



HEALTH EQUITY PILOT PROJECT

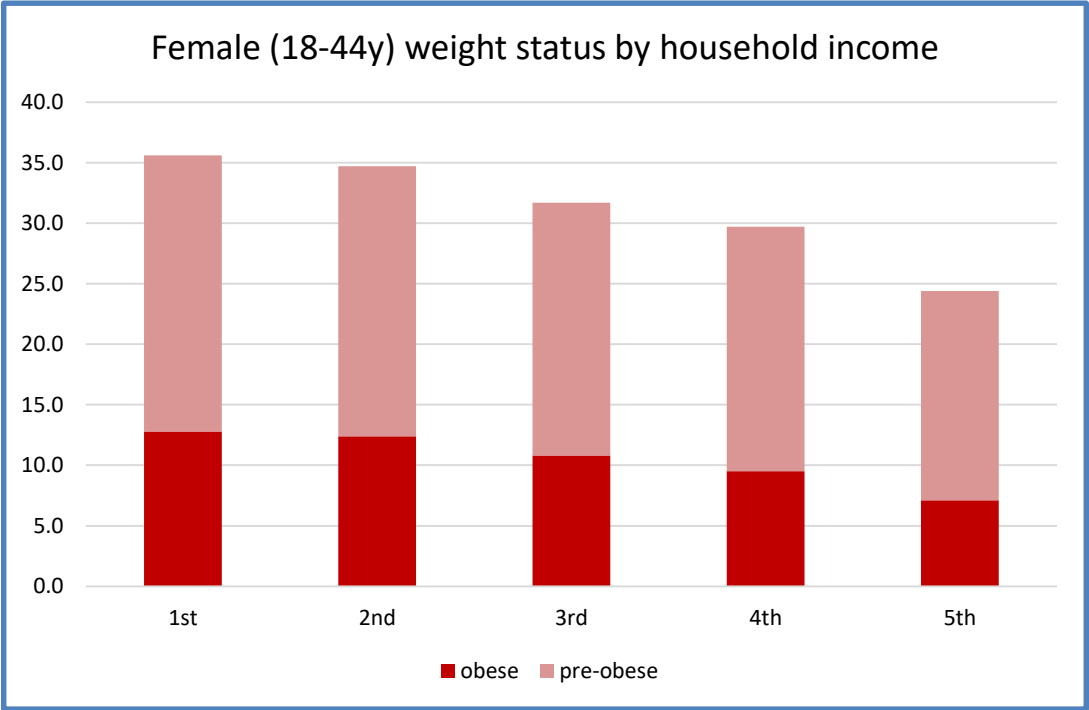
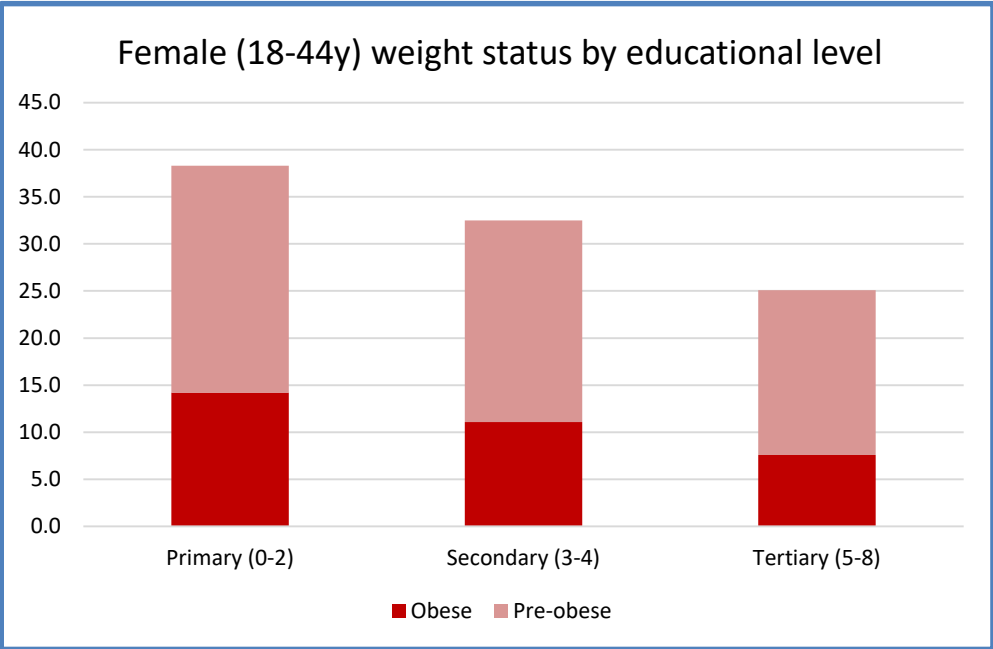
Session: Nutrition and obesity

