

HEALTH AND SOCIAL WELLBEING: BODY WEIGHT (CHILDREN AND YOUNG PEOPLE)

Issue/Problem	Prevalence of obesity and pre-obesity amongst children and young people in Northern Ireland
Evidence Base (Equality & Inequalities Report)	<p>Published research on Children's Body Mass Index Body Mass Index (BMI) in Northern Ireland is very limited. Yarnell <i>et al</i> (2001) looked at the prevalence and awareness of excess weight in 13 and 14 year olds in Northern Ireland. The study found that 16% of boys were overweight and 4% were obese. The proportion of girls who were overweight was also 16%, however the prevalence of obesity in girls was lower at 2%.</p> <p><i>Ref: Yarnell et al (2001) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:133).</i></p>
Evidence Base (Literature Review)	<p>Obesity can impact upon the health of children and young people on a number of levels. It can lead to physical health problems such as high blood pressure, raised blood cholesterol levels and an increased risk of heart disease and diabetes. Overweight children can also suffer from psychological problems such as depression and a lack of self-confidence and self-esteem¹. Overweight adolescents have a 70% chance of becoming overweight or obese adults².</p> <p>Dietary intake (e.g. fast foods, high intake of sugar sweetened drinks, larger portion sizes), changes in patterns of physical activity and the adoption of more sedentary lifestyles are important factors behind obesity³.</p> <p>The Health Promotion Agency's <i>Eating for Health</i> Survey highlights that children in Northern Ireland eat more fat sugar and salt and less fruit and vegetables than are recommended for health. For example, just 12% of 5-11 year olds in the survey eat the recommended 5 or more portions per day, while 15% of children do not eat any fruit or vegetables on a daily basis⁴</p> <p>For children and young people, opportunities for physical activity outside the home have diminished significantly with the rise in concern for their safety. Parents have become increasingly concerned about letting their children play out in public areas or to walk to the shops or to school alone. Girls are believed to be less likely than boys to play team sports out of school⁵. Social disadvantage is viewed as particularly important in limited children</p>

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and young people’s opportunities for physical exercise. Children from lower socio-economic groups are particularly over represented in obesity statistics⁶.

Current evidence and expert opinion suggests that overweight and obesity will not be tackled by individual programmes or initiatives but rather will require a concerted effort to tackle not only lifestyle issues but also wider environmental determinants. This includes the physical environment and barriers to play and active living and the food and marketing environment⁷.

For further research relating to children, young people and obesity see - [Fit Futures Research Paper](#) and the [Fit Futures Web Page](#) (which contains information, stakeholder views and local baseline data on overweight and obesity in children and young people in Northern Ireland).

See also – Fit Futures [Research and Information Baseline](#) – contains a database of studies on obesity.

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

Investing for Health and the Regional Strategy

Reducing the incidence of obesity in Northern Ireland, particularly amongst children and young people, is one of the key objectives of both [Investing for Health](#) and the new 20 year [Regional Strategy](#) for Health and Wellbeing. A number of initiatives aimed at addressing the issues of childhood obesity have stemmed from Investing for Health.

Fit Futures: Taskforce on Childhood Obesity

[Fit Futures: Focus on Food, Activity and Young People](#), was established by the Ministerial Group on Public Health, to examine the options for tackling overweight and obesity in children and young people. The purpose of the Fit Futures taskforce is to – review the factors that impact on the levels of overweight and obesity in children and young people; identify best practice and consider options for preventing the development of overweight and obesity; identify the needs of specific groups and ensure that social need is targeted effectively; engage with stakeholder to tackle the problem of obesity; and, make recommendations to the Ministerial Group on Public Health on priorities for action⁸.

Free Fruit in Schools Initiative

A pilot [Fresh Fruit in Schools Scheme](#) was launched in October 2002 following the success of similar schemes in England and Wales. Funding has now been allocated to the scheme until June 2005⁹. The aim of the scheme includes promoting awareness of the benefits of healthy eating, encouraging children to develop the habit of eating fruit, and encourage children to adopt and sustain healthy eating patterns in school, at home and in the community. The scheme is available in a range of schools in both urban and rural

locations and in deprived areas.

