

# Order of Events

- Overview of reorient health services re: Ottawa Charter for Health Promotion
- Overview of complexity of OB and thematic clusters
- Key Determinant of Energy Balance
- Potential intervention points
- Visualizing the future: UK foresight forecasting
- Health Services/Policy response with impact
- Elements of OB strategy
- What can be done- BIG picture
- What can we do NOW

# Ottawa Charter for Health Promotion: Reorient Health Services

- Responsibility for health promotion is shared among
  - Individuals
  - Community groups
  - Health professionals
  - Health service institutions and
  - Governments

# We must...

- Move in health promotion direction rather than simply providing clinical and curative services

ANTICIPATE & ACT rather than  
WAIT & REACT

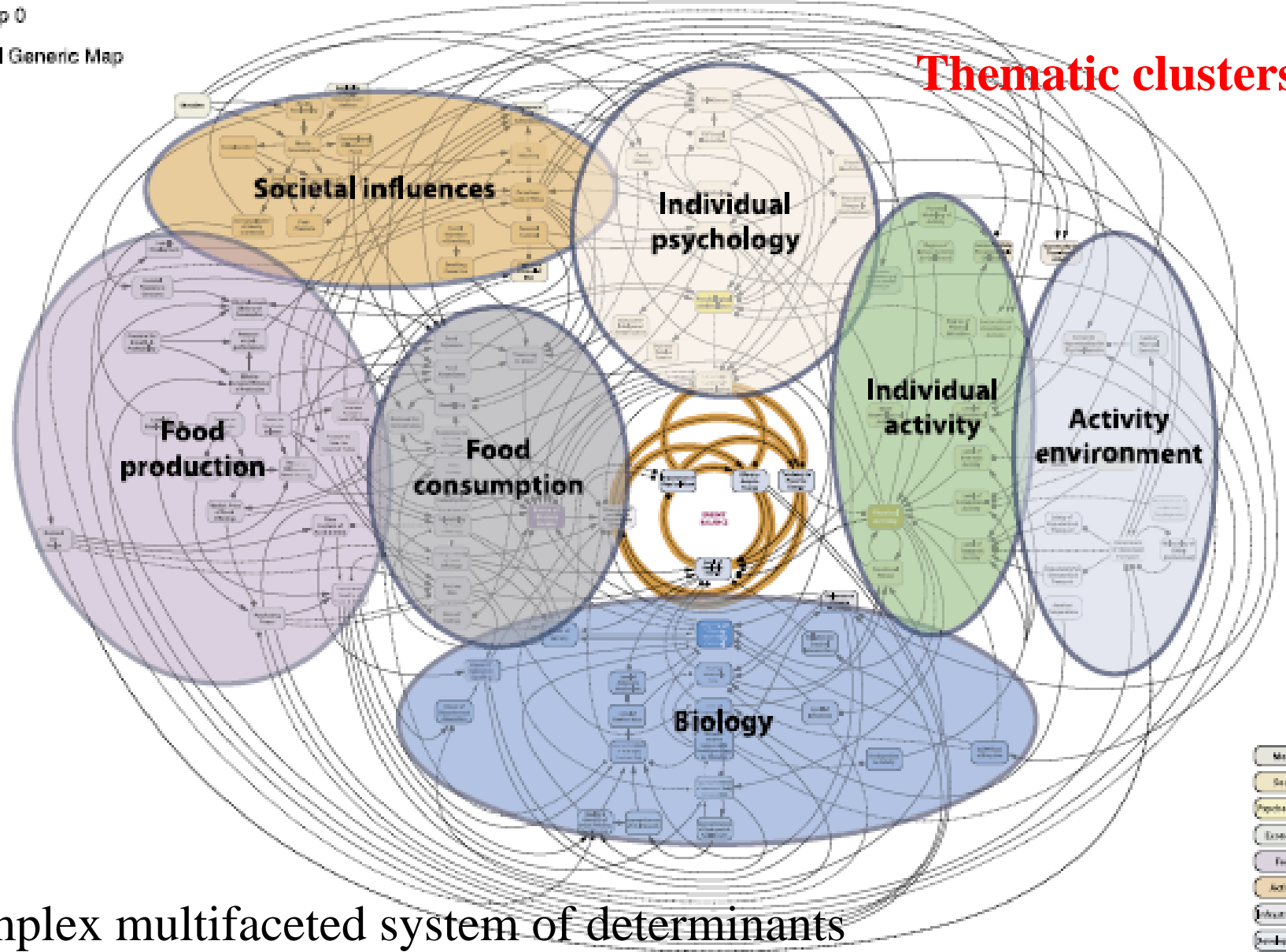


RACING TO AN EARLY FINISH...

Child obesity is **INCREDIBLY**  
complex...

