

A weighty issue: Understanding and Action on Obesity

21st February 2018

Introduction

VHS hosted a collaborative learning event at The Gathering in Glasgow, supported by the NHS Health Scotland Inequalities Learning Collaborative. Its aim was to foster understanding and action on obesity and health inequalities. It was chaired by Gregor McNie, Head of External Affairs (Devolved Nations), Cancer Research UK. Dr Drew Walker, Director of Public Health at NHS Tayside gave an introductory presentation, which was followed by a panel discussion with the audience. In advance of the event, the 80 registered delegates received a [background briefing](#) paper that gave an overview of obesity as a health issue and summarised the Scottish Government's draft strategy on diet and obesity: [Healthier Lives: Actions and Ambition on Diet, Activity and Healthy Weight](#).

This report summarises the key messages presented and discussed during the hour long event. You can view a recorded live stream of the complete event here:

<https://www.youtube.com/watch?v=-Vjtj5zMPLI>

Presentation: Dr Drew Walker, Director of Public Health, NHS Tayside

Drew Walker is the lead on obesity for Scotland's Directors of Public Health and has led some of the consultation for the Scottish Government on its draft strategy. Tayside was the first place in the UK to publish a healthy weight strategy around 14 years ago, and the first place to publish a health equity strategy in 2010.

- Our culture and environment is designed to create and maintain obesity: two thirds of the Scottish population are now obese or overweight.
- Obesity adversely affects almost every part of our body and is the single biggest public health challenge we face.
- 9% of NHS spend in Scotland is spent on treating Type 2 Diabetes. In Tayside alone that is over £80 million.
- This is an issue of health equity; obesity is twice as prevalent amongst children starting school in the most deprived areas than in the least deprived.
- Obesity is more prevalent in men than women, though the obesity gradient related to poverty is most marked in women than men.
- Shift the focus from seeing obesity as a matter of individual responsibility towards addressing the overall food environment.
- Address marketing and advertising, price promotions and labelling.
- Support people who are obese or overweight, tackle health inequalities and encourage more active lives.
- Ensure Scottish Government, Local Authorities and NHS provide leadership and exemplary practices.

- Continue the shift towards co-creating health, and ensure third and independent sectors are involved and lead co-production alongside the medical professions and other public sector.

Panel Members' Responses:

Bella Crowe, Policy Officer, Nourish Scotland

- Focus on influencing our wider environment, changing our food system and ensuring food justice.
- Change the fact that food production in Scotland is geared for exports and not for nourishment.
- Demonstrate leadership and good practice in food production with the Good Food Nation Bill/
- Take a whole government, cross-portfolio approach to tackling obesity in Scotland.

Anna Gryka, Policy Officer, Obesity Action Scotland (OAS)

- Obesity can cause a wide range of health related difficulties over and above the risk of major diseases; e.g. physical pain, breathing difficulties, poor mental health, sexual problems, stigma and social isolation.
- OAS is an independent advocacy organisation that represents the clinical voice on obesity and raises awareness about obesity and its causes.
- OAS identifies and pursues prevention strategies that promote wellbeing and healthy weight and provides useful resources: www.obesityactionscotland.org/
- Obesity must be tackled by working with others: OAS is part of the Scottish Food Coalition, Scot Health Alliance, and is seeking to launch an Obesity Alliance this year.

Alison Douglas, Chief Executive, Alcohol Focus Scotland

- Interconnection: recognise the role alcohol plays in diet and obesity. One glass of wine is equivalent to one doughnut. 8.5% of calorie intake comes from alcohol but alcohol is not referenced in the Eat Well Plate or the Scottish Dietary Goals.
- Impact: one in three people is overweight and one in four people consumes more alcohol than the recommended alcohol guidelines. There is a relationship between alcohol and the burden of disease. You are six times more likely to die and nine times more likely to be hospitalised if you are in the most deprived communities. This health inequality gap is widening.
- Interventions: recognise the interplay between our alcogenic and obesogenic environments. What works is action to increase price, reduce availability restrict marketing: whole population interventions have the greatest impact on alcohol and unhealthy foods. Address the clustering of unhealthy food/drink provision in in our most deprived communities.

Questions and discussion

Q. Have there been any studies on how healthy school and hospital foods are? Should change begin in schools and hospitals?

Anna – OAS looked at school meals and found that children are served pudding more often than soup. There is definitely a lot of room for positive change in school meals. The Scottish Government draft strategy speaks of a leadership role but all areas need to change together.

