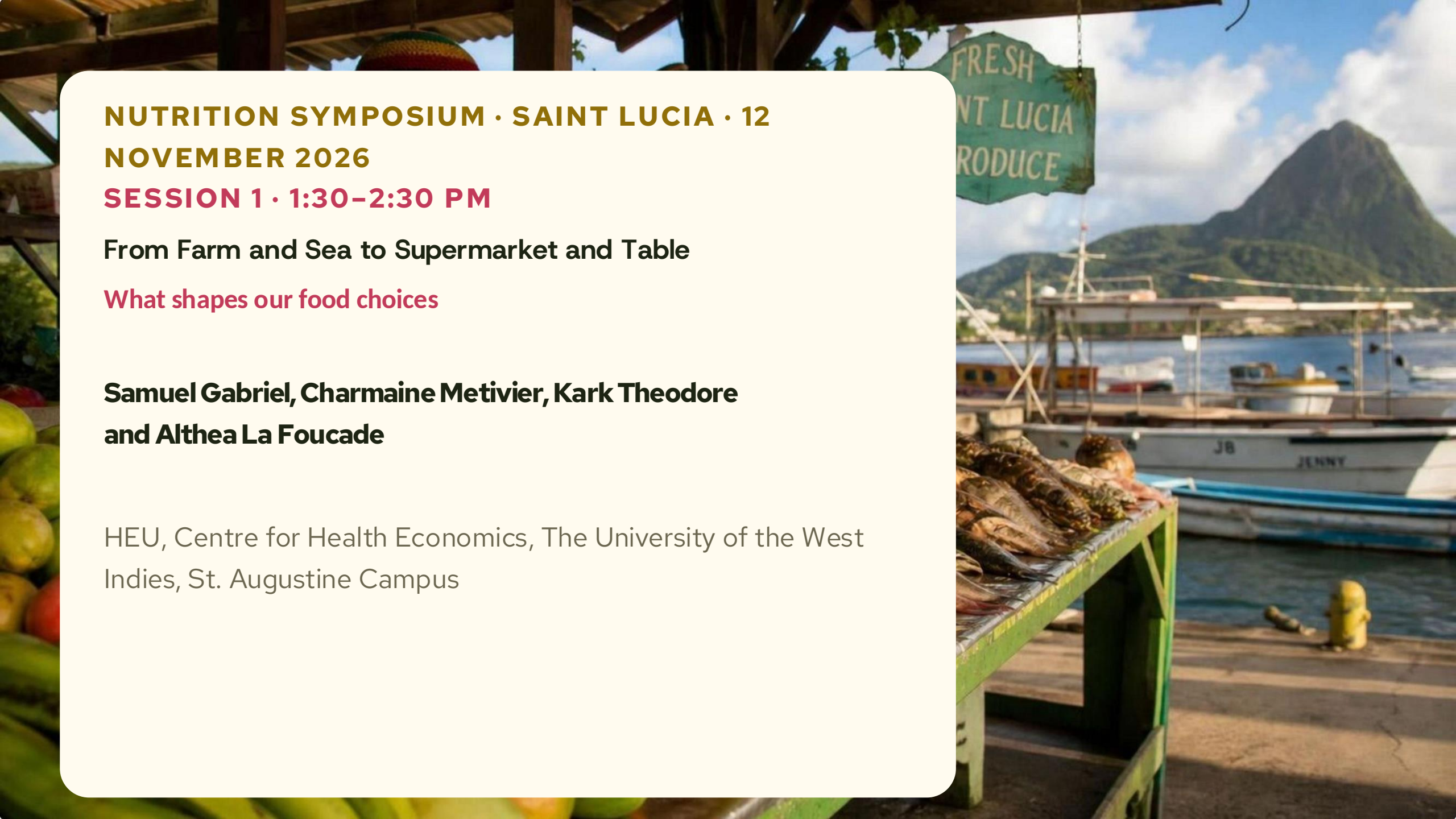


NUTRITION SYMPOSIUM · SAINT LUCIA · 12 NOVEMBER 2026

SESSION 1 · 1:30–2:30 PM

From Farm and Sea to Supermarket and Table

What shapes our food choices

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What we will cover

OUTLINE

This session follows the food chain from production to the household, asking at each link what shapes the choice, and what could change it.

The plate today
What we buy, what we eat, what we think is healthy, and why we say we eat the way we do

Farm and sea
Production, imports, logistics and availability in the Caribbean food economy

The price tag
Why unhealthy food is cheap, health taxes and healthy-food incentives

The supermarket
Retail practices, product composition, advertising and labels

The table
Matching tools to problems, delivering them, and monitoring and evaluating what works

PART 1

1

The plate today

What we buy, what we eat, and why we say we do.



Message: Food choices are an economic question, not only a nutrition one.

Question: Not what people should eat, but what they can afford, what is available, how convenient it is, and what today's choices cost tomorrow.

GOOD NUTRITION →

Growth, learning, productivity, income and resilience

A capital investment: early shortfalls are largely irreversible and compound over the life course.

POOR NUTRITION →

Healthcare spending, absenteeism, presenteeism, disability, premature death

Someone pays: a household, an employer, or the Treasury.

Saint Lucia's NCD burden: XCD 299.3M a year (2.34% of GDP), of which XCD 231M is lost productivity. Most of the cost falls outside the hospital.

The implication: if most of the cost lands outside the hospital, then the food chain that shapes diets, from agriculture and trade to retail and advertising, belongs in economic policy discussions as well as health ones

UWI
ST. AUGUSTINE CAMPUS

Saint Lucia: diet-related risk is population-wide, changes required policy

83.2%
insufficient fruit and vegetable intake

34.9%
obese: women 46.1%, men 20.6%

40%
hypertension, adults 30–79

35.4%
3 or more major NCD risk factors

WHAT THIS MEANS FOR FOOD POLICY

When 83 in 100 adults fall short on F&V intake, the problem is not a small high-risk group

The explanation may be in the everyday food supply: what is available, at what price, and how convenient it is.

