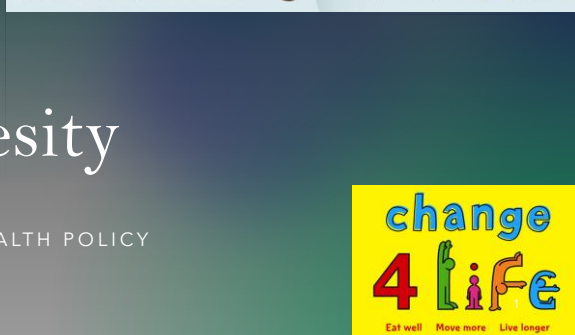




PUBLIC HEALTH POLICY



Eat well Move more Live longer



University of Wales
Trinity Saint David
LONDON

Module: Public Health Policy

(BMHP5013_LON)

Assessment 1: Group Presentation

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Presentation Date: December 2021

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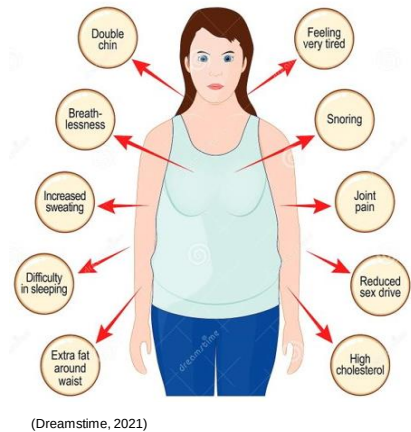
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Introduction to Public Health Issue: Obesity

- Obesity is when body fat increases so much it becomes a risk to our health and can lead to social problems (NCBI, 2014).
- In 2016 WHO considered global obesity a fast growing pandemic (WHO, 2016).
- It is one of the leading risk factors for early death (Our World in Data, 2017)
- There are many organisations across the world and in the UK that are trying to help combat the epidemic of Obesity such as EU, WHO, Public Health England, NHS, Family Health International, HOOP, British Obesity Society.
- Certain factors physically begin to appear to show signs of obesity, such as breathlessness, double chin, fatigue and joint pain

Symptoms of obesity



Obesity is an excessive accumulation of body fat, it is generally caused by eating too much and moving too little (Britannica, 2019). The definition of obesity is based on measures of height and weight (not morbidity).

According to the World Health Organization (WHO) they recognised obesity as a global epidemic. (In 2016, 1.9 billion adults worldwide were overweight, 650 million world's adult population were obese) (WHO.int 2016). An increase in obesity worldwide has an important impact on health impairment and reduces the quality of life (WHO.int,2016). Rates of obesity continue to grow in adults and children. If the trends continue almost 4 in 10 adults are predicted to be obese by 2023. Many organisations across the world are trying to help and drive global efforts to reduce, prevent and treat obesity, and are dedicated to improving people's live.

How to Calculate your BMI

- A person's Body Mass Index (BMI) is calculated through their weight and height to determine what category they fall into.

Body Mass Index Score	
Below 18.5	Underweight
18.5 - 24.9	Healthy Weight
25 – 29.9	Overweight
30 – 39.9	Obese
40 or above	Severely Obese

(NIH, n.d)

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A body mass index (BMI) over 25 is considered as overweight and over 30 is obese. It is a common problem in the world estimated to affect around 1 in every 4 adults and 1 in every 5 children aged 10 to 14. It is one of the leading risk factors for early death (Our World in Data, 2017).

Obesity Key Facts

- Obesity is a medical issue that leads to other health conditions and diseases.
- These are diabetes, high blood pressure, mental health and memory issues, infertility, and some forms of cancer (NHS, 2019)

Risk Factors of Obesity

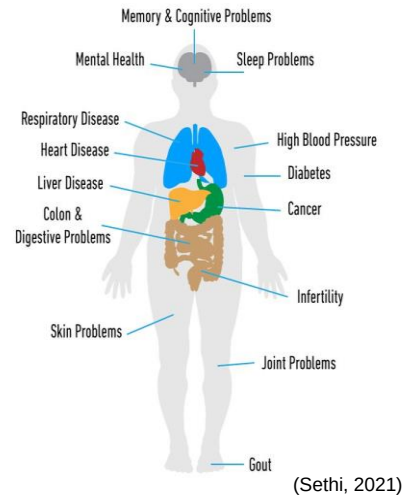
60% at risk of Type 2 Diabetes

20% at risk of hypertension

20% at risk of heart disease

(Brinsden, 2014)

HOW OBESITY AFFECTS YOUR BODY



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Obesity is a medical condition in which excess body fat is accumulated to the extent that it may have an adverse effect on health. It is the core of various types of chronic illnesses: type 2 diabetes, heart diseases, high blood pressure, high cholesterol, liver diseases, kidney diseases and more.