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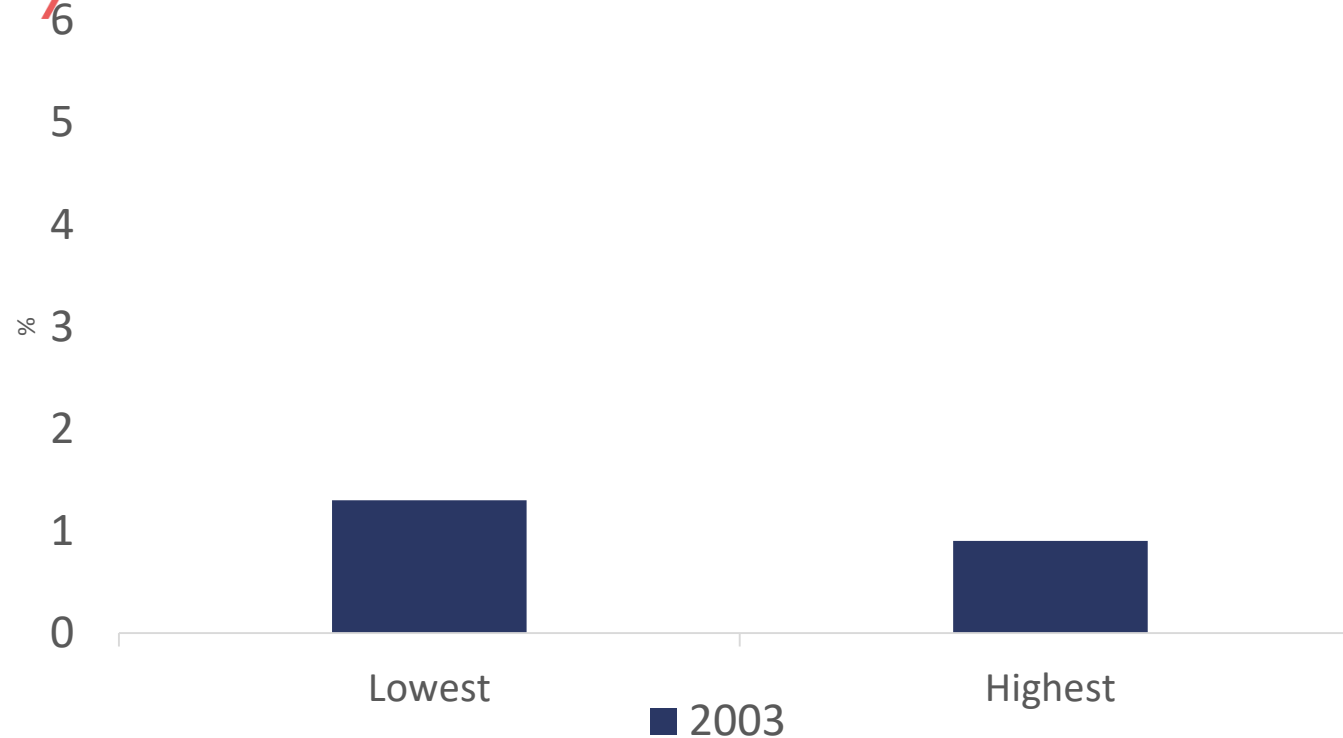
EU average: Obesity and pre-obesity rates by SES



