

PUBLIC HEALTH POLICY
BMHP5013_LON

ASSESSMENT 1 - OBESITY

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OBESITY

What is obesity?

- The WHO defines obesity as “abnormal or excessive fat accumulation that presents a risk to health.” (Obesity, n.d.)
- In order to determine whether someone is obese, they have to check their Body Mass Index (BMI). The BMI uses height in meters squared and weight in kilograms to determine whether your weight is healthy or not. (What is the body mass index (BMI), 2019).
- If your BMI is over 30kg/m² you are classified as obese. (Body Mass Index Calculator, 2021).



Photo credit: <https://www.chc.edu/student-blogs/post/dangers-childhood-obesity>

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Obesity is an abnormal amount of fat build up that presents a risk.

Determine BMI to check if you are obese.

BMI at 30 or over is classified as obese.

Effects of Obesity

- Obesity can have serious effects on your body and health.
- Some issues include cardiovascular complications such as high blood pressure or high cholesterol or glucose levels, which can lead to hardening of the arteries or even heart attack. (Cafasso, 2020).
- Obesity could also lead to Type 2 diabetes, where your body becomes resistant to insulin, leading to high blood glucose levels. (Cafasso, 2020).
- Obesity can have harsh effects on a child's mental health, with studies showing that obesity and emotions are closely linked. (Obesity and depression 'hand-in-hand' in children, 2019).

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Multiple negative effects come with obesity.

Cardiovascular problems such as coronary artery disease.

Type 2 Diabetes can occur, leading to higher levels of glucose.

Mental health conditions such as anxiety or depression, especially in younger children.

Exercise/Balanced Diet.

Policies for users of health and social care services

Childhood Obesity Strategies

- Choosing a Better Diet Strategy, 2005 - 86 policies.
- Choosing Activity Strategy, 2005 - 118 policies.
- Healthy Weight, Health Lives Strategy 2008 - 72 policies.
- Food Matters, 2008 - 9 policies.
- A call to action on obesity in England, 2011 - 69 policies.
- Childhood obesity: a plan for action, 2016 - 30 policies.
- Childhood obesity: a plan for action chapter 2, 2018 – 33 policies
- Childhood obesity: a plan for action chapter 3, 2019 – 24 policies.
- Tackling Obesity: government strategy, 2020 - 17 policies.

Childhood Obesity Policies

- Policy on Physical education (PE) 2002.
- 5 a day slogan turns into a policy 2003.
- Standards for school's food in England, 2015 – no salt, sugar and fat.
- 2018 Sugar Tax on soft drinks.

(Theis, 2021).

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The Government has established numerous strategies and policies in the last 20 years to tackle childhood obesity. Strategy means a plan of action created to achieve a target, and a policy means a guideline or a regulation to achieve the set target. Some of the policies which yield very good results are: The Policy on Physical education in 2002 targeted was to get 85% of school kids to exercise 120min once a week. In 2003 the campaign to eat five fruits and vegetables a day became a policy. In 2015 school meals have changed with no added salt, sugar, or fat. The Sugar tax in 2018 set rules on soft drinks high in sugar. At the end of the next year 2022, the Government will put a ban on unhealthy food advertisements from 5.30am to 9pm.

The impact of social policies on users of health and social care services

Obesity policy is a specifically created health policy to positively influence people's health (de Leeuw E, 2014).

- Social policies set a plan in motion for achieving the desired result.
- Social policies draw a guideline to be followed in making decisions.
- The strategies and policies on childhood obesity tackle problematic issues associated with children's overweight.
- Childhood obesity policies help to prevent, reverse, reduce and stop the rise of obesity in children.
- Educate and support a healthier lifestyle from early childhood to adulthood.
- Minimise the risk of illnesses related to overweight and obesity.
- Stop bullying

(Public Health England, 2020).

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Childhood obesity is a very serious health issue. The strategies and policies are created to protect, educate, help, and support the population in addressing childhood obesity. Childhood obesity has significant consequences when an individual reaches adulthood. Numerous illnesses are related to obesity such as diabetes, high blood pressure, etc. (Public Health England. 2020).

Incidence of Childhood Obesity

In 2019, UK Government described Childhood obesity as "one of the biggest health challenges". (Devane and Bunn, 2021).

Geographical distribution in UK for 2019 / 2020.

- England - 9.9 % (4-5 years) and 21% (10-11 years).
- Wales - 11.9% (4-5 years) and 26.5% (over 6 years).
- Scotland - 14% (4-5 years) and 25% (10-11 years).
- North Ireland - 7% (2-10 years) and 4% (over 11 years).

