

Fighting obesity in the uk health essay

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This brief aims to provide information to contribute towards developing a better national policy to reduce adult and childhood obesity in the UK. The brief has been developed by The Local Government Information Unit (LGIU) to provide insights into issues of interest to the Health Secretary. The rising levels of obesity among both adults and children worldwide draw attention of governments, media, NGOs, doctors and public and could be described as a modern epidemic. UK citizens have alarming rates of obesity growing every year, second highest after the USA, thus tackling obesity requires fast solutions that will also work in the future. This brief addresses policy options that can reduce these levels and looks into strategies to prevent weight gain and promote healthier lifestyle through systemic and individualising frames.

Executive Summary

Background – Relevance

Obesity remains one of the most significant global public health problems along with tobacco use and alcohol consumption leading to non-communicable diseases (NCDs). Yet there is no effective policy that could solve the problem in the long run. To classify as obese a person must have a body mass index (BMI) of 30 or more. The BMI is taken as the ratio of weight in kilograms to height in metres squared. Diets high in fat, sugar and salt can result in overweight and obesity – particularly when a person's intake from food and drink exceeds the energy they use. In the UK more than a quarter of population is obese. It has been estimated that by 2050, approximately 55% of adults and 25% of children will be obese. Unhealthy diets and physical inactivity are among leading causes for NCDs, including cardiovascular disease, type 2 diabetes and certain types of cancer (The

Global Strategy on Diet, Physical Activity and Health, 2004). Around 58% of the incidences of type 2 diabetes, 21% of cases of heart disease and between 8% and 42% of certain cancers (endometrial, breast and colon) are attributable to excess body fat. Obesity reduces life-expectancy by an average of 9 years and is responsible for 9, 000 premature deaths a year in England. The cost of treating obesity falls to NHS shoulders. It is estimated that overweight and obesity now costs the NHS £5. 1 billion per year. Obesity imposes costs not only on those who become obese but also on the rest of society. These costs include medical costs for treating obesity and its resultant illnesses, lost working days and so on. While for many years eating and exercising habits remained a private choice for an individual, but due to implications on life expectancy and medical costs obesity has become a government priority. The major challenge policy-makers have to overcome is drawing a line between normative restriction of calorie intake, negotiating with multinational food production companies and choices that people make concerning diet and physical activity.

Background – Status Quo

There exists somewhat of a problem when trying to fit obesity into policy-making. If we analyze previous White Papers and guidelines on obesity it stands out that obesity has been classified differently in each paper. It leads to confusion not only among decision-makers but general public as well. The National Audit Office paper, Tackling Obesity in England, in 2001 suggests that obesity is a medical problem. Instead of giving instructions how to overcome the problem it focuses on giving recommendations to NHS officials and shifting responsibility to healthcare services. The Wanless Reports

(2002, 2004) pose obesity as an economic problem exploring how to use budget of the NHS to tackle obesity. The House of Commons Select Committee Report on Obesity, 2004 presented it as a social problem: 'The causes of obesity are diverse, complex, and in the main, underpinned by what are now entrenched societal norms'. The public health white paper, *Choosing Health: Making healthy choices easier*, painted obesity as public health problem giving individual choice, highlighting the right of freedom in that choice. The latest paper *Healthy Lives, Healthy People: A call to action on obesity in England (2011)* is a mixture of all types mentioned above in order to find a more efficient solution; it admits the failure of previous directives: 'Past efforts have not succeeded in turning the tide. We need a new way of looking at the issue – and new approaches to tackling it together.' The first two papers presented obesity within systemic frames that broaden the focus, assigning responsibility to government, business, and larger social forces. While later papers emphasize individualizing frame that limit the causes of a problem to particular individuals, often those who are afflicted with the problem. Defining a problem in individualized terms limits governmental responsibility for addressing it, while systemic frames invite governmental action. The model of public health—the collective health of populations and their environment—espoused by early public health practitioners has long contended with competing theories that focus on personal behaviour or "lifestyle" (Tesh 1988). In the past few decades in particular, the traditional approach has "subtly yielded to a far more individualistic model in which each person [is] considered responsible for his or her own health status" (Garrett 2000: 391).