Source: UWI-HEU (2025), drawing on the Saint Lucia STEPS Survey 2019–2020 (Ministry of Health, Wellness and Elderly Affairs, WHO, PAHO).

The double burden: food insecurity and obesity coexist

~50%
of the Caribbean population moderately or severely food insecure (FAO)

1 in 3
Caribbean children overweight or obese (CARPHA, UNICEF)

~2×
Caribbean sodium intake versus the WHO recommended level (PAHO, 2025)

THE MECHANISM: SUBSTITUTION

When healthy foods are expensive relative to income → Households substitute cheap, energy-dense, nutrient-poor foods → Fuller stomachs, but higher obesity, hypertension and diabetes risk

The policy goal should then be enough nutritious food that everyone can afford.
The target is the price of quality food, not the price of food in general.

Sources: FAO et al. (2025); HCC, CARPHA, UNICEF, PAHO (2022); PAHO (2025). Indicators from different sources, years and populations.

What do Caribbean adults actually eat? A three-country survey

POOLED ANALYSIS: 893 ADULTS IN THREE COUNTRIES

Kingston, St Andrew, St James · Dec 2019–Jan 2020

374

adults in Jamaica

Central business districts · Mar–May 2020

253

adults in St Kitts and Nevis

Establishment-based recruitment

266

adults in St Vincent and the Grenadines

WHAT WE ASKED

1 Usual foods and drinks at each meal (33 foods, 23 drinks)

2 Is your diet healthy or unhealthy, and why?

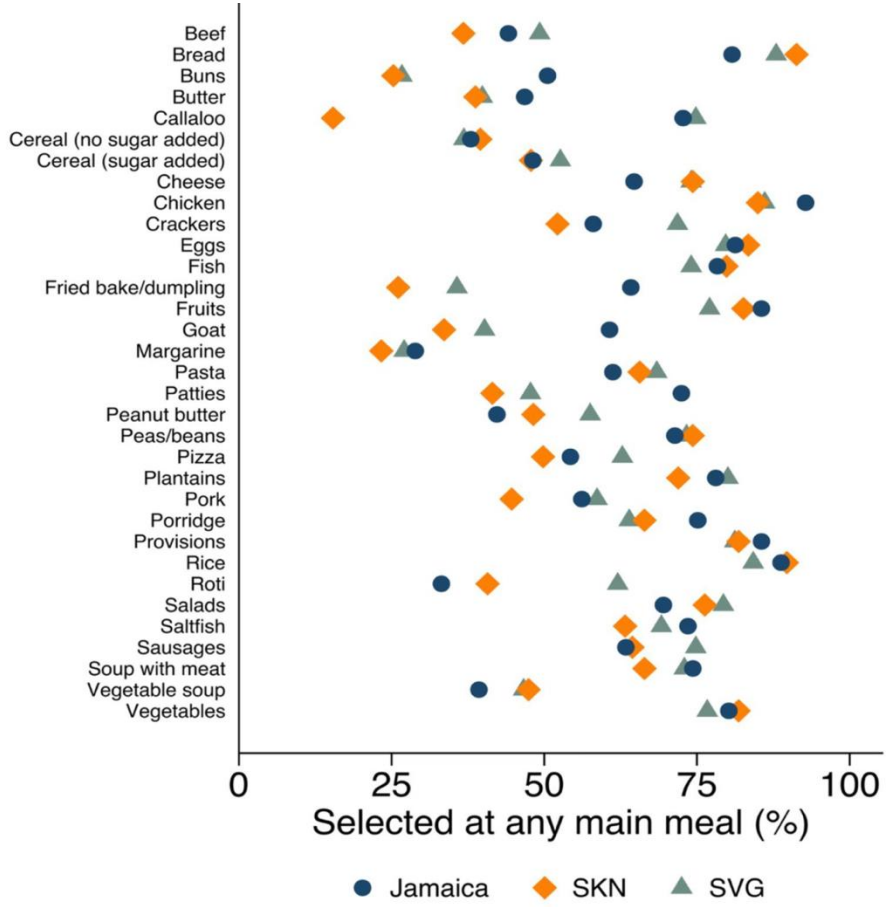
3 Rate 21 foods and 15 drinks, 1 (healthiest) to 5 (least)

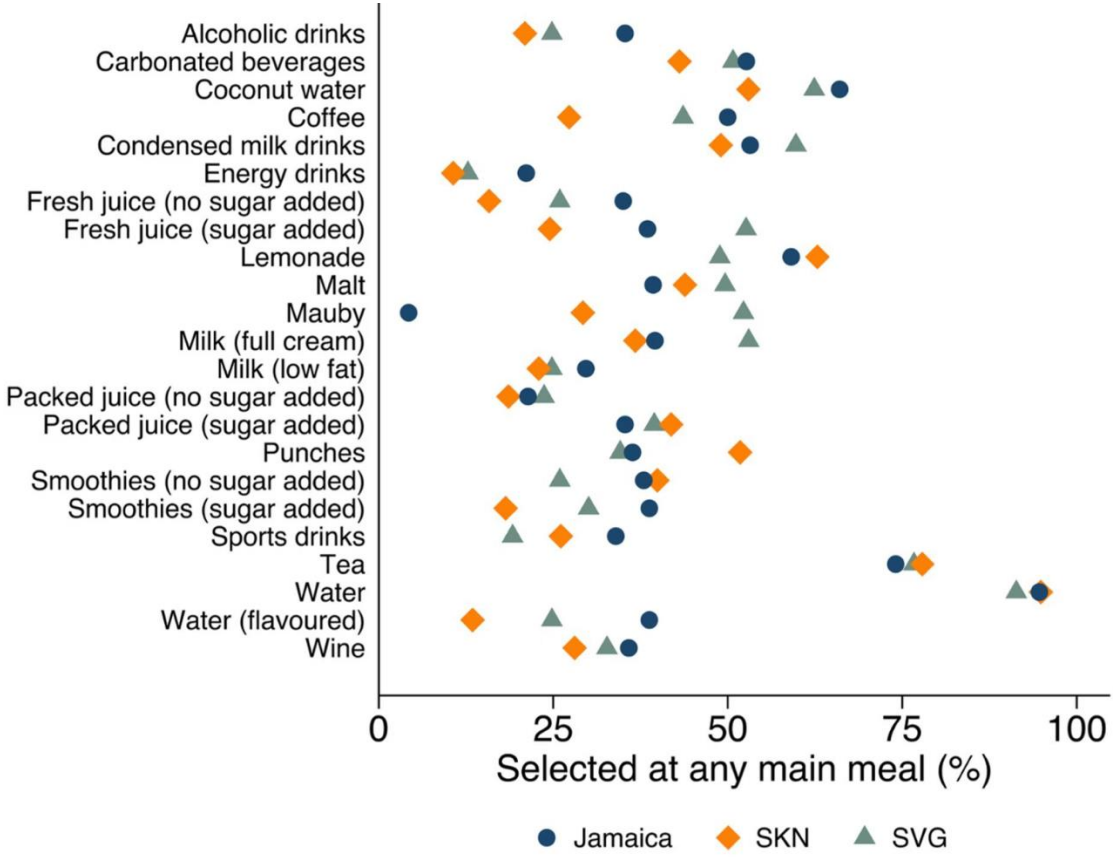
Why this matters: knowing what people choose, and the reasons they give, points to the real constraints, so solutions can target causes, not symptoms.

