

HEALTH AND SOCIAL WELLBEING: BODY WEIGHT (ADULTS)

Issue/Problem	Levels of obesity and pre-obesity ¹ amongst adults in Northern Ireland
Evidence Base (Equality & Inequalities Report)	<p><i>Gender Differences:</i> The 1997 Northern Ireland Health and Social Wellbeing Survey found that almost two thirds of males (65%) and just over half of females (52%) aged 16+ weighed more than they should for their height.</p> <p>Nearly half (48%) of males were slightly overweight (pre-obese), 14% were moderately obese and 3% were severely/morbidly obese. Females were more like than males to have the ideal body weight and were less likely to be slightly overweight. However, females had higher overall levels of severe obesity (5% for women compared to 3% for men).</p> <p><i>Age Differences:</i> The proportion of males who were overweight increased from 17% of 16-24 year olds to 58% of those aged 35-44 and then decreased in the subsequent older age bands. Middle-aged men (45-64) were more likely to be obese than those in either the younger or older age ranges.</p> <p><i>Ref:</i> 1997 NI Health and Wellbeing Survey cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:113-114).</p>
Evidence Base (Literature Review)	<p>Physical inactivity is an established risk factor for obesity and other factors such as high blood pressure, coronary heart disease, Type 2 diabetes and cancer. There are also additional effects such as loss of self-esteem, psychological illness, social prejudice, decreased employment, early retirement and loss of productivity at work²</p> <p>They key causes of obesity are linked to food habits and physical activity levels. Effective weight management for individuals and groups at risk of developing obesity involves a range of lifestyle strategies. These include prevention, detection, weight maintenance, management of co-morbidities and weight loss³.</p> <p>Changes in environments, socio-economic factors, a decline in physical work and increasing sedentary lifestyles is intrinsically</p>

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linked to levels of weight gain. It is suggested that men in particular are predisposed to obesity through high fat, high calorie food and higher levels of alcohol intake. In addition to these factors, men tend to be more neglectful of their health and put less emphasis upon their image and physical appearance. Campbell (2002) argues that it often takes a health scare (e.g. diagnosis of angina or high blood pressure) to prompt men to make changes to their diet and lifestyle⁴.

The prevalence of obesity is believed (in Britain) to be particularly high in deprived black and minority ethnic groups (e.g. Pakistanis and Black Caribbean). It is also prevalent amongst young women in low-income groups⁵.

There is evidence to suggest that there is a strong correlation between poverty and obesity. People on lower incomes have a higher propensity for fast food diets and food with little nutritional value. Additionally, people with little disposable income are less motivated to engage in regular exercise due to the high costs associated with gyms or sports clubs⁶.

Teenage girls are believed to be more self conscious about body image than other age groups. The social pressures on young women to look like supermodels means that young females are becoming weight conscious and subsequently vulnerable to chronic binge eating in later life. It is suggested that women may be more vulnerable than men to the psychosocial effects of obesity and weight gain such as low self-esteem⁷.

For women, risk factors associated with obesity include reproductive hormone abnormalities, impaired fertility, coronary heart disease, Type 2 diabetes, cancer and osteoarthritis. The rise in the consumption of alcohol amongst women and the development of a binge drinking culture, particularly amongst young women may also have negative impacts upon weight management⁸. A recent enquiry into obesity by the House of Commons Health Committee reported is disappointment by the lack of emphasis given to the impact of alcohol consumption on obesity⁹.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

Investing for Health

The [Investing for Health Strategy](#) set a number of strategic objectives to (a) stop the increase in the levels of obesity in men and women (b) to increase the levels of physical fitness and address the issue of sedentary behaviour and (c) to promote the benefits of a balanced, healthy and affordable diet (particularly for those living in reduced or low incomes). Each Investing for Health Partnership [Health Improvement Plans](#) have similar targets. Following on from this various projects and initiatives, involving statutory, community

and voluntary partnerships, have been supported by the [Investing for Health Partnerships](#) to address issues such as obesity and low levels of physical fitness.

