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futures

Focus on Food, Activity and Young People

Executive Summary

Report to the Ministerial Group on Public Health

What is Fit Futures?

1. Fit Futures: Focus on Food, Activity and Young People is a cross-departmental taskforce that was established by the Ministerial Group on Public Health in August 2004 in response to concerns about the rising levels of overweight and obesity in children and young people. The role of the taskforce was to examine options for preventing the rise in levels of overweight and obesity in children and young people and to make recommendations to the Ministerial Group on priorities for action. The specific terms of reference for Fit Futures are appended to this report.
2. The work of the taskforce has been managed by a small steering group, which commissioned research and analysis on overweight and obesity in Northern Ireland, its causes and potential solutions and directed an engagement process to ensure that the wide range of organisations and groups with an interest in the issue of overweight and obesity in children and young people were involved in the work of the taskforce. This engagement process commenced by seeking the opinions and suggestions of more than 300 children and young people and over 200 parents so that these views could inform and direct discussions with all other groups. It concluded with an intersectoral stakeholder event in March 2005, which was attended by over 100 people from a variety of professions, sectors and organisations.

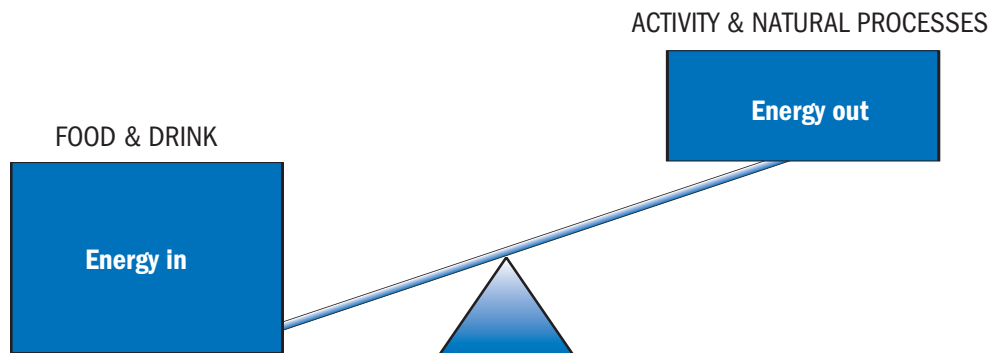
What is Obesity?

3. Obesity is a condition where weight gain has got to the point that it poses a serious threat to health. Obesity is usually measured by Body Mass Index (BMI), which is a function of person's height and weight. In adults having a BMI of 25-30 is classified as being overweight and having a BMI of 30 or more is classified as obese. For children, special curves have been designed to calculate BMI as the height and weight of children varies with age and gender.

What Causes Obesity?

4. The cause of obesity appears to be obvious. It occurs when an individual takes in more energy through the food and drink they consume than they expend through natural bodily processes and physical activity. The direct cause of obesity is, therefore, an energy imbalance. However, it doesn't take much to tip the balance. It has been estimated that an average adult whose daily energy intake is just 60 calories more than their energy output will become obese within ten years.

An unhealthy balance



Adapted from "Storing up problems: The medical case for a slimmer nation." Royal College of Physicians, Royal College of Paediatrics and Child Health, Faculty of Public Health, 2004.

5. It is less clear which factors contribute most to tipping the energy balance. In terms of the intake side of the equation, people don't appear to be taking in more calories, but our diet contains too much fat and sugar, and eating high fat, energy dense foods can create an overeating effect and contribute to obesity. But it's not just what we eat but also the way we eat, for example, more snacking and greater dependence on prepared foods, which may be of importance. In relation to energy use, we are undoubtedly less active than previous generations and low levels of activity contribute to obesity. The National Audit Office estimated that the extra physical activity involved in daily living 50 years ago, compared with today was equivalent to running a marathon a week¹.
6. The picture becomes even more complex when we look at the factors that are causing the changes in our eating habits and activity levels and indirectly resulting in rising obesity levels. The

World Health Organisation believes that we live in an obesogenic environment in which a range of factors in our physical, socio-economic and cultural environment act to promote calorie intake and discourage physical activity². Factors such as the advertising and promotion of an unbalanced diet, the availability of high calorie, energy dense, convenience foods, the relative cost of healthy food options and inadequate cooking skills were identified as contributing to our less than perfect diet by the Health Select Committee³. The greater use of cars, parental reluctance to let children play outdoors due to concerns about traffic and stranger danger and the popularity of access to television and computers and other sedentary pastimes were identified by the Chief Medical Officer for England as threats to children’s overall activity level⁴.

