

3 May 2013

CHILDHOOD OBESITY

Inquiry by the Children and Young People Committee, National Assembly for Wales

Response from BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Children and Young People Committee's inquiry into childhood obesity.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

1. Obesogenic environment

BMA Cymru Wales believes that childhood obesity cannot be tackled in isolation. For example babies of obese mothers are likely to develop obesity and metabolic disorders in childhood. Obese mothers often themselves come from obese families, and hence we need to address families, communities and indeed the population as a whole.

Obesity is a perhaps the most pressing public health issue of our time, and children are now suffering the consequences of the failure of successive governments to act over many years at all levels.

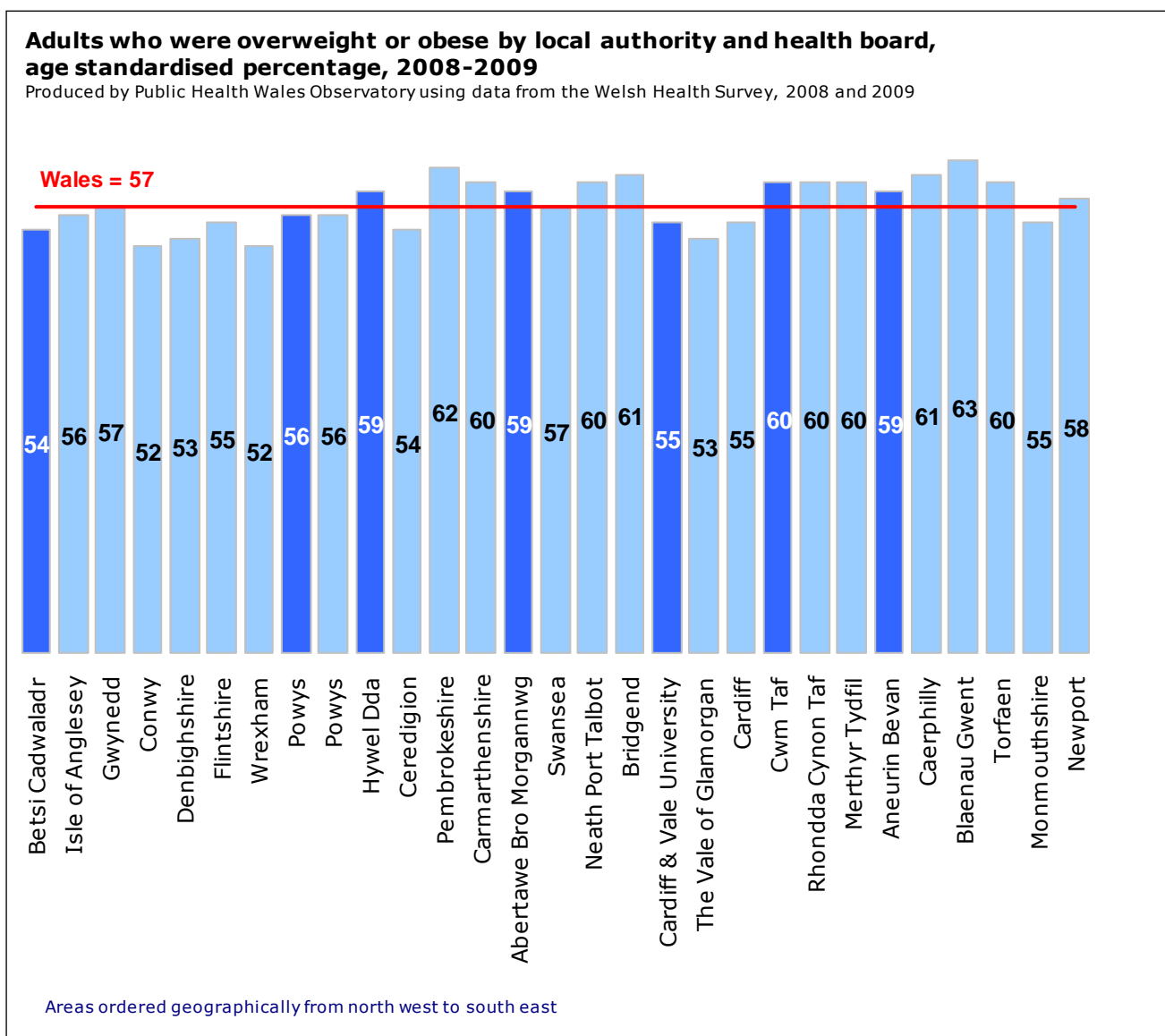
We believe it is the pervasive obesogenic environment that has led to a growing proportion of both adults and children becoming overweight or obese in recent decades across the developed world.

