

A weighty issue: understanding and action on obesity and health

Feb 2018

Whatever part you play in the voluntary health or wider third sector, we think that you should care about obesity. Everyone in our sector can play a vital part in helping to address the impact obesity has on people's health. This briefing aims to help you understand just how.

Obesity in Scotland

The Scottish Health Survey shows that two-thirds of adults in Scotland are either overweight or obese, which means that people in Scotland are more likely to be an unhealthy weight than not. Scotland's levels of overweight and obesity are the worst in the UK, and among the worst in OECD countries. ISD Scotland statistics show almost 23% of Primary 1 children (aged 4-5) in 2016/17 were at risk of being overweight or obese. Every year, excess weight is estimated to cost up to £600 million to NHS Scotland, and £4.6bn in wider economic impacts of lost productivity and absenteeism. No Scottish Dietary Goals on saturated fat, sugar consumption or fruit and vegetable intake have been met in the last 15 years.

Obesity and Health

Health inequalities are avoidable differences in people's health across social groups and between different population groups. Obesity is linked to a number of health conditions including 13 different types of cancer, Type 2 Diabetes, cardiovascular disease, Alzheimer's, stroke and mental health issues, to name a few. Obesity is reported to reduce life expectancy by an average of three years, or eight to ten years for severe obesity. This occurs most commonly in our most deprived communities.

Tackling the Obesogenic Environment

An increase in the prevalence of obesity is an inevitable consequence of living in a society where relatively cheap, energy dense foods are marketed relentlessly and where physical activity becomes disassociated from the normal means of getting around and working.

We need to tackle what is called the "obesogenic environment". Preventative policies that alleviate the social and economic disadvantages that underpin obesity, malnutrition and the epidemic of diet-related diseases are needed. Activity promoting measures and promoting a positive food culture in Scotland are also needed.

Health Inequalities

People's chances of becoming obese are greatly increased by the circumstances in which they live; specifically, the levels of resources (financial power, knowledge and social capacity) people have. Policies and actions should be health inequalities impact assessed before being introduced.

Increasing people's awareness of the impact of obesity on health, and highlighting actions individuals can take to reduce and prevent obesity can actually result in widening inequalities across the population. This is because the people with the most financial resources tend to be the most able to make changes to their lifestyle and immediate environment to help them maintain healthy weight. Policies and actions need to take a population wide approach rather than focusing on changing individual behaviours.

The Scottish Government Strategy: “Healthier Future: action and ambition on diet, activity and healthy weight”

The draft Scottish Government strategy highlights actions across three broad areas:

1. Transforming the food environment

Proposed actions include: restricting price promotions of high fat, sugar and salt products (HFSS); lobbying the UK Government for restriction of HFSS products before the 9pm watershed on TV; developing measures to tackle portion sizes and provide alternatives to high sugar foods in restaurants and other food outlets.

2. Living healthier more active lives

Proposed actions include: improving how services engage and support women during and after pregnancy; reducing the number of children starting school overweight or obese; investing £42 million over 5 years to establish supported weight management interventions; scoping improvements to the planning system to enable active travel and healthy choices.

3. Leadership and exemplary practice

Promoting leadership and exemplary practice by working in collaboration with local government and health leaders, public, private and voluntary sector partners, to share best practice and support good work. Ensuring health and environmental sustainability are key considerations in public procurement of food; expanding the Healthy living Award to publically funded catering locations; and renewing their commitment to community health initiatives.

Whole Government Approach

The solutions to obesity are cross-portfolio and multi-disciplinary. We think the strategy needs to do more to recognise the role of *all* Scottish Government policies and strategies which can improve diet and reduce obesity in Scotland.

Food as a human right

Third sector organisations like Nourish Scotland propose a rights based approach that considers the governance that underpins the food system. The core pillars of the right to food are that food must be:

1. Accessible: both financially and geographically
2. Adequate: meeting dietary needs, being free from harmful chemicals, and being culturally appropriate – including in how we access it
3. Available: through access to land and other resources, processing, distribution and marketing and the sustainability of the food system in to the future - including its contribution to and resilience to climate change

The right to food includes ending food insecurity, often referred to as food poverty. Food insecurity is defined as the ‘inability to consume an adequate quality or sufficient quantity of food for health, in a socially acceptable manner, or the uncertainty that one will be able to do so’. The continued development of foodbanks is evidence of food poverty and insecurity and is one way in which some parts of the third sector are responding to a need. Clearly foodbanks remain very controversial which is why it is important that policy and legislation enshrines people’s right to access adequate food in a dignified manner.

