

# What do we need to do differently to tackle obesity, equitably?

## *New Thinking for Next Steps*

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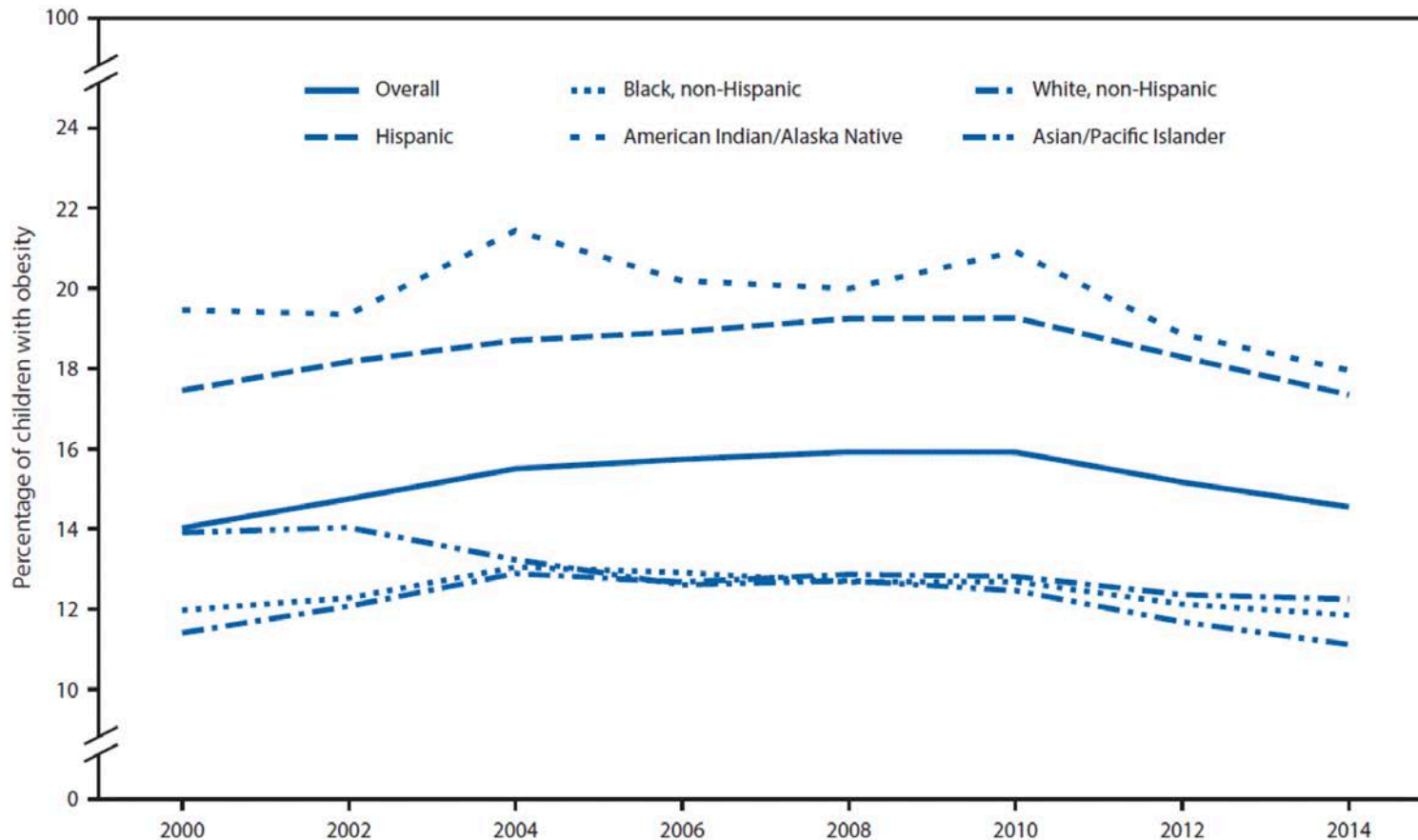
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**Where are we now?**  
**Some progress, inequality challenge**

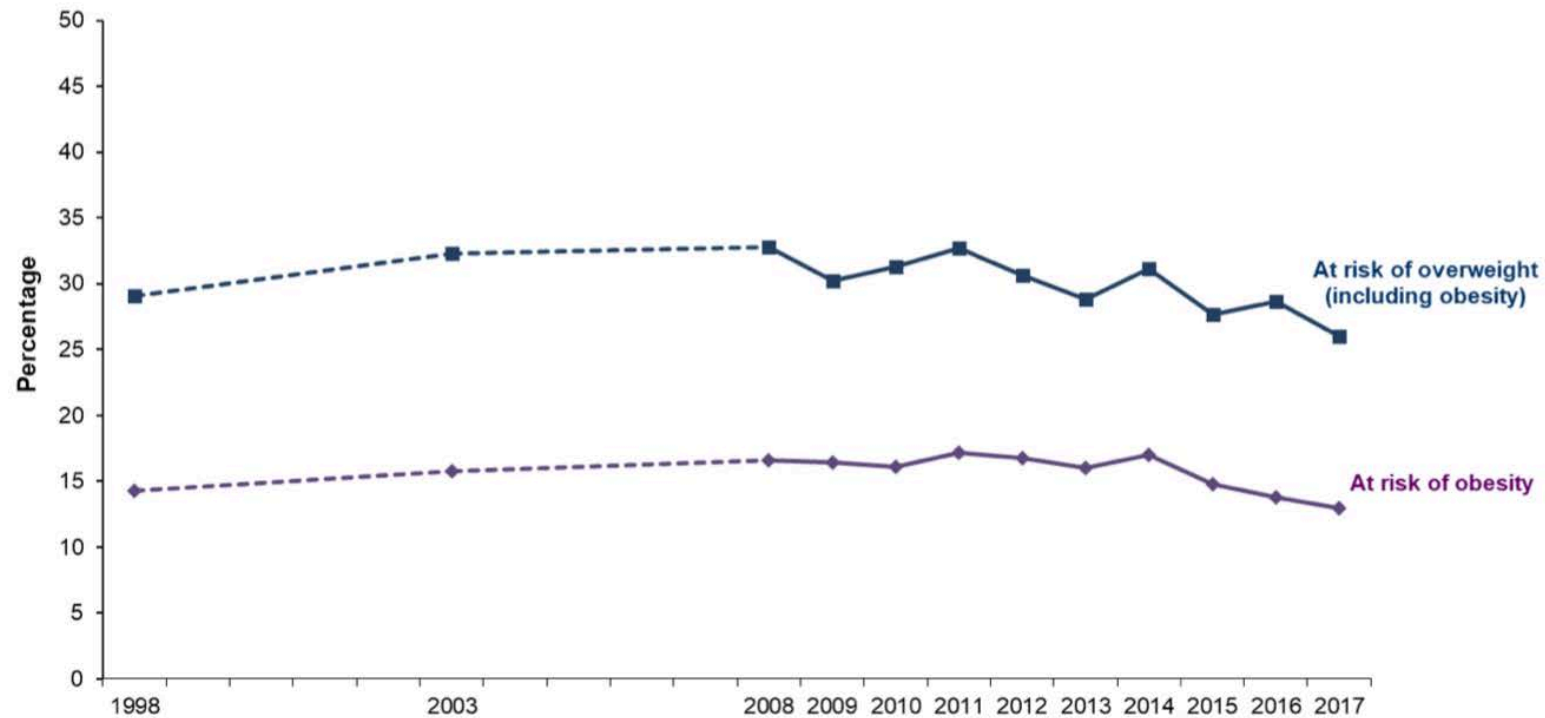
# United States: Prevalence of obesity among WIC participants aged 2–4 years, 2000–2014