and we cannot simply wait for the  
'magic' pill

# Thematic clusters



Complex multifaceted system of determinants

# Also remember

- **Life course component**

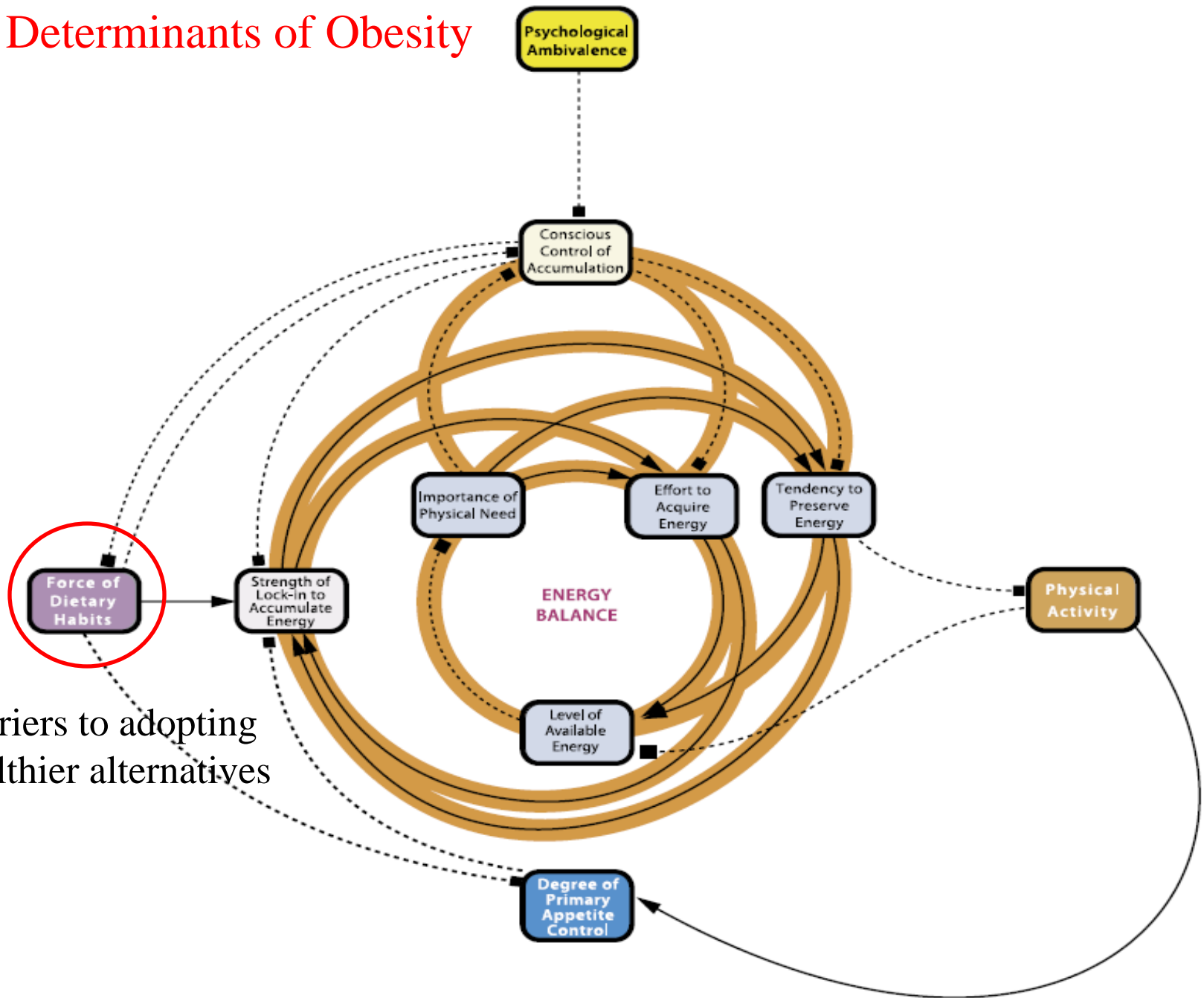
- Obesity takes time to develop and weight takes time to lose
- BUT risks of obesity start early
  - Preconception (maternal obesity)
  - *In utero* (hypernutrition, gestational diabetes, epigenetics)
  - First few weeks and months of life (infant feeding patterns, growth trajectory)

- **Generational dimension**

- Risk of OB significantly increased if 1 or both parents are OB
- Intergenerational cycle
  - also related to biology & epigenetics, social & environmental influences

