



HEALTH EQUITY PILOT PROJECT

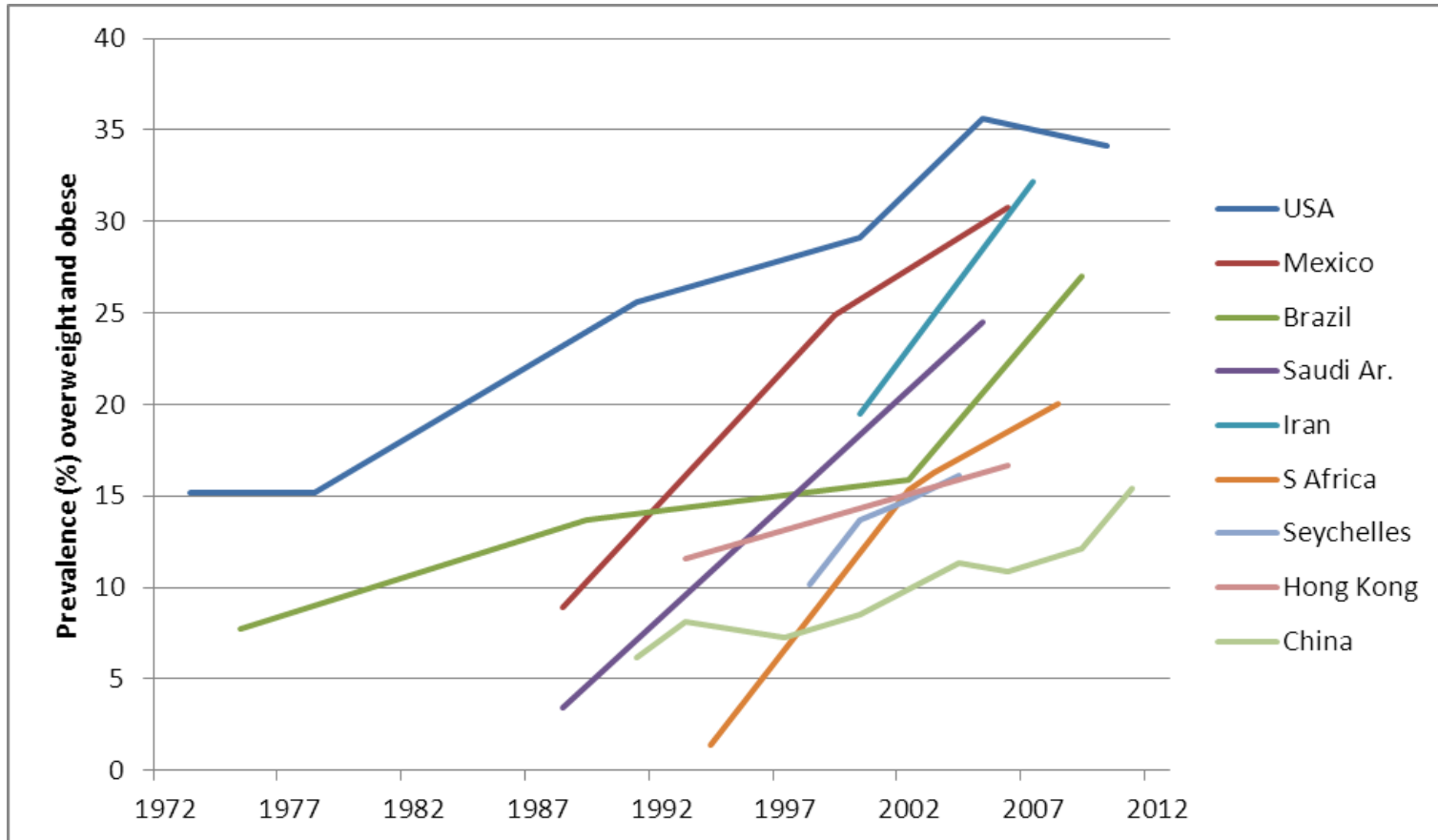
Rapid review: social inequities in obesity determinants

Tim Lobstein

Consultant for the UK Health Forum

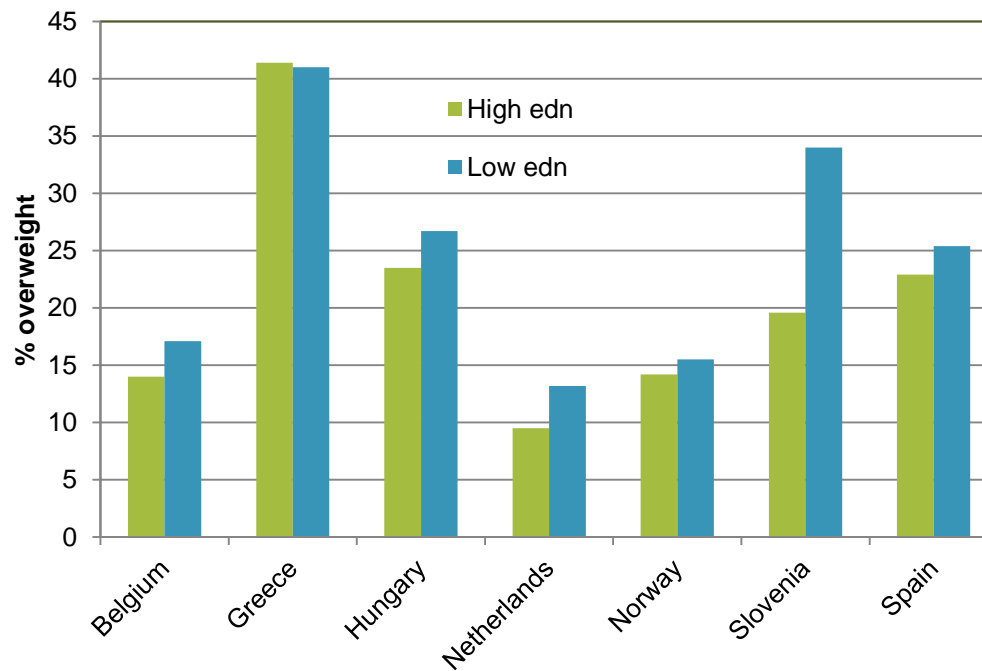
Director of Policy, World Obesity Federation

Global Trends in Child Obesity, 1972-2012



Source: World Obesity Federation, 2014.

