

Exploring Public Perceptions of Obesity and Healthy Weight Policies Research Findings

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Agenda

- Project background
- Current perception of overweight/obesity
- Responsibility and action awareness
- Media focus on overweight/obesity
- Response to policy initiatives
- Summary and recommendations



Project Background

Background

The Obesity Health Alliance (OHA) has a plethora of polling data, but little insight into why the public may or may not support certain policies or hold views about the government's role in addressing obesity.

The COVID-19 pandemic, and association of more severe disease among people with obesity, may also have an impact on public perceptions of the risks of obesity and the government's role in addressing obesity.



Research Objectives

To explore awareness, understanding of and response to Obesity and Healthy Weight Policies from the public.

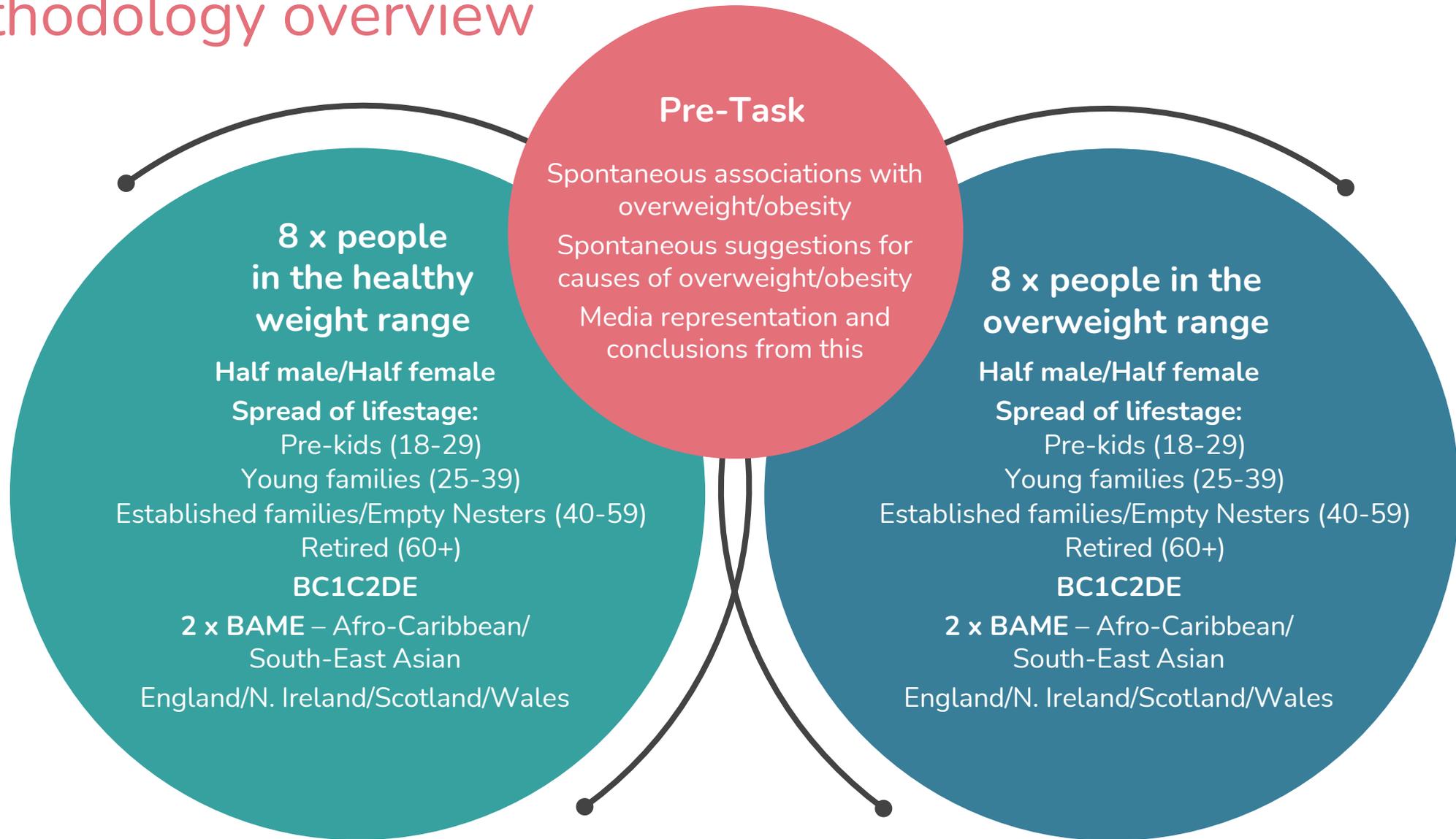
Cultural context

- What are current perceptions of overweight/obesity?
- What do people consider the health impacts to be?
- What do people see as the causes and drivers of overweight/obesity?
- What are perceptions around personal and parental responsibility?
- What is influencing people's current perceptions: where is this knowledge being influenced/formed?
- What is people's response to media treatment of overweight/obesity?

Response to policy

- What is current awareness of policy measures?
- What are views on current government approaches, to prevent and treat obesity?

Methodology overview



16 x 45-minute pre-tasked zoom depths

All fieldwork conducted between 4th and 6th May 2021 by April Blanchard and Emma Underwood

Sample Framework