In-work poverty

The third sector continues to champion the introduction of a living wage and the regulation of insecure employment to protect workers' rights and wellbeing. In-work poverty continues to rise, as evidenced by people in paid employment resorting to foodbanks. The benefits system and entitlements are complex and confusing for people to understand and navigate.

Place and Planning

The prevalence and clustering of fast food outlets and off-licences in certain areas affects people's nutritional options and choices. This clustering is a well evidenced feature of many deprived communities, which are not well served either by large supermarkets or smaller shops offering affordable, healthier food and drink options. Granting licences to open additional fast food outlets and off-licences in communities already dominated by these is highly counter-productive to supporting people to eat well and healthily. Tools such as the Place Standard should be used to involve local communities in planning decisions. The Community Empowerment Act has a useful role to play.

Greenspace

Proximity to adequate, high-quality greenspace has a protective effect on health. People living in areas of high socio-economic deprivation are less likely to live within walking distance of greenspace and less likely to be satisfied with that greenspace. The availability of good greenspace in such areas can help mitigate the effect of health inequalities. People are more likely to use greenspace if they think it is safe, well-maintained and easy to reach.

Physical activity can improve mental health and reduce the risk of obesity, coronary heart disease, Type 2 Diabetes and certain cancers. The lack of good quality parks, recreation and sports facilities in areas of socioeconomic disadvantage exacerbates health inequalities.

Transport

People's transport choices are influenced by the distance that they have to travel to conduct their daily routines and enjoy their leisure time. Improving the quality of the built environment and how places are physically connected can encourage people to make more active travel choices, like walking and cycling.

The planning process can help to develop walkable neighbourhoods by creating high connectivity. This includes: easy routes between destinations; good pedestrian and cycling facilities (good street design, lighting, well-maintained pavements, cycle routes, traffic calming measures); and good accessibility (easily reached destinations and facilities, greenspace and transport links).

Housing and homelessness

There are a number of ways in which housing issues affect people's ability to access and consume healthier food. The rising costs of housing means that people spend larger proportions of their income on rent and mortgages, rather than food. Some people no longer own a cooker but rely on a microwave oven to heat all their food. People living in poverty, including homeless people, may not have a kitchen and may simply lack basic equipment such as cookers, fridges and freezers. Some will rely on fast food outlets. People living in poverty are deprived of many opportunities to enjoy food as a healthy, social activity.

Fuel Poverty

There is a strong correlation between fuel poverty and people's ability to heat and cook food. The 'heat or eat' dilemma describes how people on low incomes have to decide between cooking a meal or heating their home. Alongside the high costs of food, fuel poverty means people choose calories over nutrients.

Education

Through the Curriculum for Excellence children and young people could be given a much better understanding about food and nutrition, be supported to make healthier life choices and could leave school with the ability to cook a decent meal. Education needs to start in children's early years, and with their families.

Social Capital

Community food initiatives like North Glasgow Community Food Initiative, do vital work to educate and support people to eat well and healthily, using community development approaches to empower local communities and develop social capital. The wider voluntary health sector also uses food as an integral tool; for example, to tackle loneliness and social isolation and to foster kinder, more connected communities. Examples include Contact the Elderly's volunteer run tea parties for isolated older people and Bridgend Inspiring Growth's Come Dine Wi' Me pop up community café.

Creating a healthy and positive food culture

At its December 2017 meeting, the Health Inequalities Cross Party Group held a discussion in the Scottish Parliament on the Scottish Government's development of a national Culture Strategy. The Group discussed the place of food in our culture and noted that many children no longer know what our food comes from or what vegetables look like, skewing their relationship with food. It considered ideas and options for developing a healthier food culture in Scotland.

Conclusion

There is a need for strong action and leadership across all sectors. It is important that the ownership of the strategy within Scottish Government reflects that. It should be clearly identifiable as a cross government, cross portfolio strategy. Moreover, we think that Scottish Government should work together with the third, public and private sectors on the issue of diet and obesity; and co-produce solutions with people affected by obesity. This briefing paper has set out to show that obesity is such a cross-cutting area, there is scope and a need for all of us in the voluntary health and third sectors to play a part. We invite you to contact us with your own ideas and examples of what your organisation is already doing or plans to do. Contact Kiren Zubairi, Policy Engagement Officer:

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