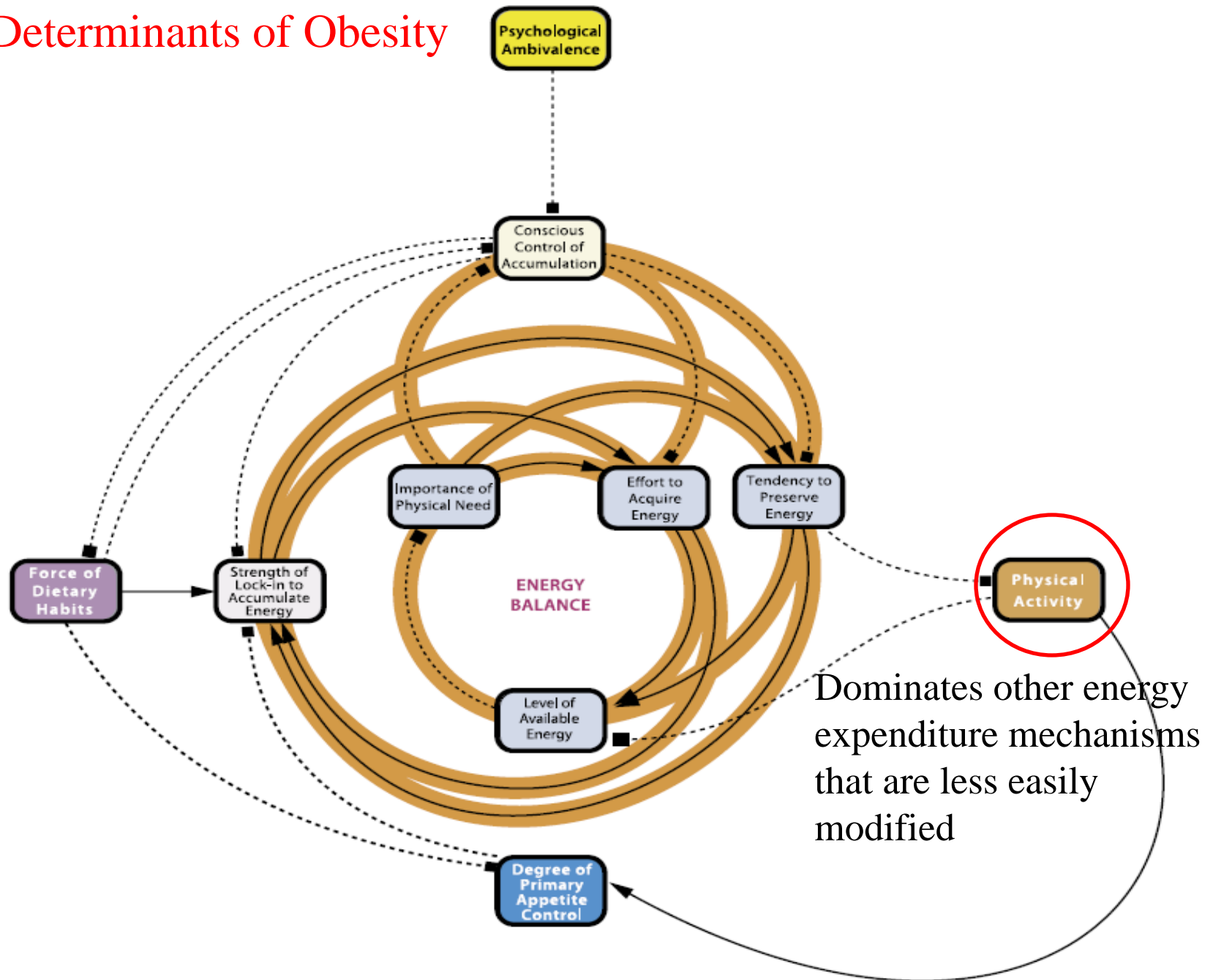


# Key Determinants of Obesity



Barriers to adopting healthier alternatives

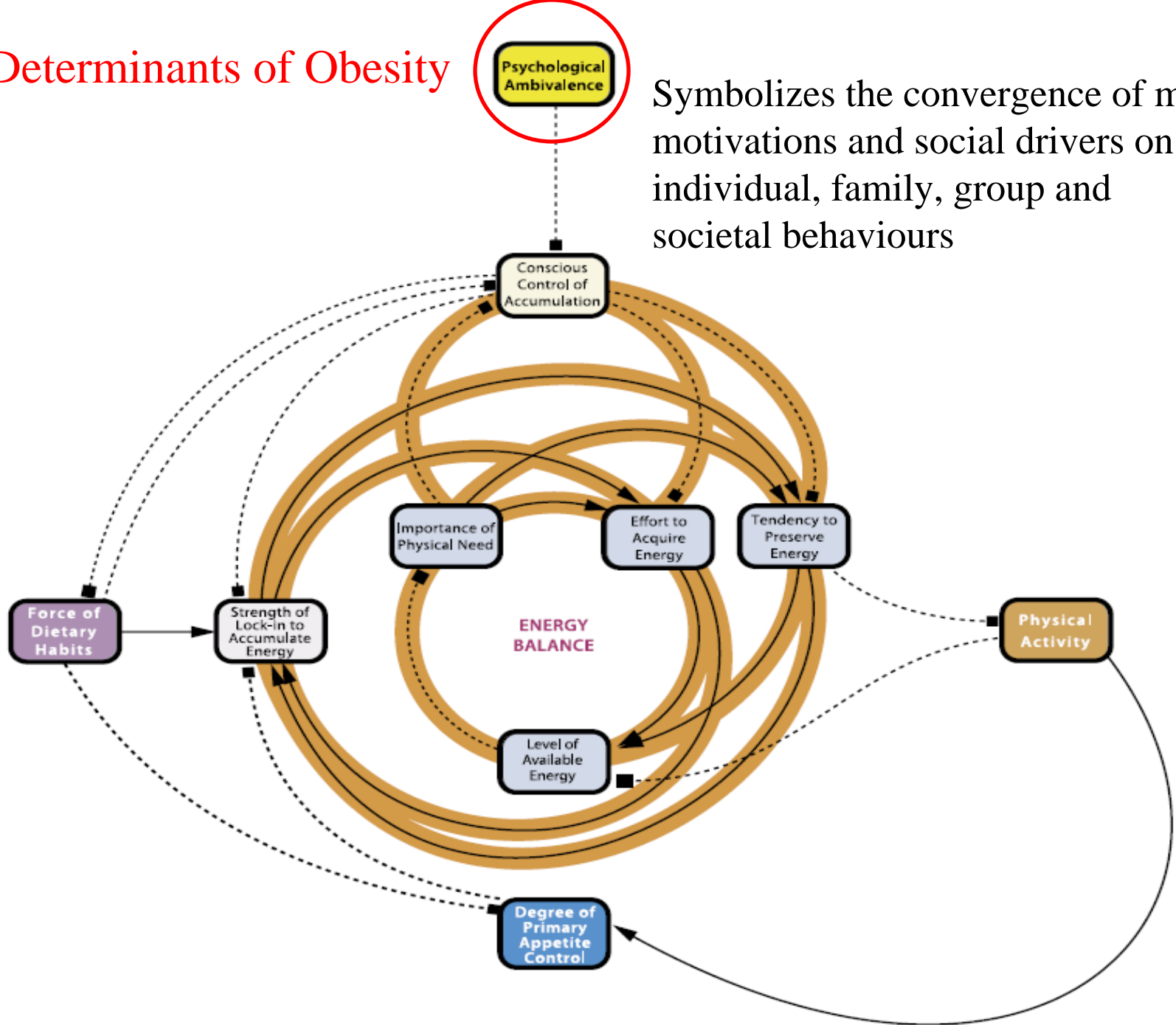
# Key Determinants of Obesity



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Psychological Ambivalence

Symbolizes the convergence of many motivations and social drivers on individual, family, group and societal behaviours



# Reorienting Health Services

- Stronger attention to health research and changes in professional education and training...
- **Health Research**
  - Assessment & evaluation
    - Metrics defined *a priori*
- **Professional Education & Training**
  - Is it adequate? Does it need to change?
  - Should health services regarding obesity be 'reoriented' to those who are most qualified?

