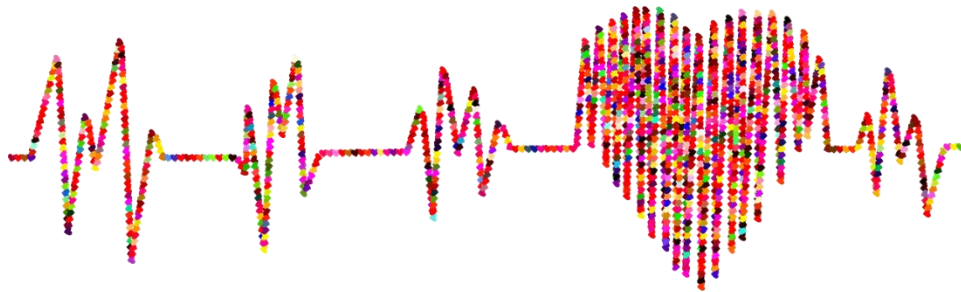


# A weighty issue: Understanding and Action on Obesity and Health



**#HealthyWeight @VHSComms**



# **Tackling our obesity epidemic**

**Dr Drew Walker**  
**Director of public health**  
**NHS Tayside**  
**21 February 2018**



A BALANCED DIET  
IS A CAKE IN EACH HAND

LONG TIME, NO SEE?



There's a new gym in town.  
[www.oxygo.no](http://www.oxygo.no)

# Medical Complications of Obesity



## Stroke

## Pulmonary disease

abnormal function  
obstructive sleep apnea  
hypoventilation syndrome

## Pancreatitis

## Nonalcoholic fatty liver disease

steatosis  
steatohepatitis  
cirrhosis

## Gall bladder disease

## Cancer

breast, uterus, kidney  
colon, esophagus, pancreas,  
gall bladder

## Skin

## Gout

Idiopathic intracranial  
hypertension

## Cataracts

## Coronary heart disease

## Diabetes

## Dyslipidemia

## Hypertension

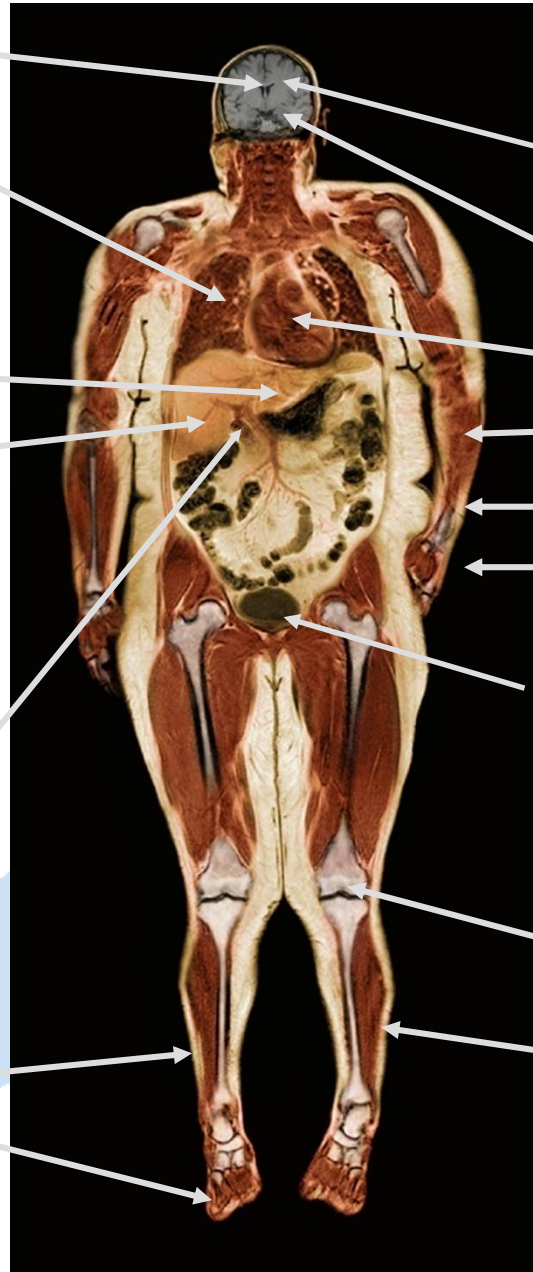
## Gynecologic abnormalities

abnormal menses/ infertility  
polycystic ovarian syndrome  
Numerous pregnancy comps.