2. Prevalence of obesity in Wales

57% of adults in Wales are overweight or obese, as seen in the following figure:

Ysgrifennydd Cymreig/Welsh Secretary:

Dr Richard JP Lewis, CStJ MB ChB MRCP Dip IMC RCS (Ed) PGDip FLM
Prif Weithredwr/Ysgrifennydd. Chief Executive/Secretary:
Tony Bourne



The Welsh Health Survey (2009) noted that 34% of children in Wales were estimated to be overweight or obese, including 19% obese. Figures for individual Welsh unitary authority areas are not yet available.

The Health Behaviour in School Aged Children (HBSC) survey is undertaken every four years and is a self-reported study of the health behaviours of school children across Europe.

Initial findings from the 2009/2010 HBSC survey show that just under one in five secondary school students in Wales is overweight or obese.

Rates of those who are overweight and obese are slightly higher in boys than in girls, but do not vary significantly by age.

An indication of the degree of correlation between inequalities and obesity can be seen in the following table from the feasibility study for the Child Measurement Programme for Wales¹:

¹ www.publichealthwales.org/childmeasurement

Table 12. Percentage of children overweight or obese* WIMD fifth of deprivation and school year**

WIMD = Welsh Index of Multiple Deprivation. * IOTF thresholds. ** excludes children where ht/wt not recorded, BMI outside range, or BMI or cat null, no group or no year, or LSOA outside Wales or LSOA not recorded.

WIMD fifth	Reception year			Year 4 opt-out			Year 4 opt-in		
	%	LCL	UCL	%	LCL	UCL	%	LCL	UCL
1 (Least deprived)	20.4	18.1	22.8	25.8	22.2	29.7	20.0	16.5	24.1
2	19.6	17.9	21.5	27.7	24.9	30.7	26.8	23.5	30.4
3	24.0	21.9	26.2	26.8	23.8	30.0	27.7	24.1	31.7
4	23.2	21.0	25.6	28.3	24.9	31.9	29.3	24.9	34.2
5 (Most deprived)	23.9	22.0	25.9	32.4	29.6	35.4	27.8	24.0	32.0
Wales	22.2	21.3	23.2	28.5	27.1	30.0	26.4	26.4	28.2
Rate ratio 5:1	1.17	1.02	1.35	1.26	1.06	1.49	1.39	1.09	1.76

Further information regarding childhood heights and weights can be found here:
<http://www.wales.nhs.uk/sitesplus/922/page/50573>

3. Required action

BMA Cymru Wales believes that a comprehensive, strategic approach is needed to tackle obesity in Wales for the population as a whole, including children.

Attention must be given to all aspects of the Ottawa Charter² – i.e. policy, supportive environments, strengthening communities, enhancing personal skills, and refocusing health services.

The main barrier to effective progress in tackling childhood obesity, and obesity generally, is the failure to take action across all domains. We believe that a focus on “programmes” in isolation is therefore likely to have a very limited effect.

BMA Cymru Wales believes that we need to drive investment in a healthier environment in order to secure the behaviour changes we need.

Examples include:

- Healthy, nutritious affordable food to be provided in leisure, community, workplace, school and care settings
- Discouraging fast food outlets near schools
- Ensuring the provision of smaller portion sizes, and labelling of calorie content of all food and drink outlets
- Specific measures to make walking and cycling the easiest and fastest option for short journeys
- Ensuring use of public transport is the cheapest and easiest option as an alternative to car use

Such actions would go some way to making it easier for people to live healthier lives, and to make healthy choices easy choices.