Regional Strategy

The rising levels of obesity and lower levels of physical activity have been acknowledged by the new 20 year [Regional Strategy](#) for health and wellbeing in Northern Ireland. The Strategy sets out a number of key population health outcomes one of which is to “reverse the current increase in the level of obesity in men and women so that by 2025, the proportion of men who are obese is less than 15% and the proportion of women who are obese is less than 17%”

Five Year Physical Activity Strategy and Action Plan

The aim of the proposed new [Physical Activity Strategy and Action Plan](#) is to promote the benefits of regular physical activity, particularly amongst those who are inactive. The strategy aims to promote physical activity across the entire population in Northern Ireland. However, it acknowledges that different groups such as – older people, people with certain health condition, people in lower socio-economic groups, people with a disability and people in black and minority ethnic communities are more likely to be physically inactive.

A number of actions contained within the Strategy and Action Plan outlined the role of other Departments/Agencies in addressing the issue of sedentary behaviour. For example,

- Action 7 of the Physical Activity Strategy and Action Plan in particular states that [HSS Boards and Trusts](#) with [Investing for Health Partnerships](#) will further develop policies and programmes to promote physical activity particularly amongst disadvantaged groups.
- Action 10 states that the [DHSSPS](#) in partnership with the [Health Promotion Agency](#) and the [Health and Safety Executive NI](#) will continue to promote and develop the concept of healthy workplaces.
- Action 12 states that the [Department of Culture, Arts and Leisure](#) in partnership with the [Sports Council for Northern Ireland](#) will continue to promote and encourage participation in sport and physical activity
- Action 13 outlines that the [DHSSPS](#) in partnership with the [HPA](#), [Government departments](#), [local councils](#) and the [voluntary and community sectors](#), will further develop a phased accessible physical activity public and professional information campaign which promotes the benefits of physical activity, including the health, economic and social benefits.

Other Activities (HSS Board/Trust/LHSCG Level)

- There are currently four Physical activity coordinators serving within the Health and Social Services Boards whose role is to coordinate physical activity initiatives in their Board area, in line with the [Physical activity strategy action plan](#).
- Local Health and Social Care Groups (LHSCGs) have been involved in promoting healthy lifestyles by investing in various schemes and initiatives aimed at preventing obesity and promoting physical activity.

Other Related Strategies/Initiatives

Other important developments already underway or planned which have a relevance to physical activity (and which are also relevant to weight management) include - CREST's work on diabetes and obesity, the [Workplace Health Strategy](#), the impending Food and Nutrition Strategy and Action Plan, the [Northern Ireland Cycling Strategy](#), the [Northern Ireland Walking Action Plan](#), and the [Community Sports Programme](#).

Health Promotion Agency Initiatives

A number of Health Promotion Agency initiatives have been developed to address issues such as physical fitness, nutrition and obesity. For example:

- the Get Active in the Community [Cash Grants Awards](#) and television advertising campaign aimed at encouraging local groups to apply for a community grant award to help increase physical activity in local communities.
- the '[Actively Ageing Well](#)' project, developed by Age Concern Northern Ireland and the Health Promotion Agency, works with community and older people's groups to support and develop safe and sustainable ways to keep active.
- the "[Go Walking](#)" campaign funded through the NI Physical Activity Strategy.

General Recommendations¹⁰

- The relationship between alcohol consumption and obesity is too little understood. Research should be commissioned to examine the correlation between trends in alcohol consumption and trends in obesity.
- It is important to recognise that individuals have a key role to play in determining their own health and lifestyles, as the main factors contributing to the rapid rises in obesity seen in recent years are societal, it is critical that obesity is tackled first and foremost at a societal rather than an individual level.
- There should be a health education campaign dedicated exclusively to tackling obesity which should explicitly set out the

Is the problem amenable to further intervention by the DHSSPS or other?

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health risks associated with being overweight or obese. It should specifically identify high risk foods and drinks and should emphasize the fact that consuming alcohol can also be conducive to unhealthy weight gain. Part of the campaign should the links between obesity and diabetes and obesity and cancer.