## Osteoarthritis

## Phlebitis

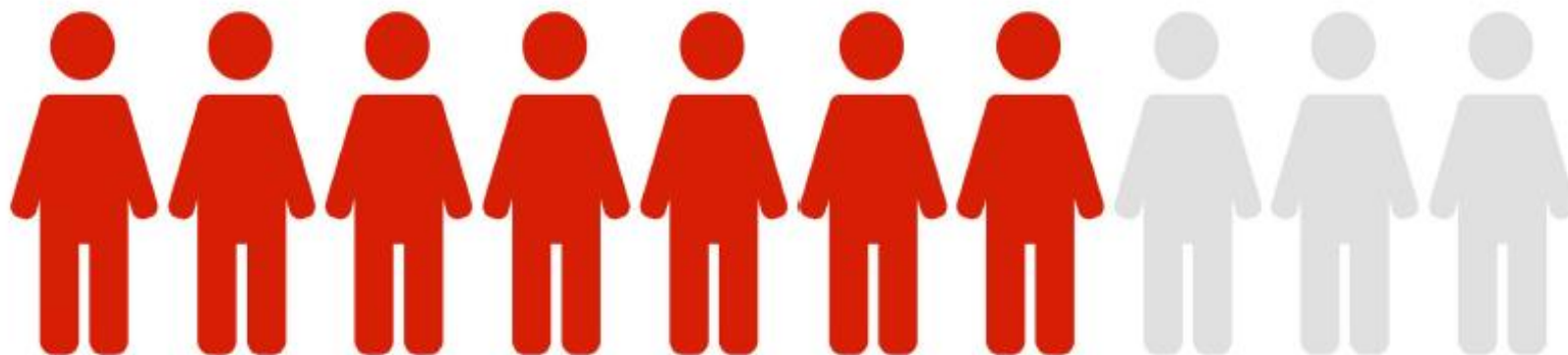
venous stasis



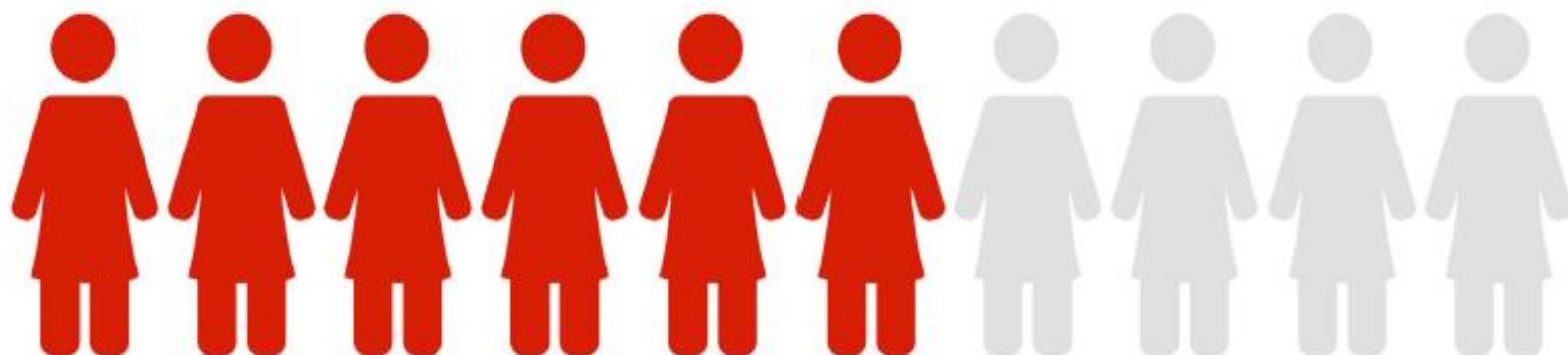
- The NHS in Scotland spends 9% of its total budget treating type 2 diabetes
- Obese people are seven times more likely to develop it than those with a healthy weight