Drew – Hungry for Success was a move towards healthier school meals. The unintended consequence was that more children went outside the school to eat, so we need to revisit the approach. For hospitals there is a standard for food but it is set very low. There is work being undertaken to improve these standards, but more needs to be done. It is important that public and third sectors show leadership around tackling obesity. Even although there is public support behind radical change to the obesogenic environment, according to the Scottish Public Attitudes Survey, public services are still behind in making changes happen.

Q. The issue of obesity is very complex and is underpinned by a number of socio-economic issues. There is a need for a collaborative strategic framework to help all sectors to work together to tackle the issue.

Anna – There is definitely a need for a framework where everyone knows what their role is. A great example of this is in Amsterdam where there has been a decrease in childhood obesity, especially in deprived areas. They have achieved this through strong political leadership and by tackling areas where support is needed the most.

Bella – There needs to be a whole government approach to tackling obesity that includes the third sector. There is a need for obesity to be seen as more than a public health issue.

Alison – We see a clustering of unhealthy food providers on our high street. Self-regulation has failed and we are constantly encouraged to see discretionary foods as part of our everyday diet. There is a need for legislative regulation.

Drew – We need strong leadership that champions healthy lifestyles. We should also consider the role of social prescribing; the norm is still for a patient to leave their GP with a medical prescription but social prescribing lets you walk away with an opportunity to take part in an activity or a group. Although in its infancy, it has a lot of potential to tackle obesity in Scotland. The role of the third sector is critical to social prescribing and many opportunities have already risen and there will be more in the future for non-medical intervention. This needs to be backed up with financial as well as other support from the public sector.

Q. Physical activity, which has an impact on people's healthy lifestyle, seems to be missing from the discussion. We need to create healthier environments including more walkable spaces and this needs to be done alongside food not separately.

Anna – Research shows that physical activity alone can have an impact on individuals but not at a population wide level. We need to work together on physical activity and diet.

Bella – Our spaces are car-centric and we need to think about the future of our high streets and the future of travel in Scotland.

Q. Education needs to help children and young people develop skills and make more informed choices.

Drew – Opportunities for physical activity in schools are limited and many children take no exercise at all. Our home economics classes teach children to bake a cake but not to make a salad. We need to address our education system.

Anna – We need to think of education in relation to our children's wider world. In half an hour of evening TV children are exposed nine times to junk food advertising, a rather different form of "education".

Q. I am a social prescriber in the East End of Glasgow, we support people by sign posting them to services. One of the issues I come across is the impact low income and high price has on people's choices when it comes to food.

Alison – You can buy a can of alcohol for less than a bottle of water. We must find some way of changing this equation in order to support people to make healthier decisions. In the case of alcohol it has been agreed that the only way of doing that is through legislative intervention and from 1st May we will have minimum unit pricing.

Bella – Need to ensure that people have adequate incomes to access a healthy diet. Also need fiscal intervention to rebalance the cost of food between healthy and unhealthy. What if we paid farmers for the number people they nourish and the nutritional value of their crops? Currently, the nutritional value of crops is compromised to make way for productivity. We must lower the price of food alongside increasing people's incomes, rather than one or the other.

Drew – Poverty is getting worse in Scotland, and our poorest communities are getting poorer still. Welfare benefit cuts are making the situation worse. In Tayside alone these cuts have withdrawn £100 million from the local economy. We have the example of minimum unit pricing on alcohol why not on a minimum unit pricing for calories as well?

Q. Can you give an example of how social prescribing can help people who are obese.

Social Prescriber (delegate) – We work in a person centred manner: an individual may be referred because they are overweight but that is not a priority for them personally. Social prescribers need to support people in relation to underlying issues that can help address a medical issue, recognising that softer outcomes such as improved wellbeing have an impact on people's ability to live well for longer.

Next steps

There are a number of events and opportunities coming up that VHS encourages you to get involved in, including:

[Leave our Kids Alone – how to protect children from alcohol and junk food marketing](#) – an Obesity Action Scotland and Alcohol Action Scotland event, 14th March, Edinburgh.

Joint Cross Party Group Meeting between [Improving Scotland's Health CPG](#) and [Health Inequalities CPG](#) – jointly organised by VHS, Alcohol Focus Scotland and ASH Scotland, focusing on clustering of alcohol, fast food and gambling outlets in more deprived communities, Tuesday 22nd May, Scottish Parliament.

[Kitchen Table Talks](#) – Nourish Scotland is encouraging groups to hold their own discussions to identify their key priorities for the Good Food Nation Bill – nationwide until 15th April.

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