Health Promoting Schools Initiative

The [Health Promoting Schools Initiative](#) aims to enable schools to provide an environment where the physical and mental wellbeing of both staff and students. The initiative is supported jointly by the Department of Education and the DHSSPS and involves representatives from the Education and Library Boards, Health Promotion Agency for Northern Ireland and HSS Boards and others. The policy direction for this initiative stems from *Investing for Health*¹⁰. The aims of the initiative include promoting the self-esteem of pupils, improving the physical environment of the school, and encouraging pupils to develop responsible attitudes towards health and the appropriate skills to maintain it.

School Meals

During the last few years the Health Promotion Agency for Northern Ireland has been working with the Department of Education to develop nutritional standards for school meals. In March 2004 a one year pilot scheme was introduced to implement the standards in over 100 schools across Northern Ireland¹¹.

NI Physical Activity Strategy and Action Plan

The aim of the [new Physical Activity Strategy and Action Plan](#) is to promote the benefits of regular physical activity. Children and young people are one of a number of groups to be specifically targeted in the new strategy. The Strategy consultative document states that HSS Boards and Trusts with Investing for Health Partnerships will continue to further develop policies and programmes which take into account the particular needs of children and young people.

Foods Standards Agency

The Food Standards Agency Northern Ireland is currently in the process of considering ways of encouraging children to eat a more healthy and balanced diet. The Agency is also exploring the role played by market and promotional activities in influencing what children eat¹². The Agency has published a policy options paper, [‘Promotional Activity and Children’s Diets’](#). This paper sets out a number of policy options, including measures relating to sponsorship, advertising, labelling, endorsements, in-store activity and loyalty schemes.

The Anti-Poverty Strategy and Anti-Poverty/Social Inclusion Policies and Initiatives

Given that obesity and physical inactivity are inextricably linked with poverty and social exclusion, proposals for an [Anti-Poverty Strategy](#) and other policies/initiatives aimed at addressing issues such as economic inactivity, unemployment and social exclusion may have a positive impact upon reducing the incidence of obesity and sedentary behaviour.

Breastfeeding Strategy for Northern Ireland

The range of health benefits for babies who are breastfed are extensive and often continues well into childhood and beyond. A reduced risk of childhood obesity is believed to be one of these benefits. The Breastfeeding Strategy for Northern Ireland and related activities are a positive step towards addressing the issue of childhood obesity.

Food and Nutrition Strategy

A multi-sector working group has been established to develop a new food and nutrition strategy for Northern Ireland. A review of the first food and nutrition strategy was completed in 2003 and recommended the development of a new food and nutrition strategy and action plan. The working group comprises of representatives from statutory, voluntary and private sectors¹³.

Safe Routes to School Initiative

Safe Routes to School is an initiative aimed at encouraging children to walk and cycle to school. The initiative involves improvements to public roads, traffic calming measures and cycle paths. The expansion of the Safer Routes to School initiative is a positive step towards encouraging children to partake in physical activities such as walking and cycling¹⁴.

Some Examples of Other Activities

- Several local councils have launched a series of initiatives aimed at tackling childhood obesity – e.g. organising different physical activities and sports in local leisure centres.
- Physical activity and healthy eating initiatives developed/supported through Sure Start, Local Health and Social Care Groups and Investing for Health Partnerships.
- The new Community Sports Programme aims to promote and sustain sports participation for children and young people in areas of high social and economic need.

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

The NHS Health Development Agency have identified a number of specific interventions which are successful in reducing the incidence of obesity. These include¹⁵:

- Multi-faceted school based interventions, which include nutrition intervention, the promotion of physical activity, the reduction of sedentary behaviour, behavioural therapy, modification of school meals and tuck shop stock.
- Family-based behaviour modification programmes (family therapy in addition to diet education, regular visits to a paediatrician and encouragement to exercise).
- In regards to children and young people who are already overweight or obese – targeting parents and children together is

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believed to be effective (e.g. family based interventions involving at least one parent with physical activity and health promotion).

