Let’s talk about weight

The Enhanced Role of Primary Care in Cancer Control – 22\textsuperscript{nd} February 2018, Sleaford

Anne Pridgeon RD, MPH
Health and Wellbeing Programme Manager, PHE East Midlands
Overview

• Interactive session covering:
  • Headlines
  • Key challenges
  • Evidence
  • Evidence into practice
Interactive session

Join the event:
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Questions

Q1. Obesity is the third preventable cause of cancer
   a) True  b) False  c) Not sure

Q2. Nationally, at least one in four children aged 4-5 is overweight or obese
   a) True  b) False  c) Not sure

Q3. The National Childhood Measurement Programme measures approximately how many pupils per year?
   a) 700,000  b) 950,000  c) Over 1 million

Q4. As a health professional do you to raise the issue of excess weight?
   a) Never  b) Sometimes  c) Often
One in five children in Reception is overweight or obese (boys 23.2%, girls 22.1%)

One in three children in Year 6 is overweight or obese (boys 36.0%, girls 32.4%)

Child overweight (including obesity)/excess weight: BMI ≥ 85th centile of the UK90 growth reference.
Prevalence of obesity among children
National Child Measurement Programme 2016/17

Around one in ten children in Reception is obese (boys 10.0%, girls 9.2%)

Around one in five children in Year 6 is obese (boys 21.8%, girls 18.1%)

Child obesity: BMI ≥ 95th centile of the UK90 growth reference.
Obesity prevalence and deprivation
National Child Measurement Programme 2015/16 – Year 6 children

Local authorities in England

Child obesity: BMI ≥ 95th centile of the UK90 growth reference

\[ y = 0.0037x + 0.1129 \]
\[ R^2 = 0.6346 \]
Obesity prevalence by deprivation decile: Year 6
National Child Measurement Programme 2006/07 to 2016/17

Child obesity: BMI ≥ 95th centile of the UK90 growth reference.
Child obesity in the East Midlands

Prevalence of excess weight by age
Reception (aged 4-5 years) and Year 6 (aged 10-11 years)

Around 1 in 4 children in Reception are overweight or obese

- Boys: 23.4%
- Girls: 22.0%

Around 1 in 3 children in Year 6 are overweight or obese

- Boys: 34.9%
- Girls: 32.0%

Child excess weight (overweight including obesity): BMI greater than or equal to the 85th centile of the UK90 growth reference

Source: National Child Measurement Programme 2016/17
Child obesity in the East Midlands

Prevalence of obesity by age: Reception (aged 4-5 years) and Year 6 (aged 10-11 years)

Around 1 in 11 children in Reception are obese

Boys: 9.9%
Girls: 9.0%

Around 1 in 5 children in Year 6 are obese

Boys: 20.8%
Girls: 17.6%

Child obesity: BMI greater than or equal to the 95th centile of the UK90 growth reference
Source: National Child Measurement Programme 2016/17
Child obesity: BMI greater than or equal to the 95th centile of the UK90 growth reference. 95% confidence intervals are displayed on the chart.

Source: National Child Measurement Programme 2016/17
Child obesity in the East Midlands

Prevalence of obesity 2016/17
East Midlands District and Unitary Authorities

Children in Year 6 (aged 10-11 years)

Child obesity: BMI greater than or equal to the 95th centile of the UK90 growth reference. 95% confidence intervals are displayed on the chart.