Source: Pan et al, 2016

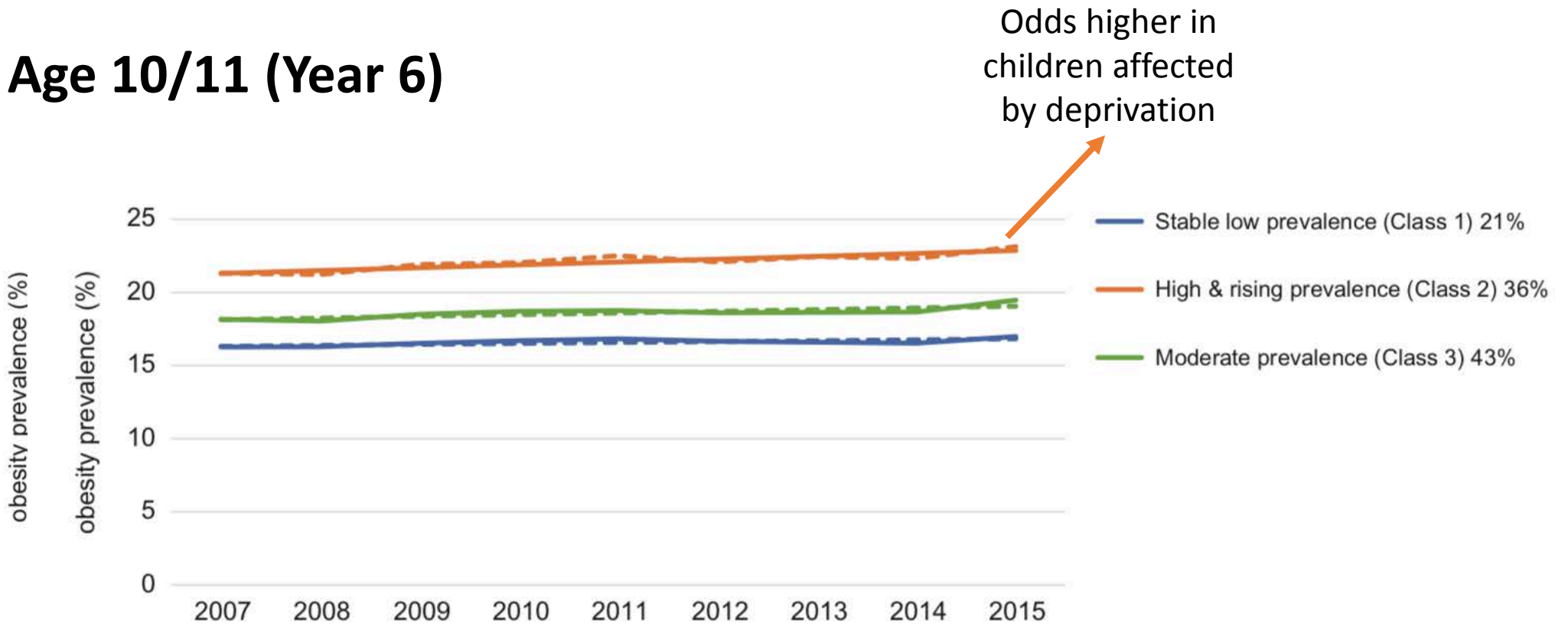
35 jurisdictions in the US have reported declining obesity prevalence in children

# Scotland: Proportion of children (2-15) at risk of overweight and obesity, 1998-2017



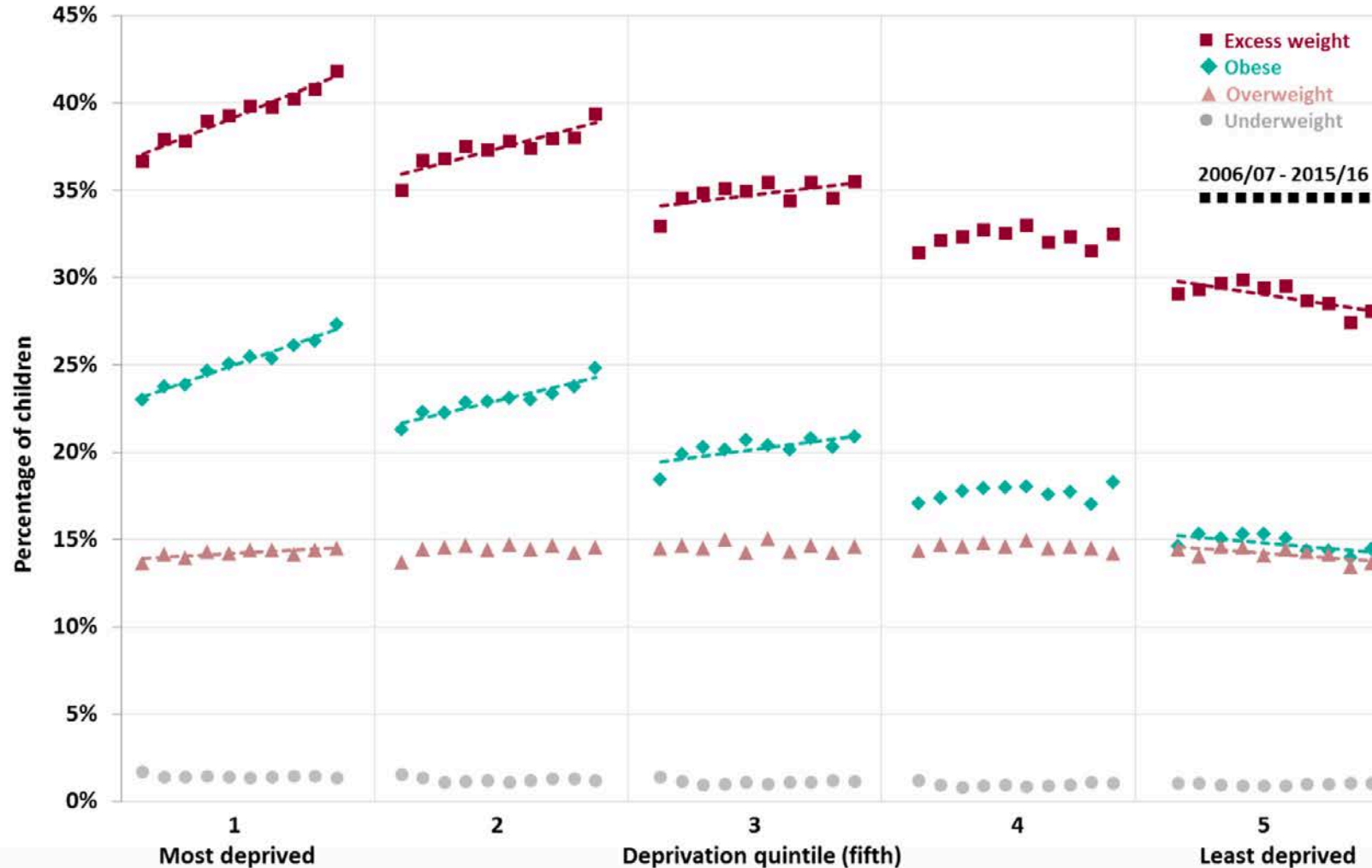
# England: trajectories in obesity in local authorities 2007-2015

## Age 10/11 (Year 6)



Source: Viner and Hargreaves, 2018

# England: Prevalence of obesity, excess weight, overweight and underweight by year of measurement and IMD quintile: Yr 6, boys

