

Obesity Health Alliance briefing: Health inequalities

House of Commons backbench business debate on Thursday 24th November 2016

Key messages

- More than one in five children are overweight or obese before they start primary school, and this figure rises to more than one in three by the time they leave Year 6.¹ This is putting our children at risk of developing serious health conditions such as Type 2 diabetes, heart and liver disease and cancer as well as related mental health problems.
- Public Health England figures show a continuing widening inequality gap in the overweight, obese and excess weight categories for Reception boys and girls and Year 6 boys and girls.²
- Three in five (60%) of the most deprived boys aged five to eleven are predicted to be overweight or obese by 2020, compared to about one in six (16%) of boys in the most affluent group.³ Overall, 36% of the most deprived children are predicted to be overweight or obese by 2020 compared to just 19% of the most affluent.
- The Obesity Health Alliance (OHA) believes that a comprehensive package of measures, including implementation of the soft drinks industry levy, closing existing loopholes on marketing of unhealthy food and drink to children, and a comprehensive food and drink reformulation programme, will reduce rates of childhood overweight and obesity and address the social inequality in overweight and obesity prevalence.

Obesity and inequalities

- Children living in poverty are more likely to have negative health outcomes and to be exposed to risks that perpetuate ill health such as poor diet and lack of physical activity.⁴
- The prevalence of childhood obesity is a clear example of the link between poverty and poor health outcomes. Children from deprived areas of the UK are twice as likely to be overweight or obese as their counterparts from less deprived areas.
- Recent figures from OHA, show a looming significant weight gap between the poorest and wealthiest primary-school aged boys living in England. Three in five (60%) of the most deprived boys aged five to eleven are predicted to be overweight or obese by 2020, compared to about one in six (16%) of boys in the most affluent group.
- The most deprived girls didn't show the same trend, and are projected to have similar obese and overweight prevalence rates to their more affluent counterparts with an average of one in five girls predicted to be obese or overweight by 2020.
- Overall, the OHA figures reveal that 36% of the most deprived children are predicted to be overweight or obese by 2020 compared to just 19% of the most affluent.
- Children aged 4 to 10 years are consuming more than double the recommended amount of sugar,⁵ with consumption levels highest amongst the most disadvantaged children who are hit hardest by obesity and tooth decay. Tooth decay is now the number one reason for hospital admissions among young children aged five to nine. In 2014-15 the rate of tooth extractions in Yorkshire and the Humber (an area with a high rate of deprivation) was five times the rate recorded than in the more affluent East of England (6,413 episodes compared to 1,328 episodes).⁶

Calls to action

1) Implementation of the Government's planned soft drinks industry levy

- There is a clear link between sugar intake and childhood overweight/obesity, as illustrated in the Scientific Advisory Committee on Nutrition's July 2015 report on Carbohydrates and Health.⁷ With 30% of the sugar in children's diets coming from sugary drinks,⁸ it is clear that action is needed in this area.
- OHA wants to see the Government's planned soft drinks industry levy passed without dilution through the Finance Bill 2017.
- The impact of this tax should be independently and robustly evaluated on a yearly basis.
- Polling from March 2016 found that 69% of the public support a tax on sugary drinks.

2) Closing existing loopholes on marketing of unhealthy food and drink to children

- Research shows that marketing greatly influences the food children choose to eat and how much they eat. Exposure to this marketing may also vary with socioeconomic status. One British study found that those from the lowest social economic group saw more than twice as many unhealthy food adverts on TV compared to those from the most affluent group.⁹
- Current loopholes in regulations mean that children are exposed to promotions for food and drink that is high in fat, salt and sugar (HFSS), particularly during the programmes children watch most, particularly during peak family viewing time between 7-8pm.
- OHA was disappointed to see no references to marketing included in the Government's Childhood Obesity Plan. Closing the loophole which allows advertising of HFSS before 9pm would reduce the amount of HFSS adverts seen by children by 82 per cent compared to just 37 per cent for the current regulations.
- The Government should also act to reduce children's exposure to marketing messages for unhealthy food and drinks in all media by introducing new rules which restrict the marketing of HFSS products to children under 16 across other forms of broadcast media, social media and advertising and limiting the techniques that can be used to engage with children.
- The Committee of Advertising Practice, the body responsible for writing marketing codes for non-broadcast media, including social media, company websites and posters are due to announce the result at any time of their consultation on tightening the existing regulations for non-broadcast media.

3) A comprehensive reformulation programme to make food and drink healthier

- Reformulation programmes can have a positive impact on reducing consumption of unhealthy nutrients over time. For example, between 2003 and 2011 salt consumption was reduced by 15% in the UK through a voluntary reformulation programme set up by Consensus Action on Salt and Health and the Food Standards Agency. 64 per cent of the public support reformulation.¹⁰
- OHA will be closely monitoring Public Health England's voluntary sugar reduction programme, as outlined in the Government's Childhood Obesity Plan, and call on the whole food and drink industry to adopt and work with the targets set by PHE. We want ambitious targets for sugar reduction, as well as for calories, salt and fat when the reformulation programme is expanded.

For more information about this briefing or the Obesity Health Alliance, please contact:

Caroline Cerny / caroline.cerny@ukhealthforum.org.uk / 020 7832 6928

About the Obesity Health Alliance

The Obesity Health Alliance is a coalition of more than 35 national organisations that have come together to represent the unified voice of the public health sector on issues relating to overweight and obesity in the UK. Via our wide membership, the OHA represents the views of hundreds of thousands of health professionals and public health experts across the UK whose scope of work includes cardiovascular disease, diabetes, cancer, nursing, mental health and child health.



¹ NHS Digital. National Childhood Measurement Programme - England 15/16, <http://content.digital.nhs.uk/searchcatalogue?productid=23381&q=national+child+measurement+programme&sort=Relevance&size=10&page=1#top>

² Public Health England (2016), *National Child Measurement Programme: Changes in children's body mass index between 2006/7 and 2014/15*

³ Obesity Health Alliance / UK Health Forum modelling, *3 in 5 of England's most deprived boys will be overweight or obese by 2020*, <http://obesityhealthalliance.org.uk/2016/10/11/3-5-englands-deprived-boys-will-overweight-obese-2020/> (accessed 24 October 2016)

⁴ RCPCH and NCB (2014), *Why Children Die – part B: A policy response for England* <http://www.rcpch.ac.uk/sites/default/files/page/Why%20children%20die%20part%20B.pdf> (accessed 1 November 2016)

⁵ Public Health England (2016) *National Diet and Nutrition Survey Results from Years 5 and 6 (combined) of the Rolling Programme (2012/2013 – 2013/2014)*

⁶ Health and Social Care Information Centre (2016) *NHS Outcomes Framework: England, February 2016: Quarterly Publication*

⁷ SACN Carbohydrates and Health report, <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>, July 2015

⁸ Change4Life Sugar Smart <https://www.nhs.uk/sugar-smart/sugar-facts>, accessed 1 November 2016

⁹ Adams, J et al (2012) *Socio-economic differences in exposure to television food advertisements in the UK: a cross-sectional study of advertisements broadcast in one television region*. *Public Health Nutr.* 2012 Mar;15(3):487-94. doi: 10.1017/S1368980011001686. Epub 2011 Aug 2.

¹⁰ YouGov Plc. Total sample size was 1,774 adults. Fieldwork was undertaken between 25th - 26th January 2016.