7. The World Health Organisation in its report on diet, nutrition and the prevention of chronic diseases⁵ presented four classes of evidence on factors that might promote or protect against weight gain.

Summary of the strength of evidence on factors that might promote or protect against weight gain and obesity

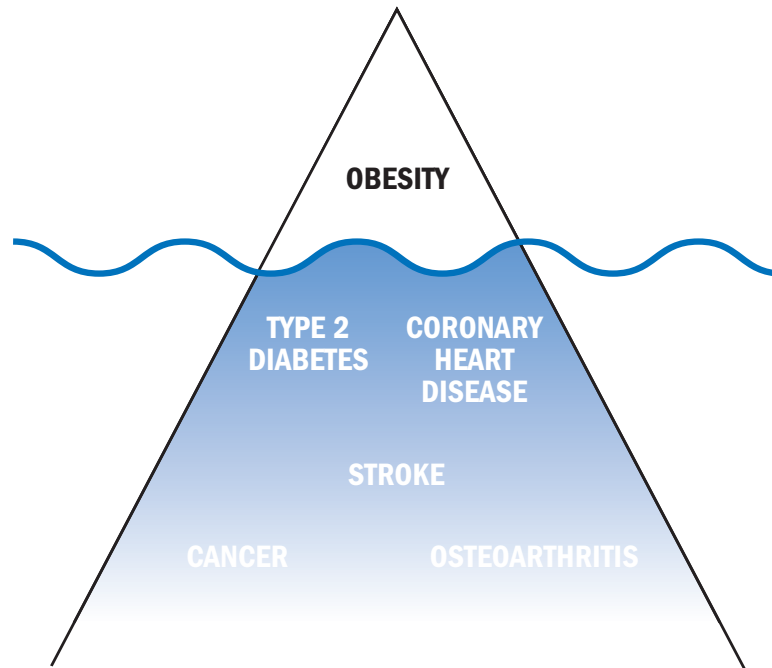
Evidence	Decreased Risk	No Relationship	Increased Risk
Convincing	Regular physical activity High dietary intake of NSP (dietary fibre)		Sedentary lifestyles High intake of energy-dense micronutrient poor foods
Probable	Home and school environments that support food choices for children Breastfeeding		Heavy marketing of energy-dense foods and fast food outlets High intake of sugar-sweetened soft drinks and fruit juices Adverse socio-economic conditions
Possible	Low glycaemic index foods	Protein content of the diet	Large portion sizes High proportion of food prepared outside the home “Rigid restraint/periodic disinhibition eating patterns”
Insufficient	Increased eating frequency		Alcohol

Why should we be worried about rising levels of obesity in children?

8. The impact of being obese on an individual's health and well-being, coupled with the reported increases in obesity levels, have resulted in obesity being described as a "health time-bomb". Whilst such language is emotive, the results of investigations conducted as part of Fit Futures would support this description^{1, 3, 6, 7, 8}.
 - Obesity reduces life expectancy by approximately nine years.
 - Obesity significantly increases the risk of Northern Ireland's biggest killer diseases: Coronary Heart Disease and Cancer.
 - Being obese dramatically increases the chances of being diabetic. A woman who is classified as being obese is ten times more likely to become diabetic than a woman who is not overweight.
 - Obesity and diabetes were traditionally considered to be diseases of middle age, but risk markers for cardio-vascular disease are now being identified in young people and, for the first time, type 2 diabetes is being diagnosed in significant numbers of children.
 - Obesity can impact on the emotional and psychological well-being of young people and on their sense of self-esteem.
 - Obese children are more likely to become obese adults and children of obese parents are significantly more likely to become obese, thus creating the potential for an upward spiral in levels of obesity.
9. In addition, obesity is in many ways only the visible part of a public health iceberg, caused by changes in our eating habits and our activity levels. Fit Futures found that there was a very significant disparity between the actual eating habits and activity levels of many children and young people and what activity levels and nutrition should be to promote and support good health. For example, the Young Persons' Behaviour and Attitudes Survey⁹ of 11-16 year olds living in Northern Ireland, reported that, in 2003, 67% of participants in the survey ate chocolate bars or biscuits and 31% eat chips or other fried potatoes at least once a day, but another local survey¹⁰ revealed that 20% of boys and 12% of girls do not eat any fruit or vegetables on a daily basis. The Young Persons Survey also reported that, in 2003, 32% of girls and 22% boys were exhibiting sedentary behaviour, exercising to the extent

that they get out of breath or sweat for less than an hour a week out of school hours. This is particularly worrying, as activity levels tend to decrease with age.