# Overweight and obesity among adults

## Scottish Health Survey 2012



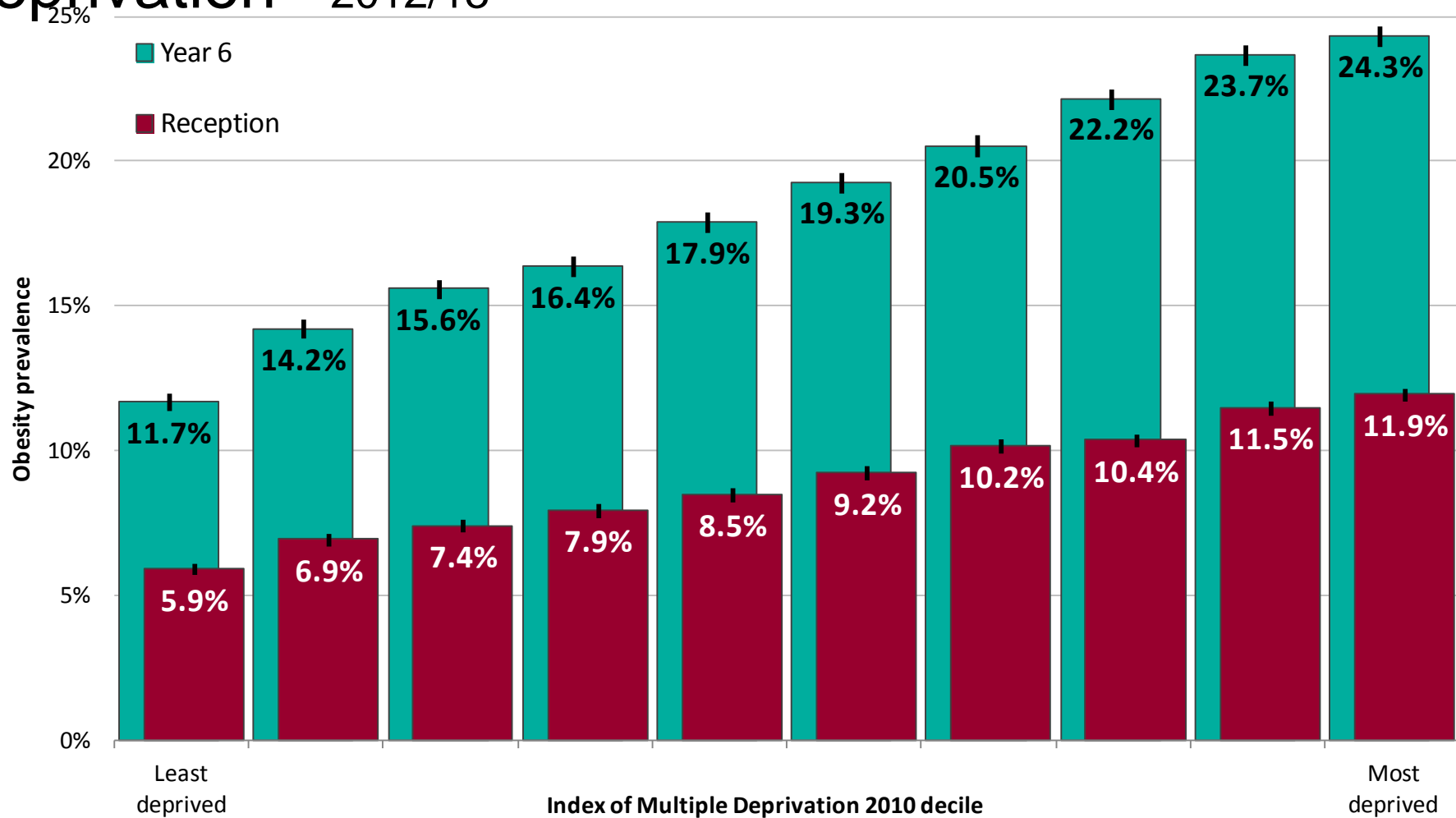
Almost 7 out of 10 men are overweight or obese (68.2%)



