price reduction for healthy foods*.
- A high share of experts strongly agreed or agreed that *prices* (i.e. economic factor) influence the adoption of healthy diets.
- Social factors, such as *diet of the family and friends*, also received a quite high attention by the experts.
- Interestingly, technological factors were not really considered as a chance to adopt an NCD preventative diet.

Table 5. Agreement of the influence of STEEP factors: "To increase the adoption of an NCD-preventive diet, …:" (in %)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Social factors The following factors have to the most influence					
Cultural tradition	29,9	56,1	10,9	2,7	0,5
Diet of family and friends	48	43,9	5,4	2,3	0,5
Expectations within my environment	14	48,9	28,5	8,1	0,5
Offers for out -of-home eating (canteens, restaurants etc.)	23,1	59,7	12,2	5	0
Technological factors The following factors have the most impact					
Cultured foods (e.g., lab-grown meat)	5,4	24,9	35,7	23,5	10,4
Dieting apps	4,1	28,5	44,3	15,8	7,2
Processing grade of foods (minimally processed vs. ultra-high processed)	18,6	49,8	21,3	6,8	3,6
Meal-kit providers (e.g., delivery of ready to cook meals)	10,9	44,3	29	13,1	2,7
New preservation technologies (ultrahigh pressure, etc.)	10,4	41,6	34,8	11,8	1,4
Packaging technologies (sous vide, active packaging, etc.)	12,2	38,9	36,7	10,9	1,4
Plant-based alternatives to animal products	26,2	46,2	21,3	5,4	0,9
Use of additives (preservatives, emulsifiers, etc.)	9,5	26,2	31,7	19,9	12,7
Unconventional proteins (insects, algae, etc.)	10,9	28,5	38	16,7	5,9
Economic factors The following factors have the most impact					
Price	44,3	40,7	9	5,4	0,5
Availability of appropriate cooking facilities or kitchen appliances to prepare that diet	17,2	45,7	21,7	13,1	2,3
Availability in restaurants nearby	11,3	48,9	24	15,4	0,5
Availability in supermarkets nearby	30,8	52	10	7,2	0
Economic efficiency in production	17,6	42,1	31,7	8,1	0,5
Environmental factors The following factors should be considered foremost					
Air pollution	14,5	29,4	39,4	13,6	3,2
Agricultural production methods	29	43	22,6	4,5	0,9
Climate change	25,3	43	23,1	7,7	0,9
Environmentally friendly industrial production	27,6	44,3	21,7	5	1,4
Regional production	26,7	42,5	23,1	6,8	0,9
Respect of animal welfare	24,9	43	25,3	5,4	1,4
Respect of human working conditions	33	37,6	23,1	5,4	0,9
Soil composition	25,3	41,2	25,3	7,2	0,9
Personal factors The following factors have the most influence					
Alcohol intake	38	40,3	14,5	2,7	4,5
Cooking skills	20,8	42,5	23,5	10,9	2,3
Eating habits	33	44,3	16,7	5,4	0,5
Food preferences	39,4	43,9	14,5	1,8	0,5
Knowledge about NCD-preventative diet	12,2	45,2	29	12,7	0,9
Preparation time	28,1	51,6	15,4	3,6	1,4
Self-control	28,5	51,1	14,5	5,4	0,5
Shopping behaviour	16,7	47,1	24,4	10,4	1,4
Policy factors The following factors should be supported by policy					
Harmonised, mandatory, front-pack nutrition label	35,3	42,1	14,9	5,9	1,8
Harmonised, voluntary front-pack nutrition label	9,5	39,8	27,6	19,5	3,6
Price reduction of healthy food (e.g., through subsidies)	43,9	41,2	10,9	3,6	0,5
Price increase of unhealthy food (e.g., through taxation)	28,5	35,7	20,8	12,7	2,3
Regulation on food reformulation (e.g., for lower salt, sugar, fat)	36,2	46,6	13,1	3,6	0,5
Regulation of advertisement practices	35,7	46,2	15,4	2,7	0
Regulation of offers at public services (e.g., schools, hospitals)	51,1	38,5	8,1	2,3	0

Enablers to reduce NCDs

Which enablers do you think would have the greatest impact in reducing NCD burden?