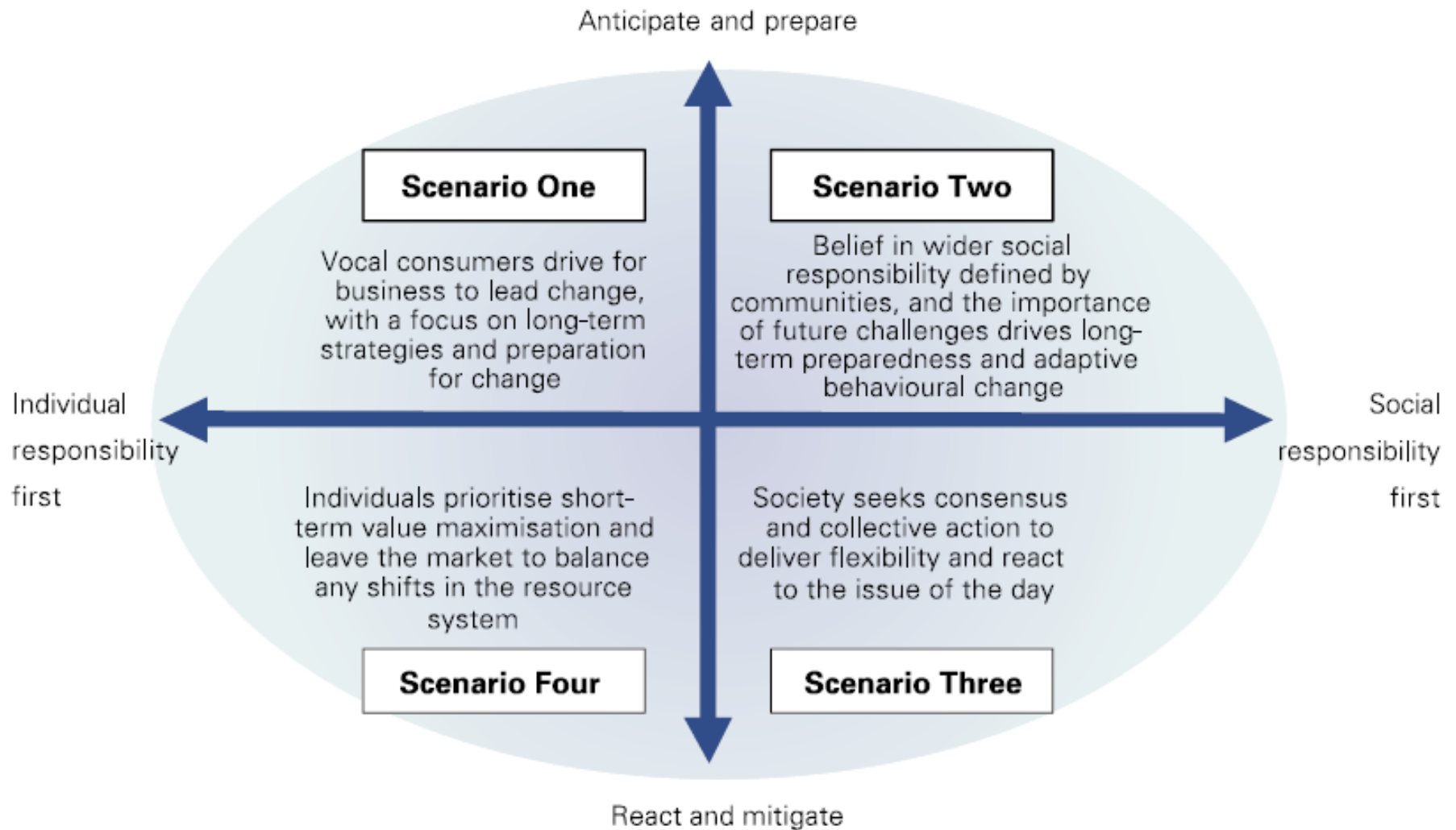
# Potential Intervention Points

Target variable or interconnection	Additional intervention point
Directly reduce the level of lock-in to accumulate and preserve energy	<ul style="list-style-type: none"><li>• Increase satiety/degree of primary appetite control</li><li>• Minimise generational effects by optimising maternal body composition and improving the quality and quantity of breast-feeding</li></ul>
Increase physical activity levels	<ul style="list-style-type: none"><li>• Enhance the walkability of the living environment</li><li>• Reduce the dominance of sedentary employment</li><li>• Mitigate the dominance of motorised transport</li><li>• Improve access to opportunities for physical exercise</li></ul>
Reduce the force of dietary habits	<ul style="list-style-type: none"><li>• Decrease portion sizes</li></ul>
Reduce the level of psychological ambivalence	<ul style="list-style-type: none"><li>• Reduce the level of perceived information inconsistency around health messages</li><li>• Integrate health into the sociocultural valuation of food</li></ul>
Additional leverage points	<ul style="list-style-type: none"><li>• Education</li><li>• Changing people's potential to graze (snack and eat on the move)</li><li>• Increasing purchasing power</li><li>• Decreasing stress levels</li></ul>