Obesity can be a genetic problem or disorder that is caused due to an unhealthy lifestyle. It can affect your quality of life, as you can see in the picture there are some factors that show signs of obesity like; feeling tired, breathlessness, extra fat around waist, high cholesterol and joint pain. Obesity is one of the world's largest health problem and one of the leading factors to early death.(It was linked 4,7 million deaths globally in 2017).

Health Policies to Prevent Obesity

Policies that have a major impact

Traffic light scheme (UK) and Food warning label (US)

HFSS Law to ban volume buys (UK and Hungary)

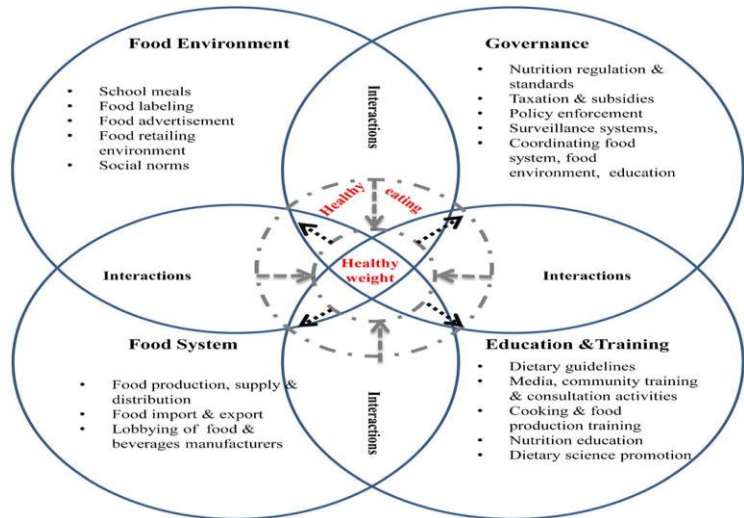
TV advert ban (France and UK)

Soft drink Levy Tax (UK and Mexico)

Healthy Start Voucher (UK)

National Food Strategy (UK, Australia and Brazil)

National Child Measurement program (UK and Denmark)



(Zhang, et al., 2014) ⁶

The UK ranks as one of the worst countries in Europe and being incapable of managing a healthy lifestyle. 63% of the adults in UK are overweight. All the authorities relate with the issue (Government, Public Health, NHS, Nice , Department of health and social care, Food Standard Agency and WHO) are working hard to avoid or change the continuous growing condition. Below is what they have in plan to avoid the deadly issue to come in place.

The Food Standard Agency creates the traffic light scheme: an easy approachable way to recognise the healthiest choice:

"Red" means the product is high in nutrients and you should try to cut down, eat less often or eat smaller amounts.

Amber means medium. If a food contains mostly amber, you can eat it most of the time.

Green means low. The more green lights a label displays, the healthier the food choice is." (Food Standard Agency 2021)

Very similar are the food warning labels, where the light, or nutrient words have to be justified in the nutritional values.

Regarding food standards, the Government is due to issue a law regarding the High

fats, Salt and sugar items: by October 2022 the item included in this category won't be allowed to be on promotion or discount (for example, buy one get one free). This product also won't be allowed to be advertised before 9pm.

The soft drink levy tax has been introduced in April 2018. Every drink that has more than 8g of sugar for 100ml is taxed 24p extra and 5g is taxed 18p. The news reveals that the amount of sale of sugary drink has fallen by 10%, but mainly because the companies have drastically reduce the sugar in the drinks for avoid the tax (Sky news, 2021).

The healthy start vouchers are designed to help pregnant parents, parents with children under 4, and with economical issues by getting government vouchers to help buy healthy food.

The National food strategy is a very detailed report of all the food sources and is aimed to analyse all the issues about food origins and food policies.

"This independent report, published on 15 July 2021, looks at the entire food chain, from field to fork. This includes production, marketing, processing, sale and purchases of food (for consumption in the home and out of it). It also looks at the consumer practices, resources and institutions involved in these processes." (Gov.uk 2021).