More than 6 out of 10 women are overweight or obese (60.4%)

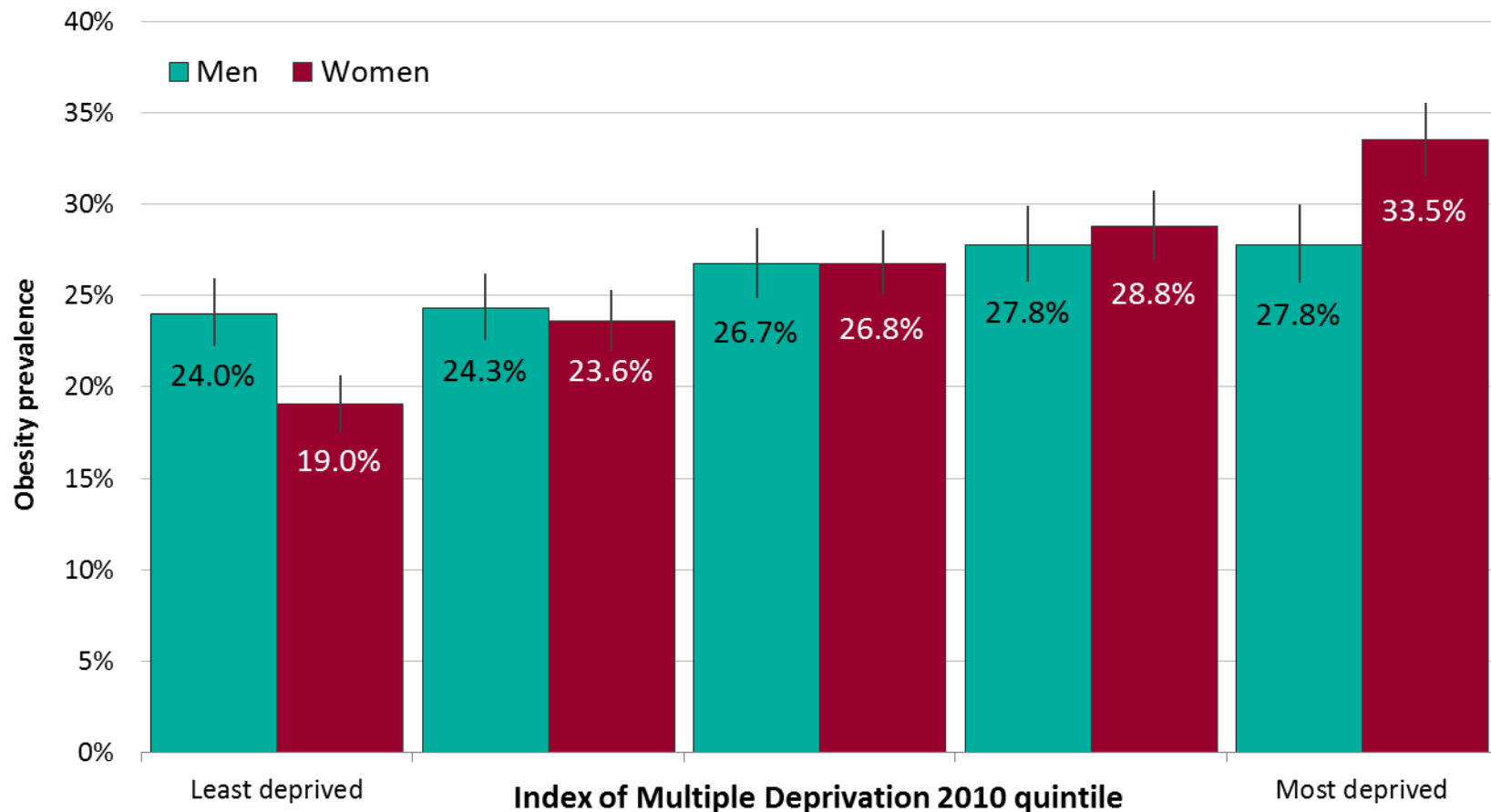
Adult (aged 16+) overweight and obesity: BMI  $\geq 25\text{kg/m}^2$