No	Gender	Age	Status	Ethnicity	Region
1	M	20	Healthy body weight for my height	White British	England
2	F	42	Several stones over my ideal weight	Afro-Caribbean	
3	M	35	A few pounds over	White British	
4	F	65	Probably 1-2 stones over my ideal weight	White British	
5	F	26	Healthy body weight for my height	Afro-Caribbean	Scotland
6	M	19	Probably 1-2 stones over my ideal weight	South East Asian	
7	F	40	Healthy body weight for my height	White British	
8	M	68	Probably 1-2 stones over my ideal weight	White British	
9	M	42	Healthy body weight for my height	South East Asian	Wales
10	F	24	Several stones over my ideal weight	White British	
11	M	75	A few pounds over	African/Caribbean	
12	F	39	Several stones over my ideal weight	White British	
13	F	66	A few pounds over	White British	N. Ireland
14	M	28	Several stones over my ideal weight	White British	
15	F	23	Healthy body weight for my height	White British	
16	M	55	Probably 1-2 stones over my ideal weight	White British	

Current perceptions of obesity/overweight

Overweight/obesity is a personal and societal issue

Range of personal and societal influencers that impact on high level of overweight/obesity in the UK

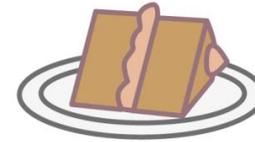
Personal mental influences

- Emotional eating/comfort eating
- Problems with addiction (alcohol)
- Mindset issues around food
- Depression



Behaviour

- Eating too much/unhealthy food
- Alcohol
- Not getting exercise



Personal physical influences

- Poor sleep
- Specific health issues e.g. PCOS, thyroid problems



Societal influences

- Food/drink as 'social glue'
- Overweight families
- Culture around food (min – BAME)



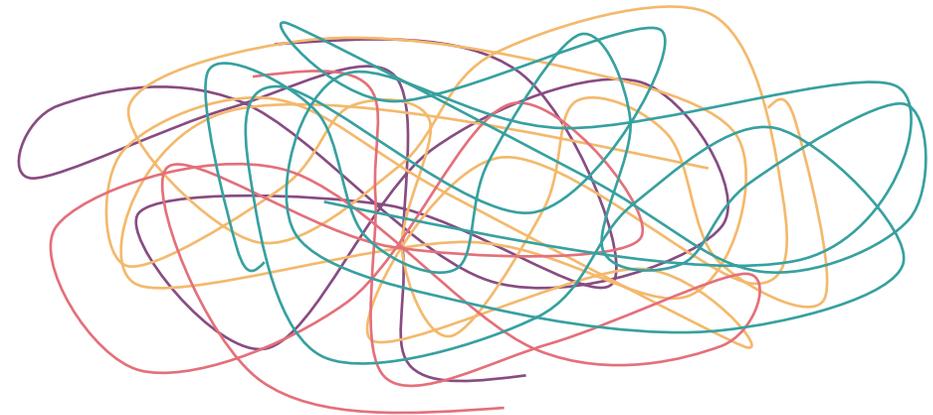
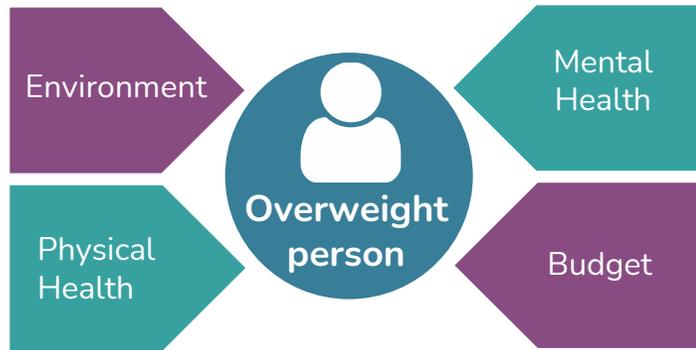
Financial/environmental influences