Severe obesity in England

**WORLD
OBESITY**

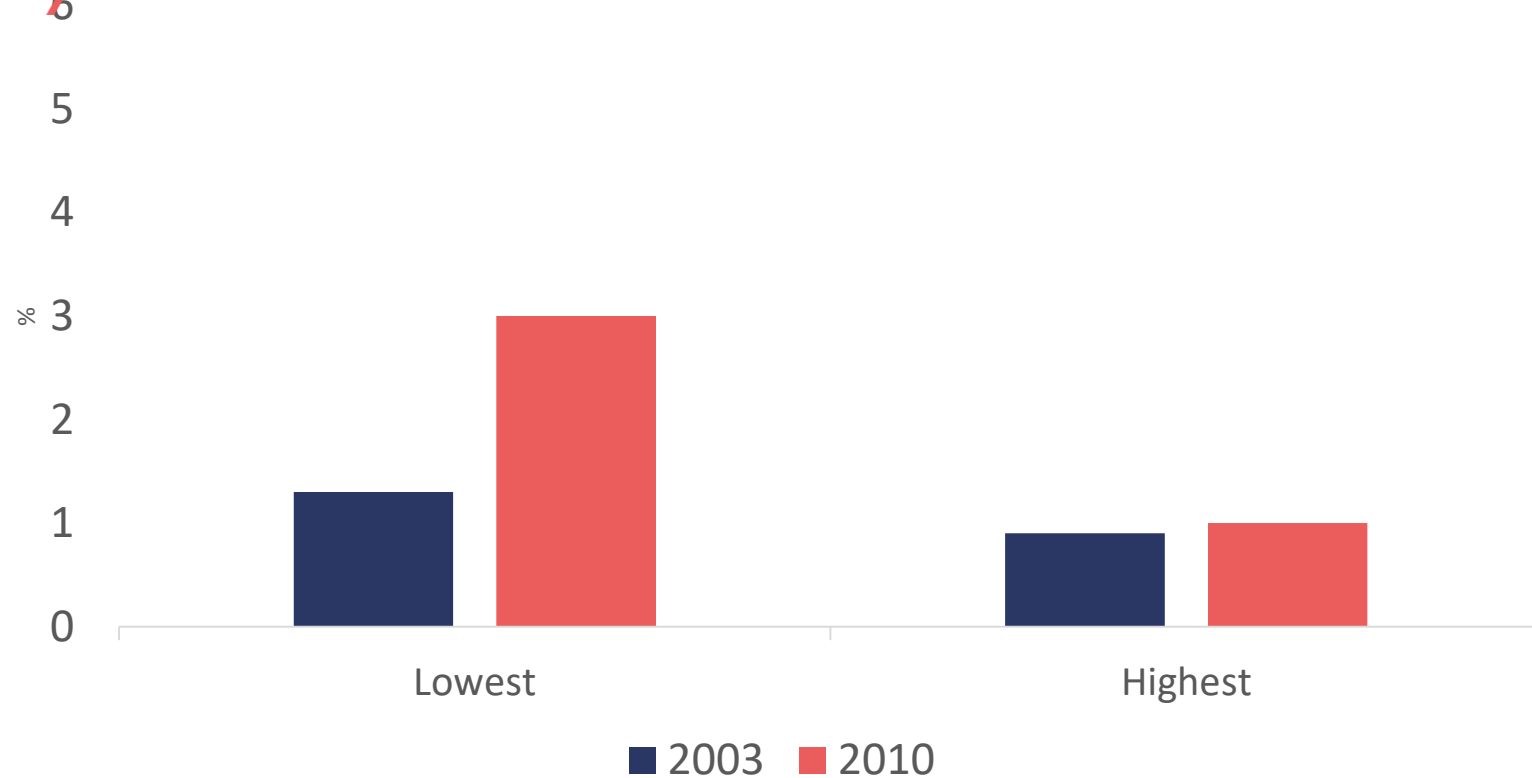
Trends in % severe obesity (BMI \geq 40 kg/m²) by equivalised household income quintile for male adults living in England