Source: National Child Measurement Programme 2016/17

Patterns and trends in child obesity in the East Midlands
Overweight and obesity among adults

Health Survey for England 2013 to 2015 (three-year average)

Almost 7 out of 10 men are overweight or obese (66.8%)

Almost 6 out of 10 women are overweight or obese (57.8%)

Adult (aged 16+) overweight and obesity: BMI ≥ 25kg/m²
Obesity among adults
Health Survey for England 2013 to 2015 (three-year average)

One out of four men is obese (25.7%)

One out of four women is obese (25.8%)

Adult (aged 16+) obesity: BMI ≥ 30kg/m²
Trend in obesity prevalence among adults

Health Survey for England 1993 to 2015 (three-year average)

Adult (aged 16+) obesity: BMI ≥ 30kg/m²
Trend in adult obesity prevalence by social class
Health Survey for England 1994 to 2013 (five-year average*)

Adult (aged 16+) obesity: BMI ≥ 30kg/m²

*No data on social class was collected in 2010 and 2011. Therefore data presented as 06-10 are based on a four year average. Data presented for 07-11, 08-12, and 09-13 are based on a three year average.
Adult obesity moving map

https://app.box.com/s/og3q86aqejc99okxe9xyvpfvo21xai21
Why is obesity an issue?

It’s widespread

Two thirds of adults, a quarter of 2–10 year olds and one third of 11–15 year olds are overweight or obese

Prevalence remains high

Overweight and obesity in adults is predicted to reach 70% by 2034

More adults and children are now severely obese

Consequences are costly

A high BMI...
- is costly to health and social care
- has wider economic and societal impacts
Obesity harms health

- Heart disease
- Stroke
- Depression and anxiety
- Sleep apnoea
- Cancer
- Liver disease
- Asthma
- Type 2 diabetes
- Reproductive complications
- Osteoarthritis
- Back pain
Obesity harms children and young people

- Emotional and behavioural
  - Stigmatisation
  - Bullying
  - Low self-esteem

- School absence

- High cholesterol
- High blood pressure
- Pre-diabetes
- Bone & joint problems
- Breathing difficulties

- Increased risk of becoming overweight adults
- Risk of ill-health and premature mortality in adult life

The economic costs of obesity

- Obesity costs the wider society £27 billion

- The NHS in England spent an estimated £6.1 billion on overweight and obesity-related ill-health in 2014/15

- We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined
Key Challenges

- **Identification**: We may not identify ourselves or our children as obese

- **Inequality**: Obesity does not affect groups equally

- **Complexity**: Obesity is the outcome of a complex set of factors
Identification

We may not see ourselves or our children as obese...

- Adults tend to underestimate their own weight
- The media tend to use images of extreme obesity to illustrate articles about obesity
- GPs may underestimate their patients’ BMI

If we do not recognise obesity we are less likely to prioritise tackling it

Half of parents do not recognise their children are overweight or obese
The burden of obesity is falling hardest on children from low-income areas.

Obesity rates are highest for children from the most deprived areas and this is getting worse.

Obesity prevalence of the most deprived 10% of children is approximately 2x that of the least deprived 10%.
Obesity is complex

Societal influences:
media, education, peer pressure or culture affect our choices

Individual psychology

Our food supply – affects what we choose or can buy to eat

Individual food consumption

Individual physical activity

Our activity environment

Biology: influence of genetics and ill health

Obesity is the outcome of a complex set of factors acting across many areas of our lives
<table>
<thead>
<tr>
<th>Systems Leadership</th>
<th>Community Engagement</th>
<th>Monitoring &amp; Evidence Base</th>
<th>Supporting Delivery</th>
<th>Obesogenic Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Influence local &amp; national leaders</td>
<td>• enable behaviour change through social marketing</td>
<td>• enhance surveillance, analysis &amp; signposting of data</td>
<td>• support the obesity care pathway</td>
<td>• develop long term, evidence based strategy to deliver a whole system approach to tackle the root causes of obesity and address health inequalities</td>
</tr>
<tr>
<td>• raise the national debate</td>
<td>• drive social investment through local action</td>
<td>• tailor evidence to meet local needs - PHOF</td>
<td>• work with DsPH &amp; CCGs</td>
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<tr>
<td>• influence political ambition</td>
<td>• support communities with tools on healthy eating &amp; getting active to help reduce health inequalities</td>
<td>• support effective commissioning &amp; evaluation</td>
<td>• support commissioning</td>
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<tr>
<td>• maximise communication</td>
<td></td>
<td>• develop &amp; communicate research to inform strategy</td>
<td>• practical tools to help deliver healthier places; enable active travel</td>
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</tbody>
</table>

Where future generations live in an environment, which promotes healthy weight and wellbeing as the norm and makes it easier for people to choose healthier diets and active lifestyles.