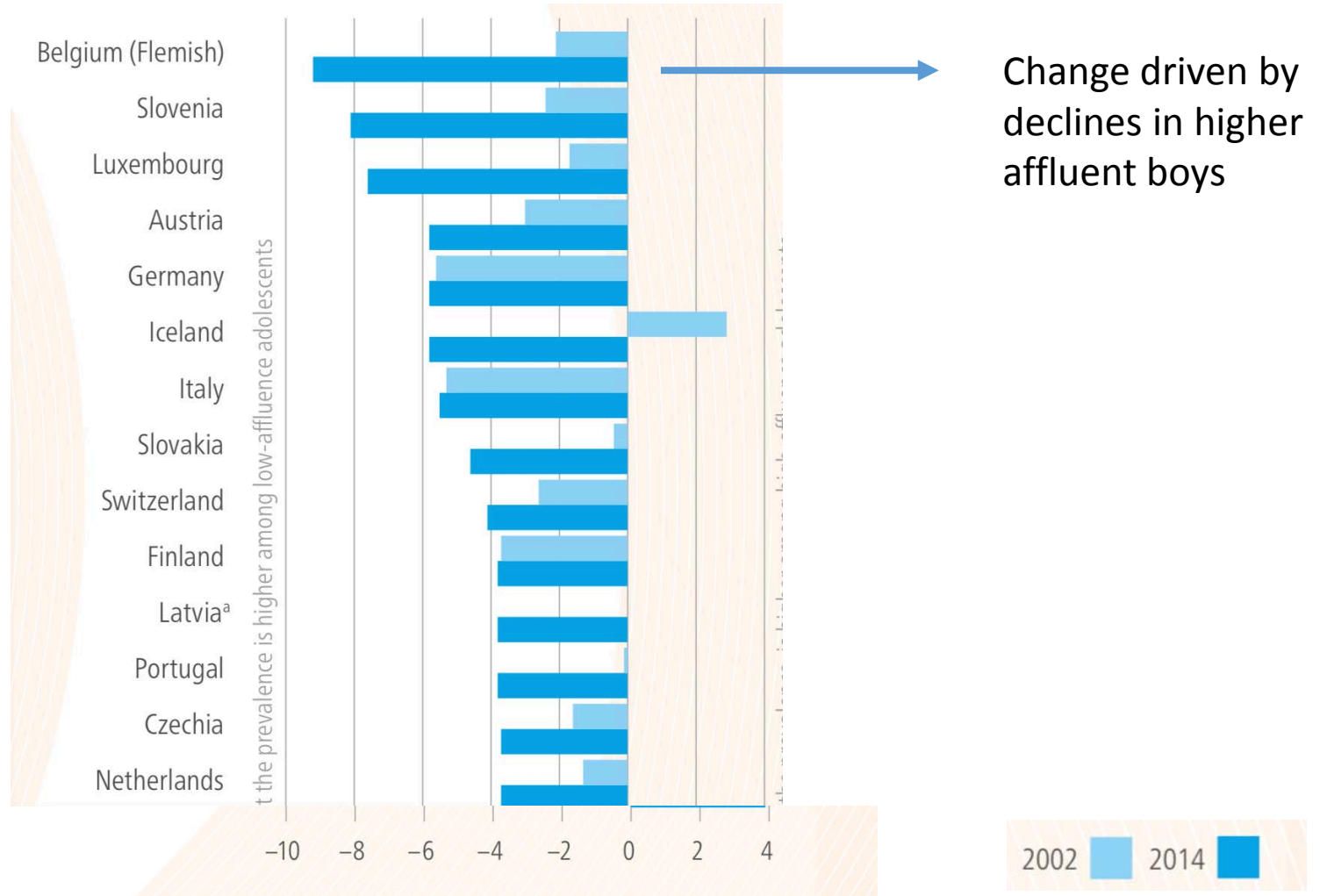


Increasing the inequality gap

Source: PHE, 2017

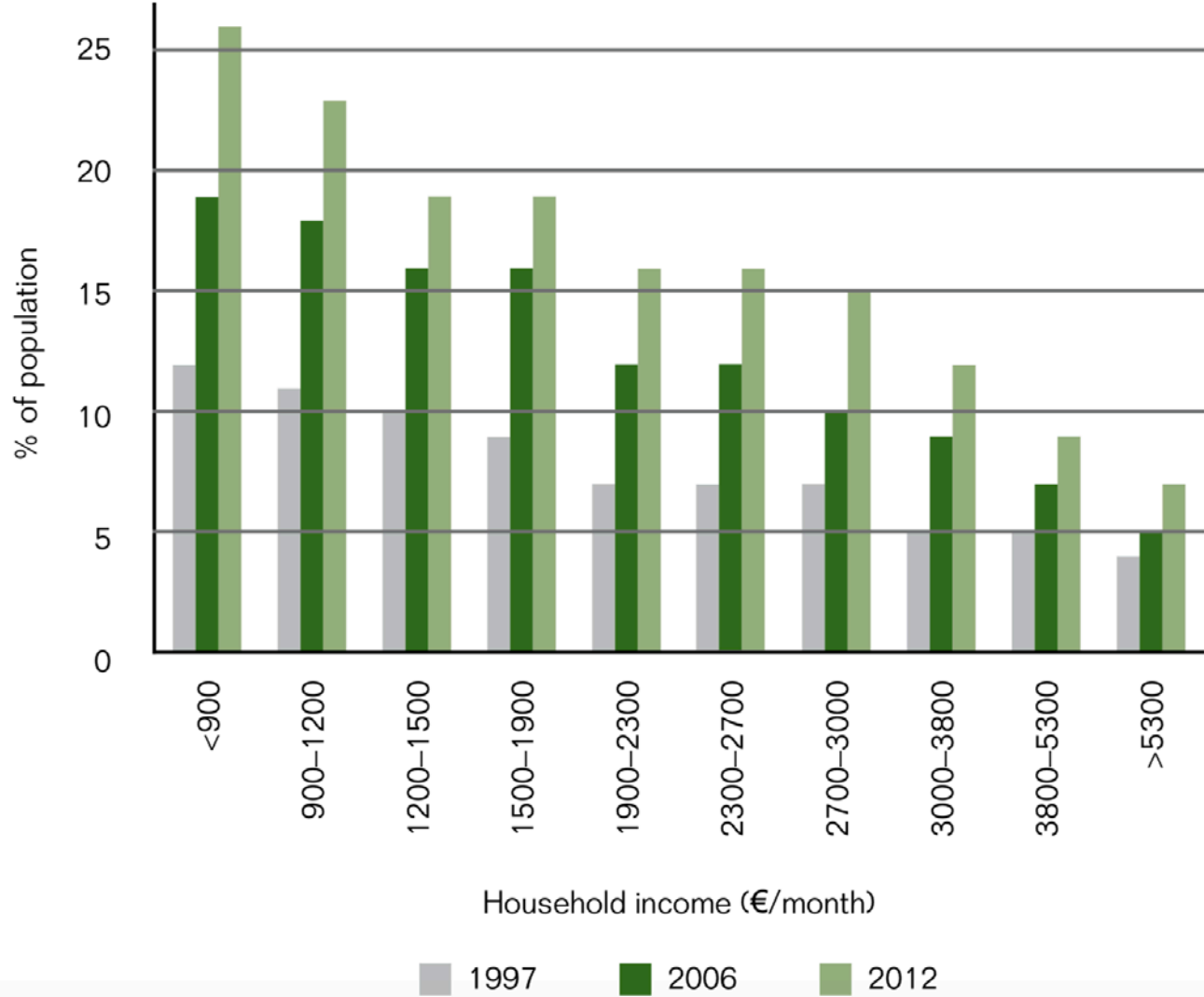
# Europe: difference in obesity prevalence between high and low affluence, 2002 and 2014, boys

*The lower the figure, the greater the inequality*



Source: WHO EURO, 2017

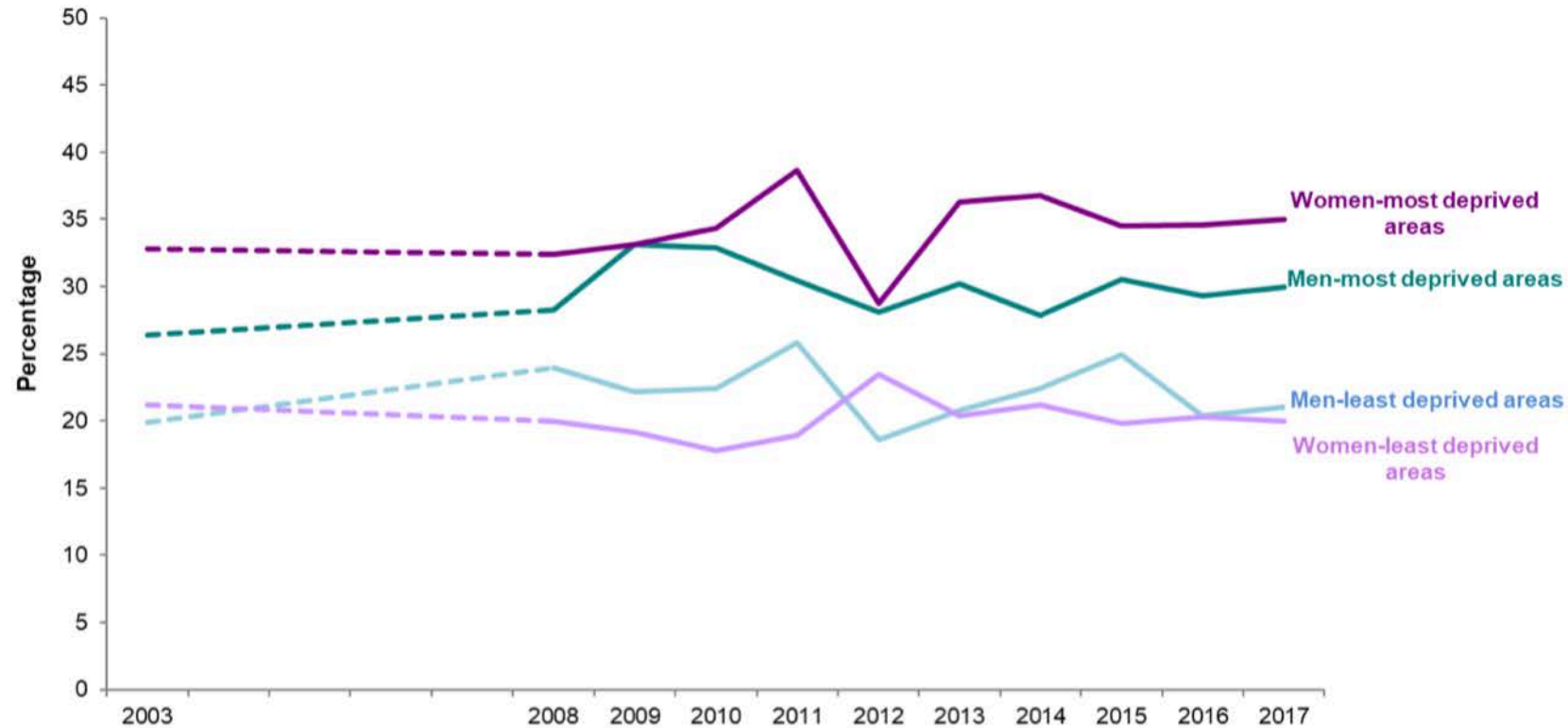
# France: Adult obesity prevalence by household income, 1997–2012