Severe obesity in England



Trends in % severe obesity (BMI \geq 40 kg/m²) by equivalised household income quintile for male adults living in England



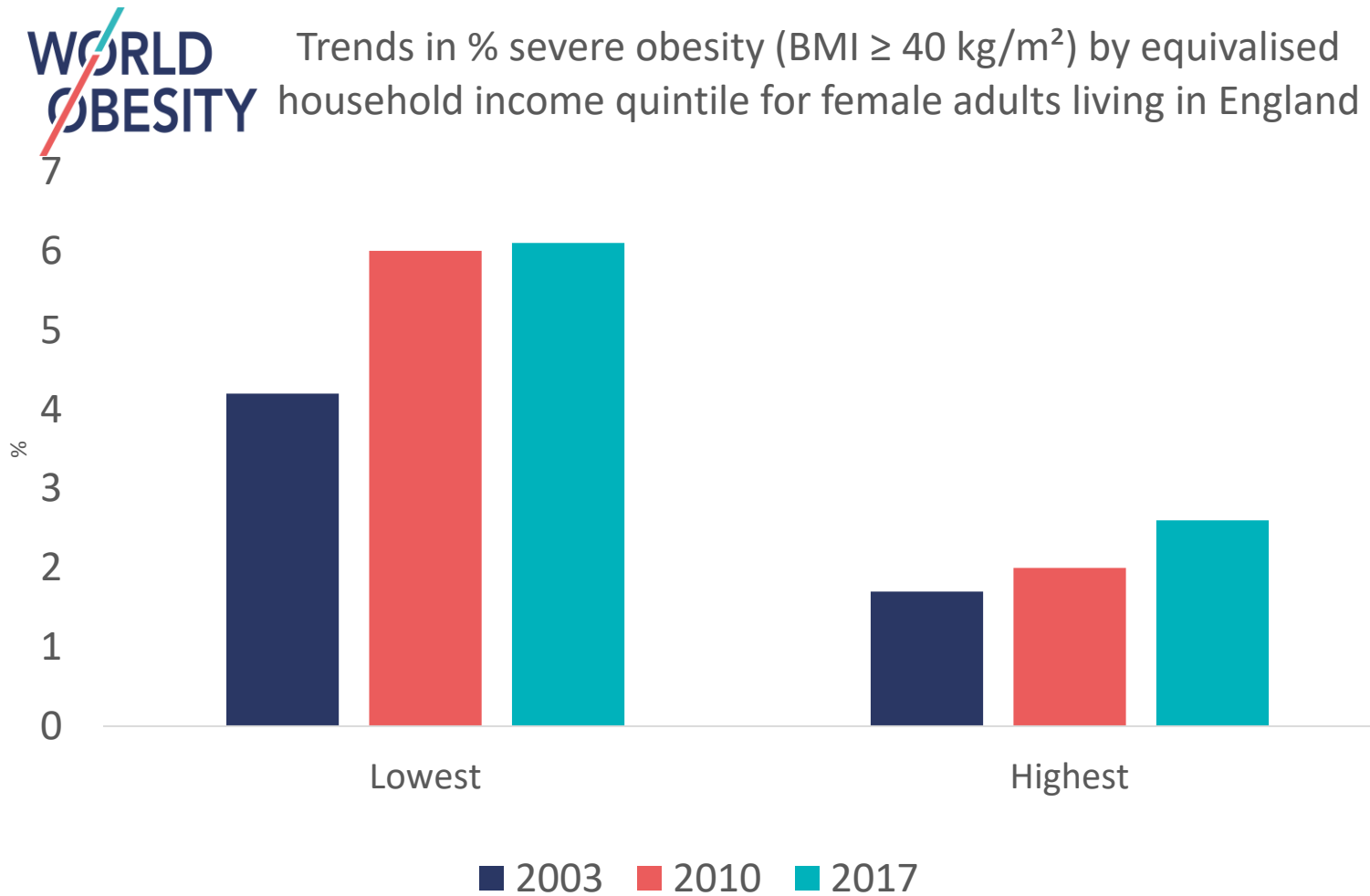
Severe obesity in England



Trends in % severe obesity (BMI \geq 40 kg/m²) by equivalised household income quintile for male adults living in England



Severe obesity in England



UK: Widening SES gap in obesity risk for children



SES gradient from the outset: the first 1000 days

Obesity risk factor	SES gradient?
Pre-pregnancy maternal BMI	Yes
Weight gain in pregnancy	?
Gestational diabetes	Yes
Maternal diet	Yes
Paternal BMI	Yes
Low birth weight	Yes
High birth weight	?
Low initiation of breastfeeding	Yes
Short duration exclusive breastfeeding	Yes