Workplace and establishment samples, not national estimates; no portions or frequency.

Sources: Gabriel et al. (2026), FaN project (IDRC 108690); La Foucade et al. (2022).

What's on the plate and in the glass

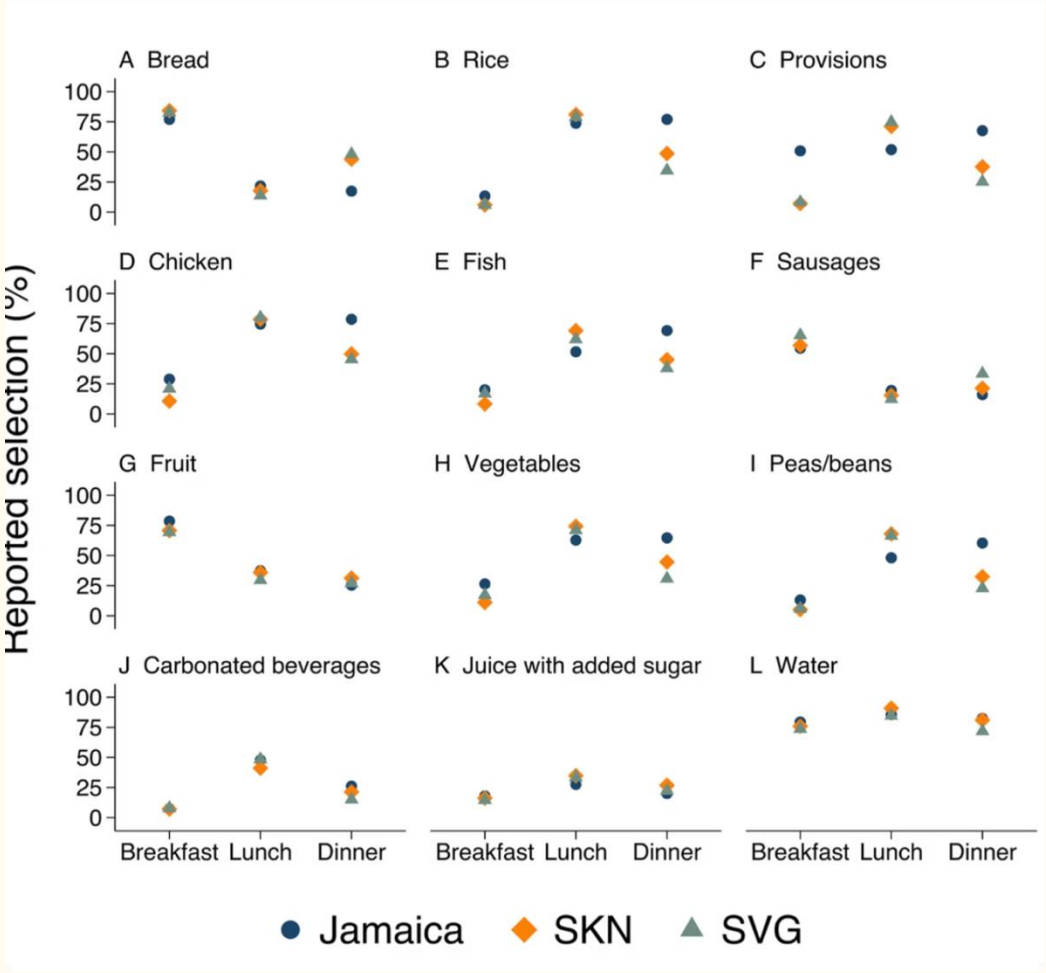




Healthy foods and water are already widely chosen, but processed meat and soft drinks sit beside them on the same tables - half of respondents choose the drink they rate least healthy.

Source: Gabriel et al., 2026 (three-country survey; Jamaica n=374, St Kitts and Nevis n=253, St Vincent and the Grenadines n=266), Figures 1-2. Not Saint Lucia data; not nationally representative.