- Low price and convenience of unhealthy food
- Accessibility of unhealthy food
- Poverty
- N.B Strong sense of this as a cultural vs. personal issue in Scotland



People with overweight/obesity are more in touch with the huge complexity of the issue

Awareness of range of influencing factors contributes to lack of 'blame/shame' around overweight/obesity



Healthy weight perspective

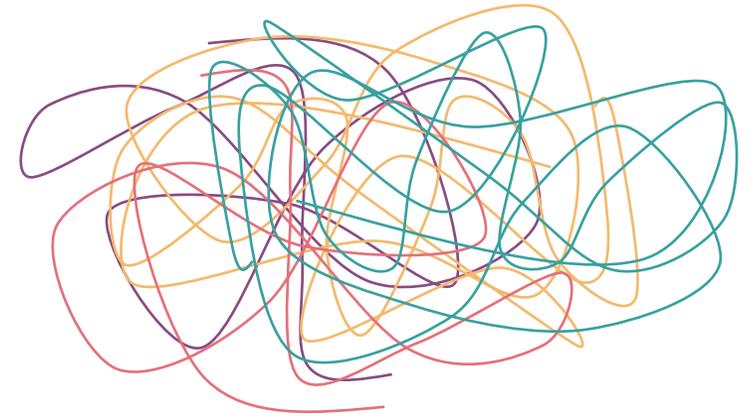
- More simplistic perspective on influential factors which impact behaviour
- Ultimately comes down to what you eat and amount of exercise taken
- Understand that this is strongly influenced by a range of psychological and environmental factors
- Perspective is more linear with simpler linkages

Overweight/obese perspective

- People dealing with overweight/obesity place more focus on mindset issues
- Heightened awareness of social/environmental/cultural factors
- Often struggle with own mindset/self-understanding (esp. women and younger)
- See the complexity of overweight/obesity
- Richer, more detailed ladders around causes
- Rapid switch from factor to factor

People with overweight/obesity are more in touch with the huge complexity of the issue

Awareness of range of influencing factors from all contributes to lack of 'blame/shame' around overweight/obesity



Healthy weight perspective

More simplistic perspective

Middle ground

- People of healthy weight who are 'close' to overweight/obesity
- See at first hand the complexity of the challenge
- E.g. Daughter has PCOS, Personal training as a hobby

Overweight/obese perspective

Complex interwoven mindset, environment, cultural issues

Complexity

“I think weirdly enough food is the happy thing, but food is also my sad thing as well, like what I do fall back on in terms of, I know I do emotionally eat, like if I’m really upset I would eat like more sweet things or the junk things, then equally, if I had a really great day, I will still go and get a takeaway, which will be equally fatty, which is probably counter reactive, because either way it’s food that is my like fallback thing”

Female, 42, Obese, Afro-Caribbean, England

“I think there’s a lot going on that has led people to be that weight, there’s a lot of different traumas and just different things that are happening, those are the bits that need treating, because you could stick a gastric bypass into someone and they can lose all this weight, but the reality is whatever the mindset that has led to them becoming overweight hasn’t been treated”

Female, 42, Obese, Afro-Caribbean, England

“The lack of education, the lack of understanding, what is good, what is bad. Lack of exercise, I mean we’re getting rid of fields, playing fields, kids are not, you know, kids play more on their computers nowadays Food addiction, so certain foods, you know, the amount of processed foods out there, the prevalence of big ice creams, donut shops, loads of those, you know, causing these addictions”