"The National Child Measurement Program (NCMP) is a **nationally mandated public health program**. It provides the data for children's excess weight indicators in the Public Health Outcomes Framework, and is part of the government's approach to tackling child obesity." (NHS 2021)

Eat Well is a guide created by the NHS and the government in 2016 for anyone that wants to follow a healthy lifestyle: the guide suggests 5 fruit and vegetables a day, to drink 8 glass of water, how to balance starchy food and many other tips to follow a correct diet. "The Eatwell Guide is based on the 5 food groups and shows how much of what you eat should come from each food group."(Gov.uk 2021). It is highly recommended by Public Health England.

Health Policies to Manage Obesity

Policies and services to tackle the condition:

NHS Long term Plan (UK) and United Nations Development Programme (WHO members)

Twelve weeks weight loss plan digital (UK)

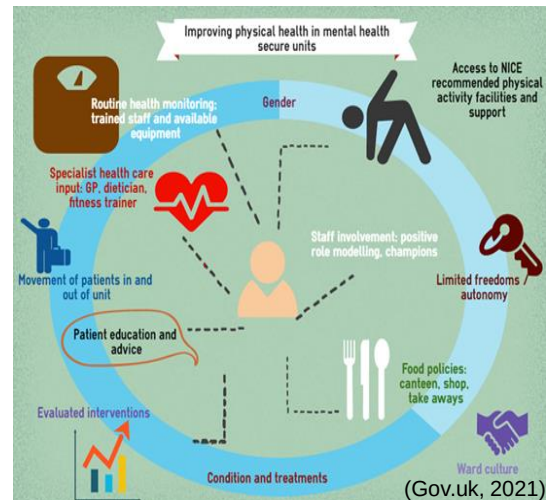
Diabetes prevention Plan (UK, Finland, China, US)

GP referrals and Social Prescribing (UK)

Better Health Campaign in Covid Period (UK) and WHO United Action for Better Health (Europe)

Change4Life (UK)

Eat Well (UK and Worldwide)



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Once obesity is prevailed, the ways it is managed to be tackled is as below:

NHS's Long Term Plan is a commitment between the organisation in aim to support the changes necessary to exit any kind of addiction. In the case of the obesity, the NHS commit to offer the right training to professionals (for example weight loss clinic service in pharmacy) and build evidence based cases in aim to offer any possible solutions (gastric surgery/drugs for example).

The NHS also offer a digital platform service (an application on the mobile phone). The app, created by Public Health of England, is designed to set calories target, BMI calculator and work by tracking the daily intake of food and drink.

Diabetes prevention program: obesity can lead to Diabetes, so the NHS create an online tool to identify people at risk by taking a "know your risk" questionnaire. Once the person is identified as a positive case, the organisations will action an evidence-based lifestyle program in aim to reduce the risk (CDC 2021).

The NHS also introduce the role of the Social Prescriber, a person that helps the individual with issues by signposting them in taking the right decision or the right

cure. They have the power to refer the person to non-clinical institutes (in this case weight watchers, gym membership) where they can gain up to 12 weeks membership paid by the NHS.

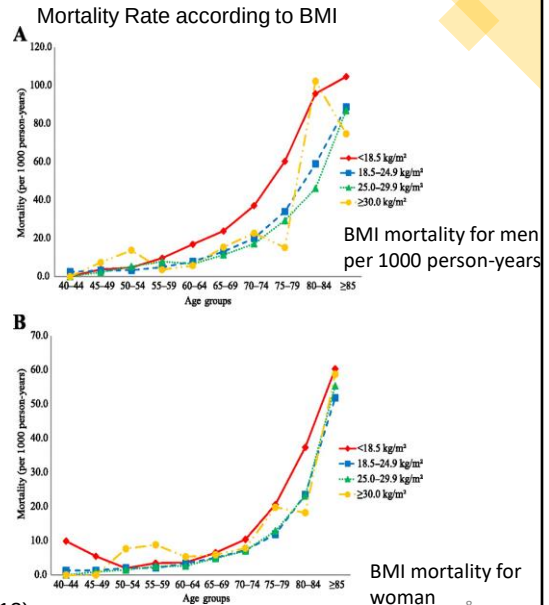
Better Health Campaign: create in July 2020 in association with Sport England and British Heart Foundation, includes some of the programs already mentioned (the 12 week app and the social prescriber referral) but is created mainly by the fact that obese people are more likely to die if affected by coronavirus (Talbot, Branley-Bell 2021), so it integrates support at 360 grades, including fitness activity and cardiovascular checks.