Through the day: when the choices are made

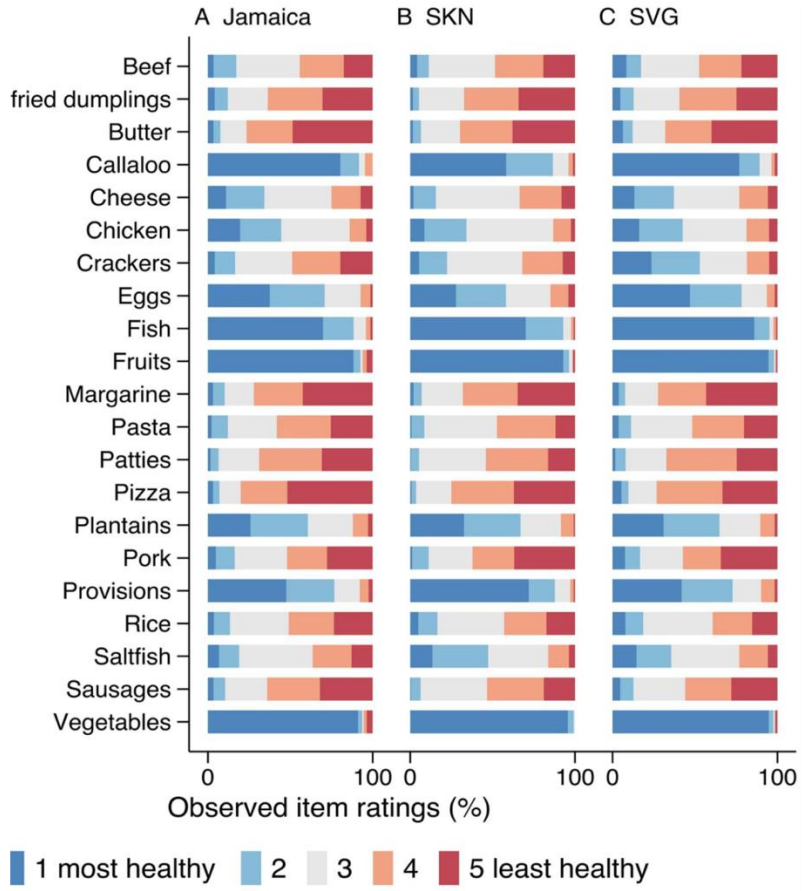


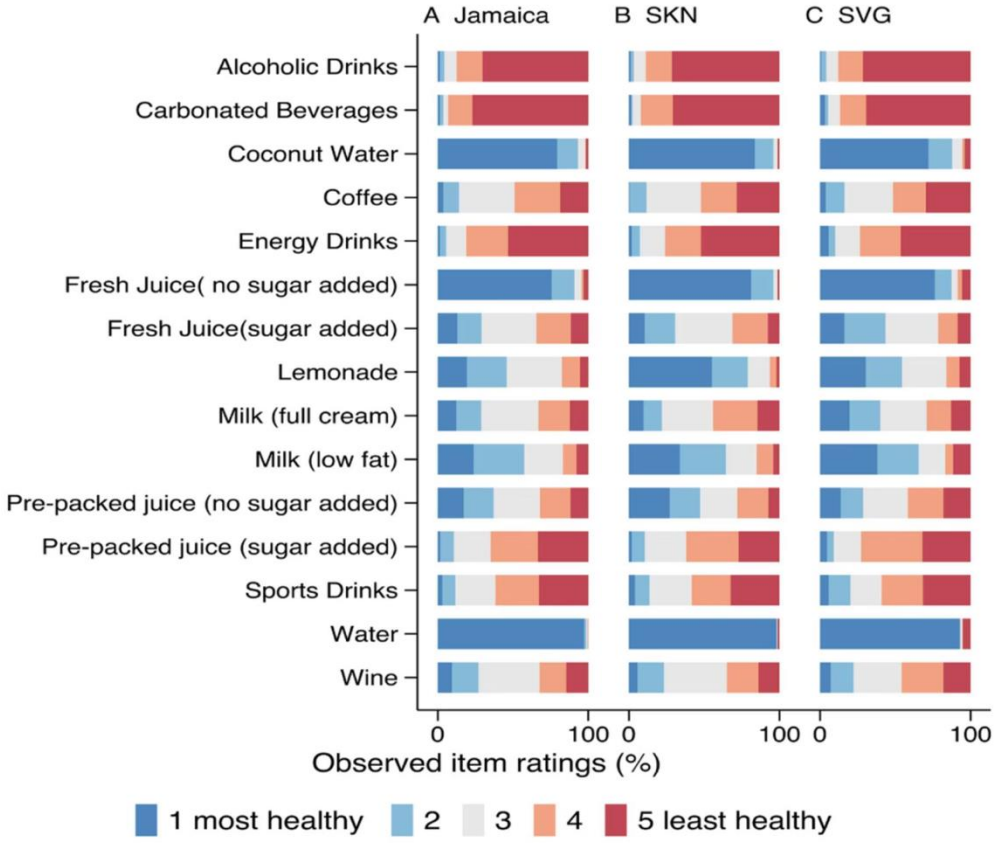
WHAT STANDS OUT

- Breakfast: bread (77–84%) and fruit (70–79%); sausages at breakfast 55–65%
- Lunch: rice, chicken, vegetables and peas peak and so do carbonated beverages: 47.9% / 41.1% / 48.5%, against 7–8% at breakfast
- Dinner differs by country: rice and chicken at dinner ~77–79% in Jamaica, 35–50% in the Eastern Caribbean samples
- Water is high at every meal (72–91%)

The lunchtime meal, often bought near work or school, is where soft drinks appear most. That is a retail and workplace environment question, not only a household one.

How people rate foods and drinks





People rate foods and drinks in line with dietary guidance - yet soft drinks, judged least healthy by nine in ten, are chosen at a main meal by one in two. Knowledge is not the binding constraint.

Source: Gabriel et al., 2026 (three-country survey; Jamaica n=374, St Kitts and Nevis n=253, St Vincent and the Grenadines n=266), Figure 3, Table S6A. Not Saint Lucia data; not nationally representative.

Do people's judgments of their own diet match what they eat? Yes, across foods and drinks

Main model (N=748): odds of calling one's diet unhealthy — above 1 = more likely, below 1 = less likely

Eating practice (vs not)	Odds ratio	Likely range	Significance (p)
Soft drink selection	3.23	2.27–4.58	<0.001
Juice with added sugar (prepacked)	1.60	1.13–2.27	0.009
Fruit once daily vs none	0.37	0.18–0.77	0.008
Fruit twice daily or more vs none	0.15	0.07–0.31	<0.001
Vegetable selection	0.45	0.30–0.68	<0.001

WHAT THIS MEANS

People who chose soft drinks had about 3 times the odds of calling their diet unhealthy (3.23); for prepacked juice with added sugar, the odds were 60% higher (1.60).