Poor home food environment	Yes

SES gradient in dietary patterns

Healthier diets in higher educated, higher income groups

- Sugar, soft drinks ++
- Fruit and vegetables --
- Processed meat products ++
- Ready-prepared meals for microwave ++
- Fast food – home delivery / take-away foods ++

Exposure to advertising

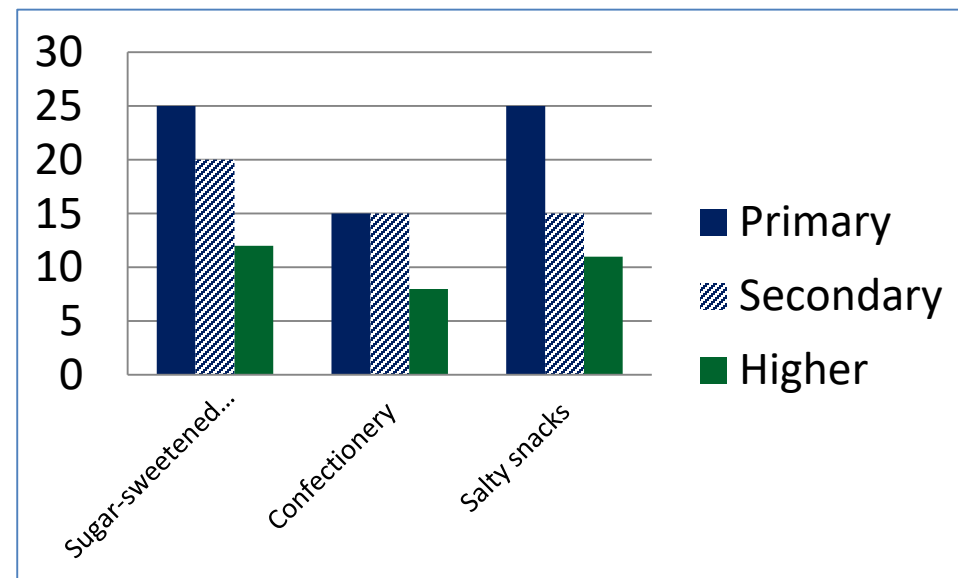
- TV watching ++



Interventions – which policies lower the gradient?

Taxes on unhealthy products:

- Good evidence from Mexico: taxes on high-sugar drinks and snacks lowered consumption, especially for higher consumers and especially for lower SES groups.
- Good evidence from Hungary that taxes lowered consumption, especially for high consumers and lower SES.



Interventions – which policies lower the gradient?