Experts rated education, awareness/marketing campaigns and policy as the three enablers with biggest potential to reduce NCD burden (Figure 16). The word clouds below show the words and phrases most often used by respondents as relevant enablers (numbers in parenthesis represents the total number of answers given in this category).

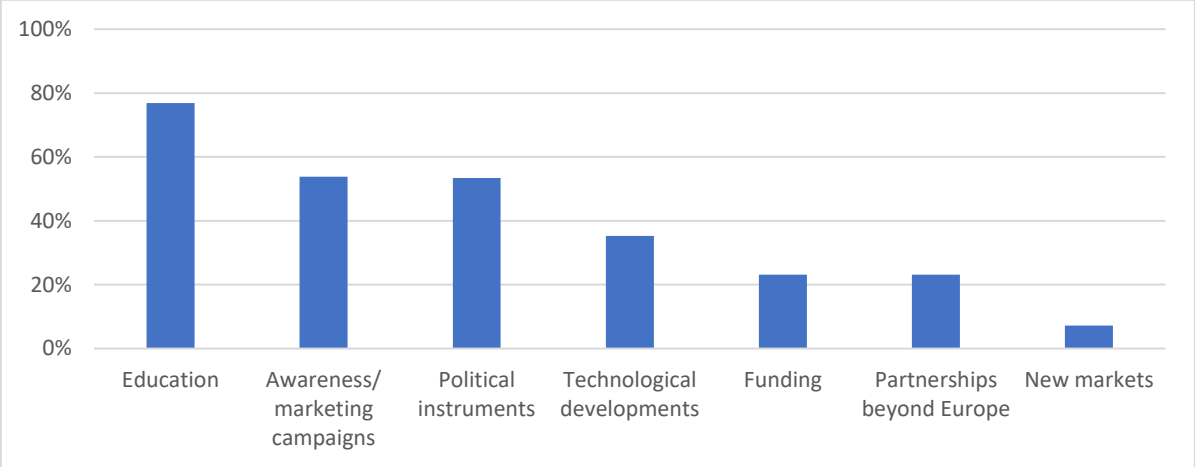
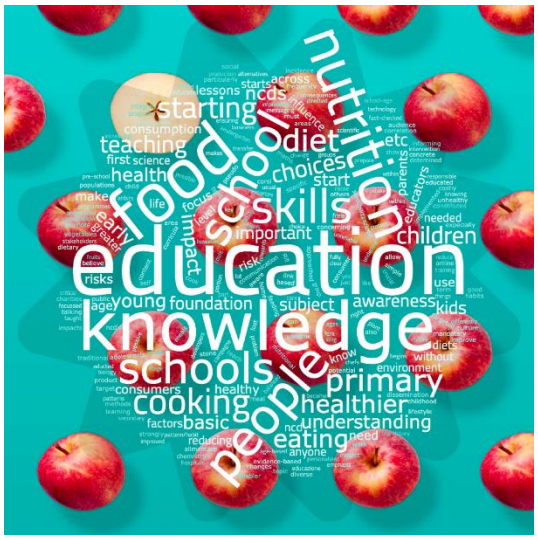


Figure 16. Enablers in reducing NCD burden

Education (knowledge, skills, etc.) (n=76)



As shown, education programs at schools, focusing on nutrition and food are key factors to promote healthy diets.

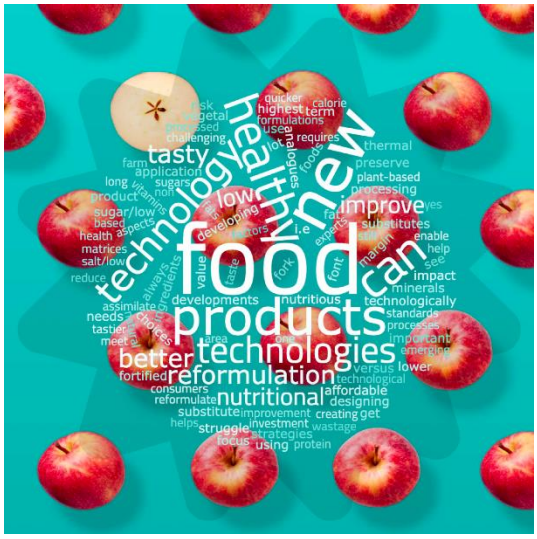
Awareness / marketing campaigns (n=35)

Increase of awareness through responsible marketing campaigns are identified as important tools for healthier diets. Media play relevant role in informing the consumer on healthy choices and to give guidance.