Change 4 life is the last one to consider. It is a family oriented marketing campaign that aims to consider small changes but effective in a family's life : the campaigning includes sugar swap, food scanner, recipe ideas and support in child weight checks (Change4life 2021).

The Impact of Social Policies on Users of Health and Social Care Services for Obesity

- The Impact of the policies set up is to improve health, increase life expectancy and minimise health issues.
- Mean age in men's mortality rate decreased linearly with increasing BMI category. In women, mean age mortality was highest in the underweight category (Nagai, *et al*, 2012).
- WHO's goal is to promote and protect health through encouragement of healthy eating, physical activities and the policies.
- In the UK organisations such as Better Health were launched in order to help with weight loss.

(Nagai, *et al*, 2012)



Policies influencing lifestyles through information and education , specifically food labelling, menu labelling, mass media campaigns promoting physical activity, prescribing physical activity in primary care settings, and mobile apps promoting healthy lifestyles.

20 years ago there was significant increase in Obesity. It became serious public health issue as higher rates of obesity caused lower life expectancy and a rise in health issues, such as diabetes, heart disease, stroke and others. This is an evaluation of these different policies tried in Chile, UK and Canada. (Pettinger, 2020).

Policies to reduce obesity in summary

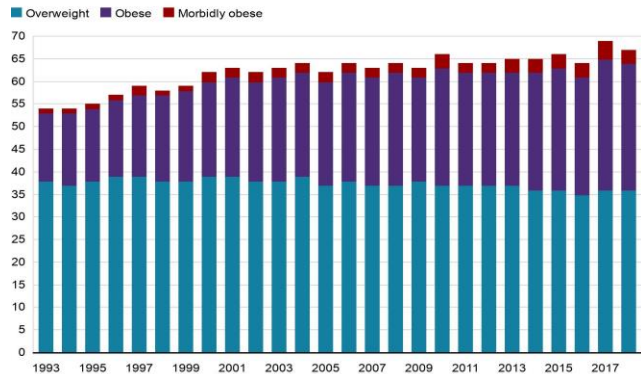
- Tax
- Warning labels on food.
- Restrictions on advertising.
- Restrictions on sale of unhealthy food.
- Information campaigns.
- Subsidisation / promotion of healthy food.

The graph shows the mortality rate of men and woman per 1000 person-years according to their BMI category. It shows the mean age in men's mortality as decreasing as their BMI score increases. For women the mean age of was highest for the BMI category who were underweight. However, for the women, the category of those with a high BMI was not far behind the category of women who are underweight, as there are still a significant amount of woman who suffer from a high BMI. This shows for both men and women there is a correlation of deaths in those with a high BMI, but higher deaths in men compared with women (Nagai, *et al*, 2012).

The Impact of Social Policies on Users of Health and Social Care Services for Obesity

- Social policies have been made by the government e.g. 5 a day, walk2school, change4life, being active (GOV.UK, 2015).
- Approximately 10 percent of U.S. adults were suffering from obesity during the 1950s. it was low because there were no cars or many forms of machinery (Police, n.d).
- WHO recognised in 1993 childhood obesity as a growing issue and introduced different schemes in schools to help support parents and children.
- Obesity rates have stabilised in recent years

How has obesity changed over time?
% of population over 16 in England



Source: NHS Digital, Health Survey for England

(RealityCheck, 2020)

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Many years ago there was a lot more labour work, people were doing things physically, now there is more machinery, transport, technology, fast food habits are growing fast through the fast food industry, which are all contributing factors to obesity and why it was recognised that social policies needed to be introduced to control this growing issue of obesity.

In 1993, WHO recognised obesity was a growing pandemic, compared to the 1950s when only 10% of the population in the US were obese, compared to the latest data from America where it has been revealed that over 73% of US adults are overweight or obese (Editor, 2020). This is why public health policies were introduced and different schemes were implemented to help tackle the issue of obesity. The above graph shows that obesity rates have slightly stabilised over the last few years (RealityCheck, 2020).