Product reformulation

- Voluntary reformulation: Evidence from Netherlands of modest reformulation of children's products can be sustained, can reduce intake of sugar, salt. Affects higher level consumers = lower SES groups.
- UK voluntary sugar reduction: target 20% by 2020. *BUT* first year just 2% reduction.
- UK Soft-drinks levy: 11% sugar reduction in one year.

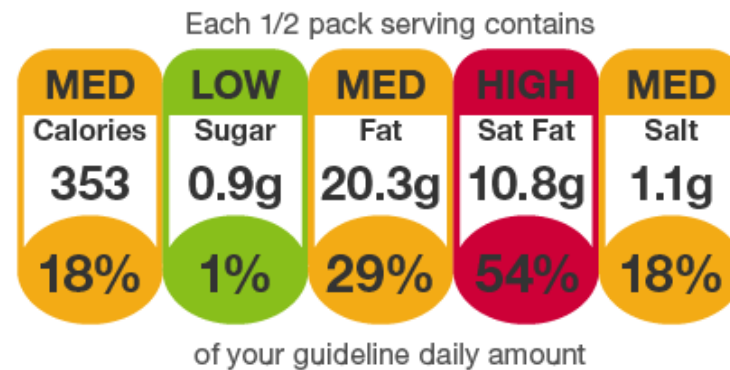


Nutrition Information		
	Per 20g Serving	Per 100g
Energy	206kJ/48kcal	1030kJ/242kcal
Protein	0.1g	0.4g
Carbohydrate	12.0g	60.0g
of which Sugars	12.0g	59.8g
of which Saturates	Trace	0.1g
Fibre	0.0g	
Sodium	0.4g	
Net 20g serving: 48 Cal	0.01	

Interventions – which policies lower the gradient?

Front of pack nutrient labelling

- Impact depends on the format: evidence from UK and France showing **colour coding** is better understood by low SES groups than other formats.



Source: Food Standards Agency

Interventions – which policies lower the gradient?

Junk food marketing: TV advertising restrictions on unhealthy products

- Reduces exposure, especially for those most highly exposed.



Interventions – which policies lower the gradient?

School interventions: health education, school meals, free fruit, physical activity

- More effective in *younger* children. Needs parental involvement. Should be sustained over several years. Effects small.
- SES data weak: some show no change to health gradient, some show increases gradient (benefits higher SES families).
- Best options to reduce gradient: free fruit schemes, free school meals, free breakfast clubs.



Interventions – which policies lower the gradient?

Social marketing campaigns

UK Change4Life

- Health impact not measured.
- Higher recall of campaign in higher SES groups.



3 conclusions

1. Remarkably poor evidence base for important policies.

2. Education / information has limited impact.

Food environments (price, availability, promotion) affect behaviour: the more the environment is changed, the more behaviour will change.

3. Market interventions and fiscal interventions are justified.

Bonus conclusion: Public (especially parents) will support interventions.

Interventions – research needs

Develop an intervention check-list:

- exposure and sensitivity of target groups
- reach of an intervention across population groups, penetration within groups
- sustainability of intervention and sustainability of effects.

Wasted opportunities: Many interventions ‘control for SES’ but we need to know differences ‘stratified by the different SES levels’.



Thank you!