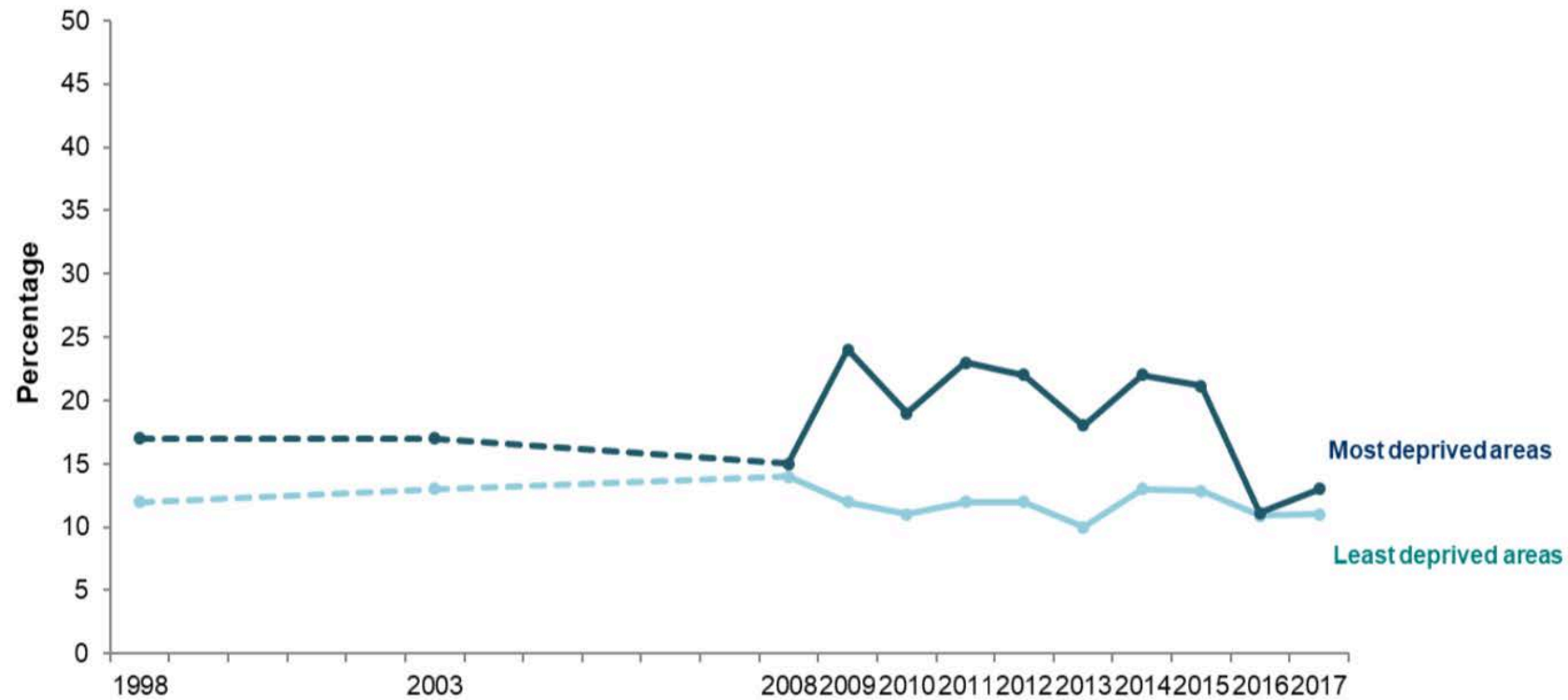
Source: cited from WHO EURO, 2015



# Scotland: Proportion of adults (16+) obese by gender and area deprivation, 2003-2017



# Scotland: Proportion of children (2-15) at risk of obesity by area deprivation, 1998-2017



## Low and middle-income countries: time trends among women in 39 countries, 1991–2008

- Overall obesity prevalence higher in wealthier, more educated people. However:
  - 31% of countries, estimated overweight prevalence growth rate was higher in the lowest (vs highest) wealth quintile.
  - 54% of the countries the estimated growth rate was higher in the lowest (vs highest) education group.

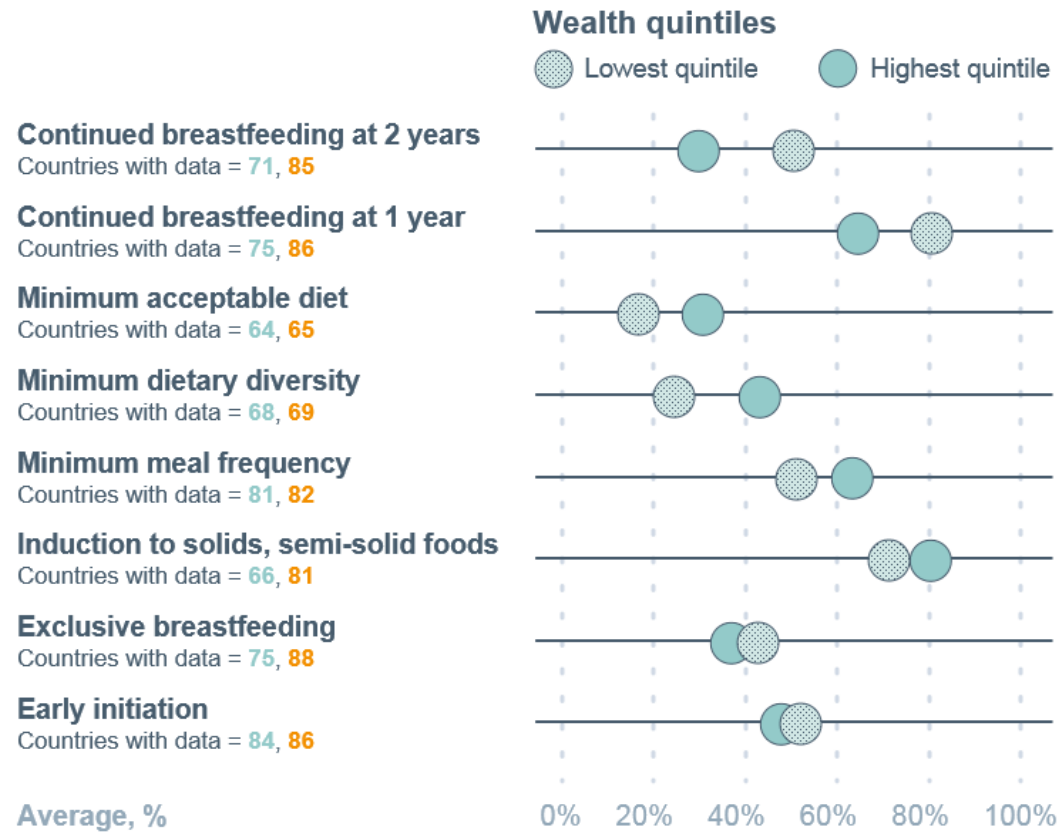
Source: Jones-Smith et al, 2012

# Diets: diabolical everywhere, but worse among lower-income groups

74.6% of children 6–23 months of age do not have sufficient diet diversity for a healthy diet –

75.6% in lowest wealth quintile

56.7% in highest wealth quintile



# Adults: consumption of food groups and components across countries with low, middle and high levels of income, 2016



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older. Chart ordered by mean. TMREL: theoretical minimum risk exposure level.

Source: Global Nutrition Report, 2018

## Within low and middle income countries

- Low socioeconomic groups: eat less fruit, vegetables, fish, and fibre than people of high socioeconomic status.
- High socioeconomic groups: eat more fats, salt, and processed food than people of low socioeconomic status.

Source: Allen et al, 2017

## Scotland: Inequalities in diet



### **Least deprived eat:**

More fibre and fruit and veg  
Less sugar and sugary drinks  
But more sat fat



### **Most deprived eat:**

Less fibre and fruit and veg  
More sugar and sugary drinks  
But less sat fat

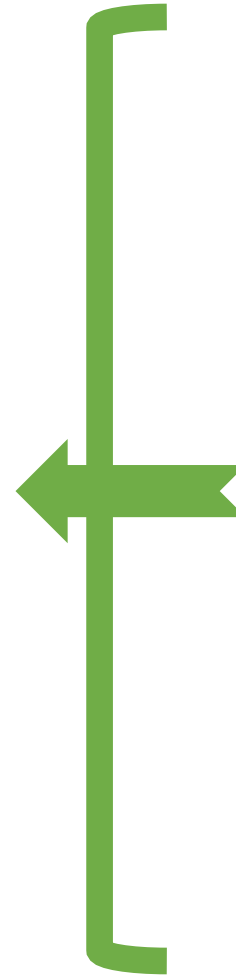
# **Where do we want to get to?**

## **What good looks like**



# A people-centred vision

All people are eating diets that promote their health (the 'norm')