Male, 42, Healthy weight, White British, Wales

“It’s something that’s not of their own doing, sometimes it’s unhealthy parents, sometimes it can be medication and stuff, so I feel like people who aren’t overweight need to be a bit more mindful of people who are”

Female, 26, Healthy weight, Afro-Caribbean, Scotland

“I know a lot of people comfort eat, like when they’re stressed or anxious or upset about something, comfort eating’s a big thing for some people and you put weight on as well”

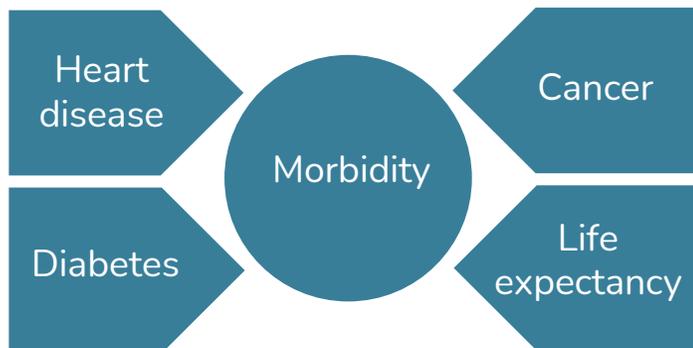
Male, 19, Obese, South-East Asian, Scotland

Impact of overweight/obesity on a psychological level seen as hugely significant

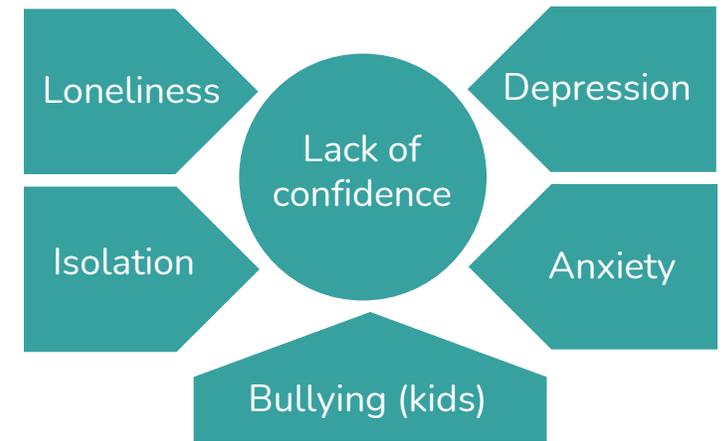
Whilst challenges to health/mortality are acknowledged as a consequence of overweight/obesity it's issues around judgement/shame that are significant



- More linear associations: logical consequences of overweight/obesity
- For obese people these are 'important' but less powerful drivers of behaviour change



- More lateral associations with overweight/obesity
- Significant levels of emotional pain



Judgement/Shame

Society (rather than me as an individual) seen to be judgemental around the issue

“I think when you’re overweight they think, okay, so you’re not looking after your body, so what else are you not looking after, you know?”

Female, 42, Obese, Afro-Caribbean, England

“I feel like there is a lot of stigma around obesity and I feel like a lot of people see someone who is obese and instantly assume that they’re lazy or they’re greedy or something else, they paint them in a negative way compared to if they were skinny or a healthy weight”

Male, 20, Healthy weight, White British, England

“People make a judgement without asking first, just by looking at somebody - assume they are lazy”

Female, 24, Overweight, White British, Wales

“People use it as a weapon, calling names”

Male 28, Healthy weight, White British, N Ireland

“People are very quick to make a judgement, I think people just look at them and go yeah, they’re fat, they’re overweight, it’s their own fault, they’ve ate themselves to that size.