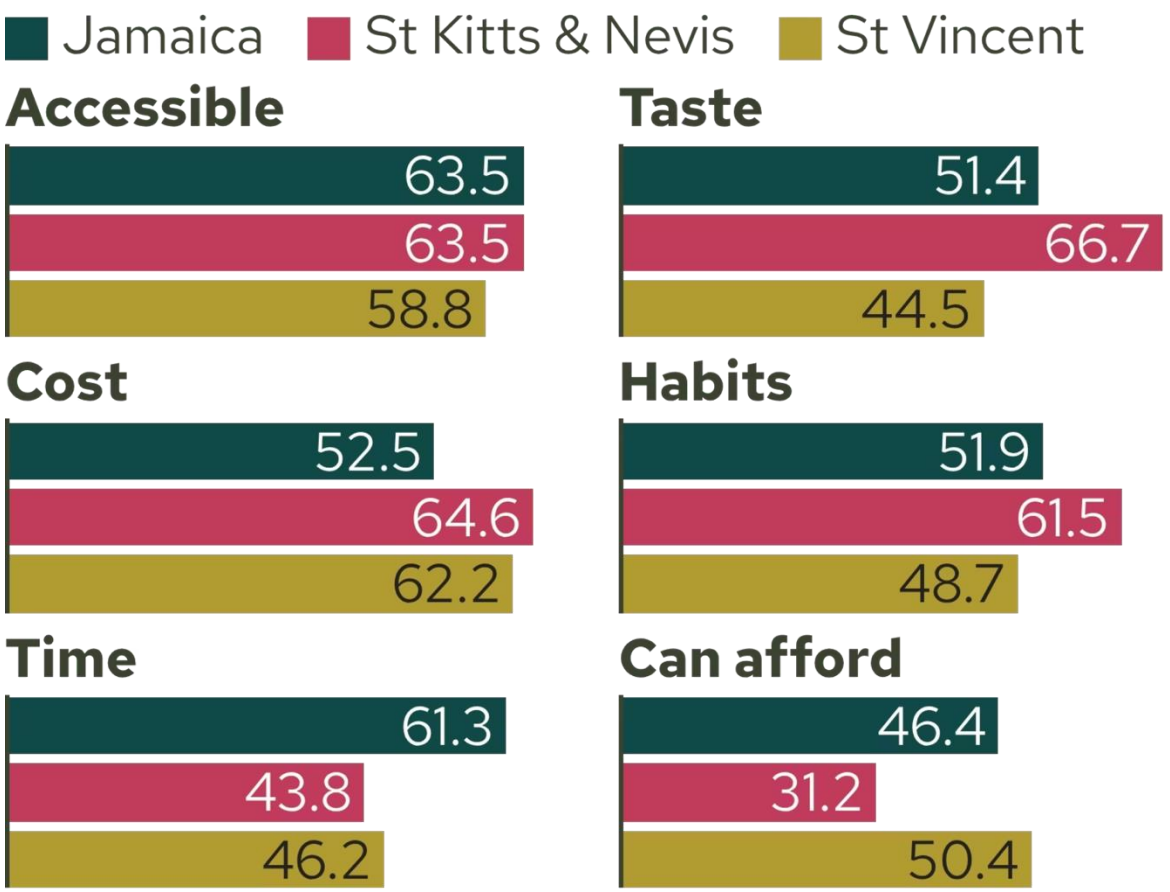
Healthy eating pointed the other way: fruit once daily meant 63% lower odds (0.37), fruit twice a day or more 85% lower (0.15), and vegetables 55% lower (0.45). In separate food-group models, fruit, vegetables and peas or beans went with lower odds; sausages, red meat, sugary juice and sugary cereal with higher odds (fish unclear). Adjusted for country, age, gender, education and union status.

After adjustment, healthier choices go with lower odds of calling one's diet unhealthy, and less healthy choices with higher odds. People recognise when their diet is unhealthy, and still eat that way. Why?

Source: Gabriel et al., 2026 (FaN survey, 3 countries), Version 23, Tables 3–5.

Why people say they eat unhealthily

AMONG THOSE WHO CALL THEIR OWN DIET UNHEALTHY (MULTIPLE REASONS ALLOWED)



Top reasons across the three countries

1.	Easier access	61.9%
2.	Lower cost	59.8%
3.	Better taste	54.2%
4.	Personal habits	54.0%

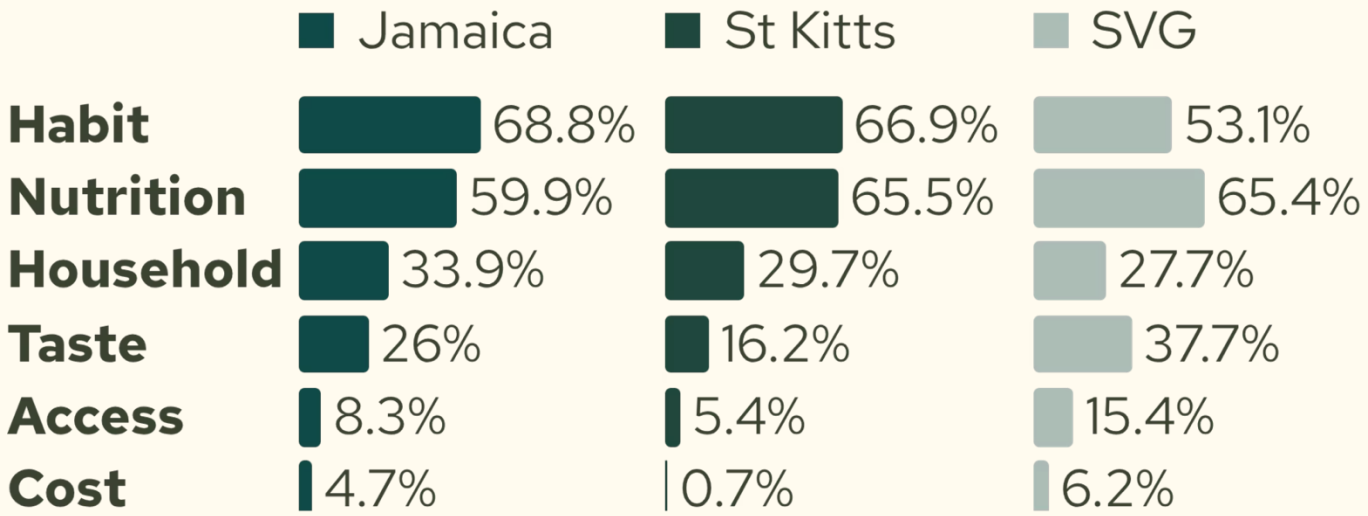
Average of the three country percentages.