% Overweight children 11-12y

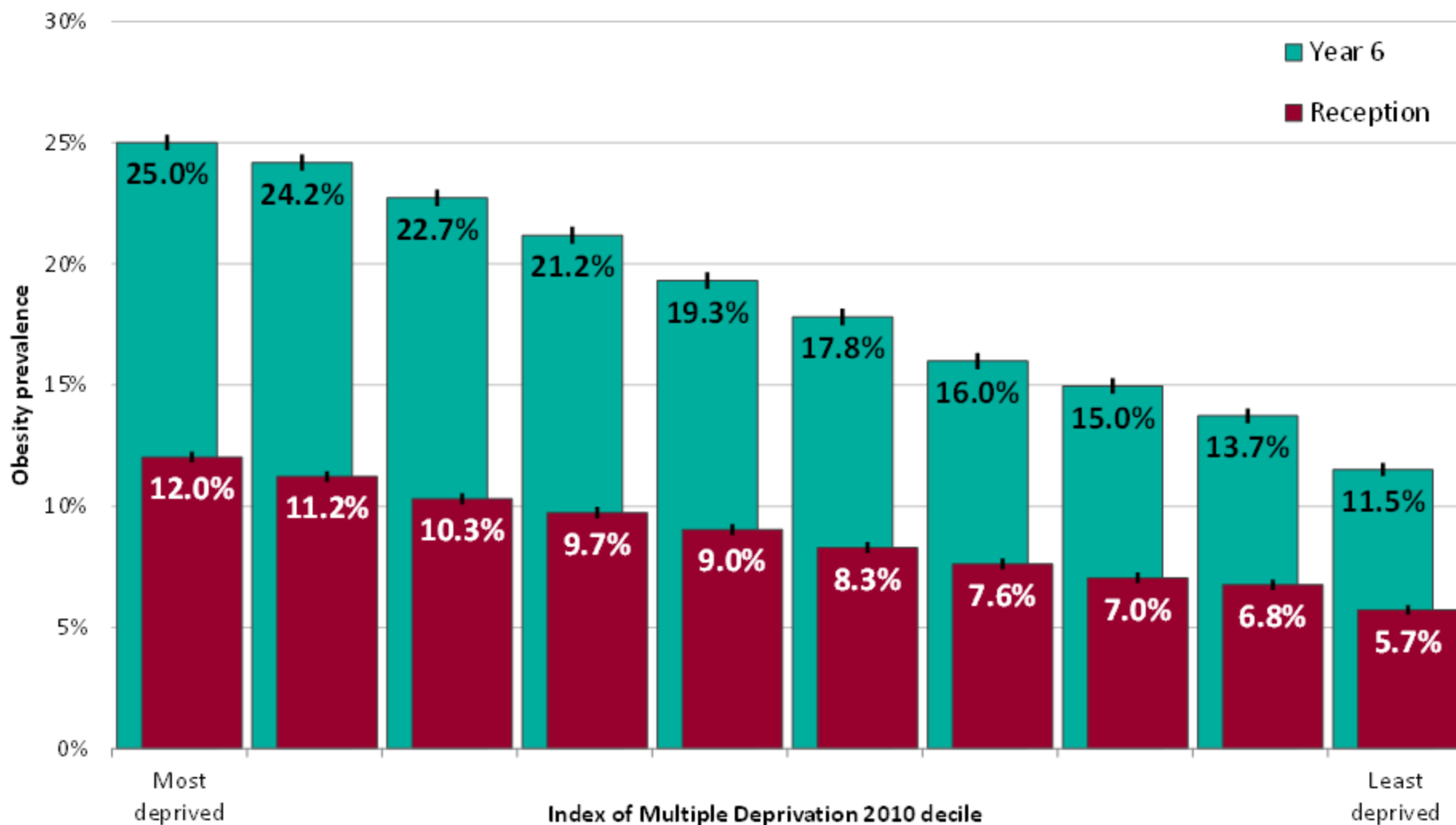


- Social gradient for children in most EU member states
- Slope of gradient varies between member states
- Overall prevalence also varies between member states