You need to look behind”

Male, 19, Obese, South-East Asian, Scotland

Judgement/Shame

Society (rather than me as an individual) seen to be judgemental around the issue

"I think people, especially fellas would be more standoffish with somebody, maybe wouldn't approach someone who was bigger"

Female, 23, Healthy weight, White British, N Ireland

"I saw one colleague after the second lockdown and she hadn't seen me for a while and she was like 'ooh, puffy' and... like she was trying to mock me... I wanted to run out and cry"

Female, 42, Obese, Afro-Caribbean, England

"I think it's general assumptions, I think, like diet and lack of activity, like being unhealthy in terms of lifestyle choices and I think the word lazy probably gets sort of thrown around as well"

Male, 35, Healthy weight, White British, England

"If they're under the age of thirty, they probably have been fat shamed or appearance shamed"

Male, 42, Healthy weight, White British, Wales

"People's perceptions of someone who's heavy is to shout abuse and name calling, but a lot of times that's not that person's fault"

Female, 66, Healthy weight, White British, N Ireland

The impact of overweight/obesity is acknowledged to be significant by everyone

Holding back from participation in activities

“If you’re overweight and your friends are not, it can get you down sometimes, because they can do things you can’t. Like walking and exercise, obviously they don’t realise that you find it a bit more difficult than they do... You feel quite left out, compared to other people”

Female, 24, Overweight, White British, Wales

“It’s a fifteen minute walk, but sometimes I’m just like just make my life easy just getting an Uber, instead of taking that fifteen minute walk”

Female, 42, Obese Afro-Caribbean, England

Challenges to health

“You can end up with not wanting to go anywhere, not leave the house, depending on how severe it is and it can lead to things like diabetes, heart problems, cancer, stuff like that”

Male, 35, Few pounds overweight, White British, England

Holding back from participation in activities

“I saw this with heavier kids growing up, they were less active than skinnier people, their belly holding them back, less confident you know”

Female, 23, Healthy weight, White British, N Ireland

Impact on self confidence contributing to invisibility

“You feel paranoid about how you look all the time”

Female, 24, Overweight, White British, Wales

“I think women are expected to look at certain way and I think for men they can look however they like. I’m friends with quite a few boys, if they were ever to get with a bigger girl they wouldn’t be shouting about it, they would keep it quiet, like they’re embarrassed”

Female, 24, Overweight, White British, Wales

Overweight/Obesity engaged with on a personal level more strongly by women, and younger people vs. men

Female

- Higher levels of claimed concern about own overweight/obesity
- Higher levels of judgement for women with overweight/obesity

“I should be saying now at 65 why am I worried, but I am, because it’s my health, it’s my mental health, it’s my overall wellbeing and I think that’s really important to say that your health encompasses everything about you, you know, the big picture and what have you. So, I would ideally like to lose a stone and a bit”

Female, 65, Overweight, England

Young male

- Concern about appearance/belonging/judgement
- Perceived lack of social support around obesity/overweight

“I think in girls it’s a lot more easier spoke about, like I feel fat today, I’m going to eat a salad and go to the gym, whereas like for boys it’s a lot harder. If I was to turn round to one of my friends and be like oh yeah, I feel too fat today, I’d probably get told to shut up, I’d get laughed at”

Male, 19, Obese, South-East Asian, Scotland

“If I put weight on, it does make me really unhappy, so I would imagine that, I don’t know, that a lot of people are definitely unhappy. Two of my friends are really overweight and they are so unhappy”

Female, 40, Healthy weight, White British, Scotland

Overweight/Obesity engaged with on a personal level more strongly by women, and younger people vs. men

Male

- Higher levels of acceptance of overweight/obesity
- Kinder 'self-talk' around the issue
- Acceptance of how I am
- Lower degree of focus on obesity/overweight

"Men get it easier, women are slated every day"
Male 28, Healthy weight, White British, N Ireland

"I've always been a big lad, it doesn't bother me"
Male 28, Healthy weight, White British, N Ireland

"Harder for men to talk to each other about it, women have more support"
Male 28, Healthy weight, White British, N Ireland

"I'm in good health, I'm very rarely sick. I am always trying to lose weight for health reasons. I'm not bothered about how I look but what I eat is always on my mind"
Male 28, Healthy weight, White British, Northern Ireland

Parents seen to blame for obesity/overweight in children

Simpler model for childhood obesity (eating too much/wrong things and not getting exercise) where parental behaviour is seen to inflict overweight/obesity



Simple linear model

- Unhealthy diet
- Too many treats/sweets
- Couch potato lifestyle
- NOT associated with emotional eating, mental health issues etc.