Obesity: The tip of the iceberg



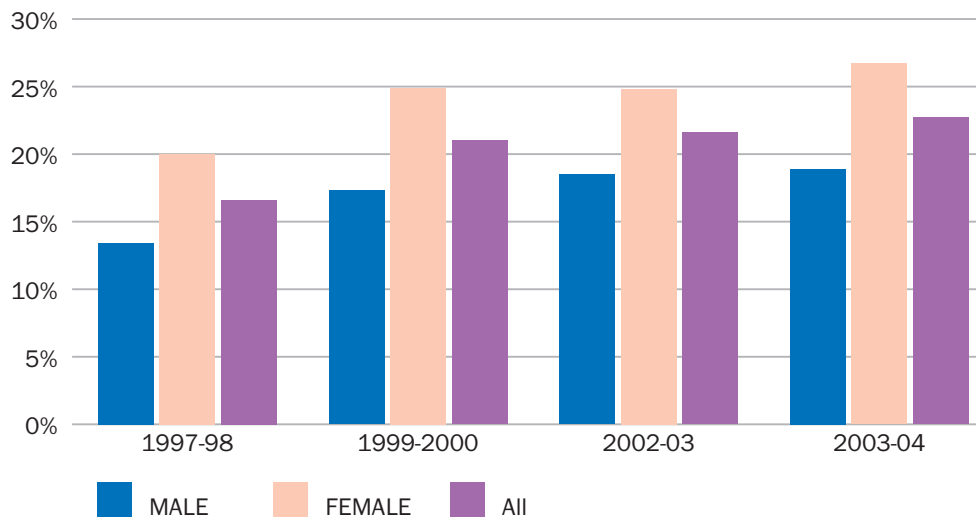
10. Rising obesity levels are also a potential financial time bomb. The Health Select Committee³ estimated that the economic cost of obesity in England is £3.3 – £3.7 billion per year, of which £1 billion is directly attributable to the costs of treating obesity and its consequences. Analysis provided to the Clinical Resource Efficiency Support Team (CREST) group on the management of obesity¹¹ estimated that just stopping the year on year increase in levels of obesity would, over the next twenty years, save the Department of Health, Social Services and Public Safety £210 million.

Is this really a problem among children and young people in Northern Ireland?

11. Research studies in many developed and developing countries have reported large increases in obesity levels among both adults and children. Analysis commissioned by Fit Futures found that levels of obesity in children living in Northern Ireland are increasing year on year and that around one in five boys and one in four girls are

overweight or obese in primary one¹². The Young Hearts Study of 12 and 15 year olds living in Northern Ireland also reported that levels of overweight and obesity have increased by over a quarter in ten years¹³.

% of children aged 4½ to 5½ in Northern Ireland classified as being overweight or obese



Source: Child Health System

12. It is also important to recognise that obesity can be a bigger problem for some sections of society. For example, women who are less well off are significantly more likely to be obese than more affluent women³. Whilst there is as yet only limited evidence to suggest that children from less well off families are more likely to be obese¹⁴, it is clear that children and young people from families in lower socio-economic groups eat a poorer diet and are less likely to participate in sport or exercise^{9,10}. People with a disability and from some ethnic minority groups may also be more likely to be obese³.

What needs to be done to prevent levels of overweight and obesity in our children and young people from continuing to increase?

13. The Fit Futures taskforce was provided with many examples of good practice in relation to improving nutrition and increasing activity levels, though in relatively few instances was obesity prevention the principal objective of the practice. In addition, a

number of strategic policies were identified by stakeholders as either already contributing to obesity prevention or having the potential to have a significant impact on obesity levels if appropriately oriented. However, there was a clear consensus among participants in the taskforce that a more systematic approach to obesity prevention would be required.

14. To direct this new approach to obesity prevention, the Fit Futures steering group, based on the discussions at an intersectoral stakeholder event, established a vision of a Fit Future.

“In the Fit Future, children and young people, of all ages and from all sections of our society, will be motivated and supported to access a range of readily available, quality, enjoyable opportunities to be active and eat healthily.”