# Childhood obesity prevalence by deprivation 2012/13



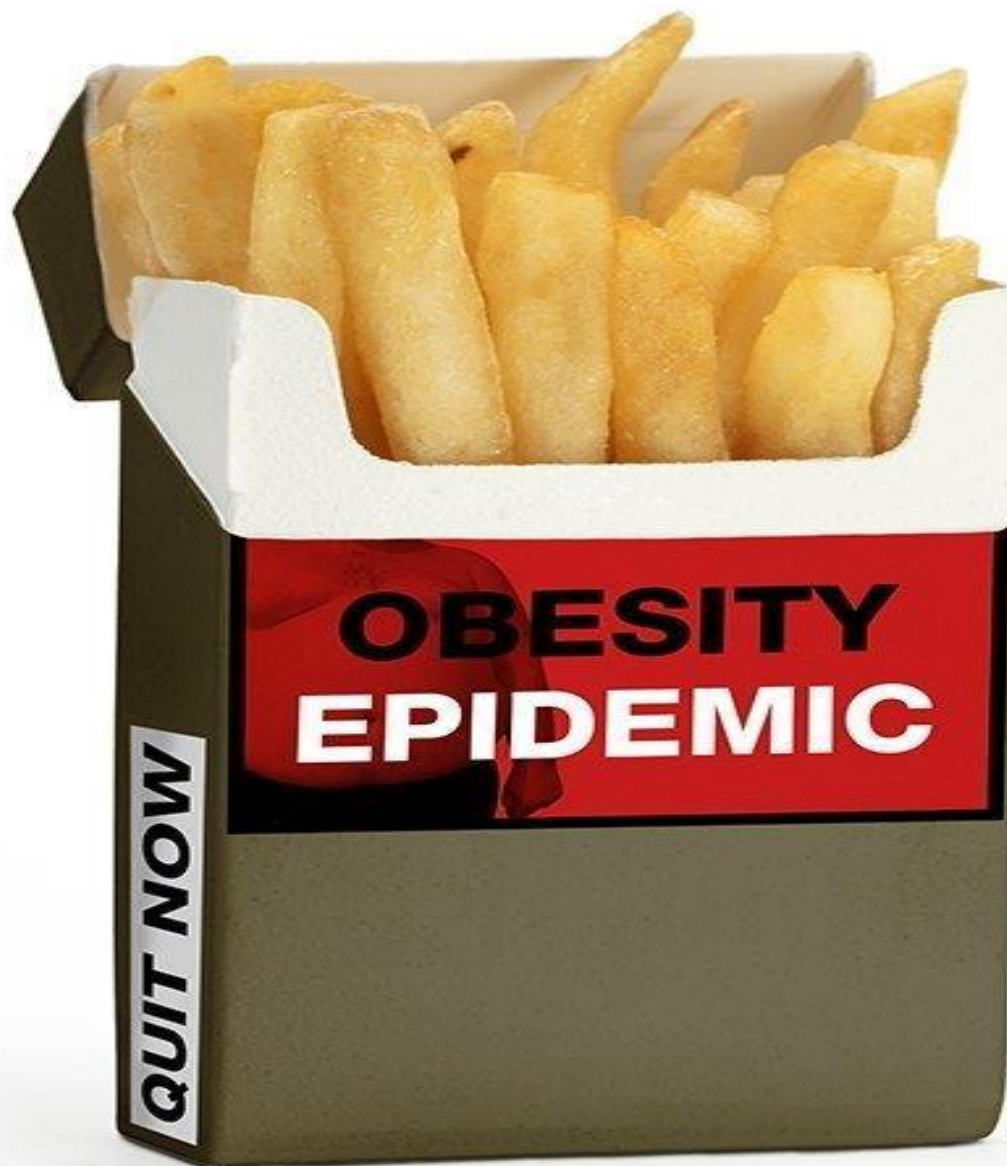
Child obesity: BMI  $\geq$  95<sup>th</sup> centile of the UK90 growth reference