- School travel plans (i.e. Safer Routes to Schools) can increase cycling, walking and bus use.
- A whole school approach to promoting healthy eating and consumption of more fruit and vegetables is believed to be more effective than using individual interventions in isolation (e.g. setting up a fruit tuck shop without the support of wider approach). Participating approaches are important, i.e. those which involve pupils teachers, catering staff, parents, governors and the community.
- The adaptation of the school menu and promotion of lower fat choices have been shown to reduce fat intake and increase the choice of low fat options.
- Breakfast clubs which offer play activities as well as breakfast may be more successful than those offering breakfast alone.
- School-based cooking skills clubs can stimulate interest and confidence in developing cooking skills outside the school setting.

[House of Commons Health Committee Report on Obesity](#) – (Below are a number of recommendations from the Committee Report on Obesity).

- Children of all ages should receive practical training in how to choose and prepare healthy food which they can put into practice in their daily lives. Children should be taught to understand food labelling and how to distinguish food advertising and marketing from objective fact. Steps should be taken to strengthen teacher training in these areas.
- Parents, teachers and school governors must be fully engaged in tackling the issue of childhood obesity and that obesity should command a high priority on school board agendas.
- Schools should be required to develop school nutrition policies with the particular aim of combating obesity and in improving nutrition in general. Guidance should be issued to all schools strongly recommending that they do not accept sponsorship from manufacturers associated with unhealthy foods or install vending machines selling unhealthy foods. Governors such permit such practices only if they are supported by a clear majority of parents.
- Supermarkets should adopt new pro-active pricing strategies that positively support healthy eating, rather than acquiesce in the view that their duty to their customers goes no further than simply providing the range of foods which they want to buy.
- As part of their healthy pricing strategies, supermarkets must commit themselves to phasing out price promotions that favour unhealthy foods, and also stop all forms of product placement which give undue emphasis to unhealthy foods, in particular the placement of confectionery and snacks at supermarket checkouts.

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- Alongside this, all sectors of the food industry should collaborate in the phasing out of super-sized food portions.
- Steps should be taken to ensure that all children eat a healthy school meal at lunchtime through the provision of attractive “healthy” options and through restricting the availability of unhealthy foods.
- Ways of diversifying organised at recreational physical activities in schools should be explored to broaden the appeal of PE and to counteract the elitism, embarrassment and bullying that the changing room sometimes creates.
- As part of its work to improve self-esteem and confidence amongst school children each school, as part of its policy against bullying, remains alert to the particular issue of bullying of children who are overweight or obese.
- Statutory health services should initiate pilot projects on the use of pedometers with a view to achieving widespread use of pedometers in schools, the workplace and the wider community.
- Specialist obesity services, particular for children and young people, appear to be a neglected area within the NHS. The Committee recommends that the Government provide funding for the large scale expansion of obesity services in secondary care. Steps should be taken to ensure that obese children and young people have prompt access to specialist treatment wherever they live.
- Children should have their Body Mass Index measured annually at school by an appropriate professional. The result should be sent to their parent in confidence together with appropriate advice, follow-up and referral to specialist services if necessary. However, care will need to be taken to avoid stigmatising children who are overweight or obese.

Food Standards Agency – [‘Promotional Activity and Children’s Diets’ – Policy Options](#) (some stakeholder suggestions)¹⁶:

- Establish baseline information on childhood obesity to enable the impact of future policies to be evaluated.
- Use schemes that encourage children to make repeat purchases of healthier rather than unhealthy food (e.g. possibility of winning prizes, collecting vouchers to obtain gifts etc).
- Reduce the amount of fat, sugar or salt in product ranges aimed at children compared to the equivalent “standard” version.
- Increase advertising of healthier foods and reduce advertising for less healthier foods.
- Restrict advertising of less healthier foods during programmes aimed at pre-school children.
- Provide full nutritional information on product ranges aimed at children.
- Include healthier options in vending machines in schools and other publicly funded venues used by children (e.g. sports centres).