15. In considering how to deliver this vision, the Fit Futures taskforce considered not just what should be done, but also how it should be done to have most effect. The taskforce, therefore, recommends that policies and strategies to tackle obesity should take adequate account of the importance of the role of parents and families in establishing and supporting good nutrition and active living, particularly during the first few years of a child's life. One of the key messages to emerge from the Fit Futures consultation process is that parents have primary responsibility for ensuring the health and well-being of their children, but that action needs to be taken to support parents to fulfill this role effectively.
16. The development of the basic knowledge and skills necessary to encourage and support children and young people to be active and eat healthily, among those supporting and working on a daily basis with children and young people, was also identified as an important way of enabling children to make healthy choices. Policies and programmes also need to recognise the complexity of obesity and that a long-term commitment will be required if current trends are to be halted and then reversed.
17. Obesity is not restricted to one sector of society and a population approach to obesity prevention should be adopted. However, particular attention needs to be paid to children and young people

on low income or with a disability as they face additional barriers to healthy eating and active living. Activity levels in girls are also a particular concern. In addition, policies and programmes to tackle obesity in children need to recognise that the most effective solutions are likely to focus on promoting and developing the self-esteem of young people and that there is significant benefit to be gained from making the healthy option the fun option. Above-all, the Fit Futures taskforce recognises that policies and strategies to tackle obesity must take account of the available evidence in relation to what works and what doesn't work when it comes to obesity prevention.

What should the priorities for action be?

18. During the work of the Fit Futures taskforce, several hundred suggestions were made about the need for new policies, strategies, programmes and resources and for changes to existing policies and practices. Nevertheless the remit of Fit Futures was to make recommendations on priorities for action: six priorities for action have been identified.

Developing Joined-Up Healthy Public Policy

19. Obesity will only be tackled if we improve eating habits and increase activity levels. Immediate action should be taken to overcome the potentially disjointed approach to the promotion of physical activity, sport and leisure, and play and the sometimes conflicting policies being promoted by different government departments and agencies with responsibility for food policy and by the food industry. Local authorities will have an increasingly significant role to play in helping to connect these agendas. Action should also be taken, as a matter of priority, within the health sector to ensure that all the relevant professions work together to tackle obesity, to promote the sharing of limited expertise and to facilitate easy access to guidance and advice.

Providing Real Choice

20. The environment in which we live is indeed obesogenic and a concerted effort is required to address those aspects of the media, physical, consumer and financial environment that promote obesity and prevent children and young people from exercising

real choice. The local food industry should respond quickly and constructively to action planned at national level to introduce controls on the advertising and promotion of foods to children, to introduce an agreed nutritional signposting system and to ensure that young children are protected in schools from the promotion of unhealthy options. Government departments and agencies have a major role in offering children real choice by creating a demand for healthy choices through public sector food procurement, by prioritising action to tackle the barriers to healthy food, which are experienced by families on low-income, by ensuring that targets to increase active travel are achieved and opportunities for active play are available and accessible.

Supporting Healthy Early Years

21. It was the view of many of those involved in the work of the Fit Futures taskforce, including a number of children and young people and a number of parents, that food preferences and attitudes towards physical activity are formed in early life and that once formed it can be very difficult to change them. The importance of ensuring, during the first few years of a child's life, that parents are supported in their efforts to encourage their children to develop health-supporting behaviours, was also recognised. Such an approach should be encouraged through the extension of the healthy schools programme to early years settings and by organisations with responsibility for regulating early years provision ensuring that common standards in relation to nutrition and daily physical activity are established and compliance with these standards monitored. A number of projects highlighting what can be done to tackle obesity in early years were identified during the work of the taskforce, but action must be taken to mainstream such good practice through the provision of quality training and guidance to those working in the early years sector.

Creating Healthy Schools

22. There was huge concern among those involved in the work of Fit Futures that the benefits of health education were being negated by the conflicting messages sent out by school meals that don't adequately address children's nutritional needs, tuck shops and vending machines which promote foods that are high in salt, fat

and sugar and by the lack of time and priority afforded in some schools to providing high quality physical education. There was also, not surprisingly, overwhelming support by participants in the taskforce for action to ensure that schools reflect, through their ethos and environment, what is taught in schools.

23. There is evidence that whole school approaches can assist in preventing overweight and obesity in children and young people¹⁵. Therefore, a healthy schools partnership should be established with aim of supporting all schools to become healthy schools over the next ten years. To deliver this objective, schools should be required to integrate health improvement planning into the school development planning process and schools should be supported in their efforts to improve health through the provision of training and guidance, and by enabling access to appropriate support from local health professionals.
24. School meals and physical education are the visible manifestations of government policy in relation to nutrition and physical activity for children and young people. Therefore, a food in schools programme should be established and this should include a resourced, inspected programme to introduce food and nutrient based standards for all food in schools. This programme should also seek to support the effective implementation of the new statutory entitlement in relation to Home Economics, which would appear to provide an opportunity to ensure that practical cooking skills are developed by the next generation. The taskforce also recommends the development of an active schools programme to support efforts to deliver daily opportunities for physical activity, including play, sport and leisure and active travel, throughout what is an increasingly extended school day and to ensure that those working with children have the skills and competencies to enable them to develop basic physical skills.