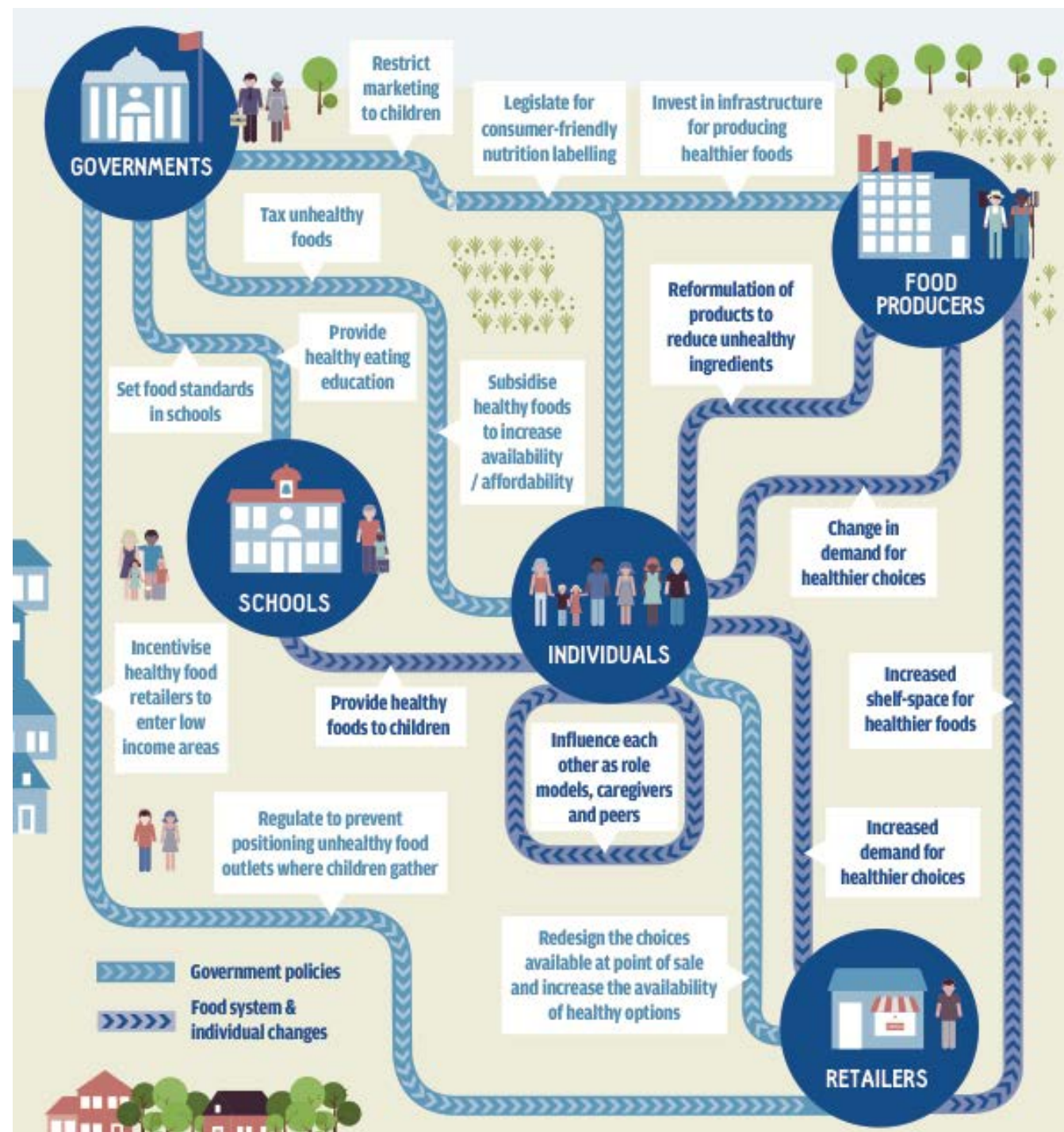
## People

1. know what a healthy diet is
2. have the skills & literacy to prepare & buy a healthy diet
3. can afford a healthy diet
4. have the assets & capacity to buy/prepare a healthy diet
5. can access a healthy diet
6. have social relationships that support a healthy diet
7. prefer a healthy diet

“Available, affordable, acceptable/appealing”

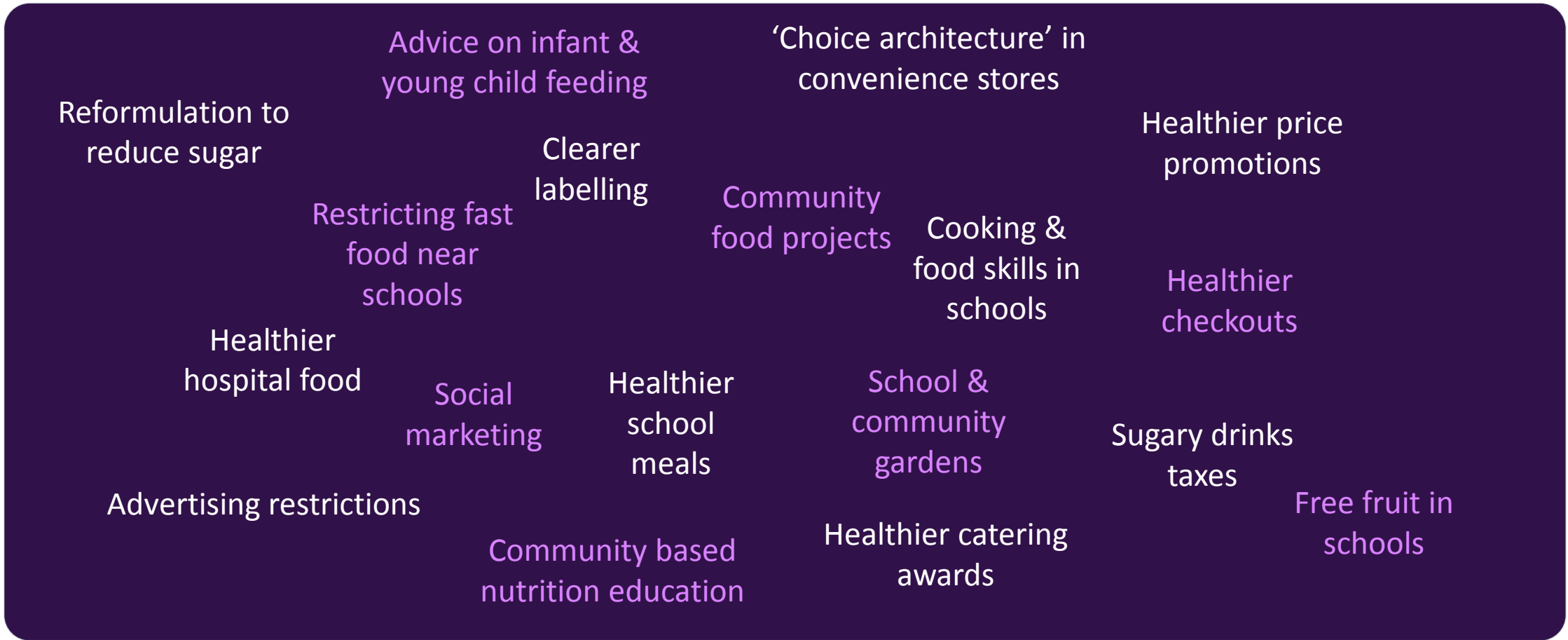
# A whole “diet-promoting” system is enabling people to achieve this vision

*People are part of the system, not separate from it*

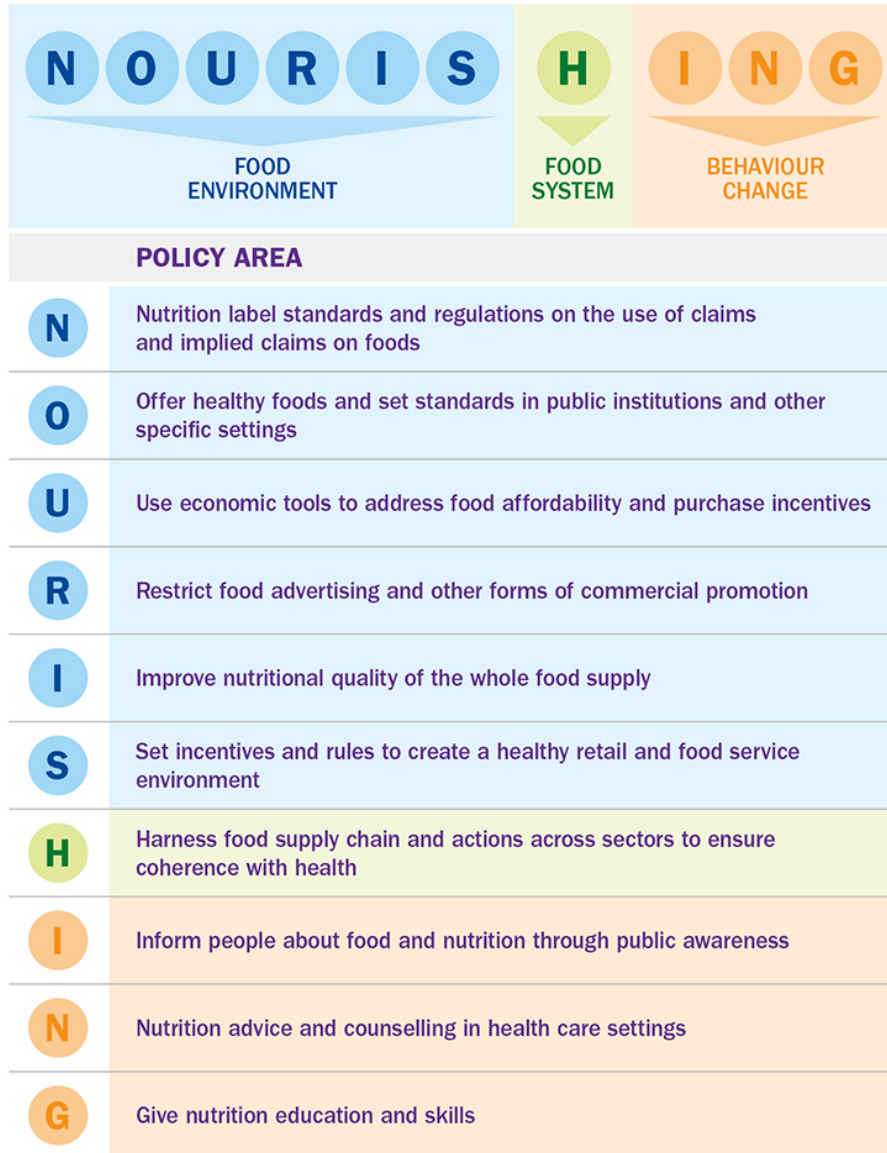


**What is the current policy  
situation?**  
**Plenty of policy - but not enough**

# Plenty of policy proposals *and* action







Contains 530  
policies from  
over 130  
countries

## But NOT ENOUGH: a critique

1. Not *bold* enough
2. Not enough of *meeting people where they are*
3. Not *connected* enough in people's lives
4. Not *coherent* enough with the whole system