The top six reasons are about the food environment, especially access and prices, as well as affordability, taste, time and habit.

Accessible: Unhealthy foods are more accessible. Cost: Unhealthy foods cost less. Time: Limited time to prepare healthy meals. Taste: Unhealthy foods taste better. Habits: Personal habits. Can afford: This is what I can afford.

Why people say they eat healthily: habit and nutritional value; almost never access or price

AMONG THOSE WHO CALL THEIR OWN DIET HEALTHY (MULTIPLE REASONS ALLOWED)



- Habit and nutritional value dominate
- Access (5–15%) and low cost (1–6%) are almost never why people eat well
- Compare: 59–64% said unhealthy food is more accessible and 53–65% said it costs less

The environment pulls towards unhealthy eating. Healthy eating runs against it, carried by habit and knowledge. Almost nobody eats well because healthy foods are the more accessible or least costly option.

Barriers are not evenly shared: they fall with age and income

JAMAICA · SHARE OF SELF-DESCRIBED UNHEALTHY EATERS BY REASON, BY AGE AND INCOME.

Age group	Time constraints	Access to unhealthy foods
18–24	38.0%	39.4%
25–34	35.4%	38.5%
35–44	28.1%	30.5%
55+	16.0%	8.0%

Consistent with the three-country regression: adults aged 45+ had far lower odds of an unhealthy self-appraisal than those aged 18–24 (aOR 0.35, 95% CI 0.20–0.62).

Sources: La Foucade et al. (2022), cross-sectional non-representative survey of 374 adults; Gabriel et al. (2026), Table 4.

BY INCOME

Lowest bracket: 33.3% cite affordability; 40.0% cite the lower cost of unhealthy food

Highest bracket (J$240,000+): only 3.1% cite affordability, a tenfold gap.

Same message, different feasible response. Budget constraints differ fundamentally.

PART 2

Farm and sea

Production, imports, logistics and availability.



Before we ask people to choose healthier foods, we need to ask whether the Caribbean food economy lets them

PPP$6.04

Healthy diet cost per person per day in 2025, the highest subregional level (FAO)

~50%

of the Caribbean population moderately or severely food insecure (FAO)

22.2M

People in the Caribbean could not afford a healthy diet in 2022: about half the Caribbean population

>US$6B

CARICOM food import bill; the "25 by 2025" initiative extended to 2030

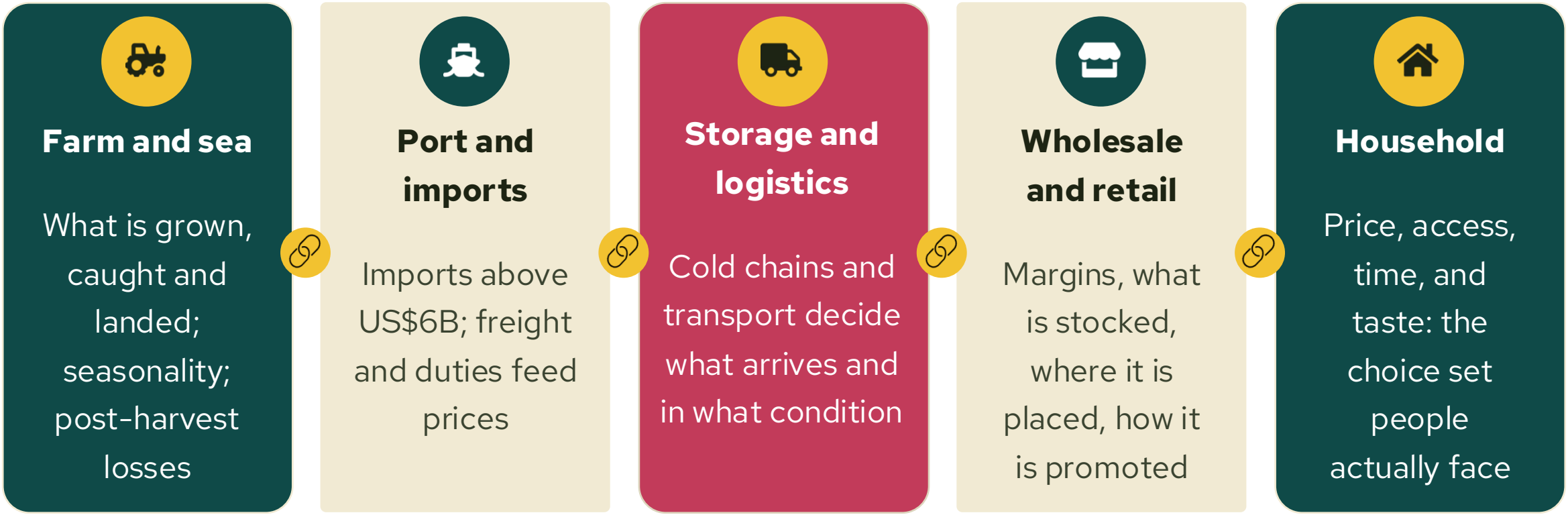
Affordability (the first 3) and import dependence set the frame before anyone "chooses".