Obesity prevalence by deprivation decile

National Child Measurement Programme 2014/15

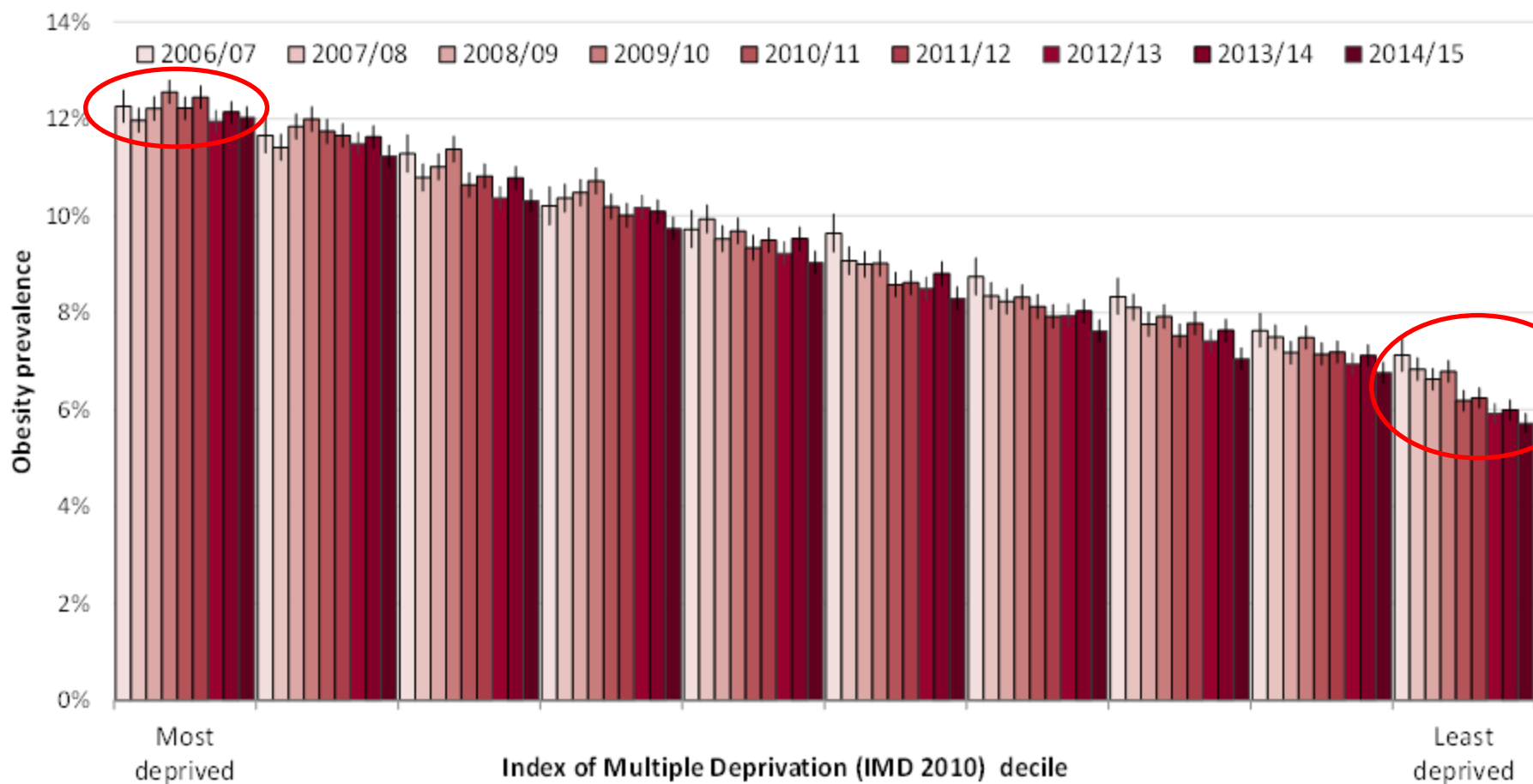




Obesity prevalence by deprivation decile and year of measurement

National Child Measurement Programme 2006/07 to 2014/15

Children in Reception (aged 4-5 years)