Causes are primarily parental

- Direct correlation perceived between overweight/obese parents and their children
- Lack of understanding of nutrition
- Poor food/cooking skills
- Mindset issues around food (junk food/sweets as treat/rewards)

High level of awareness of societal influences

- Low incomes/Poverty
- Unhealthy food is cheaper
- Working parents relying on convenience food
- Fragmented family structures

No spontaneous mention of school initiatives in this context

Childhood obesity seen as a parental issue

Society (rather than me as an individual) seen to be judgemental around the issue

"I feel like people would still judge a child for being overweight and then they would maybe not pass the blame onto the child, but it's maybe like the parents' fault"
Female, 26, Healthy weight, Afro-Caribbean, Scotland

"Obese children is an absolute sin, I think the parents are to blame for that, just feeding their kids up"
Female, 23, Healthy weight, White British, N Ireland

"If you're an adult I think you've got a lot more responsibility on yourself and you can make a lot more informed choices"
Male, 35, Few pounds overweight, White British, England

"I think it's harder for adults to lose weight than it is for kids. People blame parents with kids but as an adult you get blamed for being overweight"
Female, 24, Overweight, White British, Wales

"It's not always easy. Like the divorced Dad living in a bedsit who has nowhere to take his kids so they go to McDonalds"
Male, 42, Healthy weight, White British, Wales

Variable degree of focus on overweight/obesity as an issue in the UK

Many acknowledge as an important issue, when considered, but not something that is a 'top of mind' concern... for others it's barely registering

Personal cost = primary focus

- Focus on impact on individual lives
- Depression
- Isolation
- Mental health challenges
- Judgement

Collective Cost = a considered association

- Impact on NHS
- More significant health problems
- Diabetes
- Heart disease
- Cancer
- Strain on resource

"Nobody on my street is overweight. I don't think it's a big problem, no"

Male, 75, Few pounds overweight, Afro-Caribbean, Wales

"It's a massive issue, it costs a lot, not just with diabetes and treatment, you know, for mental health, the future, you know and just not being able to be totally inclusive in society, because of your weight"

Male, 42, Healthy weight, White British, Wales

"If you look at like the whole of the UK, like it's a pretty big issue. I know there was a story that over 50% of people living in the UK or something are overweight"

Male, 19, Obese, South-East Asian, Scotland

Piecemeal sense of action around obesity/overweight

Awareness of specific pieces of action; without a clear sense of where they come from or what the impact is - felt to be a lack of joined up thinking and collaborative effort



Majority of initiatives assumed to be from the government when considered but biggest influence seen to lie with the food industry

Primary association with the challenge is with the food industry (lack of clarity on Gov/NHS role)

Food environment = significant impact on behaviour; it's easier to blame, with less fully formed understanding of what government/NHS should or could be doing

Food Industry

What I see



- 24/7 availability of low priced, convenient, unhealthy food choices
- Expansion of OOH consumption and delivery services

Government

Things I am aware of

Sugar tax
Traffic light labelling
Couch to 5k
Healthy school dinners
Cycle lanes (Wales)
Change 4 Life

- Piecemeal
- Not always directly linked back to gov.
- Minimal understanding of the role of legislation in impacting behaviour
- Limited comprehension of reach
 - You control what you eat
 - Gov. can't impact your mindset

NHS

Low awareness of influencing role

- Pick up the pieces
- Gastric band surgery
- Not driving change

Influence and responsibility

Food industry

“If you look out my window there’s only one generally healthy place to eat and that’s Subway, whereas if you look down the road there’s about four carry-outs, four takeaways. There’s like all these unhealthy places, all in a row, so you’ve got more options and it’s actually cheaper to eat unhealthy foods than it is to eat healthy foods”

Male, 19, Obese, South-East Asian, Scotland

“It’s too easy now to go on an app and get your dinner delivered to you in five minutes”

Female, 23, Healthy weight, White British, N. Ireland

“They (food industry) will do as little as they have to maximise their profits and you can’t blame them...but yeah, definitely they need to be pushed in a better, in a more positive way”

Male, 42, Healthy weight, White British, Wales

Government

“They’re getting rid of playing fields, they’re getting rid of free swimming activities, so all these things that they are doing, they’re then counteracting by getting rid of certain other things”

Male, 42, Healthy weight, White British, Wales

“They should be helping but I’m not sure what they should do really”