Tackle obesity, address the inequalities associated with obesity and improve wellbeing.
Evidence
Questions

Q1. Are you familiar with the evidence based guidelines to prevent and tackle obesity?
   a) Very familiar   b) Know something about them   c) A bit sketchy

Q2. What is the minimum amount of physical activity a child aged 8 should do a day?
   a) 30 mins   b) 60 mins   c) 180 mins

Q3. The ‘100 calorie snacks, two a day max’ tip applies to all snacks apart from fruit and vegetables.
   a) True   b) False

Q4. How do you feel about raising the issue of unhealthy weight with your patients?
   a. Comfortable   b. Uncomfortable   c. Not sure
These guidelines provide recommendations for the prevention and treatment of overweight and obesity in children, young people and adults.

These guidelines provide guidance for primary care practitioners on the effectiveness of overweight and obesity management in children, young people and adults.

NICE guidelines on obesity

- Weight management before during and after pregnancy (PH27)
- Maternal and child nutrition (PH11)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- Weight management: lifestyle services for overweight or obese adults (PH53)
- Obesity: identification, assessment and management (CG189)
- Preventing excess weight gain (NG7)
- Obesity: working with local communities (PH42)
- Obesity prevention (CG43)
- Physical activity in the workplace (PH13)
- Physical activity for children and young people (PH17)
- Physical activity and the environment (PH8)
- Physical activity: walking and cycling (PH41)
- Physical activity: brief advice for adults in primary care (PH44)
1. Soft drinks industry levy
2. Taking out 20% of sugar in products, achieving salt targets (calories from 2017, & saturated fat considered post SACN)
3. Supporting innovation to help businesses to make their products healthier
4. Updating the nutrient profile model
5. Making healthy options available in the public sector
6. Continuing to provide support with the cost of healthy food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the co-ordination of quality sport and physical activity programmes for schools
9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing the best new technology
14. Enabling health professionals to support families
UK Chief Medical Officers’ physical activity guidelines

Physical activity for pregnant women

Throughout pregnancy aim for at least 150 minutes of moderate intensity activity every week.

Out and about

- Helps to control weight gain
- Helps reduce high blood pressure problems
- Helps to prevent diabetes of pregnancy
- Improves fitness
- ZZ improves sleep
- Improves mood

Do muscle strengthening activities twice a week

Leisure

- No evidence of harm
- Listen to your body and adapt
- Don’t bump the bump

Every activity counts. In bouts of at least 10 minutes.

Already active?

Keep going

not active?

Start gradually

Physical activity benefits for adults and older adults

- Type 2 Diabetes - 40%
- Cardiovascular Disease - 35%
- Falls, Depression and Dementia - 30%
- Joint and Back Pain - 25%
- Cancers (Colon and Breast) - 20%

What should you do?

Be Active
- For a healthy heart and mind

Sit Less
- To keep your muscles, bones and joints strong

Build Strength
- To reduce your chance of falls

Improve Balance

- 2 days per week
- 75 or 150 minutes per week
- Break up sitting time

www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity
UK Chief Medical Officers’ physical activity guidelines for children and young people

Physical activity for early years
(birth – 5 years)
Active children are healthy, happy, school ready and sleep better

- Builds relationships & social skills
- Improves sleep
- Maintains health & weight
- Develops co-ordination
- Improves concentration & learning
- Improves motor skills & co-ordination

Every movement counts

Aim for at least
3 Hours
across everyday

- Play
- Jump
- Climb
- Messy play
- Throw catch
- Skip
- Object play
- Dance
- Games
- Play
- Tummy time
- Swim
- Walk
- Scoot
- Bike