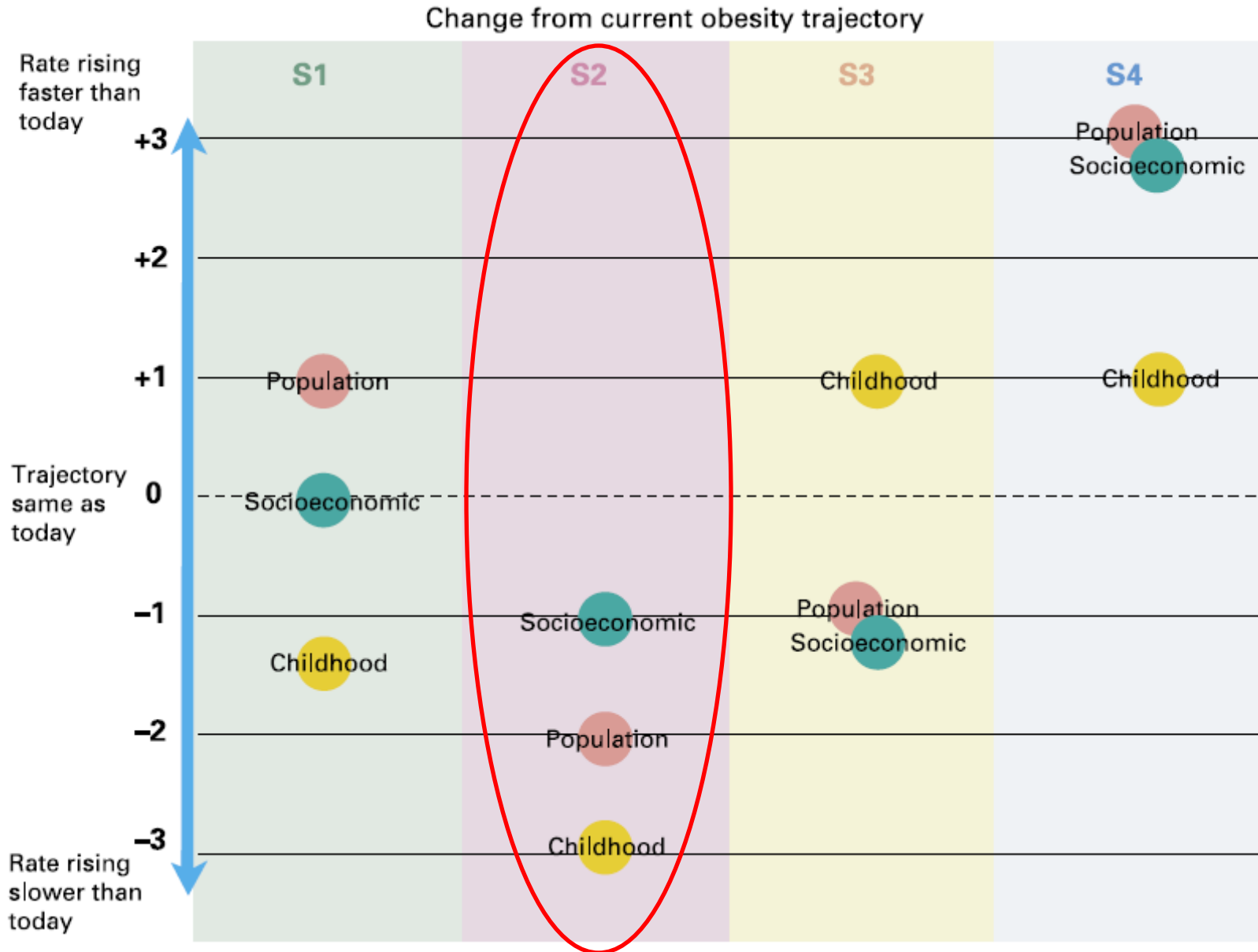
# Visualizing the Future

UK Foresight Project: Scenarios  
to 2050

# 4 Scenarios of Future Health Services Models



# Trajectory of Obesity Trends based on 4 Scenarios



## Impact on obesity prevalence in scenarios

### Response options

One

Two

Three

Four

### The built environment and transport

- 1 Introduce health as a significant element in all planning procedures (including new build and upgrading of the current infrastructure)
- 2 Improve perceptions of safety both from the points of view of traffic and crime
- 3 Increase the 'walkability' and 'cyclability' of the built environment (urban and rural)