# But NOT ENOUGH: a critique

1. Not *bold* enough e.g. In UK, only TV advertising restricted in programmes primarily watched by children and...



Advertising of high fat, sugar, salt foods eliminated in children's  
airtime



Advertising of high fat, sugar, salt foods seen by children increased  
in family airtime

Sources: Ofcom, 2010; Adams et al, 2012; Boyland et al, 2014

## But NOT ENOUGH: a critique

1. Not *bold* enough
2. Not enough of *meeting people where they are*

### Menu Labelling



	Calories	
	meal	
	300	450
with Egg	450	600
with Biscuit	430	580
with Egg	510	660
with Biscuit	410	560



*Coffee chain in New York City:* Reduced calories purchased by higher income, more educated, higher-calorie consuming patrons, who previously underestimated the amount of calories in food items



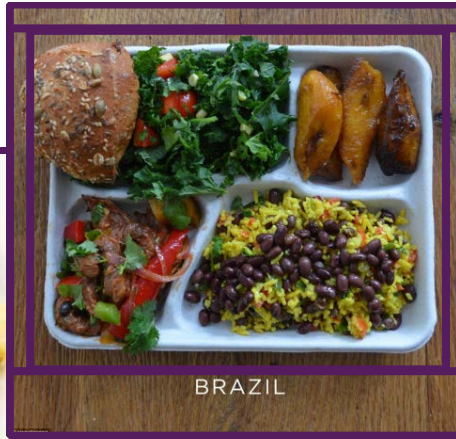
*Fast food chain in Baltimore and Philadelphia:* No impact on calorie intake among frequent fast food consumers

Sources: *Bollinger et al, 2010; Elbel et al, 2013*



## But NOT ENOUGH: a critique

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3. Not *connected* enough in people's lives



## A people-centred view



- **5:30pm:** After I get home, I watch my favourite shows on TV – mostly videos online while mum does cooking and cleaning. Between videos I often see videos showing sweets that Mum and I can get in the grocery store.
- **7:00pm:** We eat dinner together, often using ready meals or frozen food Mum takes out of the freezer.
- Mum and I eat at the dining room table in the TV room – if Dad finishes his construction shift on time he sometimes gets home in time to join.
- **8:30pm:** I go to bed after having a bath.



### In parks and leisure

- **5:00pm:** Sometimes I get to go to the playground in the park; if I have to use the washroom we drive home since there are none close to the children's playground.
- I would love to go to dance lessons and sports after school - especially dance – but Mum says I have to wait till we have more money saved.

### On weekends

- Some weekends we use the local swimming pool. I would love to go more often but Mum says it is expensive.
- I usually go with Mum to the High Street– she will buy a treat at a takeaway at the end of all her errands.
- As a treat we go to the cinemas to see a movie – Mum buys me popcorn and a drink since it is cheap with the entrance ticket – I love it.



### At home

- **6.00am:** I wake up
- **6:30am:** Mum and Dad must leave early for work so one of them drops me off at Grandma's on the way.
- **6:45-7:45am:** Grandma needs to get ready so I watch TV for an hour before breakfast.



### Hannah

- I'm Hannah, I'm 5 years and a half.
- I live with my Mum and Dad in inner SE London.
- We live in an apartment and have a small porch but no access to a yard to play.
- My parents have to be at work a long time, so I spend time with my Grandma who lives 20 minutes away.
- My grandmother has a health problem that affects her walking so I often have to wait for her.



### On the high street

- **3:30pm:** My Mum or Grandma picks me up from school.
- **4:00pm:** We go by the high street on route home. I go with my Mum to the local discounted supermarkets for groceries. Sometimes we visit up to three as Mum looks to see what is on promotion and buys lots to freeze for later. I like to go as I see cartoons I know on snacks and can ask Mum to buy them for me.
- We often go by the convenience store for a drink – my Mum looked for a water fountain but there aren't any around so we buy juice instead.



### Travelling through the streets

- **8:00am:** We usually drive to school. I'd prefer to walk but this is hard for Grandma with her ill- health.



### At school

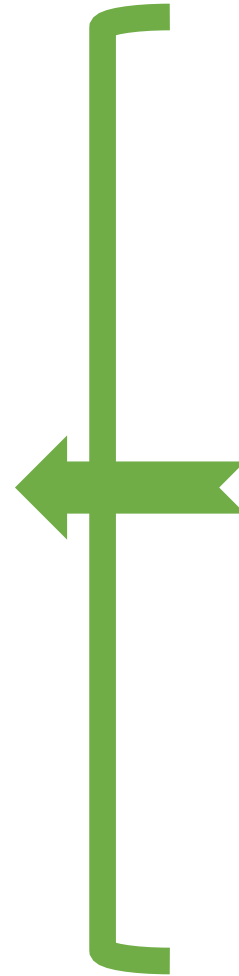
- **12.30pm:** I eat lunch in the school cafeteria with my class – I don't always like the food they give us.
- **1:30pm:** In the afternoon I like PE class – but sometimes this gets cancelled if it's raining and we have to play games instead.
- **3:00pm:** At the end of the day I often get a treat from the tuck shop at school.



One or more satisfied – but  
not all



Limits impact of existing  
actions on what people eat,  
especially those who  
experience disadvantage




## People

1. **know** what a healthy diet is
2. **have the skills & literacy** to prepare & buy a healthy diet
3. **can afford** a healthy diet
4. **have the assets & capacity** to buy/prepare a healthy diet
5. **can access** a healthy diet
6. **have social relationships** that support a healthy diet
7. **prefer** a healthy diet

## But NOT ENOUGH: a critique

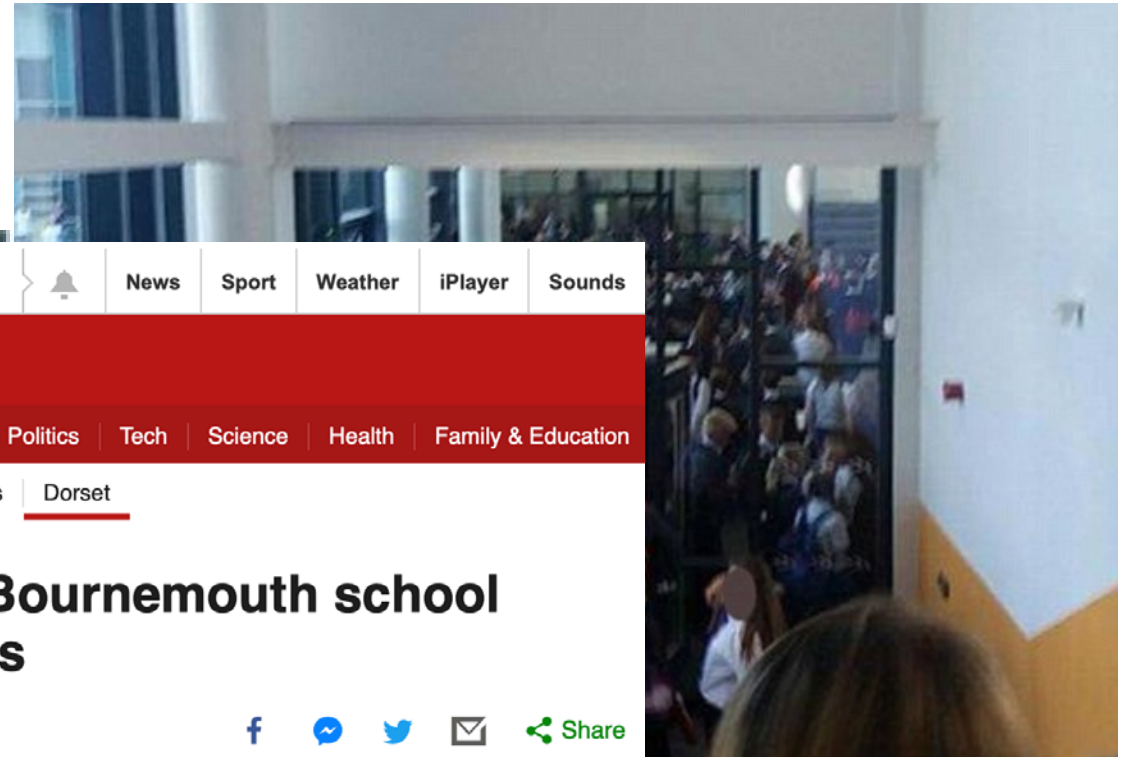
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Limiting  
impact on  
inequality