Move more. Sit less. Play together

Physical activity for children and young people
(5–18 Years)

- Develops confidence & social skills
- Improves cooperation
- Strengthens muscles & bones
- Improves health & fitness
- Makes you feel good

Be physically active

Spread activity throughout the day

Aim for at least
60 minutes everyday

- Play
- Run walk
- Bike
- Active travel

- Swim
- Skate
- 3 times per week
- Workout
- Dance

Sit less

Include muscle and bone strengthening activities

Move more

Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday

www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity
Government dietary recommendations

Government recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years.
Evidence into practice
Obesity Animation

https://youtu.be/3h1nHxgsNyc
Local work to address obesity

Whole Systems Approach to obesity:
- Bringing together local community leaders
- Tackling obesity as a complex adaptable system.

Weight management blueprints:
- How to commission local weight management interventions.
Weight management guides

1. Understanding population need
2. Making the case
3. Marketing
4. Recruitment
5. Design
6. Delivery
7. Evaluation
8. Maintenance
Place based actions: developing healthy places

- Building physical activity and healthy eating into all aspects of local communities
- Incorporating physical activity and active transport through the built environment
- Supporting restrictions on the licensing of take away food outlets
Primary Age Children: National Child Measurement Programme

- Height and weight of all school children aged 4-5 and 10-11 years measured: 1.1M children in 17,000 schools giving 97% coverage of eligible population
- Notification and results letter are intervention opportunities to give parents more information and make referrals for weight management programmes
- Resources from Change4Life help teachers and school nurses to take a whole school approach to healthy weight
Supporting the workforce

‘Let’s Talk About Weight’ tools

The ‘All Our Health’ framework to support health professionals to give families the best advice to ensure a focus on healthy weight and includes:

**Childhood Obesity**: applying All Our Health;

**Adult Obesity**: applying All our health and;

**Physical Activity**: applying all our health.

**Child obesity animation**: https://www.youtube.com/watch?v=gQK4vj1LzIg

For all health and care professionals in supporting children, young people and families in maintaining a healthy lifestyle to prevent and reduce childhood obesity, from pregnancy through to the transition to adulthood

**RCGP & CRUK**: Behaviour change and cancer Prevention (includes obesity)
Let’s Talk About Weight

- Guides and infographics for adults and children and their families
- Guides are co-badged by Nuffield Department of Primary Care Health Sciences, University of Oxford
- The BWeL (Testing a Brief Intervention for Weight Loss in primary care) study conducted by Oxford university
- BWeL tested the effect of GP’s advising people who are overweight about losing weight
Supporting resources

Change4Life Top Tips

NHS Choices

Start the NHS weight loss plan

Losing weight - Getting started

Developed in association with The British Diabetic Association

Week 1  Week 2  Week 3  Week 4
Week 5  Week 6  Week 7  Week 8
Week 9  Week 10  Week 11  Week 12

► Download all 12 weeks

Use the panel above to download the NHS weight loss guide, our popular, free 12-week diet and exercise plan.

Your child’s weight -
https://www.nhs.uk/change4life-beta/your-childs-weight/home
How do you measure impact?
Workshop discussion

In groups discuss the following questions:

• Given that obesity is a complex issue where does that leave us as health care professionals – where do we start?

• How can we better understand the needs of individuals, communities and populations regarding obesity?

• How do you feel about raising the issue of unhealthy weight in children, families & adults?

Please capture on a page to feedback summarised examples and actions
Take home messages

• Tackling obesity remains a priority for DH and PHE
• PHE has a key role in supporting local delivery through provision of tools and resources, and evidence base, and through PHE Centres working with local Government
• As a primary healthcare professional, you’re in a unique position to talk to families of children and young people and adults who are overweight.
• This topic should no longer stay taboo, as avoiding the issue could mean denying someone the opportunity to make life changing decisions about their health
Any questions?

Anne Pridgeon
Health and Wellbeing Programme Manager, PHE East Midlands
Anne.pridgeon@phe.gov.uk