

Obesity

The conditions in which people are born, grow, live, work and age can lead to health inequalities – the unfair and avoidable differences in health status.

Actions to tackle health inequalities demand the efforts of government, statutory organisations, community, voluntary and private sectors. This Good Practice Guide to obesity is one of a series designed to capture information about health inequalities and highlight evidence-based interventions and key actions for improvement across sectors.

Other Good Practice Guides in this series can be accessed at: www.publichealth.hscni.net/publications/good-practice-guides

Why do it?

Obesity is a growing problem, with a strong social class gradient and serious implications for health. United Kingdom (UK) obesity rates have doubled over the last twenty years and will take time to reduce. In Northern Ireland, almost 60% of adults are overweight (35%) or obese (24%).¹

Among children, around 1 in 5 is overweight and 1 in 20 is obese.² Childhood obesity is a strong predictor of obesity in adulthood. Obesity in a parent increases the risk of childhood obesity by 10%.³

Health and social context

Obesity in adults is measured by Body Mass Index (BMI), calculated as:

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m}^2\text{)}}$$

People with a BMI above 25 are categorised as overweight and those above 30 are considered obese.

Obesity occurs when individuals take in more energy (calories) from food and drink than they use. Physical, socioeconomic, cultural and environmental factors contribute to obesity and tackling the problem will therefore require action by a wide range of sectors, including government departments, councils, the education, health, food, community and voluntary sectors.

The health risks to an individual increase sharply when their BMI is over 30. Obesity shortens life and increases the risk of a range of conditions such as heart disease; high blood pressure and stroke; type 2 diabetes; cancer; osteoarthritis; back pain; sleep apnoea; infertility and complications in surgery and pregnancy.⁴

There is a strong social class gradient in obesity, with prevalence being higher in lower socioeconomic groups. In terms of ethnicity, prevalence of obesity tends to be higher in Caucasian and Bangladeshi populations in the United Kingdom.⁵

The cost of obesity in the UK is estimated at £3.7 billion per year currently, but nearly 60% of the UK population could be obese by 2050, which would cost £49.9 billion (at today's prices).^{6,7,8}

Policy context

Obesity prevention is at the heart of a number of strategies in Northern Ireland:

- The *Breastfeeding strategy for Northern Ireland* (1999 has been reviewed and work to develop a new strategy will commence in autumn 2010).⁹
- The *Investing for Health* strategy (2002) is currently being reviewed.¹⁰
- *Fit Futures: Focus on food, activity and young people* (2005) Work is currently being led by the DHSSPS to build on this and a 10-year multi-sectoral Obesity Prevention Framework, which takes a life-course approach, was published for consultation in November 2010.¹¹
- The *Play and leisure policy statement* (OFMDFM) aims to establish play and leisure as an essential element in the development of children's lives, families, communities and society.¹²
- Strategies for walking, cycling and sports, published by SportNI will also contribute to the policy context that seeks to prevent obesity in Northern Ireland. (www.sportni.net).

What works?

The evidence base for the prevention of obesity is poor; most research has focused on investigating the causes. The National Institute for Health and Clinical Excellence (NICE), Foresight, Cochrane Systematic reviews, and the Center for Disease Control in America have reviewed the evidence and these reviews have been used to develop this paper.^{13, 5, 14, 15}

For individuals/families

Individuals will need to become more physically active, by walking, stair climbing and cycling and spend less time in sedentary behaviour. Parents and child care facilities should restrict TV watching, computer and gamestation use to a maximum of two hours per day.¹⁵

For early years

Breastfed babies have a lower risk of obesity in later life; all mothers should be encouraged and supported to breastfeed.^{16,17} Peer support programmes, the Unicef Baby Friendly Initiative and the provision of facilities to express and store breastmilk for mothers returning to work have been shown to increase breastfeeding.¹⁵

For children and young people

Evidence on effective obesity prevention interventions suggests the following:^{13, 14}

- Multicomponent interventions combining nutrition and physical activity are likely to be more effective in encouraging positive behavioural change that can be maintained in the long term.
- Studies have shown interventions involving parents, carers, siblings and peers with similar weight issues are more effective than targeting individuals on their own.
- Parents and carers should take responsibility for children and young people's lifestyle choices.
- Programmes should be age appropriate, consider gender, socioeconomic status, ethnicity and whole school environment.
- New programmes should be developed in consultation with the target group where possible.