(UK Parliament, 2021).

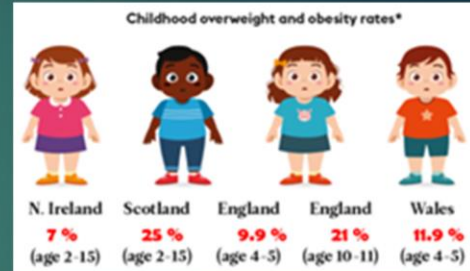


Photo credit: <https://www.communitypractitioner.co.uk/features/2020/11/obesity-it-everybodys-problem>

Incidence rates / Trends

- Incidence rate increased by 3.5% between 2006/2007 and 2019/2020.
- Children from deprived areas are more obese. (Iguacel *et al.*, 2021).
- Obese levels among children keeps increasing with as the boys lead. (Scheelbeek *et al.*, 2019).

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In 2019, UK Government described Childhood obesity as "one of the biggest health challenges". (Devane and Bunn, 2021).

Geographical distribution.

The results from the last obesity statistic shows that in England almost 10% of children within the reception age which is 4-5 years are obese while 21.0% of children over the age of 6 years were obese. In Wales, this percent increase almost 12% of children between the age of 4-5 are obese while the obese children above the age of 6 years are 26.5%. In Scotland is higher than Wales – it is 14% of children between 4-5 were obese while those who were above 6 years had 25% of them as obese. In contrast to the previous one in Northern Ireland, children aged 2-10 years, 7% of them were obese while 4% of children between the age of 11 to 15 years were obese, though a small sample size was used to make these comparisons in Ireland (UK Parliament, 2021).

Focusing on London the areas with the highest childhood obesity rates are Dagenham and Barking, however Richmond upon Thames is with the lowest rate. (Gregory, 2021).

Incidence Rates

The incidence rate of obesity for children below the age of 5 rarely changes while the incidence rate of children above the age of 6 has increased over time from 17.5% in

the year 2006/07 to 21.0% in the year 2019/20, which is almost 3.5 % more. Children from deprived areas have more incidence rate of obesity of 9% as compared to less deprived areas (Iguacel et al., 2021).

Trends

Trends indicate that the obese levels among children keeps increasing over-time and that the boys are more likely to obese than girls with a difference of 5.2% (Scheelbeek et al., 2019).

Vulnerable group, Causes, Spread and Control of Childhood Obesity

Children with disabilities and those that come from less informed families are more likely to be obese. (Emerson *et al.*, 2016).

NHS listed the following Causes:

- Poor diet
- Lack of exercise
- Family background
- Psychological factors
- Socio-economic factors
- Medical conditions (NHS, 2019).



Photo credit: <https://www.foodmanufacture.co.uk/Article/2019/07/19/War-against-childhood-obesity-has-stalled-claim-health-campaigners>

UK has more obesity levels as compared to the other European countries. (Lanigan and Sauven, 2020).

Childhood obesity can be controlled through:

- Lifestyle
- Physical exercise
- Role model families (DHSC, 2020).

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Vulnerable groups

Children with disabilities are more likely to be obese by 10% more as compared to those who are not disabled. Children who come from families with no education or qualifications are likely to be obese by a rate of 12% more than those children who come from families that are informed. (Emerson *et al.*, 2016).

Causes

The main cause of obesity is the consumption of high calories and very little exercises, and not burning the calories.

There are different causes of obesity among the children that include, a diet where a child eats high-calorie foods leading to the child gaining weight.

Another cause is lack of exercise, because without exercise there is no burning of calories.

Family factors are another cause of obesity among children when a child comes from a family of generally obese people. The genes that we inherit from our parents play a role how our body convert food into energy, how burns calories during exercises, also family members share similar eating and activity habits.

Psychological factors are another factor where children overeat to cope up with stress.

Socio-economic factors are another reason for children's obesity when families cannot afford safe food or a safe place to exercise.

Lastly, certain medications can cause obesity when a child has a certain medical condition that requires those drugs (NHS, 2020).

Spread

Among the European countries, UK ranked the worst country since they lead with children with obesity than any other country. (Lanigan and Sauven, 2020).

Controls of childhood obesity

Controlling obesity among children requires lifestyle changes in the families by feeding the children healthy foods and reduce consumption of junk food and sugar. (Department of Health and Social Care, 2020).

Children should be subjected to physical exercise and be encouraged to do so. The parents should also be good role model to their children by following healthy lifestyles.

Roles of Agencies and Impact on Childhood Obesity - UK

The Department of Health develops a government strategy to support people to maintain a healthy weight. A part of the strategies are:

- Supporting and educating parents on keeping the children healthy.
- Promoting healthy food choices.
- Building daily activities in people's daily live.
- Personalized advice and support.