Imported food · island port

Sources: FAO et al. (2026), SOFI; FAO, IFAD, PAHO, WFP, UNICEF (2025); CARICOM Secretariat (2025).

From farm and sea to shelf: every link sets availability and price



The shelf price is the sum of the chain. The perishable, healthy items – fish, fruit, vegetables – are the most exposed to the middle links; packaged foods travel well and keep. Policy can act at every link, not only on the final choice.

Framework drawn from UWI-HEU (2025) recommendations on nutrition-sensitive agriculture, trade and logistics; import bill from CARICOM Secretariat (2025).

Saint Lucia's food system in numbers: shrinking catch, growing imports

EC$525.6M

food import bill 2025, +4.3% (meat EC$132.4M, dairy EC$59.9M, fish EC$41.1M)

1,105 t

fish landings 2025, −10.8%, third yearly fall (EC$23.1M vs EC$41.1M imports)

4,078 t

banana output 2025, from 17,393 t in 2016

3,499 t

other crops 2025, up 13.4%, highest since 2019

Healthy diet cost per person per day: Saint Lucia PPP$5.16 (2024, FAOSTAT) vs Caribbean PPP$6.04 (2025). Agriculture contributed 1.7% of real GDP in 2025.

Local catch is falling while imports rise, so prices and supply increasingly depend on trade, freight and cold chains.

Government of Saint Lucia, Economic and Social Review 2025 (preliminary 2025 data); FAOSTAT Cost and Affordability of a Healthy Diet (2025 release).

Self-sufficiency is not the same as resilience

RESILIENCE

- Regional production of nutritious food
- Cold chains, market information
- Fewer trade barriers

NUTRITION-SENSITIVE SUBSTITUTION

- Measure nutrition, not imports avoided
- Local unhealthy food is no gain

LOCAL ≠ HEALTHY

- Buy-local procurement needs nutrition criteria
- Standards travel with the rule

Ask of any measure: does it lower the price, raise availability or improve quality — and how will we know?

Sources: UWI-HEU (2025); CARICOM Secretariat (2025).

PART 3

The price tag

Relative prices, the value of time, taxes and healthy-food incentives.



Why does the market deliver cheap unhealthy food?

Cheap inputs, big scale

Sugar, starch and oil are cheap; mass-produced, shelf-stable goods ship well into import-dependent islands.

53–65% of unhealthy eaters say unhealthy food costs less

Perishability is costly

Fresh food spoils, needs cold chains, and hurricanes wipe out crops.

Healthy diet: PPP$6.04/day, highest subregion

Health costs aren't priced

Disease costs fall on society, so the market gets no signal to supply less. The case for a corrective (Pigouvian) health tax.

XCD 231M NCD productivity loss, Saint Lucia

Sellers shape demand

Distributors, supermarkets and fast-food chains drive low-nutrition imports, and advertising shapes tastes.

Saint Lucia Food Systems Pathway

The market prices production, spoilage and profit, not health, so shelf-stable processed food is cheapest and most promoted.

Sources: Gabriel et al. (2026); FAO et al. (2026), SOFI (PPP$6.04, 2025); UWI-HEU (2025); Arias, Brown & Hasiner, World Bank (2024); PAHO (2024); Saint Lucia Food Systems Pathway (n.d.).

Health taxes in the Caribbean: real but partial effects, shaped by design

BARBADOS 10% (2015)

SSB sales −4.3%, water +7.5%; pass-through 5.9%; ~60% of sugars covered

BARBADOS 20% (2022)

no estimate yet

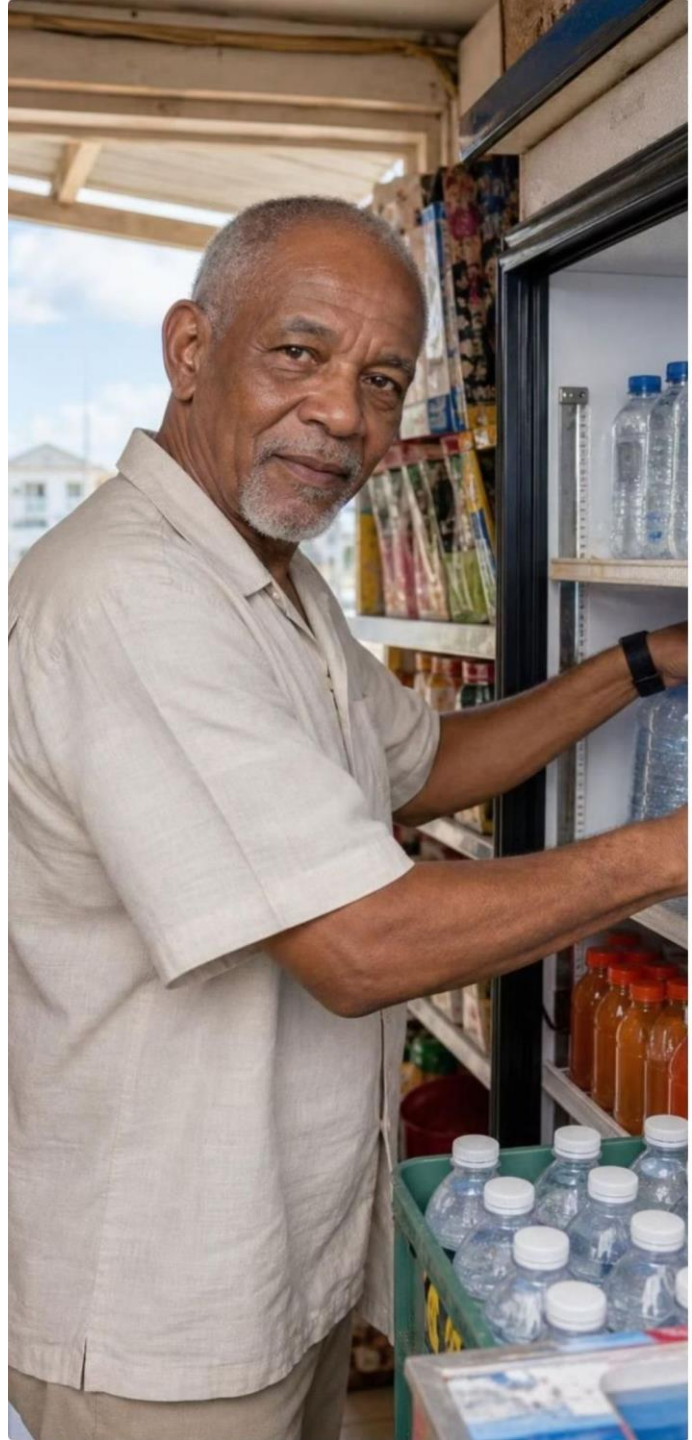
DOMINICA EC$1.20/L (2024)