Female, 24, Overweight, White British, Wales

NHS

“I feel like a lot of the NHS stuff is just basically leaflets or information and guidance around your conditions. If you’ve got diabetes you get vetted on that, it’s all after, like it’s all a bit too late by that point, once the NHS get involved”

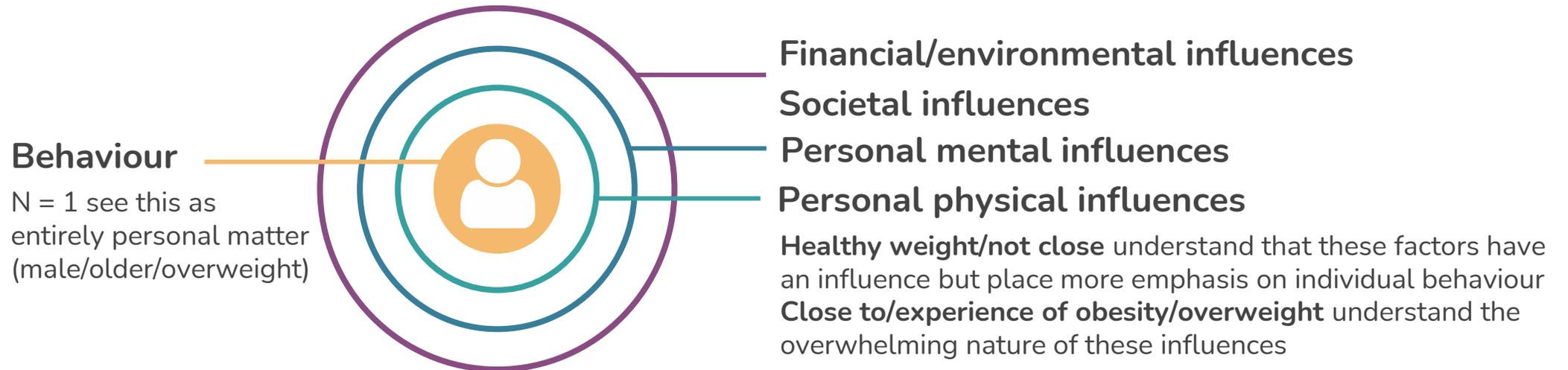
Male, 35, Few pounds overweight, White British, England

“They (NHS) could be more supportive. it’s quite a sensitive subject, if you were to go into the doctors and people to bring up your weight, obviously it can be quite embarrassing”

Female, 24, Overweight, White British, Wales

Most do not 'blame the individual' but those less close are more likely to upweight individual responsibility

Varying degrees of balance of factors dependent on level of exposure/experience



“90% is, I believe, a personal decision and I think, like I know I’m lazy sometimes like if it’s raining I don’t want to go out and I’d rather just order food in than cook a salad”
Male 28, Healthy weight, White British, Northern Ireland

“I think the manufacturer has got to take a lot of blame but also the person should read the labels and work out for yourself what’s in it that’s no good for you, so you don’t buy it”
Male, 75, Few pounds over, Afro-Caribbean, Wales

“They should be helping but I’m not sure what they should do really”
Female, 24, Overweight, White British, Wales

Awareness and understanding of current initiatives is often surface and limited

Sound-bite take out vs. interrogation of initiatives e.g. sugar tax. Surface response is that such 'nudge' factors are good in theory