high

med

low

### Health

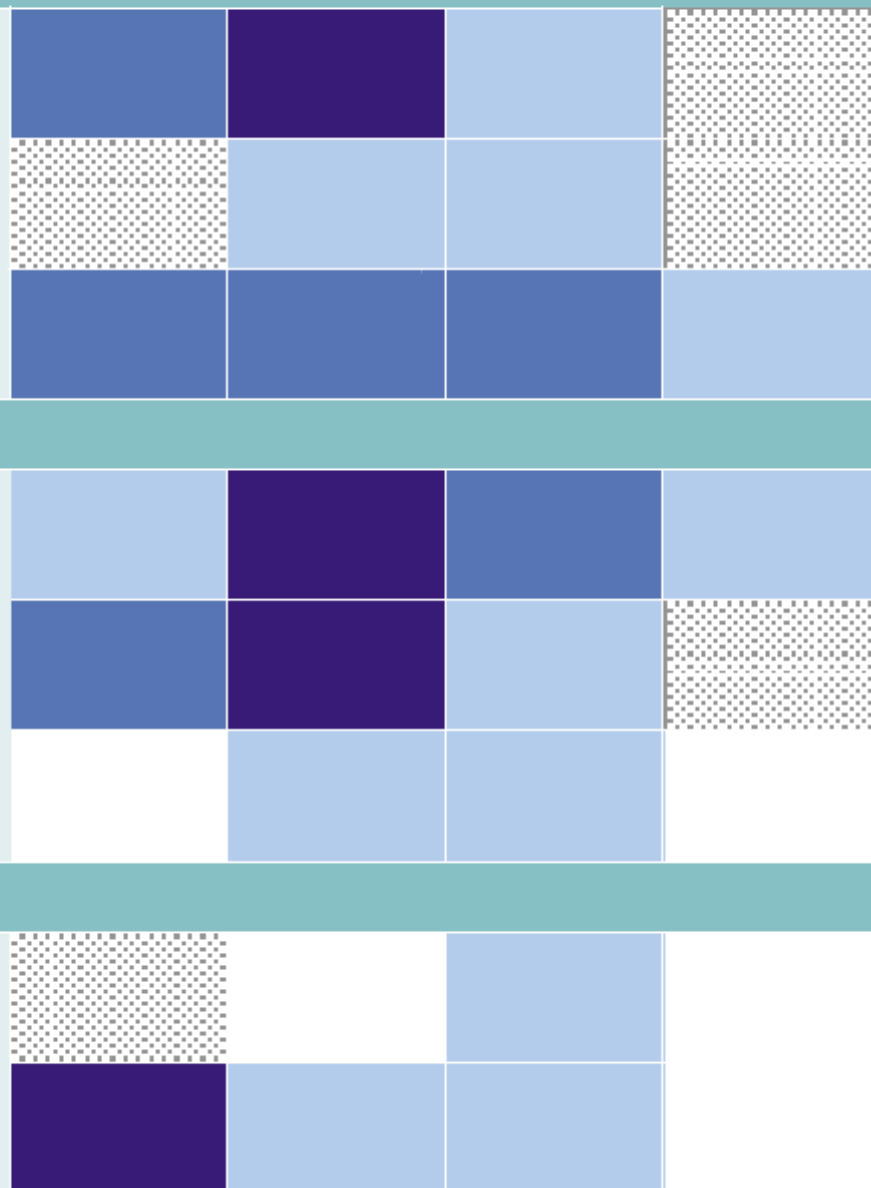
zero

- 4 Focus on targeted interventions such as when children are young, and targeting those most 'at risk'
- 5 Implement population-wide interventions i.e. focus on improving the health and well-being of the population as a whole
- 6 Focus on the health consequences of obesity, such as diabetes, rather than obesity itself

neg

### Research

- 7 Invest in the search for a highly effective post-hoc solution to obesity - a 'magic pill'
- 8 Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain



Response options	Impact on obesity prevalence in scenarios			
	One	Two	Three	Four
<b>Fiscal incentives</b>				
<b>9</b> Introduce a tax on obesity-promoting foods	med	med	low	zero
<b>10</b> Use fiscal levers to make all organisations/ institutions take some responsibility for the health of their employees (public and private sectors)	low	med	med	med
<b>11</b> Use individually targeted fiscal measures to promote healthier living	zero	zero	low	low
<b>Education</b>				
<b>12</b> Introduce programmes to increase food literacy and food skills	low	low	low	low
<b>Regulation</b>				
<b>13</b> Control the availability of and exposure to obesogenic foods and drinks	low	high	med	low
<b>Social structure</b>				
<b>14</b> Take a directive approach to changing cultural norms in order to establish healthy living as the default in UK society	zero	med	med	zero
<b>15</b> Invest in technology to support informed individual choice, including devices to help monitor diet and activity	med	low	low	low
<b>Family</b>				
<b>16</b> Promote/implement a programme of early interventions at birth or infant stages	high	high	med	med
<b>17</b> Penalise parents for the unhealthy lifestyles of their children	neg	zero	low	neg