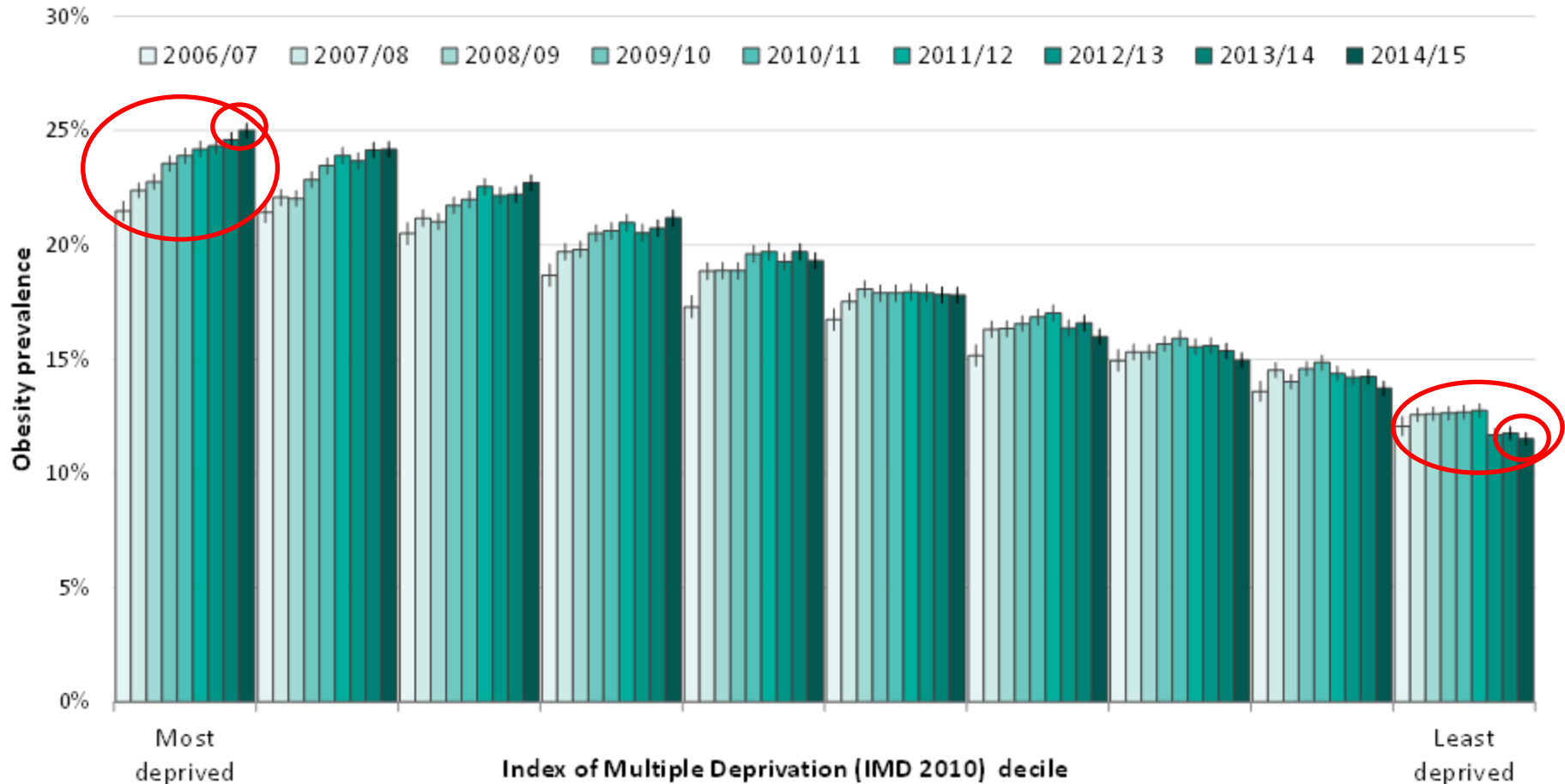




Obesity prevalence by deprivation decile and year of measurement

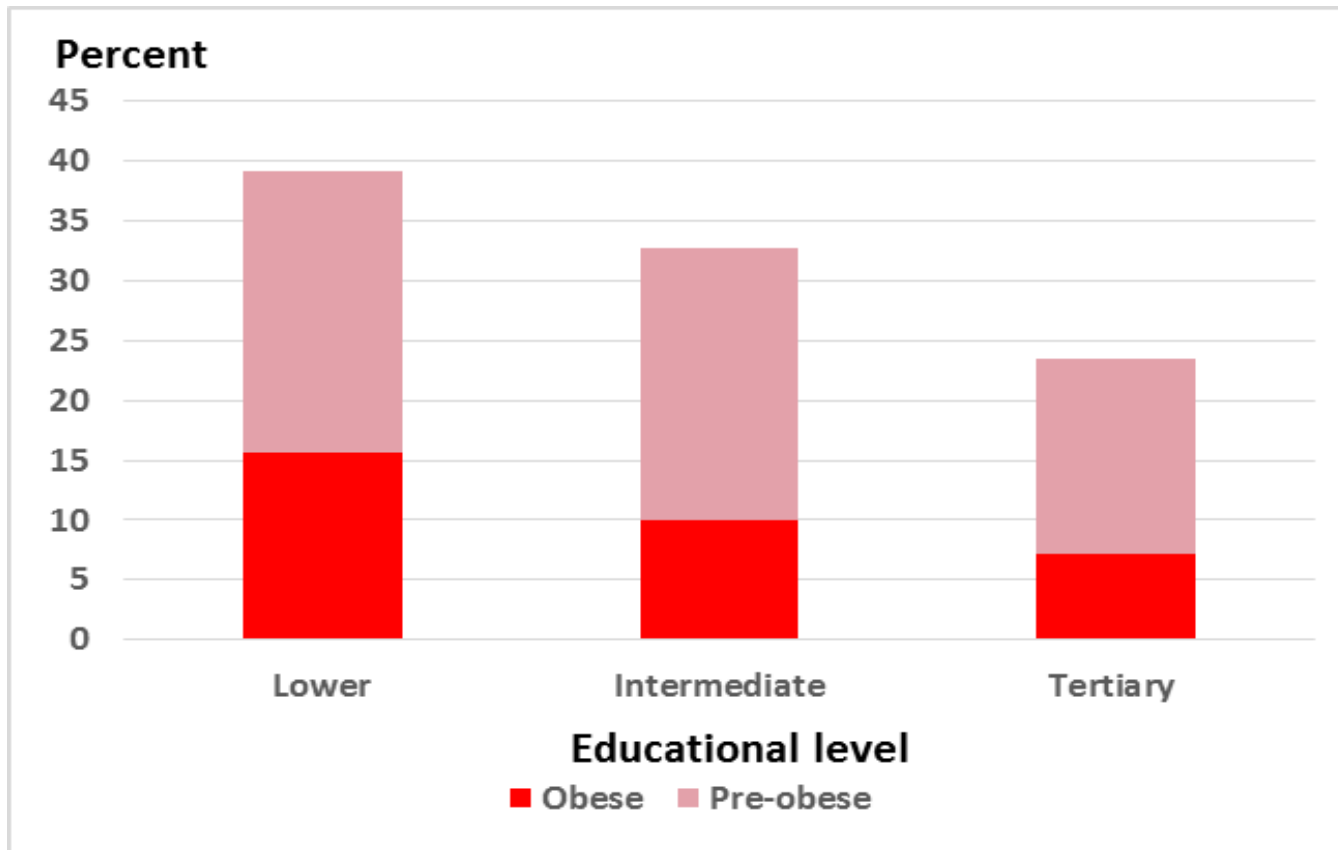
National Child Measurement Programme 2006/07 to 2014/15

Children in Year 6 (aged 10-11 years)