Encouraging the Development of Healthy Communities

25. Community-based approaches can be effective in engaging with people from lower socio-economic groups and many stakeholders identified the importance of such approaches in tackling overweight and obesity. Community-based initiatives, such as the Health Action Zones and Healthy Living Centres, provided the

taskforce with a number of examples of community led health improvement programmes aiming to improve nutrition and increase physical activity levels. The new healthy schools programme should seek to support the development of schools as hubs within the community, supporting the health and well-being of their local communities, as well as their staff and pupils. Programmes to tackle obesity in disadvantaged communities, by supporting the development of basic cooking skills in people with low incomes, should be mainstreamed and health improvement planning should be fully integrated into the Neighbourhood Renewal Process.

Building the Evidence Base

26. The Fit Futures taskforce identified through the involvement of local research and academic partners that there are a number of gaps in our understanding of overweight and obesity in children and young people, how it's caused and what can we do to prevent it. However, during the lifetime of the taskforce a number of surveys and studies have been developed to improve the local research and information base. It is essential that, for as long the problem of rising obesity levels persists, there should be systematic surveillance of obesity levels in children and of childhood nutrition and activity levels. The Fit Futures taskforce also recognises the need for more robust evaluations of policies and programmes that are aiming to tackle obesity in children and recommends that the evaluation of interventions should be the priority for future research funding.

How and when will these priorities be addressed?

27. The Fit Futures taskforce identified examples from across Northern Ireland, England, Scotland, Wales, the Republic of Ireland and even Scandinavia of where the policies and programmes being advocated in its report are already being implemented. The taskforce, therefore, argues strongly that all its recommendations can be implemented and, because of the health and financial consequences of inaction, should be implemented as matter of priority.

28. Many of the recommendations made by the taskforce can be implemented at little cost and are really about doing things better and delivering a “bigger bang for our buck”. However, the Fit Futures taskforce recognises that some of the priorities for action will require significant investment.
29. The Fit Futures taskforce was established to report to the Ministerial Group on Public Health and it is ultimately a matter for it to consider and respond to the Fit Futures’ recommendations and to determine how the recommendations should be resourced. Nevertheless, to assist the Ministerial Group in this process, the Fit Futures steering group argues that initial investment should focus on targeting need, building capacity and developing joined-up delivery structures and recommends that government departments should work together to provide the resources required to support the delivery of the Fit Futures recommendations.
30. In addition, to ensure that momentum is maintained, the Fit Futures steering group recommends that the Ministerial Group on Public Health should:
 - publish a response to its recommendations within 3 months of receiving the Fit Futures report;
 - monitor the implementation of agreed recommendations; and
 - publish a progress report on an annual basis.

Further Information

31. The full report of the Fit Futures taskforce, the research papers commissioned by the Fit Futures steering group and reports on the various phases of the stakeholder engagement process can be accessed at www.investingforhealthni.gov.uk/fitfutures.asp

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APPENDIX 1

Terms of Reference for Fit Futures: Focus on Food, Activity and Young People

The Taskforce will, in relation to children and young people in Northern Ireland:

- review the factors that impact on the levels of overweight and obesity and, in light of best practice, consider and evaluate options for preventing the development of overweight and obesity;
- consider and assess the extent to which, in tackling overweight and obesity, actions need to be targeted to take account of the needs of specific groups within society and ensure that social need is targeted effectively;
- engage with stakeholders to stimulate action to tackle overweight and obesity; and
- make recommendations to the Ministerial Group on Public Health on priorities for action.

Membership of the Fit Futures Steering Group

- Mr Jack Palmer, Department of Culture, Arts & Leisure
- Dr Eddie Rooney, Department of Education (Chairperson)
- Dr Lynne McMullan, Department of Education
- Dr Elizabeth Mitchell, Department of Health, Social Services & Public Safety
- Mrs Maeve Walls, Department for Social Development
- Mr Morris McAllister, Food Standards Agency
- Dr Brian Gaffney, Health Promotion Agency
- Mrs Siobhan Fitzpatrick, NIPPA - the early years organisation
- Mr John News, Sports Council for Northern Ireland



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