Political instruments (n=45)

Taxation is one of the enablers identified within the political instruments especially when it gets to salt and sugars. Also regulation has been considered as element to consider in particular in terms of making it simpler and not blocking innovation in the food system.

Technological developments (n=23)



Reformulation is considered a viable technology to improve the health status of the foods increasing the nutritional value and safeguarding the taste.

Below the word clouds for the three enablers for which the experts added less comments in the free text.

New markets (n=5)

Funding (n=22)

Collaboration / partnerships (n=16)

Potentials of emerging food trend

Which emerging food trends do you think bear the most potential to improve diets?

Experts considered alternative proteins and personalized nutrition as the two most important trends which can improve the adoption of healthy diet (Figure 17). Also, food waste reduction was ranked high. A big gap in those first three and the rest of the proposed trends was obtained.

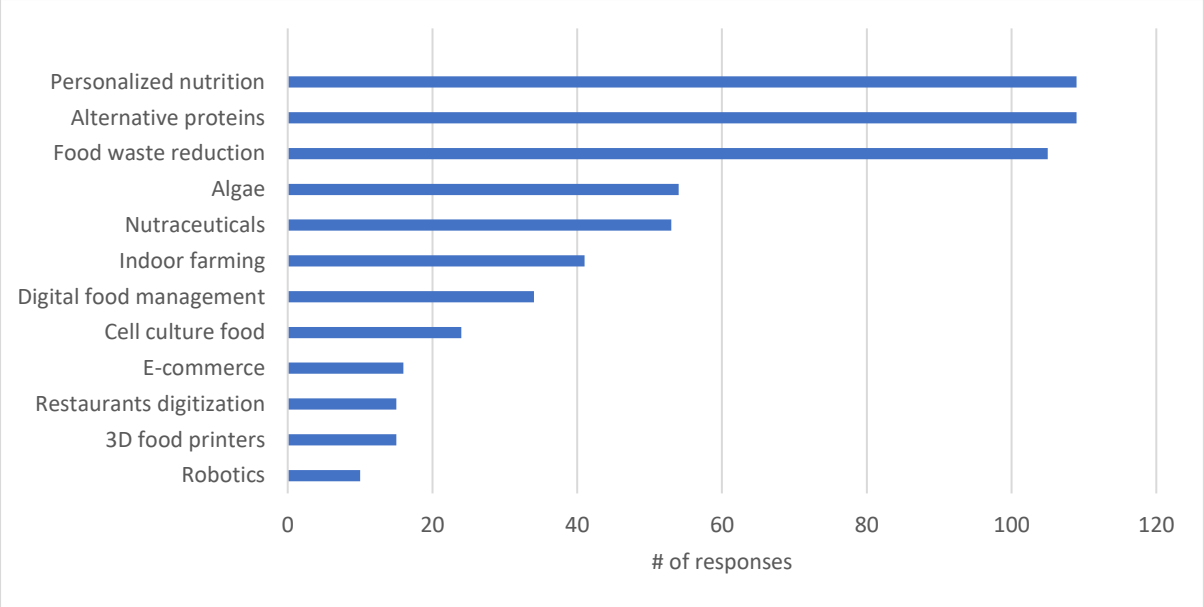


Figure 17. Technology trends considered relevant to improve the adoption of healthy diets

When asked to identify additional trends, experts indicated a number of possibilities summarized in the word cloud illustrated below (constructed from 17 comments). Five terms kept reoccurring: sustainability, availability, systems, regional and urban. All terms were well connected to possible solutions to improve the adoption of healthy diets thereby increasing the number of healthy life years.

Additional trends (n=17)