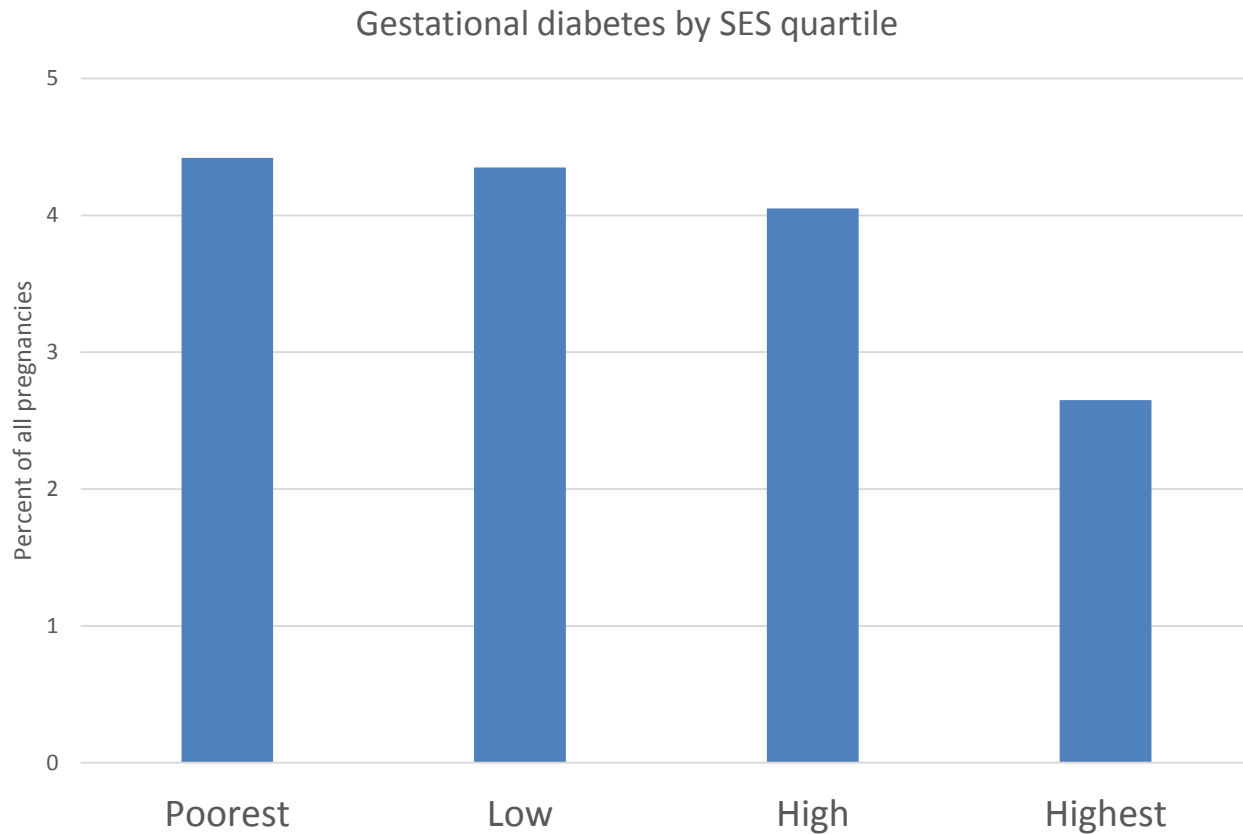
PART 1:
The First 1000 Days

Women overweight at ages 18-44 by educational attainment level, 2014



Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en

Gestational diabetes



Obesity risk factor	SES gradient?
Pre-pregnancy maternal BMI	Yes
Weight gain in pregnancy	?
Smoking in pregnancy	Yes
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

SUPPORT MOTHERS

WHAT? Provide community-based strategies to support exclusive breastfeeding counselling for pregnant and lactating women



HOW? Peer-to-peer and group counselling to improve exclusive breastfeeding rates, including the implementation of communication campaigns tailored to the local context

STRENGTHEN HEALTH SYSTEMS

WHAT? Provide hospital and health facilities-based capacity to support exclusive breastfeeding



HOW? Expand and institutionalize the baby-friendly hospital initiative in health systems

SUPPORT PAID LEAVE

WHAT? Empower women to **exclusively breastfeed**

HOW? Enact **six-months mandatory paid maternity leave** and **policies** that encourage women to **breastfeed in the workplace and in public**



LIMIT FORMULA MARKETING

WHAT?

Significantly limit the marketing of breastmilk substitutes

HOW?

Strengthen the monitoring, enforcement and legislation related to the International Code of Marketing of Breastmilk Substitutes



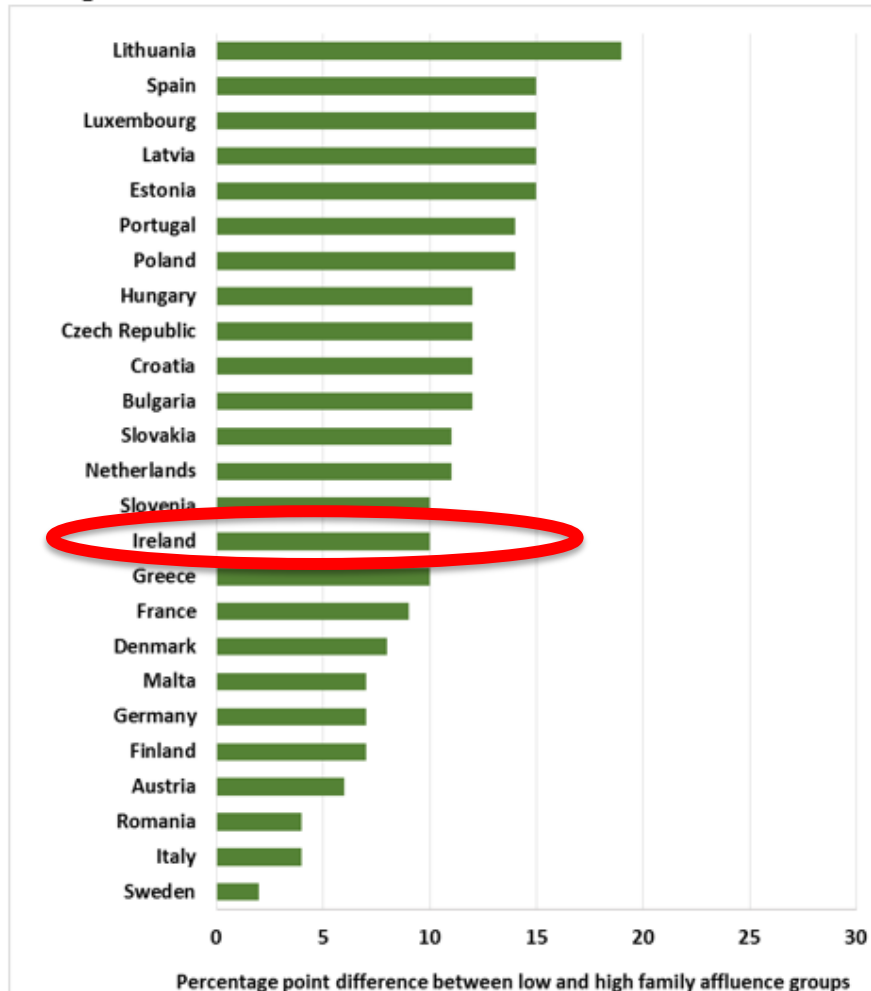
Evidence needed: How well interventions reach across populations, and penetrate all members within populations.
Effectiveness, costs, and sustainability.