# Adult obesity prevalence by deprivation



Deprivation measure is Index of Multiple Deprivation (IMD) 2010

The chart shows 95% confidence intervals  
Adult (aged 16+) obesity: BMI ≥ 30kg/m<sup>2</sup>



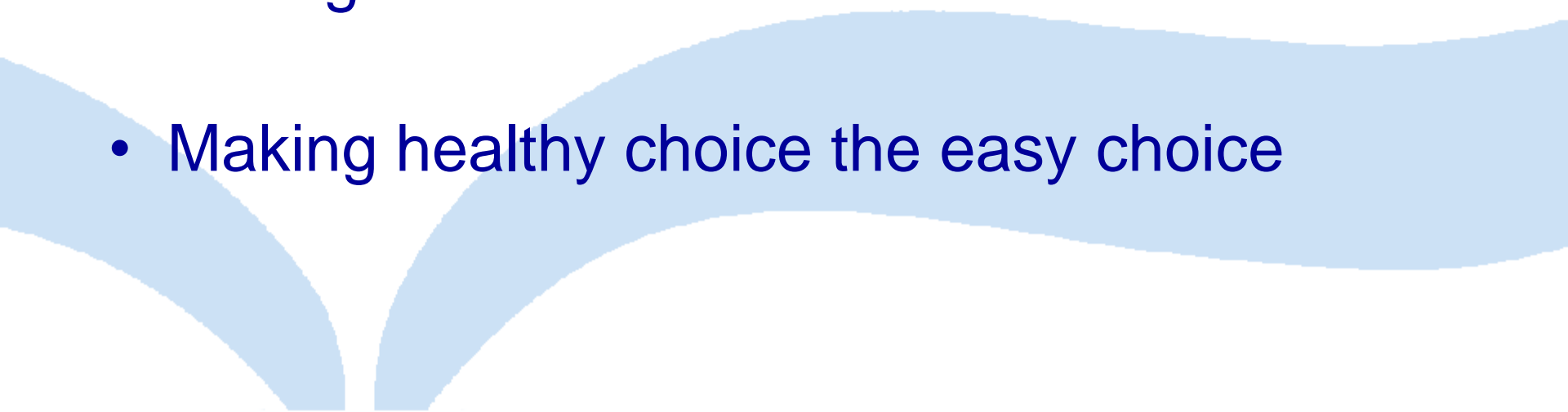
# A Healthier Future

Action and Ambitions on Diet, Activity  
and Healthy Weight


Scottish Government Consultation  
Document

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# Lessons from the Obesity Route Map

- Broad range of interventions needed
  - Personal responsibility not sufficient
  - Change needed to the wider environment
  - Making healthy choice the easy choice
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# Transforming the food environment

- Promotions
  - Advertising
  - Out of home sector
  - Planning system e.g. vicinity of schools
  - Labelling
  - Reformulation and innovation
  - Food and drink levies
- 
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# Living healthier and more active lives