# E.g. School food standards



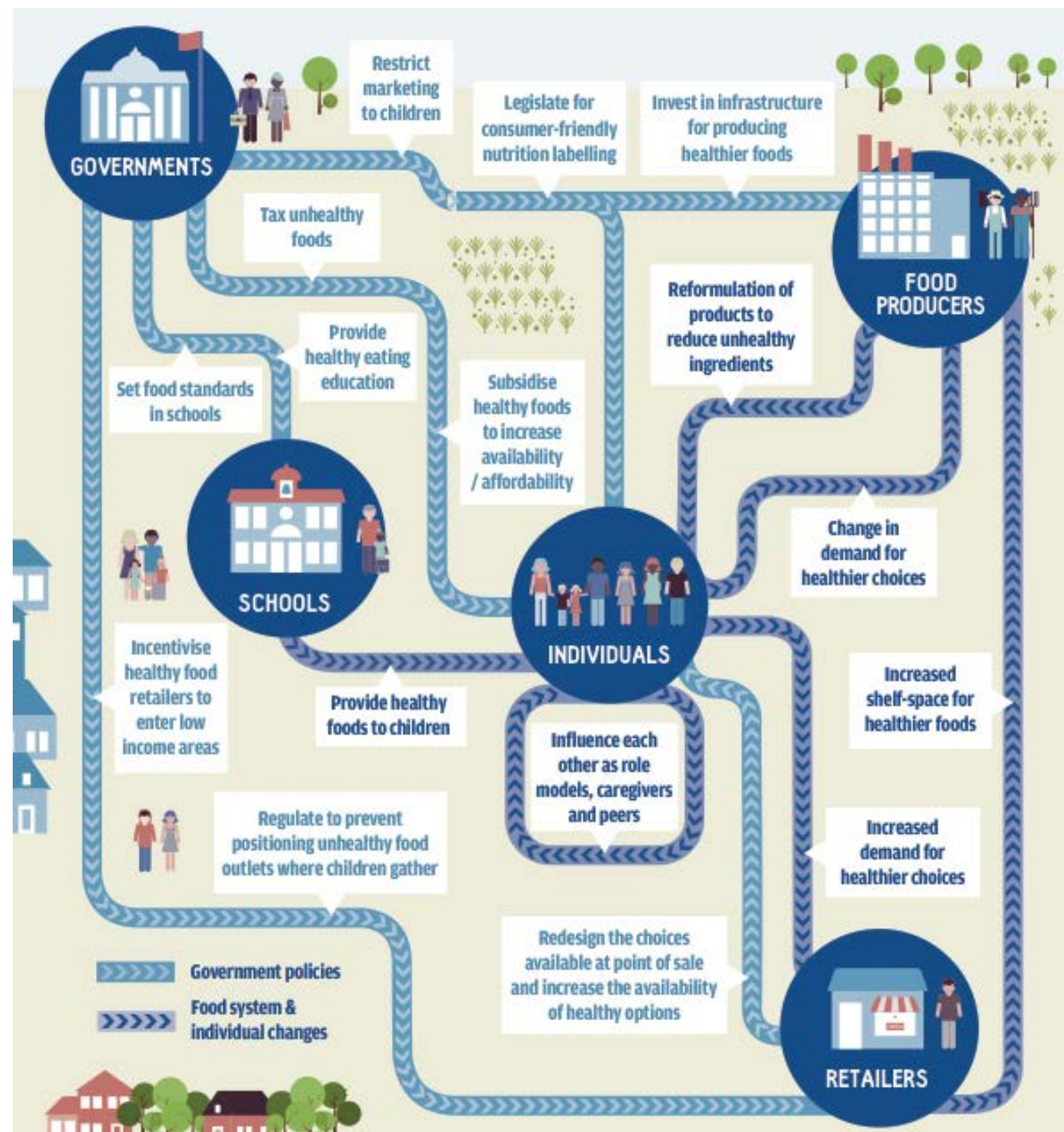
**EXCLUSIVE**

**News**

## School catering staff feel excluded, undervalued and poorly trained

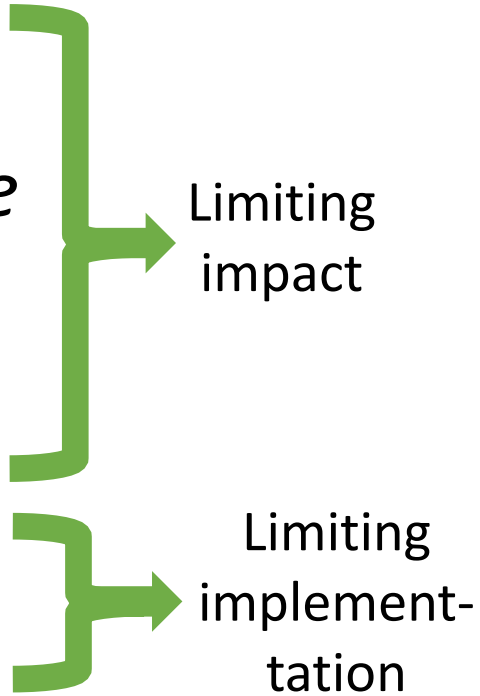
**Alix Robertson**

# Implementation faces constant blockages in the system



Source: Derived from Hawkes et al, 2015, The Lancet

## But NOT ENOUGH: a critique

1. Not *bold* enough
  2. Not enough of *meeting people where they are*
  3. Not *connected* enough in people's lives
  4. Not *coherent* enough with the whole system
- 
- Limiting impact
- Limiting implementation



# What do we need to do differently?

# A call for a strategic approach to designing policy

## 1. Policy prioritisation

- Take a people-centred view to identify inconsistencies, gaps, realities
- Position in a systems context to identify transformative potential



Select actions that address major inconsistencies in people's daily lives – *food environments*





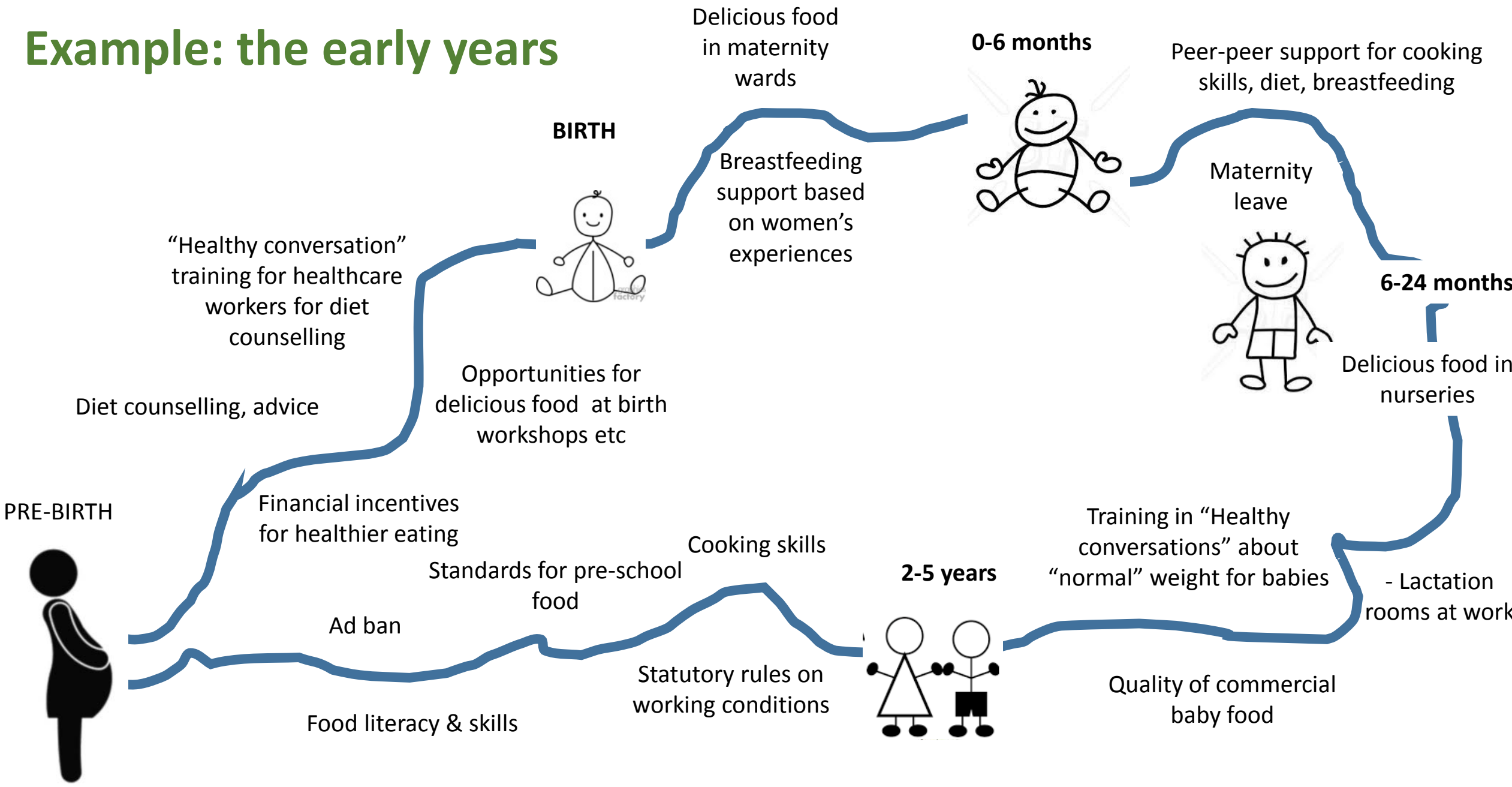
Every action requires a suite of actions....