Part 2:
Inequalities in older children

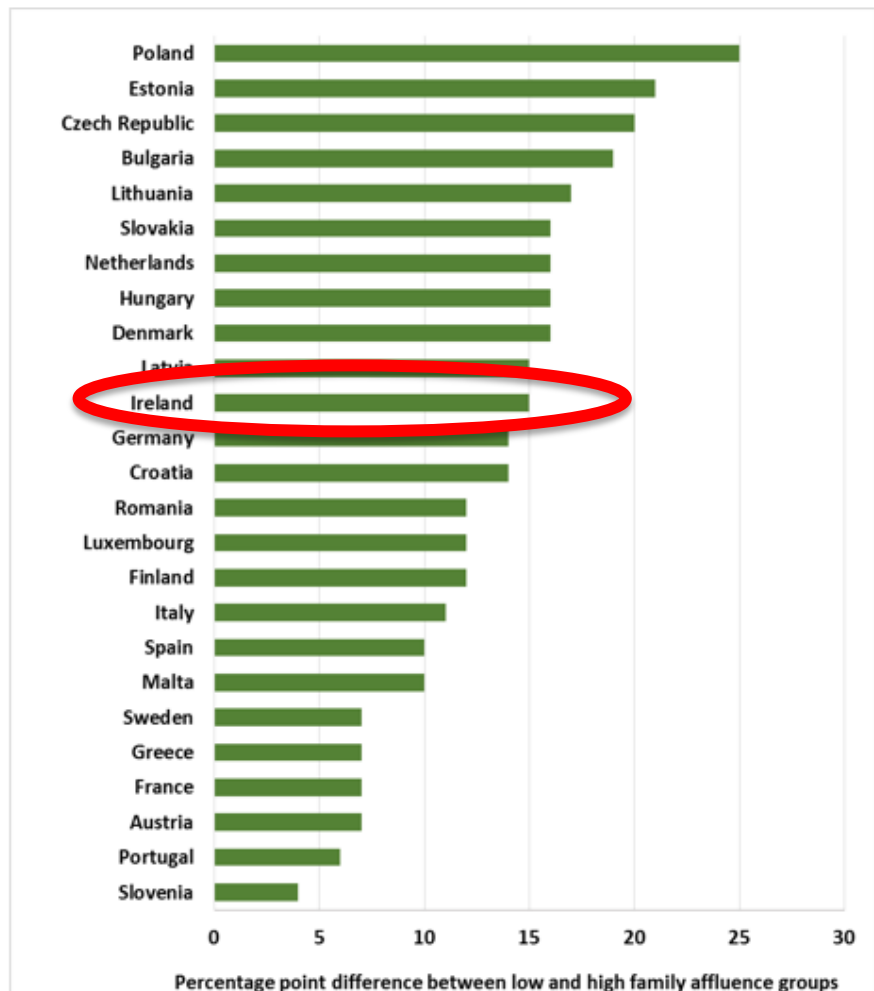
SES gradient in dietary patterns

Percentage point difference in fruit consumption between low and high family affluence groups at ages 11, 13 and 15, 2014