not evaluated

Check: big enough? substitutes? who pays and gains? revenue?

Build evaluation in from the start.

Sources: WHO (2024); PAHO (2025); La Foucade et al. (2022).



Global price evidence: taxes deter, incentives enable

−7.6%

Mexico SSB purchases; largest in lower-SES households

−5.1%

purchases of taxed foods after Mexico's 8% food tax; −10.2% in lower-SES households

+0.32

cups/day of fruit and vegetables with a 30% SNAP rebate (RCT); HEI +4.7

Price responses are strongest among those with the least to spend.

Sources: Andreyeva and Luedicke (2015); Olsho et al. (2016); Segal et al. (2022).



PART 4

The supermarket

Retail practices, product composition, advertising and labels.



Retail placement and defaults change what is bought

−6.2%

calories bought after US hospital cafeteria added traffic-light labels and moved healthier items to prominent spots

−23%

calories from least-healthy 'red' items, same cafeteria intervention

59–64%

say unhealthy food is more accessible (survey: Jamaica / SKN / SVG)

Change the default where people shop and eat, and purchases follow.

Sources: Thorndike et al. (2019); Gabriel et al. (2026), Table 3B.

When the risk is already in the food

9.5→8.1 g

England salt intake per day after the national salt-reduction programme (−15%)

−3.0 / 1.4

mmHg systolic / diastolic blood pressure fall over the same period

~2×

sodium intake in the Caribbean vs WHO limit

40%

adults with hypertension, Saint Lucia

Where the risk is in the product, regulate the product.

Sources: He et al. (2014); PAHO (2025); UWI-HEU (2025); Brandt et al. (2017).

Chile's package and Jamaica's labels

−23.7%

Chile: "high-in" drink purchases after labels, ad limits and school-sales rules

−44% / −58%

TV exposure to junk-food ads after Chile's ad limits (preschoolers / teens)

51→44%

products carrying a "high-in" label after Chile's law (reformulation)

OR 2.07

octagon warning labels: odds of picking the healthier product (Jamaica RCT)

Clear, easy-to-understand labels, restrictions on unhealthy-food advertising and healthier products work together to improve the food environment and support healthier choices.

Sources: Taillie et al. (2020); Dillman Carpentier et al. (2020); Reyes et al. (2020); White-Barrow et al. (2023).

PART 5

The table

Making nutritious food accessible, affordable and appealing.



Match the tool to the problem, then monitor and evaluate

Problem	Response	Monitor & evaluate
Unhealthy food cheaper	Sugar-tiered health taxes	Prices, pass-through → purchases fell?
Healthy food costlier	VAT/duty relief; vouchers	Basket price → affordability up?
Unhealthy food everywhere	Placement, promotion, school-zone limits	Outlet mix, compliance → availability shifted?
Time cost	Healthy ready meals	Availability, price → uptake?
Composition	Sodium targets, warning labels	Sugar/sodium content → intake fell?
Early habits	School food, marketing limits	Children's intake, ad exposure

Before launch: baseline · comparison group · data-sharing · budget · evaluation plan

Sources: UWI-HEU (2025); Gabriel et al. (2026); La Foucade et al. (2022); FAO et al. (2025); PAHO (2025).

Delivering affordability and access

AFFORDABLE: USE EXISTING SYSTEMS

- Top up existing transfers (public assistance, school feeding), no new programme needed
- Reinvest health-tax revenue in healthy-food subsidies
- Target low-income households first

ACCESSIBLE: USE PUBLIC BUYING AND RETAIL PARTNERS

- Public procurement with nutrition criteria (schools, hospitals, canteens)
- Buy local fish and produce: predictable demand for farmers and fishers
- Retailer agreements on placement, shelf space and promotion

Use the systems already in place: transfers, public buying and retailers.

Sources: Olsho et al. (2016); Thorndike et al. (2019); UWI-HEU (2025).

Appealing, and supplied from farm and sea

APPEALING

- Flavour-led healthy ready-to-eat meals
- Practical cooking skills, paired with affordability
- Fewer junk-food ads on the other side

SUPPLIED

- Ice, landing sites and cold storage for fish
- Storage and transport for fresh produce
- Year-round supply at stable prices

MEASURED

- Track intake and nutrition outcomes, not just sales
- Report results publicly

Data gaps for Saint Lucia: what households buy and spend; share of food imported; post-harvest losses and cold-chain status; children's exposure to unhealthy-food advertising.

Modelled return of the investment case: 3.35 per dollar by year 15 (about XCD 5.3M).

Sources: Gabriel et al. (2026); UWI-HEU (2025), including the modelled ROI.

Make the healthy choice the affordable, accessible, convenient and appealing one

- Knowledge is not the binding constraint: the healthiest foods are already rated healthiest, and soft drinks still reach half the lunch tables.
- Act at every link: farm and sea, port, cold chain, shelf, label, advertisement, table - and evaluate from the start.

The test: does it improve affordability, access or convenience – for whom – and how will we know?

Thank you. The panel at 3:00 pm takes the life-course and policy dimensions further.



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