

Street contact: an experiment conducted in general population by a patient association to assess knowledge of junk food and its consequences

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Introduction: Junk food with high energy content and the amount of fat present or too much sugar, chemical additives, and sodium is associated with obesity. SOS Hépatites, French patient associations for liver disease network, decided to ask people on the street about their eating behaviors and so on.

Objectives: 1/see how people eat, if they cook and choose good products for.

2/see if overweight or obese people eat more junk food.

3/see if they have a real vision of their BMI.

Methods: Some volunteer activists of SOS Hépatites asked questions to people in a form of a street contact quiz.

These volunteers have been trained to approach everyone without distinction and also to give answers and information about NAFLD.

Quizzes were done between July 21st and 28th in different regions and different places : in the street, on the city beaches, in front of hospitals or in shopping centers, and so on.

Questions were about junk food, their way of eating, drinking, if they cook or not, physical activities ... and last questions: Do you think that you're overweight? What is your size? Your weight?

Results: 353 people have been met, 344 actionable answers : 212 women (18-86 years old, the mean of age 44), 132 men (19-88 years old, the mean of age 51).

After calculating BMI for each, we are close to the national estimations, because average BMI is 25,5, it's in agreement with the average BMI of French people in 2020.

5% have a BMI<18,5, 50% are between 18,5 and 25 and 44% have a BMI>25 (overweight).

Among overweight people, the distribution is :

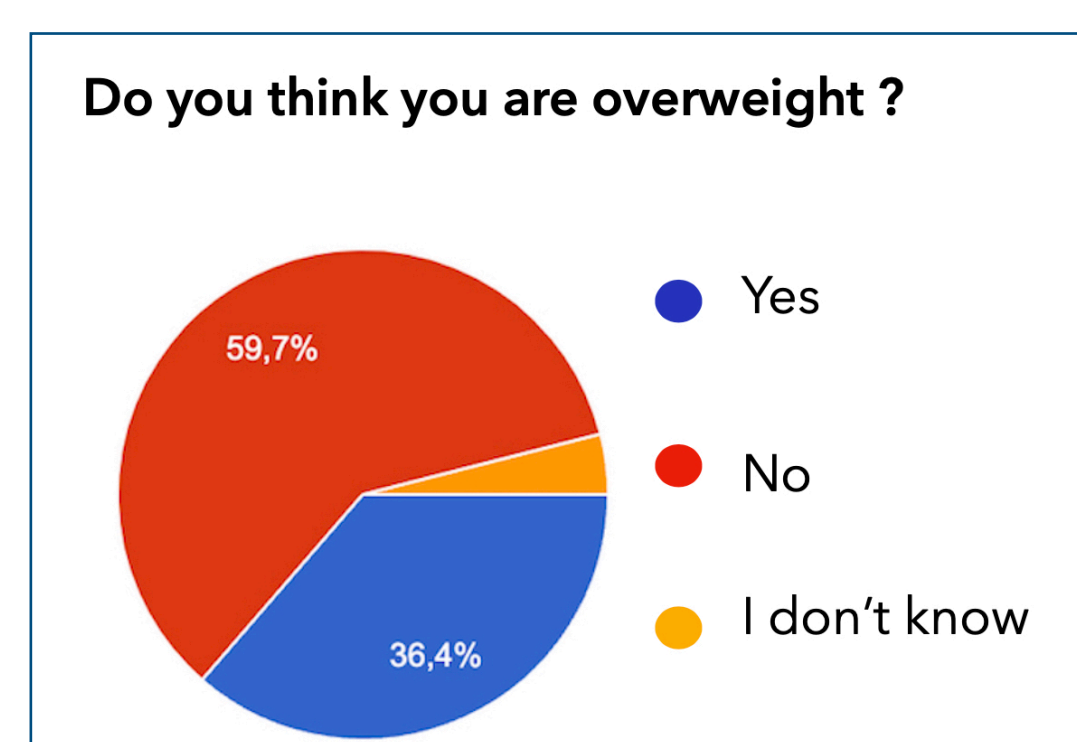
26% overweight; 12% moderate obesity; 4% severe obesity; 2% morbid obesity; total obesity : 18%

To the question:

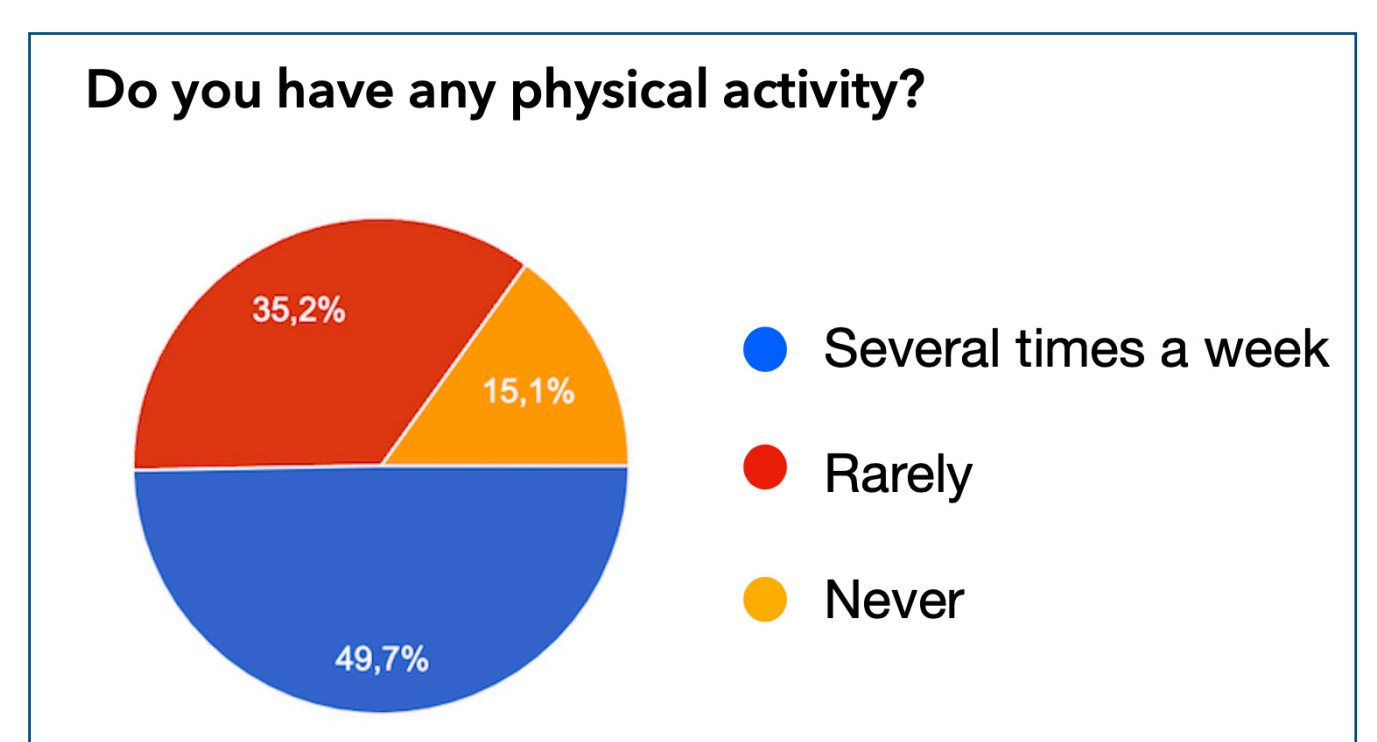
Do you think you are overweight?

36% said : yes.

In reality they are **44%**.



50% have little or no physical activity,



Among people with normal BMI, 41% have no or little physical activity, among people with BMI>25, they are 52%, and for people with BMI>30, they are 70%.

On this panel of the population, 26% drink sodas daily. But, 48% of people with BMI>30 add calories daily with sodas or alcohol, they are 47% (25<BMI>30) and 46% for normal BMI.

15% don't know Nutri-Score, and 42% look at it little or not at all.

About diseases caused by junk food, most of them say cardiovascular diseases (92%) and diabetes (94%), a little less say NAFLD (78%) and cancer (65%).

Discussion: By comparing people who eat much junk food and people who don't, we see that the BMIs are not very different (25,3 vs 28,8). In the group « junk food+ », there is a majority of men and in the group without junk food a majority of women. Ages also differ : more junk food among the youngest (38,7 vs 59,5).

Conclusion: This street contact was an interesting method because it made it possible to reach a representative population described in existing scientific studies.

1/12 people don't know they are overweight and among those with BMI>25 they are 1/4.

4/10 persons don't look at or don't know Nutri-Score.

For persons with high BMIs (>30), answers for physical activity alone, or behaviors concerning food alone, are not very different from the other groups.

Overweight and obesity are due to multiple factors, the main ones are junk food and too much sedentary lifestyle.

French national health nutrition should focus specific communications, targeting age, gender, BMI.