The most successful areas galvanize the whole community, including local businesses, so that everyone contributes. (Department of Health, 2008).

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Encourage them to take part in more activities that will help them understand the impact of weight.

Place more displayed information, such as banners, adds about the food option.
(DHSC,2021)

Advise them to get involved in more activities at school, or even at home, a daily 10 min walk as a start.

When possible, to offer personalized advice and more one to one individual help.

Roles of Agencies and Impact on Childhood Obesity - UK

Department of Health of Social Care, GOV strategies are:

- Introducing weightloss campaigns
- Improving weight management services
- Gathering public views and opinions
- Requiring calorie labels
- Restricting promoting of foods high in fats, salts or sugars (GOV, 2020)

Impact

Tackling obesity would reduce pressure on doctors and nurses in the NHS, and free up their time to treat other sick and vulnerable patients, and also reduce the financial spending that is needed to promote weight loss campaigns. (Dr. Alison, 2018).

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Introducing campaigns that encourage overweight people to get healthier, with apps that give advice on losing weight and keeping it off as much as possible. (DHSC,2021)

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Working to improve and expand the NHS and their weight management services so more people to receive the support they need while losing weight. (Dr. Alison, n.d.).

Publishing a 4-nation consultation in order to gather views from public on the current “traffic light “label which helps people clearly identify the amount of fat, saturates, sugar and salt in their food. (GOV,2021) .

Implementing legislation that requires large food businesses to display calories labels on the food they sell, includes an intention to make companies who sell alcohol to also provides calories labels. (GOV,2021) .

Legislating the restriction of promoting foods high in fat, sugar, or salt, which includes promotions such as buy one get one free, which encourage purchasing. (GOV,2021) .

Roles of United Nations (UNICEF) and WHO on the Obesity prevention

- **Monitoring progress and sharing good practice**

WHO/Europe supports initiatives to execute the WHO European Food and Nutrition Action Plan 2015-2020 at the national and international levels.

- **Support to policy-makers**

WHO/Europe also sponsors and launch the European Network for the Promotion of Health-Enriching Physical Activity (HEPA Europe), which promotes physical activity in health policy and other relevant areas throughout Europe (WHO, 2021).

- **Implementation of comprehensive programmes**

The United Nations World Food Programme (WFP) also plays a role in enforcing for policies and programmes that encourages the intake of healthy foods, physical activity, reduce sedentary (World Food Programme, 2021), and also invest funds UN nutrition programmes (Arts, Bégin and Aguayo, 2019).

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WHO and UNICEF are some of the organisations that ensure that obesity is kept under control in Europe. First is role WHO plays in the fight against obesity is supporting activities at the international and national level in the enforcement of food and nutrition action plans, they do by setting up action networks consisting of groups of Member States, who task is to lead in the solving of obesity problems such as salt intake reduction and reducing marketing pressure on children.

The who also launch and sponsor European network. An example is the WHO Ministerial Conference on Nutrition and Non-communicable Diseases (NCDs) held in Vienna, with ministers of health, key partners and experts who met to discuss about the burden and threats of obesity and some risk factor such as an unhealthy diet and physical inactivity.

Another organisation aside WHO is the UNICEF.

It is also responsible for funding national programs that seek to reduction, prevent and provide information on how they can fight to reduce the prevalence of obesity in countries within united nations. Another responsibility of the UNICEF is the implementation of policies and programs that encourage the intake of healthy foods at various national levels.

Impact of UN Agencies on Childhood Obesity

- **Contribute towards halting the rise in childhood overweight and obesity**

has eliminated inequalities among children and adolescence with obesity disadvantaged communities, through the provision of effective access to health services, healthy diets, and physical activity (Council of European Union, 2017).

- **Encourage Member States to drive voluntary cooperation between health systems**

The UNICEF contribution has served as a catalyst in the attainment of projected objectives made by the Council within the European Reference Networks for ensuring that better access to healthcare is provided for people who require specialised health treatment like obesity, to eliminate inequities of healthcare services between European Citizens. (European Parliament, 2017).

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The contribution of the UNICEF in preventing and reducing obesity at the national and international level has helped to eliminate discrimination faced by children and adolescence who lived in disadvantaged communities that resulted in the high prevalence of obesity. The health eating programs have helped these fewer privileged children to also have access to well-improved health services and healthy eating habits.

Again, their roles has also encouraged councils within the European reference network to achieve the projected objectives for the wellbeing and safety of people suffering from obesity.

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