

The national obesity framework: the way forward

Opinion

Our relationship with food is invariably complex and the quotation below from a woman who has struggled with her weight is indicative of what can happen when things go wrong:

‘My relationship with food had always been one of ‘love’ and even at school I got bullied because I was bigger than the other girls. Shortly after moving schools, rumours started that the reason I’d moved school was because I’d had a baby and given it up for adoption-all because some nasty girls had seen my stretch marks when getting changed for PE. So I ate more because I was bullied (Alana Morris, Killamarsh, Derbyshire 2015).

Alana eventually lost four stones with the help of an evidence-based slimming club but for every Alana, there are many other people out there, trapped in a destructive cycle of ill – health, susceptible to a range of chronic illnesses including type two diabetes and heart problems and with every likelihood that their immediate family and successive generations will repeat the pattern. The United Kingdom is facing a health crisis related to poor diet and inactivity. One third of our children, two thirds of adult men and just over half of adult women are either overweight or obese (Department of Health HSCIC. Statistics on Obesity, Physical Activity and Diet). <http://www.hscic.gov.uk/catalogue/PUB13648?obes-phys-acti-diet-eng-2014-rep.pdf>. The short, medium and long-term problems triggered by carrying excess weight can blight a person’s life and those of their family members.

Public awareness of the severity of this crisis is not in doubt because barely a day goes by without mention in traditional and new media of the scale and extent of the obesity epidemic. In 2014, figures released by Public Health England revealed that:

‘Overall, 64% of adults in England are overweight or obese – with a body mass index (BMI) of 25 or over (The Daily Telegraph, 4th February, 2014)

It is a shocking statistic but many adults and adults caring for young children in the UK do claim to be aware of the importance of consuming nutritious food and increasing physical activity levels as an intrinsic component of a healthy lifestyle. There is wider recognition too of the potentially detrimental health consequences of obesity and its contribution to a range of illnesses. In addition to type two diabetes, these include cardiovascular disease, some cancers, dementia and nutritional deficiencies. Over £5bn is spent by the NHS each year addressing health problems associated with excess body weight (Department of Health and Jane Ellison MP: Reducing obesity and improving diet, <https://www.gov.uk/government/policies/obesity-and-healthy-eating>) and cardiovascular disease remains the biggest cause of death in the UK (British Heart Foundation, Heart statistics). The problem is so acute that some hospitals have caused controversy by refusing to operate on patients until they have lost weight.

However, research shows that public awareness on its own does not predicate beneficial lifestyle changes and there is a need to consider a range of issues beyond improving an individual’s perception of cause and effect. The fact remains that whilst it is understood that

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children who become overweight and obese are at a higher risk of life-long obesity (Viner RM, Barker M, Young people’s health: the need for action BMJ 2005; 330:901) resources to deal with the matter are decidedly inadequate. The UK spends £10bn per annum addressing the ills of diabetes which may be triggered by obesity (McKinsey Global Institute, 2014 Overcoming obesity: An initial economic analysis McKinsey and Company) but less than £638m a year on obesity prevention programmes. If money talks, Government is speaking in a whisper.

After winning the 2015 General Election, the then Prime Minister and his Health Secretary, Jeremy Hunt declared that tackling the mounting obesity epidemic and type two diabetes were top priorities for the new administration. It was proposed to tackle the problems head on by means of a National Obesity Framework. David Cameron announced his personal leadership of the issue, also adding that the solution was not merely a case of persuading adults to eat less unhealthy food and take more exercise but by starting in childhood where a toddler carrying excess weight can all too quickly become an overweight child and thence an obese adult with all the attendant health problems and a propensity to pass these on to successive generations.

The Framework on its eventual publication (after repeated delays) emerged in July 2016 with a new name, The Child Obesity Strategy. It was launched when both the new Prime Minister, Theresa May and Health Secretary Hunt (retained in post) were out of the country and was a very slender piece of work containing just 13 largely anodyne proposals. Predictably it came as a huge disappointment to all those groups and organisations who had lobbied hard for the Strategy and there was a widespread feeling of ‘back to the drawing board.’ Yet if the Government is serious about tackling the nation’s obesity crisis, it must deploy all of the effective weapons in the policy armoury. Past ‘stand alone’ or ‘silo’ programmes have failed to reduce the number of overweight children, simply because they have failed to address all of the key factors influencing child nutrition and inactivity including:

- An excess intake of low nutrient, high energy food/drink encouraged by an obesogenic environment
- A lack of understanding of the role and importance of physical fitness
- Increasingly sedentary behaviour

- d. A massive reduction in the ability and opportunity for children to play freely and actively
- e. Excessive consumption levels
- f. Insufficient sleep
- g. Insufficient fruit, vegetable and fibre consumption
- h. Early introduction of solid food
- i. Maternal smoking during pregnancy
- j. Insufficient formal physical activity

In addition to all of the above, fresh findings about obesity triggers are emerging, such as the role played by bacteria in the gut, known as the micro biome. Recent research suggests that it may be a key determinant in general health with links to obesity. The micro biome is extremely sensitive; for example, a single dose of some antibiotics may have adverse effects whilst extra fibre consumption is positive. Managing the health of the gut is likely to be significant in managing weight and general health but more research is required before the full implications can be properly calibrated.

What is needed from Government is a holistic approach, propelled by a cross-cutting and properly funded strategy, overseen by a Cabinet

Minister with sufficient authority over all policy areas relevant to child wellbeing to ensure that the essential changes in policy, budgets and guidance actually happen.

The only way that real advances in addressing child (and thence adult) obesity across the UK will be achieved is by investing in all relevant aspects of every child's life, from the portion sizes of the food and drink that they consume, to the way their school encourages vigorous, sustained daily movement through provision of a better cultural and physical environment and from the way their local authority thinks about their movement needs, to the way more formally organised and delivered provision is offered to their family.

Truly collaborative action is essential if we are to combat the detrimental human and economic costs of obesity so that the UK can thrive as a healthy and truly productive nation. It will not be easy - there are no quick fixes and progress will be steady rather than immediate -but it is a worthy goal.

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Conflict of interest

The author declares no conflict of interest.