- Ways of diversifying organised and recreational activities in schools should be considered to broaden the appeal of Physical Education (PE).
- A Walking Strategy should be incorporated into a wider anti-obesity strategy.
- Major planning proposals and transport projects are currently subject to environmental impact assessments, it may be appropriate if health impact assessments were also a statutory requirement. This would enable health to be integrated into the planning procedure and would help develop creative, joint-up solutions.
- Statutory health and social services should work with statutory employment and learning services to promote awareness of obesity in the workplace. They should engage in an on-going process of consultation to explore measures to counteract sedentary behaviour.
- Primary care providers have a central role in tackling the problem of obesity. The Government should explore the possibility of providing at least one primary care obesity clinic in each area, supported by a range of different health professionals, to whom GPs can refer any patient they identify as needing specialist support.
- Services must be developed to address the psychological and behaviour aspects of obesity. Those receiving treatment for obesity, either in a primary or secondary care setting, should have access to psychological support provided by an appropriate professional.

Men, Weight and Obesity¹¹

- There should be a greater effort placed on making men aware of the significance of being overweight or obese. Men should be made aware of the causes, the disabling and life threatening effects and the possible solutions to weight gain.
- Industry has to facilitate reasonable levels of physical activity, ensuring opportunities for healthy low fat food choices and promoting a healthier lifestyle amongst their employees.
- The media must play their part in promoting sensible approaches to weight loss. The food industry needs to begin to share responsibility for making available sensible and economic food choices.
- Further research should be undertaken on how to tackle weight issues with men.
- Specific Issues are need to help men who are overweight and obese including work-based programmes, men-only weight loss clubs and internet based resources¹².

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*Young Women, Weight and Obesity*¹³

- Parents, teachers and young workers should be encouraged to promote healthy eating and exercise amongst young women.
- A reform of PE in schools to include a wide range of physical activities which are more attractive to young women.
- Encouragement of the media and fashion industry to present more realistic images of women.
- Sustained funding for innovative projects set up by voluntary and community groups which provide information, support to young women on health issues.

*Treatment of Obesity and Pre-Obesity in Adults*¹⁴

- There is evidence to support the use of work-site health promotion programmes for the treatment of obesity and pre-obesity in adults. Positive programme factors include regular participation, associated dieting, supervision of exercise, supplementation of the exercise programme with outreach and personal counselling.
- There is evidence of the effectiveness of targeting parents and children together (i.e. family based interventions) which include physical activity, health promotion, behaviour modification and lifestyle counselling.

¹ i.e. overweight

² Campbell, I. W. (2002) *Men, Weight and Obesity. A Men's Health Forum Briefing for the All Party Parliamentary Group on Men's Health.*

www.menshealthforum.org.uk/uploaded_files/APPGMHobesitybriefing.pdf

³ Information extracted from Health Promotion Unit (RoI) website

www.healthpromotion.ie/topics/obesity/#consequences

⁴ Campbell, I. W. (2002) *Op Cit.*

⁵ YWCA Briefing. *Obesity: The New Face of Poverty for Young Women in Britain.* www.ywca-gb.org.uk/docs/Obesitybriefing.pdf

⁶ *Ibid*

⁷ *Ibid*

⁸ House of Commons Health Committee (2004). *Enquiry on Obesity.* Third Report of Session 2003-04. London: The Stationary Office.

⁹ *Ibid*

¹⁰ Recommendations extracted from the House of Commons Health Committee Enquiry on Obesity.

¹¹ Campbell, I. W. (2002) *Op Cit.*

¹² Men's Health Forum. *'MHF concerned that male obesity overlooked in Public Accounts Committee report.* Press Release, 16 January 2002.

¹³ YWCA Briefing. *Op Cit.*

¹⁴ Mulvihill, C. & Quigley, R. (2003) *The Management of Obesity and Overweight: An analysis of reviews of diet, physical activity and behavioural approaches. Evidence Briefing.* www.publichealth.nice.org.uk/page.aspx?o=502623