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Disclaimer

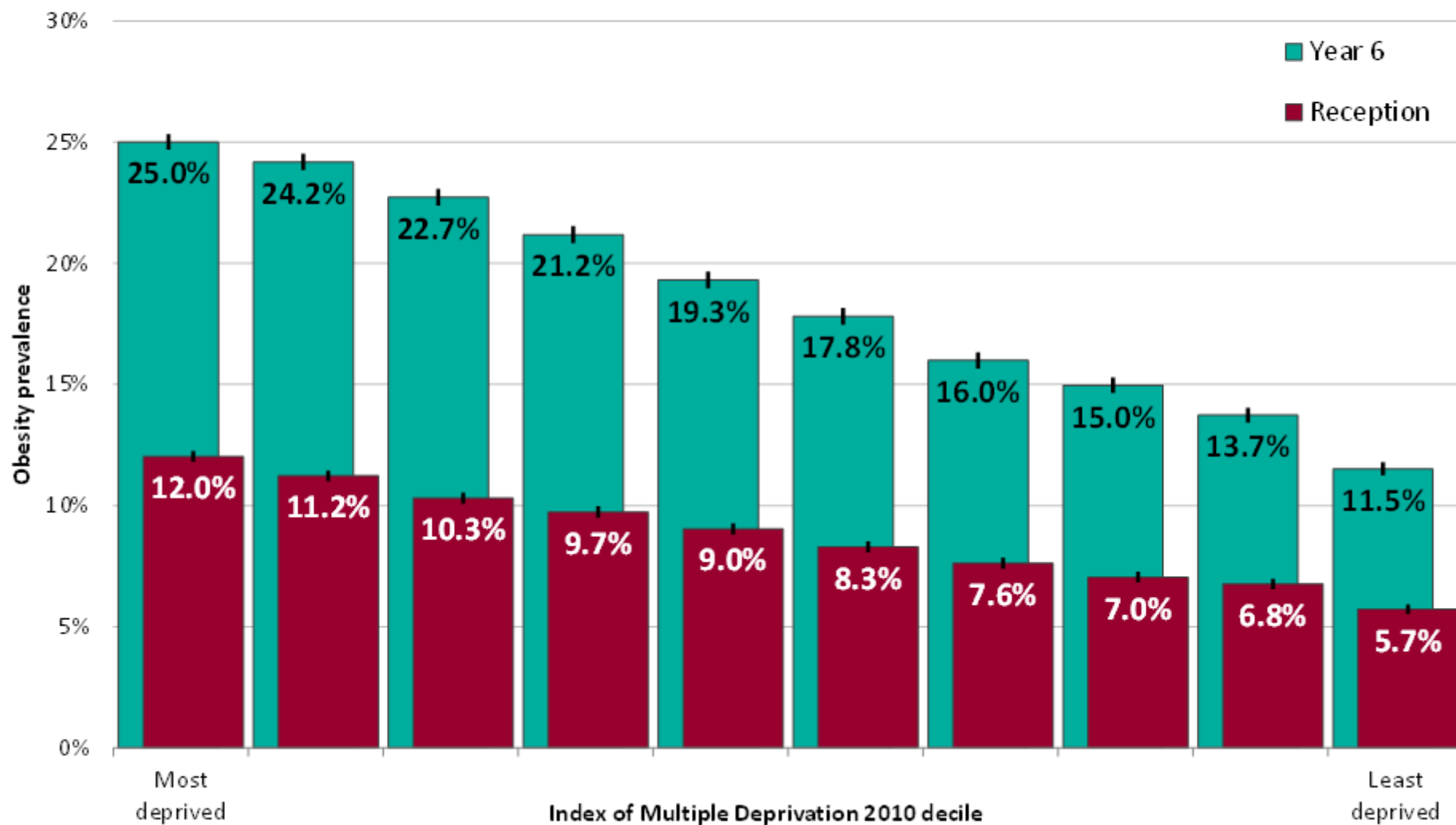
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Obesity prevalence by deprivation decile