- Programmes should be based on a strong theoretical framework outlining what needs to be measured at which stage.

For communities

Obesity is now being normalised; which poses a challenge for addressing it.⁵ Social marketing campaigns can contribute to raising awareness, influencing public opinion and resetting social norms and they should be combined with community engagement and environmental interventions. Preliminary positive results for this approach have been shown in New Zealand, Healthy Eating – Healthy Action (HEHA) and France, Ensemble, prévenons l'obésité des enfants (EPODE).^{18,19}

For schools and workplaces

Individuals will need to buy and eat less energy dense foods. In schools and workplaces positive impact has been achieved through snack and vending machine sales, healthy food and drink options, availability of cool water and physical activity opportunities such as walking, cycling schemes and stair climbing.^{5,15}

For local government, planners, architects and developers

Design of the environment and buildings influences behaviour. The 'walkability' of a neighbourhood is known to impact on walking behaviour and is related to design layout, land use mix, connectivity, aesthetics, perceived and actual safety. Within buildings, stair climbing can be promoted by the design of prominent and appealing staircases.^{20, 21}

At policy level

The Food in Schools Policy (currently in draft) is an overarching policy advocating a 'whole school approach' to all food provided and consumed in schools.²² The policy also advocates the development of knowledge and skills in relation to healthy eating and lifestyles.

Food and soft drink advertising and children

Ofcom is the independent regulator of television, radio, telecommunications and wireless communications services in the UK. Part of its role is to set standards for television advertising. All television broadcasters must comply with these standards in relation to

any advertising they transmit. In July 2007, Ofcom restricted the scheduling of television advertising of food and drink products to children which include advertising and programme sponsorship of foods high in fat, sugar and salt (HFSS) in and around programmes made for children. All HFSS advertising has been removed from dedicated children's channels and advertisements for HFSS products must not be shown in or around programmes of particular appeal to children under 16. This new and important regulation governing nutrition and health claims for foods is complex and mandatory and is regulated by the Broadcasting Committee of Advertising Practice.²³

Given the scale of the challenge we are faced with in relation to overweight and obesity it may be appropriate to consider more stringent measures for example:

- introducing a tax on high fat, high sugar foods;
- introducing a standardised system for front of pack labelling;
- removing advertising on all high fat, sugar, salt food before the 9.00pm watershed.

What can we do?

Key actions for health improvement

The response to obesity should be coordinated to maximise effectiveness.⁵

Policy

- Central and local government should provide leadership in policy development and implementation to ensure that Healthy Urban Planning (HUP) facilitates environmental change for health.²¹
- A life course Obesity Prevention Framework for Northern Ireland was published for consultation by the DHSSPS in November 2010.
- The PHA should develop an integrated implementation plan by February 2011, to take forward the Obesity Prevention Framework.

Community in partnership with statutory agencies

- A comprehensive multi-agency, strategic, cross-sectoral approach to obesity in Northern Ireland should be developed using evidence and best practice from around the world.
- Statutory, voluntary and community organisations should establish partnerships to take forward the action plan.
- Community coalitions should be established to drive local change.⁷
- Planners, architects and developers should ensure the built environment promotes and supports physical activity.

Workplaces

- Workplaces should provide facilities to support breastfeeding mothers returning to work.
- HSC should endorse and provide peer support programmes, Baby Friendly Initiatives and facilities to support breastfeeding mothers returning to work.
- Public sector workplaces should promote and support positive health behaviour by ensuring healthy food, drink and snack options are available and that stair climbing, walking and cycling are supported.

Education

Schools should promote and support positive health behaviour by ensuring healthy food, drink and snack options are available and that stair climbing, walking and cycling are supported.

- School playgrounds should support active play and the physical education sessions in schools should be seen as essential and should be active.

Individual responsibility

- Individuals who are obese will need to take more personal responsibility; weight management programmes based on NICE guidance should be available to them.

References

A full list of references is available at www.publichealth.hscni.net/publications/good-practice-guides

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