² <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

Currently many communities have no real choice – for example a concentration of fast food outlets will inevitably lead to higher consumption of high fat, sugar and salt processed food, whatever health messages are given.

Based upon evidence from smoking legislation, we consider that the most effective way to influence lifestyle behaviour is through effective action at the policy level such as controls (legislation). Instead of focusing on legislation that ‘bans’ freedom of choice we should opt for legislation that creates supportive and enabling environments, consistent with the principles of the WHO.

We believe that the Welsh Government should also lobby the UK government on tax, subsidies, food labelling and most particularly in tackling the food industry head on, so that they are ultimately sanctioned against producing processed food with very high levels of sugar, salt and fat.

The food industry is very likely to make spurious arguments about choice, much in the same way that the tobacco industry did. It will therefore require sustained and committed government action at all levels to counter this.

BMA Cymru Wales also recognises the importance of having robust information and data in order to effectively monitor progress against tackling obesity, and the impact of actions being taken.

4. The local authority role in tackling obesity

As noted above, tackling obesity is complex and requires action at every level, from the individual to society, and across all sectors. BMA Cymru Wales recognises that local authorities are ideally placed to develop co-ordinated action to tackle obesity across their various departments and services, as well as in conjunction with partner organisations.

We believe that particular importance should be placed on encouraging local authorities to play their role in tackling obesity – all the following departments in any local authority have a crucial role to play:

- Transport
- Planning and environment
- Leisure and culture
- Parks and green spaces
- Education and learning
- Health and social care
- Housing
- Workplaces

Guidance and evidence to support local authorities is available and needs to be utilised and implemented in a comprehensive way.

The National Institute of Health and Clinical Excellence (NICE) is developing a series of local government public health briefings. It has recently issued the following guidance:

- *A Physical activity briefing*: summarises NICE recommendations for local authorities and partner organisations on how to encourage people to be physically active
- *Obesity – working with local communities*: sets out how local policy makers, commissioners, managers, practitioners and other professionals working in local authorities, the NHS and the wider public, private, voluntary and community sector can develop effective, sustainable and community-wide action to prevent obesity

- *Walking and cycling*: sets out how commissioners, managers and practitioners involved in physical activity promotion or who work in the environment, parks and leisure or transport planning sectors can encourage people to increase the amount they walk or cycle for travel or recreation purposes
- *Behaviour change*: summarises NICE's recommendations for local authorities and partner organisations on the general principles that should be used when considering the commissioning, planning, content and evaluation of initiatives to support behaviour change at individual, community and population levels

5. Programmes

With regard to some specific programmes, we would offer the following comments:

Mend

This will only ever help a relatively few families, and long term effectiveness is uncertain. It will not address childhood obesity at a population level, so it is only tackling the tip of the iceberg.

Creating an Active Wales

This may be in danger of losing momentum – it requires further leadership and drive from Welsh Government. It should constantly be reviewed in the light of further emerging evidence of effective approaches eg recent NICE guidance.

Appetite for Life

This should have an impact, and is in line with creating a supportive environment, but its implementation needs to be continually monitored and maintained. We consider, however, that it is quite useless if fast food takeaways continue to be available near school premises.

Change 4 life

This programme does have potential.

The Child Measurement Programme for Wales

This programme will be reporting its first results later this year. We note however that the Welsh Government has only committed funding for one age group at this point – although two age groups would allow better understanding of what is happening to individual cohorts, the impact of school environment and whether interventions were being effective. Inclusion of year 4 (as set out in CMP regulations) would allow comparison of information with Europe as part of the WHO Europe's Childhood Obesity Surveillance Initiative. Given the information infrastructure in Wales, we believe there is great scope for linking data with other information to get maximum value from this.

6. Conclusion

It is the view of BMA Cymru Wales that the Welsh Government should aim to tackle childhood obesity using a variety of synergistic approaches.

Relying on individual behaviour change but failing to tackle the obesogenic environment and the determinants of health will, in our view, have little impact.

We believe that to focus on individual programmes as such is to miss the point – they have a part to play, but this should be within a broad, comprehensive, strategic approach.