The changes the government made was due to the fact that they felt if parents are educated about how to raise their children in a healthy way, they will be able to help control obesity from the beginning of a child's life, by training health visitors to monitor children's weights and advise parents of how to stay healthy and how to encourage children to eat healthy. The government also gave those from less

deprived areas a chance to give young children a healthy start through giving them the incentive of "Healthy Start Vouchers", which is also a good way to spread awareness. They also felt if children are made aware through lessons in PSHE and Wellbeing, introducing walk2school schemes, how to eat your 5 a day and all about what's healthy and unhealthy on a dinner plate, they can tackle obesity through educating the children from a young age and take this message home for parents to be aware as well. Also, by introducing health visitors weighing and measuring children's heights from 0-5 and school nurses monitoring children's heights and weights through school life the government can keep an eye on statistics of how these policies and incentives are making a difference and steer families in the right direction if their children are on the higher BMI spectrum by sending them to local council schemes like exercise classes and nutritionist experts too. The government have also introduced healthy school lunches and healthy pack lunch policies, not allowing chocolates, sweets, crisps, juice or fizzy drinks to help maintain healthier lifestyles for all. Healthy activities like daily miles were introduced in schools (running around the playground every day), the government also funded for more exercise equipment and implemented use of them in P.E lessons at school. Change4life is linked with the NHS and are an organisation where they encourage the Walk2school scheme, healthy eating- healthy food nutrition plate. Swimming and the cycling proficiency scheme is also taught to older years in primary schools to introduce the children to activities to help give them a healthier start and make healthier lifestyle choices in life.

Governments are increasingly seeking to tackle the problem. This includes obesity plans from countries such as Denmark, England, France, Mexico, New Zealand, Ireland and Scotland, as well as reports and recommendations from countries including Australia and Canada.

Some governments have also launched initiatives to tackle specific factors believed to increase the risk of obesity, such as taxing (Musuwo,2019):

- The advertising budgets of food companies not encouraging healthy eating (France)
- Pre-packaged food high in sugar and salt (Hungary)
- Sugary drinks (England and Mexico)

<https://www.bbc.co.uk/news/53494616>

Incidence of Obesity

- Obesity incidence has tripled since 1975 compared to present days globally
- Adults- In 2016 1.9 billion adults were overweight with 650 million clinically obese
- Children and adolescent- in 2016 340 million aged 5-19
- Children under 5 – 39 million registered in 2020 ,6% girls and 8% boys worldwide
(World Health Organisation, 2021)

Global Geographical incidence of obesity

North America – 1 in 3 adults. Most affected ethnic groups- Black Hispanic and Mexican-Americans

Central and South America – 30 % of women / 20% men

Europe and Central Asia – 25% Men in Western and Central Europe
30% Women in Eastern Europe
25% of UK adults

North Africa and Middle East – 44% Women in Saudi Arabia/ 36% Men in Kuwait

Sub-Saharan Africa – In 2008 19.9 % of Men in Republic of Congo- lowest in the world

Asia Pacific Region - South Asia 20.5 % adults / lowest BMI's in the world
- China and India concerning annual increase with 3.5% since 1998

Women living with obesity.
Newest available data



Key

< 10% 10-19.9% 20-29.9% ≥ 30%

Men living with obesity. Newest
available data



Key

< 10% 10-19.9% 20-29.9% ≥ 30%

(Harvard T.H.Chan, 2016)

(Global Obesity Observatory, n.d.) 10

Incidence of obesity is studies thoroughly in recent years. This table represents the geographical trends of obesity. There are some areas that have a much higher incidence than others and this are mostly because of a variety of factors that will be discussed briefly.

It is communicated by WHO that the obesity rate has tripled in the last four decades and it is now feared that this pandemic will result in 4 in 10 adults globally to become obese in coming decades.

When observing obesity trends it is safe to say that economically developed countries have higher rates of incidence of obesity. Countries like USA and Australia is one of the most affected by this condition. If we look at European region we see that 25% of total adult population in the UK is now obese.

30% of women in Eastern Europe and 25% of men in Central Europe. (Harvard T.H.Chan, 2016)

North America- it is predicted that by 2035 half of all men and women will be obese.

Central America- In Brazil and Mexico obesity is fast growing in low-income groups.

Europe and South Asia. Data shows that obesity is growing faster in Western and Central Europe than Eastern Europe.

The UK has 25% of its adult population obese, and 57% are overweight.

North Africa and Middle East- some countries in Arabic Gulf like UAE and Saudi Arabia have statistics that compare to the US. The trends show a rise in obesity in men faster than in women.

Sub- Saharan Africa- Majority of countries affected here still struggle with malnutrition. Trends show that obesity incidence is higher in poor urban areas.

Asia Pacific region- Australia and New Zealand register similar trends as US with 25% of its adult population obese. Some South Asian countries have the lowest BMI in the world with Bangladesh having a BMI of less than 21.

At most, the concerned countries are China and India., although these two countries do not have high rates of obesity they do host 2.5 billion people. India registered in 2008 25% of its urban women obese, with only 8% in rural areas.