Boys

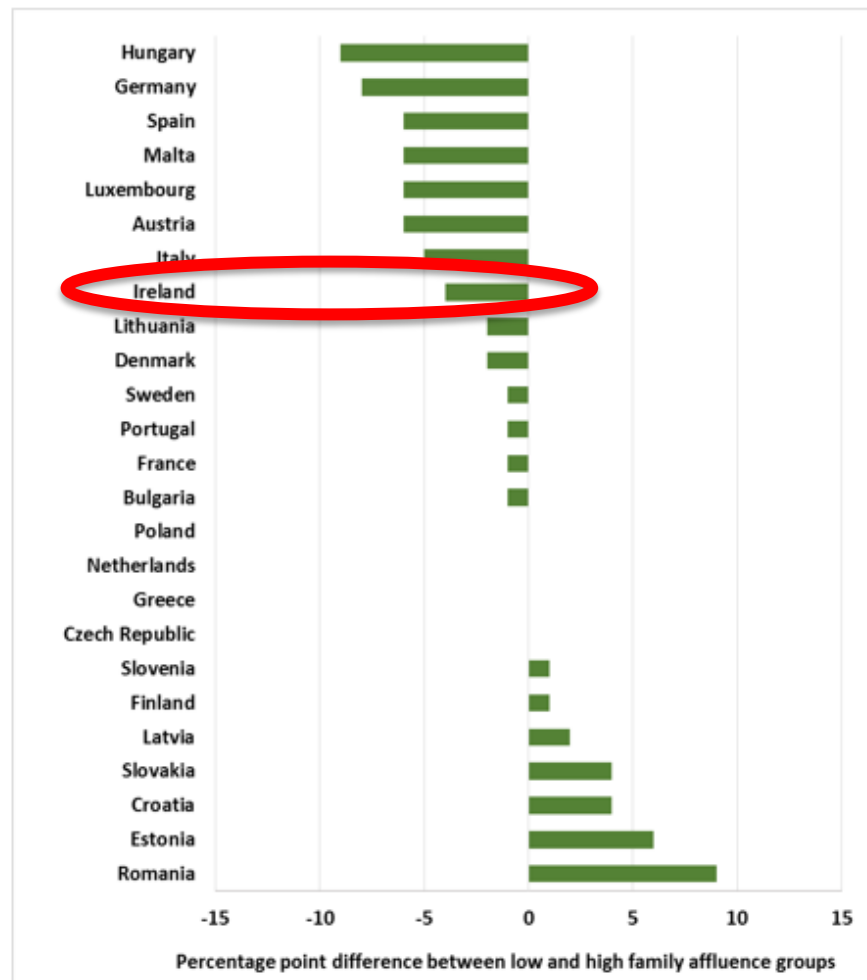


Girls

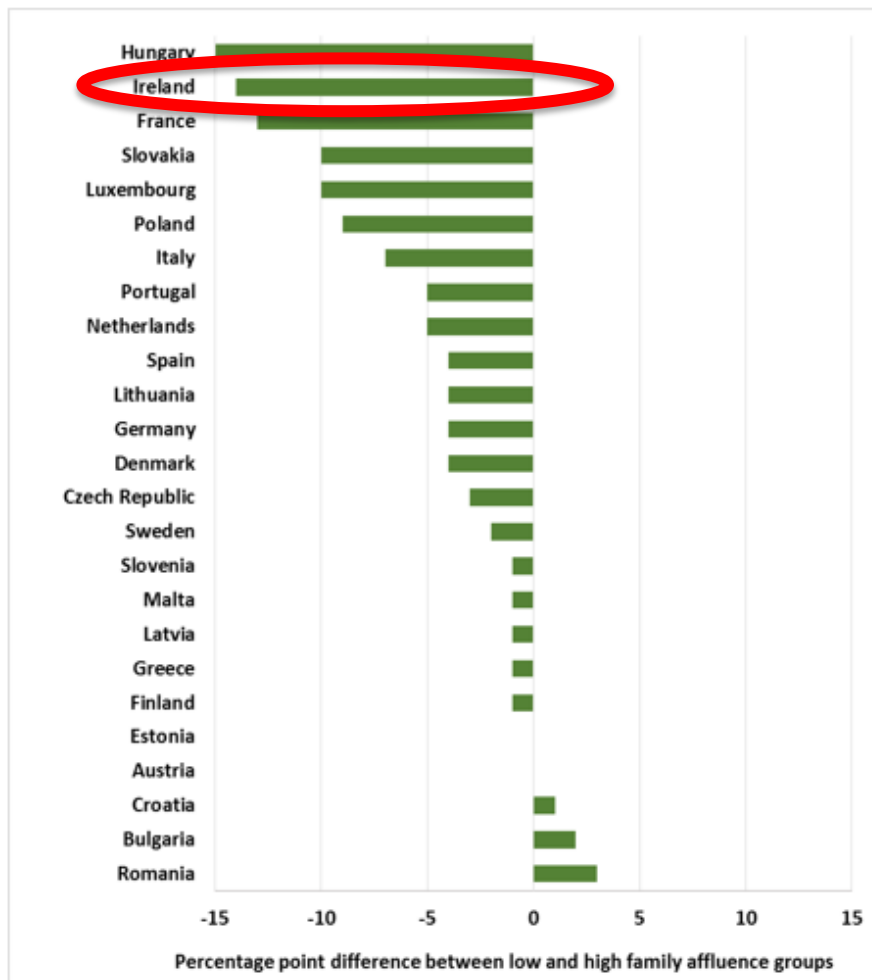


Difference in sugar-sweetened beverage consumption between low and high family affluence groups at ages 11, 13 and 15, 2014

Boys





Girls



Interventions – which policies lower the gradient?

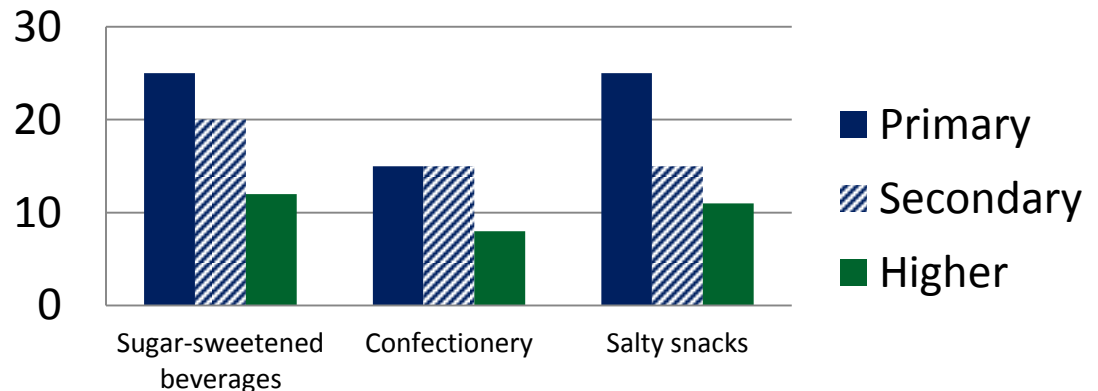
Warning:

 We do not 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.

Interventions – which policies lower the gradient?

- Taxes on unhealthy products:
 - Good evidence from Mexico that taxes on high-sugar drinks and snacks lowered consumption, especially for higher consumers and especially for lower SES groups. *SES* ✓ *Children*???
 - Good evidence from Hungary that taxes lowered consumption, especially for higher consumers and lower. *SES* ✓ *Children*???

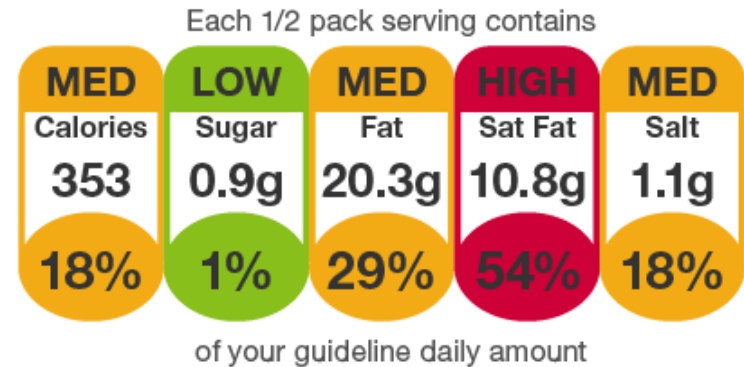


Interventions – which policies lower the gradient?

- Product reformulation
 - Voluntary reformulation: Evidence from Netherlands of modest reformulation of children's products can be sustained, reduces intake of sugar, salt, and affects higher level consumers. *SES???*
 - Co-regulatory reformulation (e.g. PHE salt targets). Benefits greatest for highest consumers. *Children???* *SES???*

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. *Children???*



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.

Children SES???



Interventions – which policies lower the gradient?

- School based interventions: health education, school meals, free fruit, physical activity
 - Work better 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 steeper gradient (benefit greater in higher SES families).
Children *SES*
 - Best options to reduce gradient: free fruit schemes, free school meals, free breakfast clubs. *Children* *SES*



Interventions – which policies lower the gradient?