- Tackling health inequalities
- Developing a positive relationship with food
- Supported weight management
- More people, more active, more often



# Leadership and exemplary practice



- Public sector leadership
- Food and drink industry leadership
- Leading by example
- Evidence-based improvement



# Co-creating health: more than a dream

The slow march towards true partnership with patients, which *The BMJ* champions, is pr

It is three years since *The BMJ* launched a strategy to "walk the talk" on patient partnership.<sup>1</sup> Its key components include patient review of research papers, requiring authors to invite patients to help shape their educational articles, and new patient led content. ([www.bmj.com/campaign/patient-partnership](http://www.bmj.com/campaign/patient-partnership)). We reported on progress a year ago.<sup>2</sup> Since then, with the help of patient authors, our patient reviewers, and patient panel members we have continued our ambitious quest towards coproduced content. Each section of the journal now has a target for patient involvement, and we are refining a series of research projects, including an evaluation of the strategy's impact.

In some areas, progress has been slower than we would like. One is to realise our pledge to the #PatientsIncluded campaign to involve patients in all conferences we co-run and sponsor. But it is good to see that the campaign's call to include patients in all forums discussing their health and wellbeing is increasingly being heard, as the linked analysis by Chu et al shows (p XXX).<sup>3</sup> Patients' views on being invited to the conference table vary from enthusiastic<sup>4-6</sup> to sceptical.<sup>7</sup> This is not surprising. It is hard to ensure that patient participation is more than tokenistic. Conference organisers need to start with appointing patients on to the committees that steer events.



**Encouragingly, shared decision making is beginning to show modest signs of moving from policy imperative to routine practice**

research and development delivers outcomes that patients value.<sup>10 11</sup>

Many organisations and foundations who fund research already embrace patient involvement and public engagement, including the Patient Centred Outcomes Research Institute, the National Institute for Health Research, and the Canadian Institutes for Health Research. Here too the challenge is to identify and implement meaningful partnership, and to assess its effect<sup>13</sup> on improving healthcare through better targeted research funding, outcomes that matter to patients, and a more patient oriented research agenda.

PatientOpinion.o of giving feedback good example.

Encouragingly, making is beginning modest signs of m imperative to routi There is also a mov partnership in und medical education Employing patie engagement and pa the formal structur service is the next lo in July *The BMJ* hear David Gilbert, who i director in the NHS. at the Sussex Muscu Partnership and the it should surely enco services to follow sui

Patients and their have clear views on coproducing health a The new digital techn medical devices, and are being encouraged help advance partner as promote self mana promise of open acces integrated electronic also needs to be realis conversations patient their online communit brought closer to the c currently conducted a professionals. Health p should also give higher to patient partne




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# Co-production

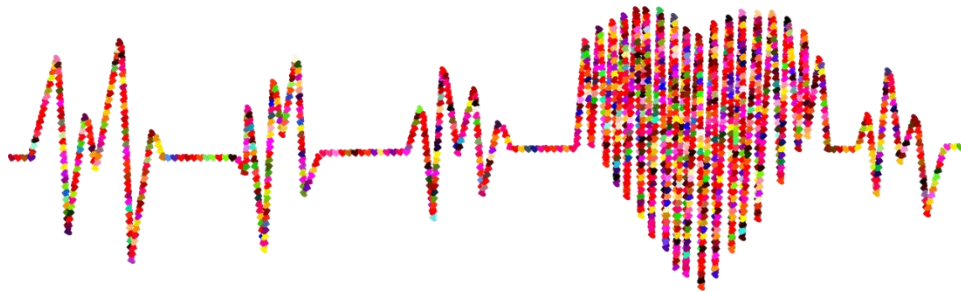
A Manifesto for growing  
the core economy

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**“People are the heart of  
the solution,  
not the problem”**

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