Policy Options

Options available to a decision-maker fall into two categories: 'soft' and 'hard' approach. To fight obesity it is recommended to combine these approaches. Soft approach includes: Educating citizens about causes and consequences of obesity so they can make informed choices about food and drinks they consume. Making sport activities more popular through marketing and more affordable through opening public gyms, pools, group and family exercise. Cultivating eating behaviour and regular exercise from an early age in nurseries, schools, summer camps, etc. Correct labelling of the high-calorie/sugar/salt products which is easy to understand among all age groups Cooperation with high profile sportsmen/celebrities/TV presenters/public figures to promote a healthy lifestyle Free governmental voluntary schemes built on the same principles as Weightwatchers Opening telephone/online help lines for obese people with adequate advice from medical professionals Raising awareness of high calorie count in alcohol Hard approach includes: Introducing a 'fat tax' on unhealthy foods and beverages similar to tobacco and alcohol Legal restrictions on fast food chains binding them to reduce the amounts of saturated fat/sugar/salt in their products Banning ads on TV (not only on children's channels) of snacks and sugary drinks during day and night time Stopping free NHS treatments related to obesity such as gastric bands, etc. Withdrawing benefits from obese people who do not commit to governmental weight loss programmes Putting obese people in boot camps if they fail to lose weight over a certain period of time (referrals from GPs) While some of the proposed points are being implemented already, it is advisable to compare advantages and disadvantages of each approach to balance use of prevention (raising <https://assignbuster.com/fighting-obesity-in-the-uk-health-essay/>

awareness) and restriction (economical and fiscal measures). In order to fight obesity using soft and hard approaches it is necessary to understand what causes it; therefore it is not enough to for the policy to be reactive, it needs to be proactive. Obesity can be regarded as a biological disorder needing medical treatment, a result of individual behaviour or the environmental frame where globalisation, media and multinational food production companies create such an environment designed to consume more and more fast food. The determinants of obesity are complex. Factors include: genetic disposition, early life nutrition and growth, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education, social and economic factors and the influence of the media. Soft approach falls into an individualistic frame where the decision making depends on a person themselves while policy-makers provide relevant information for making an informed choice. It is easier to implement as it shifts responsibility from the government onto the individual. However, it does not guarantee that a person will follow the guidelines made by authorities. Hard approach can deliver faster results as it will affect not only those seeking help as well as people who do not try to lose weight. Its normative paradigm requires careful cooperation with food production companies to agree on a set of standards and norms. Introduction of a 'fat tax' (that has already happened in France on sugary drinks and in Hungary) would benefit not only health but contribute to the budget spent on medicines tackling obesity, investment in raising awareness, etc. There are different forms such a tax could take. One possibility is to tax the nutrient contents of foods such that those containing more fat or salt, for example, are taxed more heavily. Alternatively, particular types of foods, such as

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snacks or soft drinks, could be subject to a tax, or VAT could be extended to foods that are currently zero-rated but have a high fat content. Given some of the problems highlighted in taxing fat or nutritional content, a more likely policy would perhaps be the taxation of certain foods that are considered unhealthy, such as snack foods or soft drinks. This would be akin to current legislation on alcohol and tobacco, which are also taxed with health concerns in mind. There are limited examples of such schemes in operation around the world at the moment, and some of these raise substantial revenues.

Recommendations

Current exponential growth of obesity demands more radical actions. While implementing soft approach that could address the problem in the long run, using hard approach will decrease levels of obesity much faster. Introducing a 'fat tax' on snacks and high-sugar drinks is recommended in the UK.

Countries such as France, Denmark and Hungary have already launched similar programmes whilst their levels of obesity are much lower than in the UK. Normative regulations helped to decrease the number of smokers and the same can be done with obesity rates. While unlike tobacco fats and sugar are a part of a balanced diet so the harm isn't immediate taxation will result in lower consumption and provision of extra funding to invest in the soft approach.