Socio-Demographic and Economic Factors

General education level- influence income and occupational position	Occupational position- office jobs and sedentariam	Income classification- fresh foods high cost
Social status- access to information and risks of obesity	Safety - no safe areas to walk/exercise (Mayo Clinic, 2020)	Age (Kuntz and Lampert, 2021)
UK statistics show 16% of adults screen	positive for an eating disorder and mental health problems with	women more likely to screen positive- Screening proportion is
Increased as household income decreases	Environmental factors. Children with an obese parent are more	likely to become as eating habits are witnessed obese (NHS, 2020)
	Cultural factors. Body appearance associated with power and social status	



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Socio demographic and economic factors are those factors that reflect the development and financial aspects of a specific region, borough or country that have an effect on a certain aspect of the people lives and/ or health living there. Globalization has come as result of the industrialization era. This has brought on the markets cheap fats and sugars from corn and soy in the form of processed foods. With it, urbanization has put farmers out of business and land was bought by big corporations concerned with mass production and long shelf life foods. Fresh foods became more expensive and the cheap alternative offered by mass production became appealing to lower social classes. (Candib, 2007)

- **General education level** has been found in a German study conducted in 2003 to have great effects on obesity. Adults with educational levels seem to be better informed about the risks of obesity.
- **Occupational position.** For men, both educational levels and professional occupation were found to be considerable influential in making them prone to obesity (Kuntz and Lampert, 2021)
- **Income classification** . The same study shown that women within the lowest income group were three times more likely to be obese than those in the highest income group. Level of income is also influenced by the level of education. The proportion of obesity has been growing fast in past decades in Western

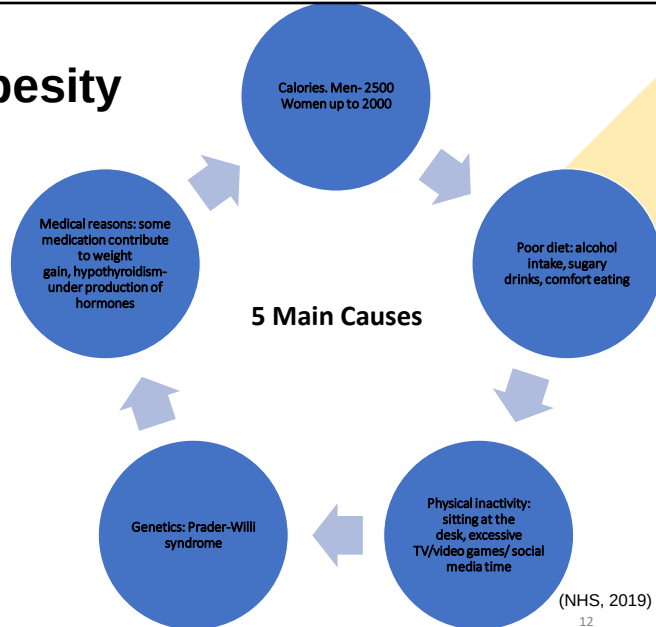
societies. The rate has identified with the industrialization era and the birth of processed foods and Western life style.

- **Social status.** National Nutrition Survey 2 study shows that adults and children belonging to low social status have a higher prevalence of becoming obese. Social status is a combination of school education, vocational education, household income and occupation activity where jobs and positions where workers are classified into skilled and semi-skilled. Civil servants, leading and managing positions were found to have an influence on obesity. (Kuntz and Lampert, 2021)
- **Age.** An increase in obesity can be seen with proportional growth of age in both sexes. Adults with ages 45-64 , 1 in 4 men and women will reach 30 MBI. After the age of 64 the incidence of obesity in men will slowly start to decrease but will continue to rise in women. (Kuntz and Lampert, 2021)
- **Safety.** Safety is one of main needs on the hierarchy of needs. Living in an unsafe area can lead to obesity by restricting an individual from walking and exercising. (Mayo Clinic, 2020)
- **Environmental factors**
- **Cultural factors.** Some cultures attribute being "big" to wealth, power and social status, ex. South African regions.

Main Causes of Obesity

Vulnerable groups

- Rural population
- Ethnic and race minorities
- Low-income individuals
- Adults aged 65>
- Children and adolescents
- Pregnant women



Vulnerable groups – vulnerability is increased in minority groups such as ethnic and racial. Recent study in US shows that a high risk group for obesity is immigrants.