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- Advertise healthier, rather than less healthy, foods in comics and magazines aimed at children.
- Set criteria for numbers and types of adverts for less healthy foods to be shown during children’s television.
- Introduce legislation on advertising and food labelling (e.g. restrict the frequency of adverts aimed at children which promote less healthy foods, introduce statutory criteria for use of nutritional claims on product ranges aimed at children)

Interventions for Preventing Obesity in Children ([Cochrane Review](#))¹⁷

- There is limited high quality data on the effectiveness of obesity prevention programmes. However, concentration on strategies that encourage reduction in sedentary behaviours and increase physical activity are useful. The need for well-designed studies that examine a range of interventions must be a priority.

The Prevention and Treatment of Childhood Obesity ([University of York NHS Centre for Reviews and Dissemination](#))¹⁸:

- Halting the rising prevalence of childhood obesity is a public health priority. However, there is a lack of good quality evidence on the effectiveness of interventions on which to base national strategies or inform clinical practice.
- There is some evidence that school-based programmes that promote physical activity, the modification of dietary intake and the targeting of sedentary behaviours may help reduce obesity in children, particularly girls.
- Family-based programmes that involve parents, increase physical activity, provide dietary education and target reductions in sedentary behaviour may help reduce childhood obesity.
- Future research must be of good methodological quality, involve large numbers of participants, be carried out in different settings and needs to be of longer duration and intensity.

¹ Health Promotion Agency for Northern Ireland. ‘Childhood Obesity – a weighty issue for Northern Ireland’. Press Release. 3 June 2003.

² Parliamentary Office of Science and Technology. *Postnote: Childhood Obesity*. September 2003. No205.

³ *Ibid*

⁴ Health Promotion Agency for Northern Ireland. ‘Start the Lessons Early in Children’s Nutrition’ Press Release. 12 April 2005.

⁵ YMCA (2002) Briefing: Obesity – *The New Face of Poverty for Young Women in Britain*. www.ywca-gb.org.uk/docs/Obesitybriefing.pdf

⁶ Fit Futures: Focus on Food, Activity and Young People. *Overview of Policy Relating to Overweight and Obesity in Children and Young People*. Research Paper 1.

www.monitor.isa/722656488/705978984T050504142256.txt.binXMysM0dapplication/mswordXsysM0dhttp://www.investingforhealthni.gov.uk/documents/obesityresearchoverview.doc

⁷ Information extracted from Fit Futures: Focus on Food Activity and Young People. *Discussion Paper: Emerging Themes and Priorities*. Intersectoral Stakeholder Event. Lagan Valley Island. 16 March 2005. www.investingforhealthni.gov.uk/documents/FitFuturesdiscussiondocument.pdf

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⁸ DHSSPS News Release. ‘*Minister Supports a Fit Future*’. 16 March 2005.

⁹ Information extracted from Investing for Health website – see

www.investingforhealthni.gov.uk/fruit.asp

¹⁰ Health Promotion Agency for Northern Ireland. *Health Promoting Schools: An Investing for Health Partnership*. www.healthpromotionagency.org.uk/Resources/hpschools/pdfs/hpschoolsinit.pdf

¹¹ Health Promotion Agency for Northern Ireland. ‘*Start the Lessons Early in Children’s Nutrition*’ Press Release. 12 April 2005.

¹² Food Standards Agency Northern Ireland (2004). *Promotional Activity & Children’s Diets: Progress Report*. www.food.gov.uk/multimedia/pdfs/fsani_promo.pdf

¹³ Health Promotion Agency for Northern Ireland. *Inform*. Issue 34. April/May 2004.

¹⁴ Department for Regional Development. ‘*Northern Ireland’s first school safety zone launched*’. Press Release. 14 December 2004.

¹⁵ NHS Health Development Agency. *Interventions on Obesity*. Choosing Health Briefing.

www.publichealth.nice.org.uk/page.aspx?o=502767

¹⁶ Notes that these are stakeholder suggestions only and that the Food Standards Agency has yet to determine its view on any of these options.

¹⁷ Campbell, K., Waters, E., O’Meara, S., Kelly, S. & Summerbell, C. Interventions for preventing obesity in children (Cochrane Review). *The Cochrane Library*, Issue 2, 2005.

¹⁸ University of York NHS Centre for Reviews and Dissemination. The Prevention and Treatment of Childhood Obesity. *Effective Health Care*. Vol. 7, No. 6, 2002.