high

med

low

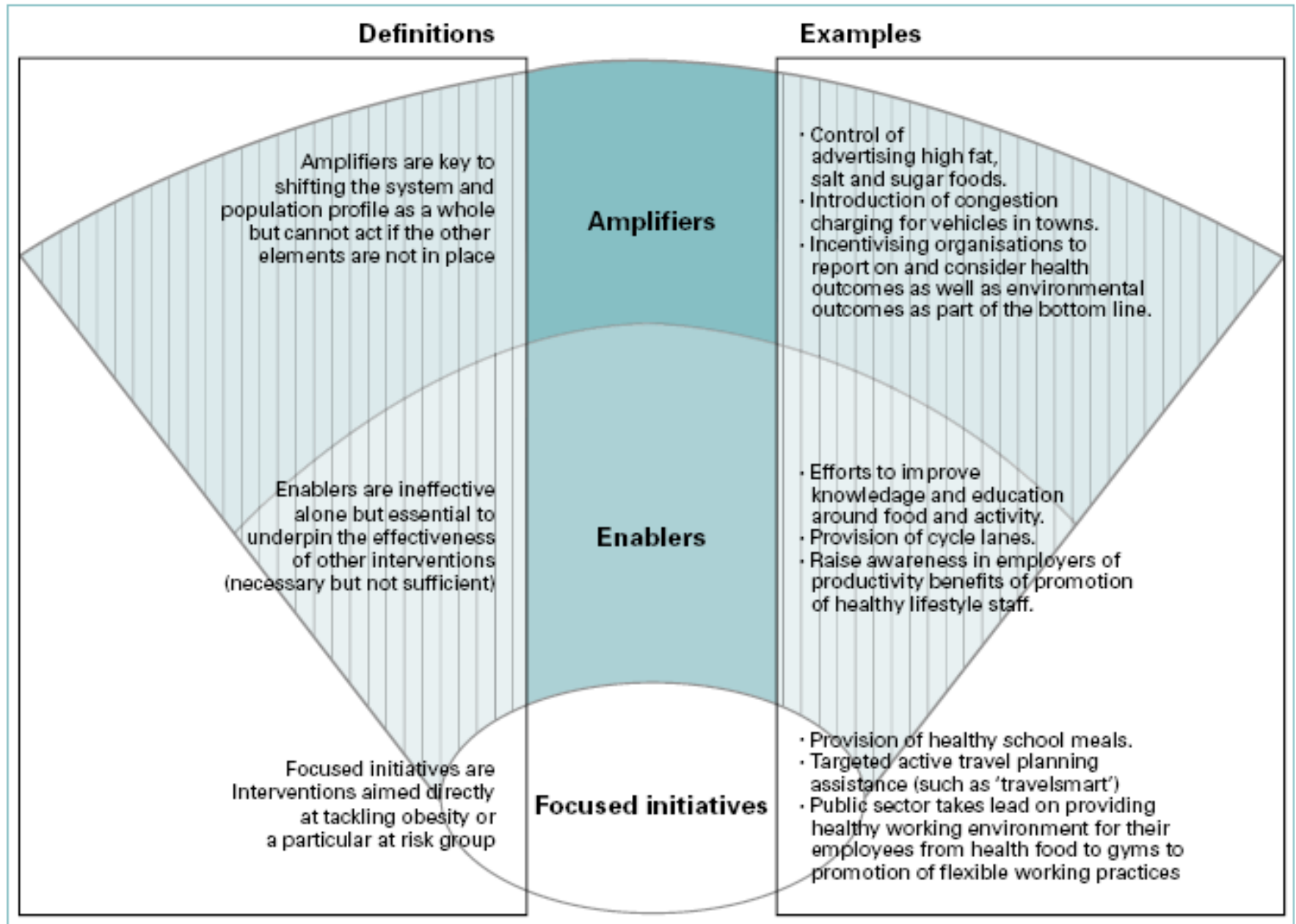
zero

neg

# Top 5 Health Services/Policy responses assessed as having greatest impact on levels of OB

- Increasing walkability/cyclability of built environment
- Targeting health interventions for those at increased risk (dependent on ability to identify these groups and only if reinforced by public health interventions @ population level)
- Controlling availability of/exposure to obesogenic food & drink
- Increase responsibility of organizations for the health of employees (i.e. practice what we preach)
- Early life interventions at birth or in infancy

# Potential Interventions to Tackle Obesity



# Intervention Options and impact will increase over Generations

Generation 1  
(current adults)

Generation 2  
(current children)

Generation 3

Generation 4

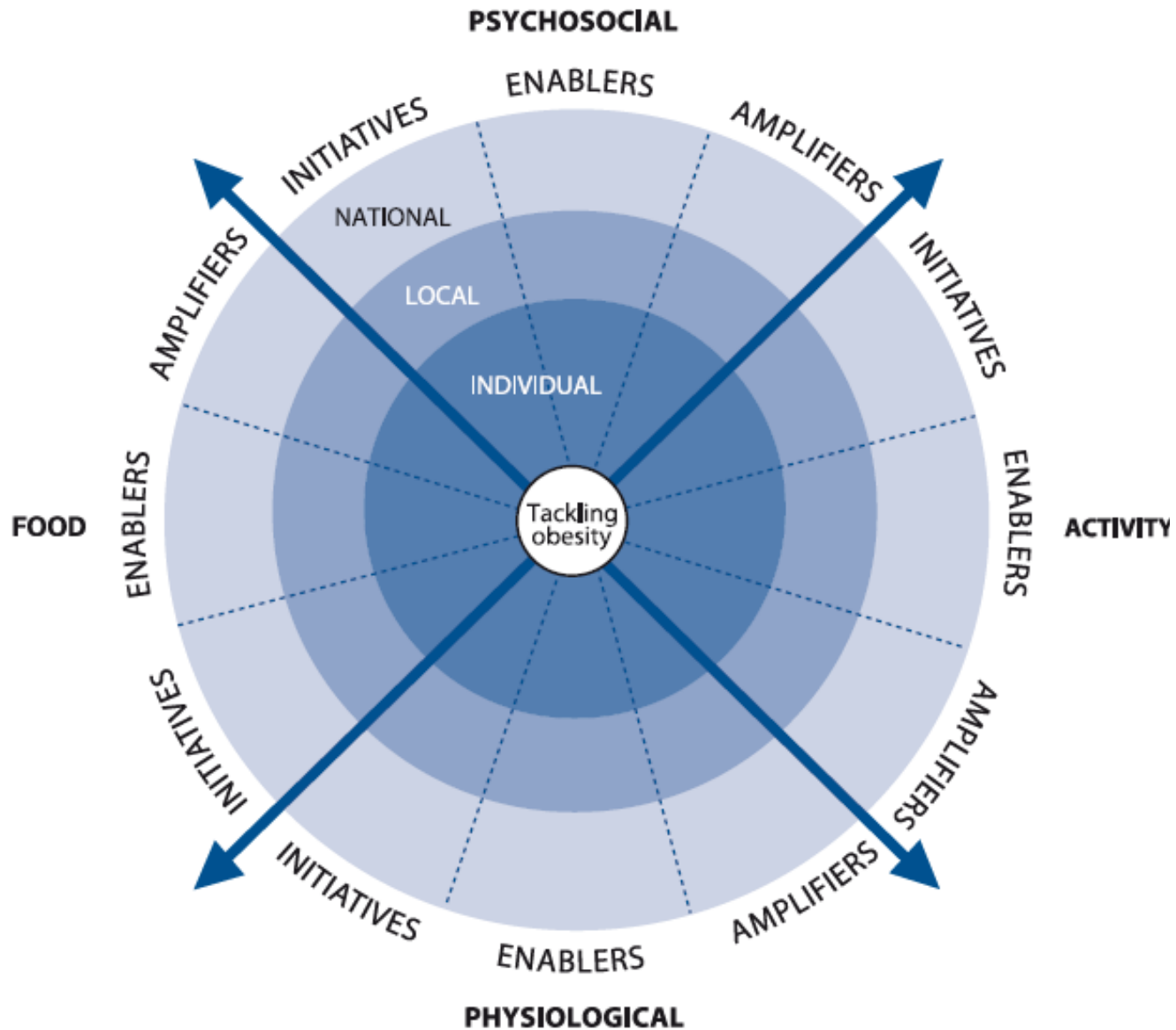
**Impact rises:** combination of sustained approach and increase in options available ensures impact rises over time