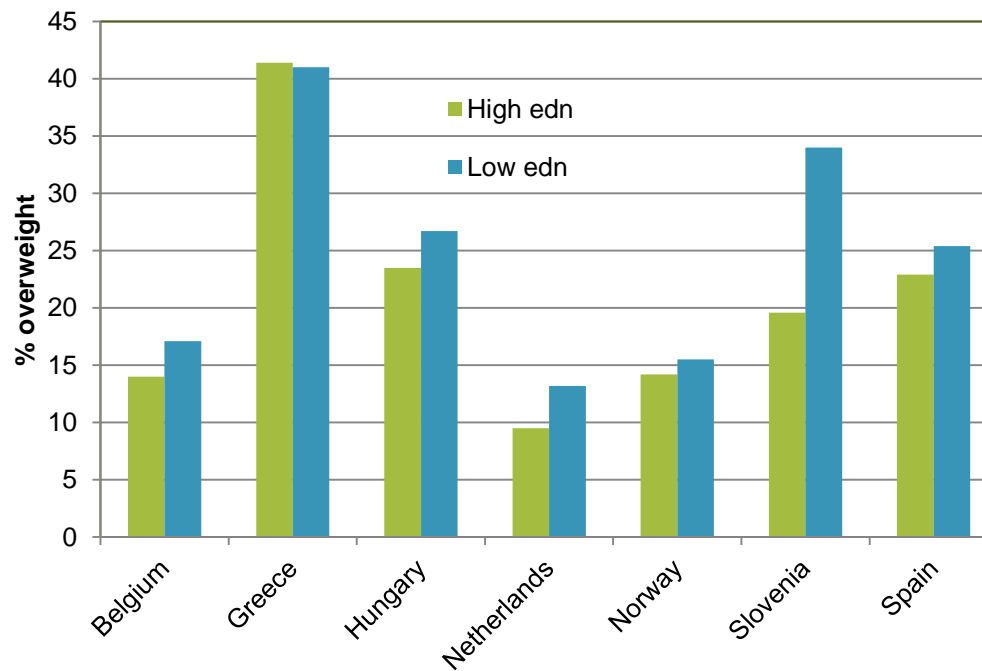
- Social marketing campaigns
 - UK Change4Life health impact not measured. Higher recall of campaign in higher SES groups. Five-a-day and salt awareness mixed results. *Children???* *SES* ☒??



Other disparities and inequalities

- Gender – adults and children
- Age – stages in childhood
- Ethnicity
- Urban – rural
- ...
- National wealth inequity

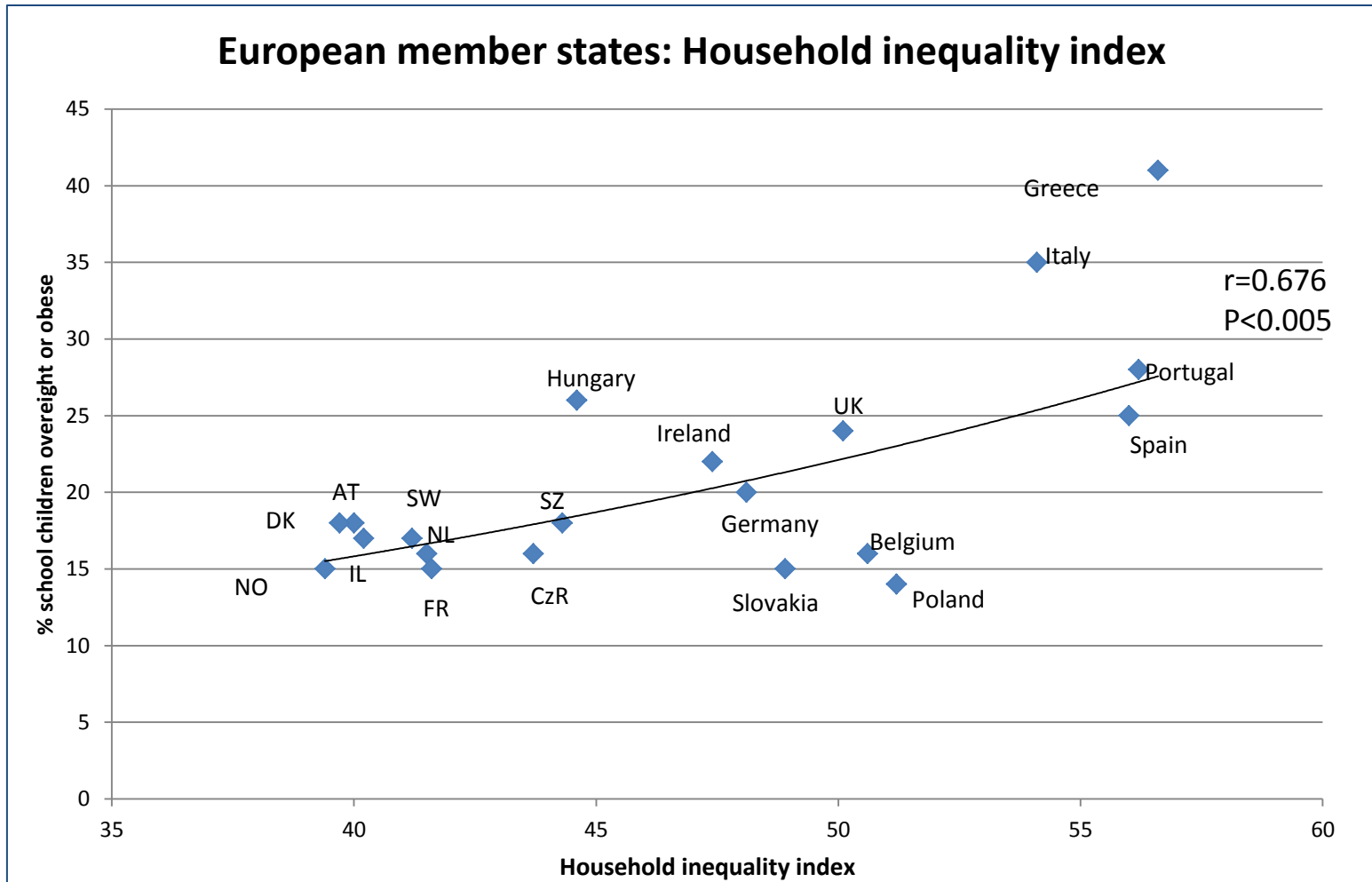
% Overweight children 11-12y



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Wealth inequity and child obesity

Countries with different levels of income equality



U.S. States with Higher Income Inequity have Higher Child Obesity Rates



3 conclusions

1. Remarkably poor evidence base for such 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.

Thank you!

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Disclaimer

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