## People as a whole

- ✓ know what a healthy diet is
- ✗ have the skills & literacy to prepare & buy a healthy diet
- ✗ can afford a healthy diet
- ✗ have the assets & capacity to buy/prepare a healthy diet
- ✓ can access a healthy diet
- ✗ have social relationships that support a healthy diet
- ✓ prefer a healthy diet



# Example: the early years



So, to prioritise, need to ask: which would have most transformative potential in the system?

Vouchers?

Peer-to-peer support?



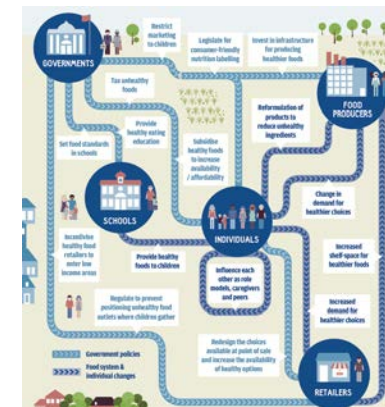
# A call for a strategic approach to designing policy

## 1. Policy prioritisation

- Take a people-centred view to identify inconsistencies, gaps, realities
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## 2. Policy design

- Human-centric design – tailoring to people’s lives e.g. water fountains
- Incentivize a healthy food economy



# Economics: the core of the current system

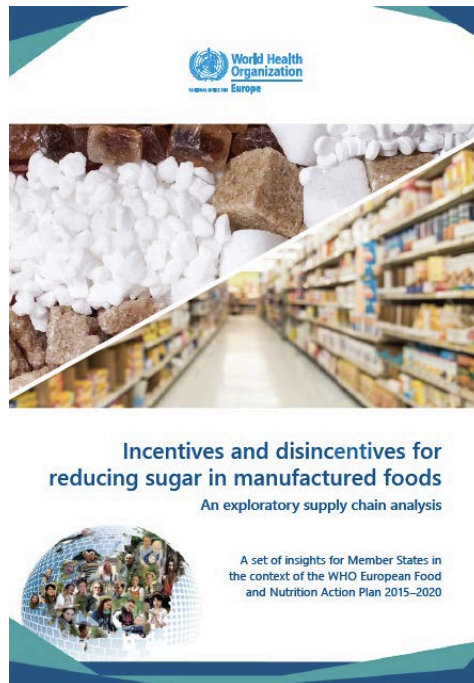
- Competition law permits mergers that strengthen strategic positions
  - Restructuring supply chains to cut costs to offset declining volumes
    - \$50 billion invested in facilities, distribution etc for economies of scale, pricing power
      - \$3.3 billion & \$3.9 billion on marketing in 2013

Taxes  
Labelling  
Advertising bans  
Bans in schools





# ***Need to understand the business models that work for nutritious foods – and why current models that promote obesity are so hard to challenge***



Source: Hawkes, C, Watson F. Incentives and disincentives for reducing sugar in manufactured foods An exploratory supply chain analysis. Copenhagen: WHO, 2017.

**Companies had 3 active incentives to reducing sugar**



1. Reduced demand from health-aware consumers
2. Government action
3. Availability of substitutes

**... but 7 disincentives/ lack of incentive to reducing sugar**



# Some small-scale examples



## WE REMOVED 'RED' DRINKS FROM DISPLAY AT THE MAIN FULLY-SERVED CAFÉ

(consumers could only see the 'green' and 'amber' drinks. The 'red' drinks were concealed behind the counter)



## WE REMOVED 'RED' DRINKS FROM SELF-SERVICE REFRIGERATORS AT ANOTHER ONSITE CAFÉ

(consumers could only see and grasp for 'green' and 'amber' drinks. The 'red' drinks were concealed behind the counter)



## WE INCREASED THE PRICE OF 'RED' DRINKS BY 20% AT THE ONSITE CONVENIENCE STORE


(but kept 'green' and 'amber' drinks the same price)



### More needed


- *investor community*
- *major policy change*

**THE RESULT**



**HAPPY  
RETAILERS**

NO SIGNIFICANT  
DIFFERENCE IN  
TOTAL DRINK SALES



AND AROUND  
**36,500  
FEWER**  
'RED' DRINKS SOLD AT  
THE ALFRED EACH YEAR



**NO MORE  
SUGAR  
COATING**

Sources: Huse et al, 2016; Blake et al, 2017

# A call for a strategic approach to designing policy

## 1. Policy prioritisation

- Take a people-centred view to identify inconsistencies, gaps, realities
- Position in a systems context to identify transformative potential

## 2. Policy design

- Human-centric design – tailoring to people’s lives
- Incentivise a healthy food economy

## 3. Policy delivery

- Build system capacity and capability to enable coherence
- Create political commitment

# Policy delivery

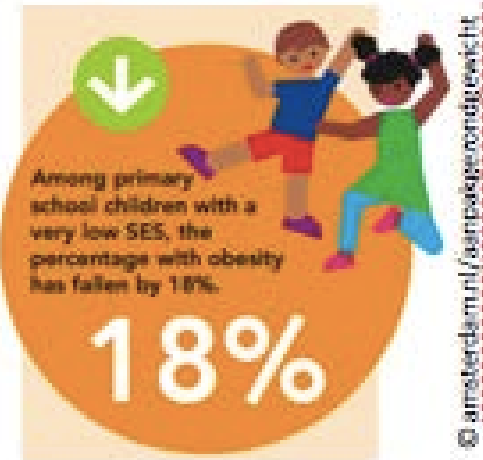
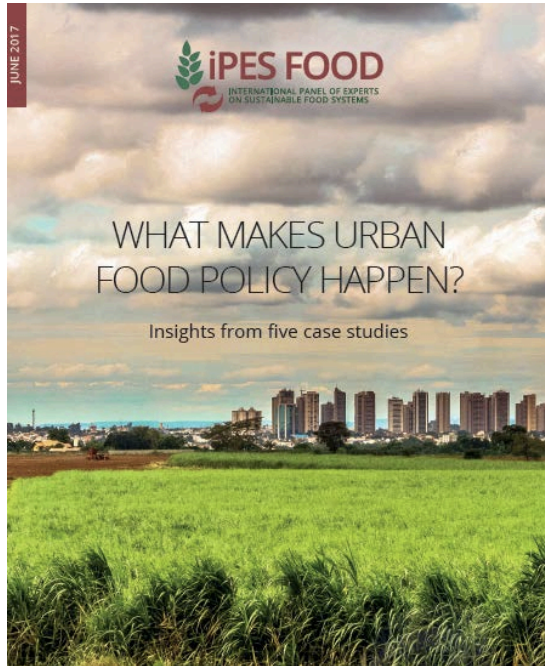
- Build system capacity and capability
  - Training and skills across the workforce
  - Resources
- Create political commitment
  - Build commitment in the system
  - Manage the media
  - Experiment at the city level

## Factors associated with nutrition commitment

- (1) Nutrition actor network effectiveness
- (2) Strength of leadership
- (3) Civil society mobilisation
- (4) Supportive international actors
- (5) Private sector interference
- (6) Strength of institutions
- (7) Effective vertical coordination
- (8) Legislative, regulatory and policy frameworks
- (9) Supportive political administrations
- (10) Societal conditions and focusing events
- (11) Ideology and institutional norms
- (12) Credible indicators and data systems
- (13) Evidence
- (14) Internal frame alignment
- (15) External frame resonance
- (16) Strategic capacities
- (17) Organisational capacities
- (18) Financial resources

**Source: Baker et al 2018**





London's Child Obesity Taskforce has been established as part of the Mayor's commitment to address child obesity.

**London's Child Obesity Taskforce**

*To address obesity, effectively and equitably, start with what we have and:*

**Connect with the lives of people who experience the problem**

**Catalyse a healthier food economy**

**Create coherence by building systems capacity and commitment**

**And never stop learning....**

**Thank you!**