Factors influencing this statistic are usually environmental, referring to the areas they settle in. These are usually poor, urban areas. Immigrants become a risk factor for obesity as these is influenced by low-income and the development of poor dietary habits like fast food and affordable but highly processed foods. (Stevens et al., 2017)

Rural population . In a massive research, 1000 specialists have studied 200 countries where over 112 million people live between 1985 and 2017. One of the findings show that in high income countries, the incidence of obesity in rural areas are higher than low-income countries, and especially in women. This is due to lack of information and education about risks and obesity, combined with higher living and food costs. (Imperial News, 2019)

Ethnic and racial minorities - Black/ Black-Hispanics/ Hispanics/ Native Americans. These groups are associated to low-income living areas where medical access is limited and information about obesity risks are sometimes nonexistent. (Candib, 2007)

Low- income individuals. Exposed to low cost high processed foods

Adults aged <65 – metabolism slows down with age and physical activity becalms more difficult.

Children and adolescence. This group is exposed to obesity risks influenced by different factors: canteen food quality in schools, screen exposure that can lead to sedentarism, advertisement of unhealthy foods and high sugary drinks.

Pregnancy. It is common to gain weight during pregnancy.

5 main causes have been identified by the NHS as leading causes for obesity. These include

- **High calories intake.** A physically active man should consume up to 2500 calories a day, while a physically active woman up to 2000.
- **Poor diet** that includes high sugary, salty and fat aliments, alcohol intake (alcohol is high in sugar content), consuming large amounts of processed foods known to be high in fat
- **Lack of physical activity.** This cause is believed to have one of the greatest impact on general health and is a leading cause for obesity. Sedentarism is characterized by recent decades lifestyle that include less manual labor. Many job settings include sitting at a desk and relying on cars to reach work as oppose to walking or cycling.
- **Genetics** are responsible for leading to obesity in some cases but rarely. One syndrome that can lead to this is Prader-Willi characterized by an excessive appetite.
- **Medical reasons** include steroid overproduction, thyroid gland hormones insufficiently produced. Medication like antidepressants and schizophrenia treatments can have as side effect weight gain. (NHS, 2019)

Roles of Agencies

The overall aims of government agencies are to put forward and implement policies to help combat obesity.

The roles of non-government agencies is to offer a platform for obesity sufferers to communicate and support one another (Hoop, 2015).

Global organisations work together internationally, nationally and regionally.

The local government agencies ensure anyone suffering from obesity have access to treatments in healthcare and are aware of available facilities.

The government have made gyms more accessible by keeping joining fees affordable.

Local authorities have built parks and outdoor gyms in local areas for everyone to stay active.



(AMA, 2020)

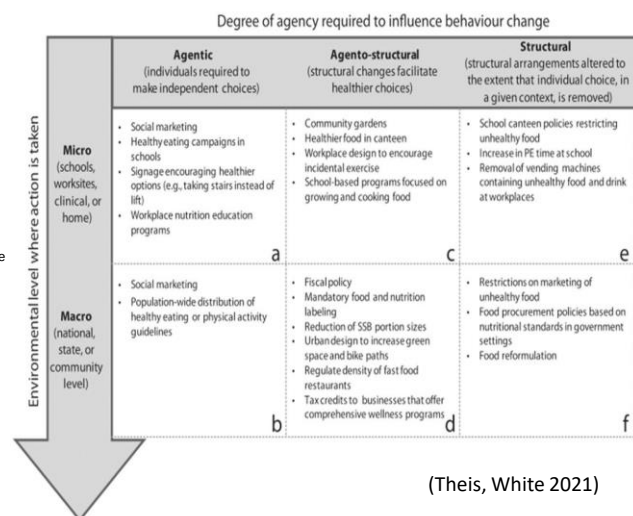
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The overall aims of government agencies are to put forward and implement policies to help combat obesity by not only preventing the issue but by raising awareness to help those who are suffering from the issues and to help manage the issue. The roles of non-government agencies, which are normally charities, are to offer the people suffering from obesity a platform to communicate with one another and encourage one another to establish a healthier lifestyle through raising awareness and understanding (Hoop, 2015). Overall the agencies aim to overcome all problems that come with obesity. Globally all organisations work together internationally, nationally and regionally. The local authorities ensure anyone suffering from obesity have access to treatments in healthcare, through GP consortiums who can help steer you to schemes like weight watcher programs,

exercise classes, and be made more aware of facilities to help manage the issue of obesity. The government have also made gyms more accessible by ensuring joining fees are made affordable. Some employers have even introduced gyms in the workplace, some colleges have as well. Some employers have also implemented discounts to their employees for using gym facilities. Local authorities have built parks in local areas for children to stay active and for adults they have added outdoor gyms to open spaces, which is extremely useful for those not in employment or if they cannot afford gym memberships at all for those who fall in vulnerable groups or who are deprived.