National Child Measurement Programme 2014/15



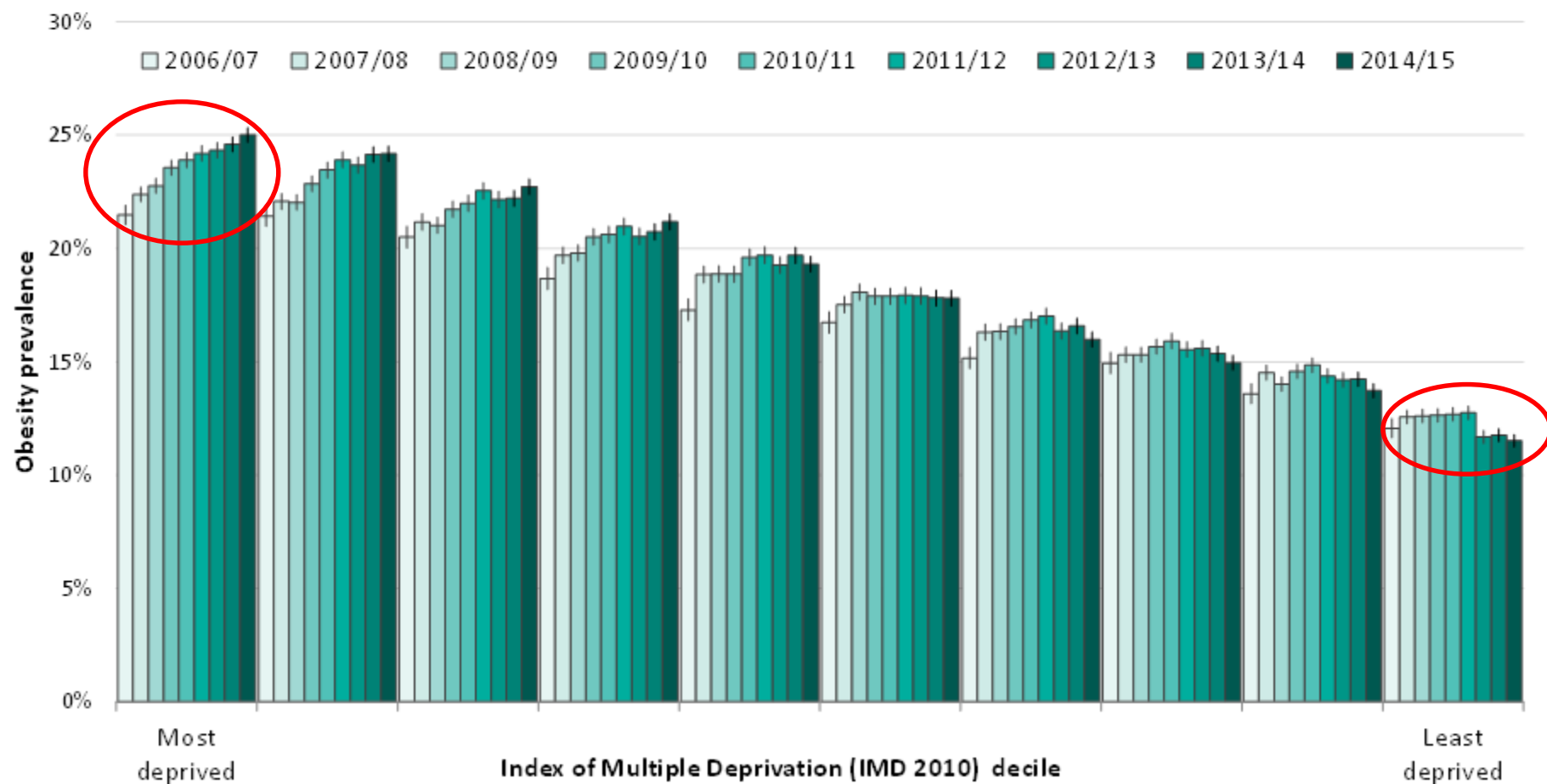


Public Health
England

Obesity prevalence by deprivation decile and year of measurement


National Child Measurement Programme 2006/07 to 2014/15


Children in Year 6 (aged 10-11 years)



Interventions – which policies lower the gradient?

Warning:

 We do now know if a targeted intervention in a low SES population lowers the SES gradient. If applied to everyone it might be even more effective in higher SES groups. E.g. 'healthy eating' leaflets for parents.

 Need to know about differential risk levels (exposure, sensitivity) and the reach of an intervention across population groups, penetration within groups, sustainability of intervention and sustainability of effects.