**Options increase:** range of interventions possible will increase as time progresses

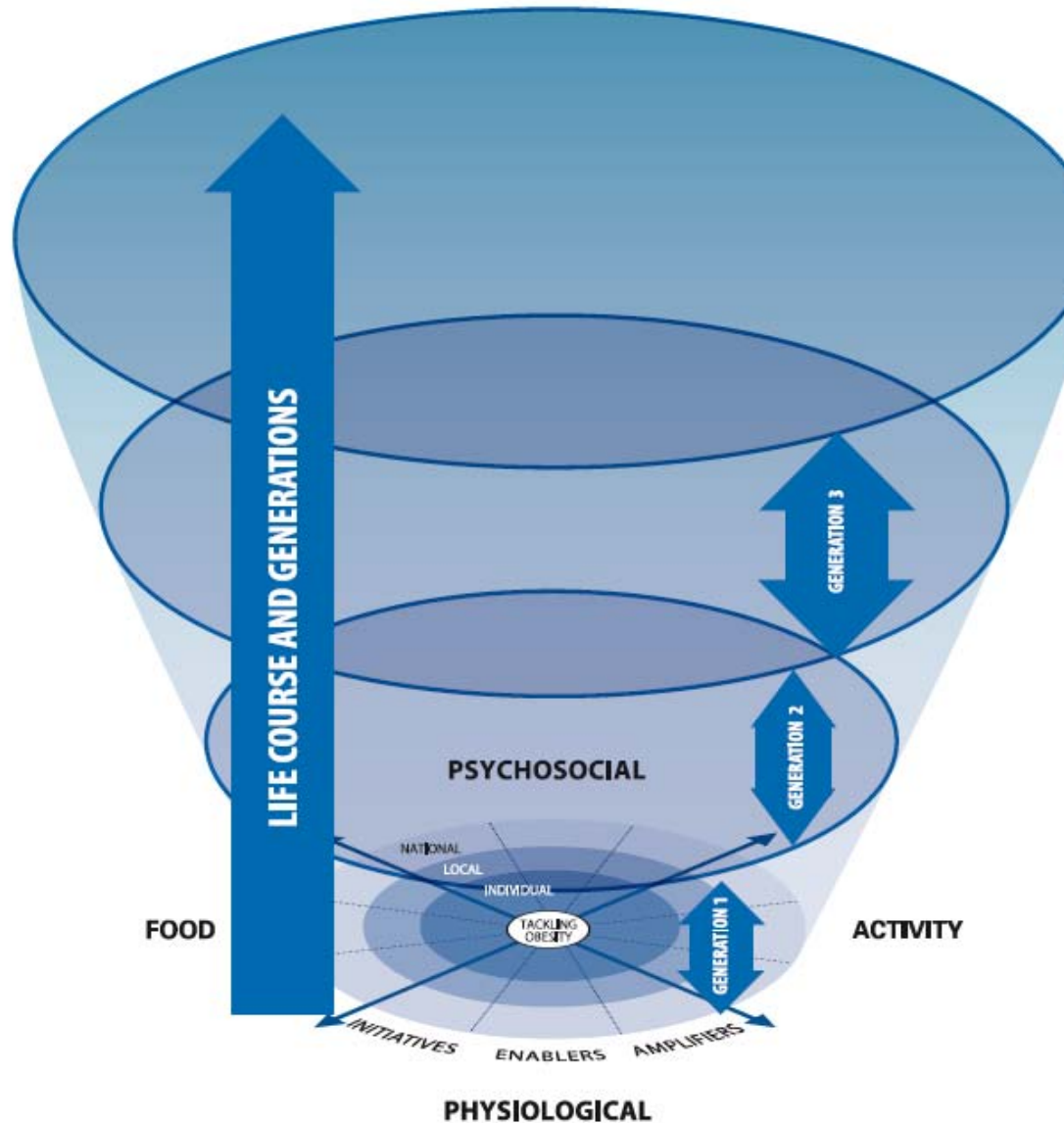
Culture and values around food and activity shift over time?



# Elements of Obesity Strategy



# Lifelong and Generational Aspects



Question posed- how can, and what should we do to support parents, caregivers & day care providers in promoting healthy weights?

# BIG PICTURE...Core principles for tackling Obesity

- A system-wide approach, redefining the nation's health as a societal and economic issue
  - Be cognizant of the fact that lack of preventive effort now means downstream health and economic fallout
  - Atypical Agents of change?
    - Education
    - Media
    - Food production
    - Early life experiences (maternal health & appropriate behaviour)
    - Health care reform
    - Built environment, recreation, transport
    - Nature of work (move from sedentary and no occupational activity)
    - Technology (screen time= SEDENTARY)

# Core principles for tackling Obesity (cont'd)

- Higher priority for the **prevention** of health problems, with clear leadership, accountability, strategy and management structures
  - ACT vs. REACT

# Core principles for tackling Obesity (cont'd)

- Engage stakeholders within and outside government
  - Stimulating multi-sector, multi-level action within and beyond public health
    - Food industry
    - Health professionals
    - Local government
    - Patient & consumer groups etc.

# Core principles for tackling Obesity (cont'd)

- Long-term, sustained interventions
  - Recognize that OB will not be ‘cured’ overnight
    - remember lifelong and generational aspects
    - Time is needed to establish new habits and build new structures to support behaviour change
  - Ensure any intervention has built-in sustainability
    - requires upfront investment

# Core principles for tackling Obesity (cont'd)

- Ongoing evaluation and focus on continuous improvement
  - Evaluation, surveillance, monitoring to test effectiveness
    - No stagnation
  - Compound strategies

# Where can we start?

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  - Send your kids outside without distractions

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- Take the blinders off & recognize the problem
- Don't blame physiology "my child has slow metabolism just like me"
- Be an enabler of positive behaviour
  - Send your kids outside
- **Address obesogenic environment**
  - Reduce sedentary behaviour
  - Introduce inconvenience (activities of daily living)
  - Limit foods from 'other' category

Divide the Dinner Plate in 4



# Get outside and PLAY