How Agencies Roles Impact Obesity

- Evidence shows when people are given advice by healthcare professionals for obesity they are receptive (King's Fund 2021).
- As well as the determinants of health, other factors such as behavioural factors and where we live is an important way to combat obesity (Buck *et al.*, 2018)
- Research shows when making eye contact with patients they help achieve better results compared to when healthcare professionals feel uncomfortable telling the patients the truth of their issue of obesity (King's Fund 2021).
- Interventions implemented by the agencies with social marketing campaigns can be more effective (Dolly, *et al.*, 2021)
- The role of agencies introducing policies could help food industries profit with new strategies, through social marketing of selling items through support of maintaining a balanced diet (Adams, *et al.*, 2016).



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Behaviours of healthcare professionals affect attitudes of people suffering from obesity. The table created by Theis, White shows how when certain determinants are put into place through organisations, the impact of obesity can change through behaviours of people suffering from obesity. Such determinants should have a heavier emphasis on advertisements of healthy eating, signposts around to take the stairs instead of lifts, to walk instead of drive, signs as reminders to exercise daily, pictures around to show effects and causes of illnesses of obesity not only in schools, but everywhere else as well, in supermarkets, billboards, libraries, GP surgeries, universities and colleges, canteens, even in restaurants and shops as these will be good reminders for people to be motivated to make lifestyle changes. Interventions implemented by the agencies with social marketing campaigns can also be more

effective to combat obesity (Dolly, *et al.*, 2021). Therefore, by making a change of these behavioural factors is an important way to combat obesity (Buck *et al.*, 2018).

Research shows when people are given advice by healthcare professionals for obesity they are receptive, in a professional, yet compassionate manner; by making eye contact. They are more receptive because they take advice from a health professional very seriously as they give them advice and explain of health risks which makes them aware and want to make a positive lifestyle change and achieve better results, compared to when healthcare professionals feel uncomfortable telling the patients the truth of their issue of obesity (King's Fund 2021).

The food industries main interests are to make profits. However, this is where all agencies roles can be implemented by guiding them to still make profits but in a balanced way, just as you need a balanced diet and everything in small portions and not on a daily basis can still be eaten. Therefore more awareness through the agencies should be spread and the government should back them with the support of healthcare professionals and by organisations introducing more policies to help combat obesity with more effective results (Adams, *et al.*, 2016).

Conclusion

- Tackling obesity is the key to leading to overall better health as it leads to diabetes, cardiovascular diseases and disorders, cancer, gynaecological issues, piles, there are links to dementia and alzheimers disease and coronavirus.
- There should be more global awareness, the government should ban less appetising and appealing adverts, put a higher tax on fast foods, as they have on cigarettes, as figures show obesity has been deemed worse than smoking as it has a higher rate of deaths compared to people who smoke!
- Government need to take a firmer approach, as smoking kills, **Junk food kills!**

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In 1991 obesity was first recognised by the UK government as a population health challenge. Since then, 14 government policies, were put into action to help reduce obesity issues in England. These policies have been published by four different governments. As the spread of obesity hasn't specifically been able to be controlled fully or significantly reduced, the government have been heavily criticised as statistics show policies are proving ineffective.

By 1995, the fast growth of obesity became a major issue, especially due to the inclination of other diseases linked to obesity in the western world, but the governments still didn't take the issue seriously at this time. However, in 1995 the United Kingdom, produced a report on the prevention of obesity. In 2002 WHO created a scheme to help tackle obesity and chronic diseases by having the World Health Assembly agree on a preventive strategy, with the help of the South African Minister of Health and all came to an agreement for the global strategy to be put into place. It became clear that the only way to reduce fast growing illnesses linked to obesity, such as; diabetes, cardiovascular diseases, some cancers, gynaecological issues, joint pains, long term effects from the coronavirus, was to implement policies to combat obesity which is the leading cause of these major illnesses. The only solutions for this is to implement more global awareness, ban less appetising and appealing adverts of sweets, juices, fizzy drinks, franchise fast food restaurants, and

implement a new policy of putting a higher tax on fast food, as they have on sugar and cigarettes. Effects of smoking are detrimental, however, the effects of junk food are just as bad!

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