Soft drink prices have gone up vs. sugar free options

Impact

- Low
- Unlikely to change behaviour if you want a sugary drink

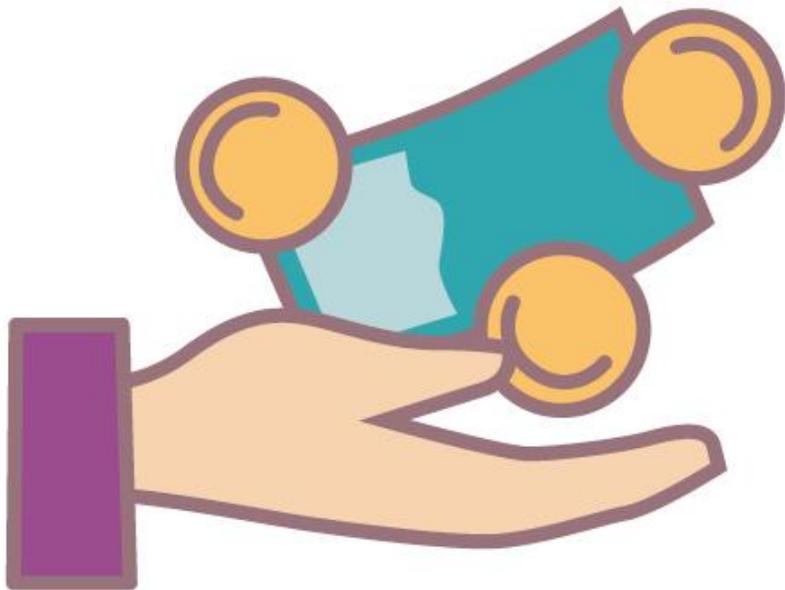
Tax

- Who pays it?
- Expectation is passed on the consumer
- What happens to the money?
- Would like to this to be funding relevant initiatives

Not registering in terms of product change for majority

- Seen as making it more expensive to buy so you'll buy less vs. shifting formulations
- Exception is in Scotland where changes to Irn-Bru have got a deal of focus (negative)

Sugar Tax seen as somewhat ineffectual as a nudge to impact individual's behaviour



"I buy Coke as well and it's like 30p dearer for a bottle of Coke, it's not a lot of money, really and then, yeah, I think there's better ways of doing it, I think it's more about education or understanding the alternatives you could have"

**Male, 35, Few pounds overweight,
White British, England**

"The coke is more expensive now but it's what I like so I still buy it"

**Female, 24, Overweight, White
British, Wales**

"I don't really think that's done a difference, like going to a restaurant or whatever, like I would still buy a glass of Coke or a bottle of Coke like, the tax on it is only 13p for Coke, it's 13p more expensive than what it was"

**Male, 19, Obese, South-East Asian,
Scotland**

Expected role of Government is simple, linear and focuses on education and access to activity

Primary issue is cost of healthy food, but this is seen as a food industry issue

Food industry

1

Cost of food

- Reduce the price of healthy food

Government

2

Education (Enabling)

- Basic home economics
- Equipping people to easily prepare healthy/nutritious meals

3

Access

- Cost effective access to exercise e.g. subsidised gym memberships
- PE in schools/Public spaces for sports and exercise

Media focus on overweight/obesity

High level of confusion caused by media coverage of overweight/obesity with seemingly contradictory elements

Body Positivity movement is changing the way younger people (U45) talk about overweight/obesity but not fundamentally changing individual feelings overall



BODY POSITIVITY

- Celebrity focused e.g. Lizzo, oversized models etc.
- Don't see positivity in relation to everyday people
- More plus sized clothing availability (catering for reality of extent of overweight/obesity)



FAT SHAMING

- Celebrity focused
- Unflattering pictures
- Celebrity pics
- Tabloid clickbait
- Female bias



Fabulous

WEIGH TO GO Gok Wan, Simon Cowell and Gordon Ramsay among celebs who are half the men they used to be thanks to dramatic weight loss

HEALTH ISSUES

- Impact of covid and obesity
- Publicity about obesity crisis



Lack of realistic media representation in addition to fat shaming

Fat shaming

“Famous women, you know, have this, they should look great, look slim, toned and all that, that’s like the ideal and not a lot, anyone that doesn’t look like that gets criticised and they obviously get trolls and all that”

Male, 35, Healthy weight, White British England

“Kind of bullying language, to be honest, things like kind of ridiculing people and I feel like it always goes like kind of hand in hand with like benefits as well, with the programmes that I’ve seen anyway, it’s kind of like oh, these people are overweight and they’re on benefits too, it’s kind of like their own doing”

Female, 26, Healthy weight, Afro-Caribbean, Scotland

“They thrive on people putting weight on and catching pictures of them and it’s made that’s how you should be, you should be this fit, you shouldn’t be, not that you shouldn’t be overweight”

Female, 40, Healthy weight, White British, Scotland

Lack of realistic representation

“Don't see fat people much on TV - just the funny fat friend”

Male 28, Healthy weight, White British, Northern Ireland

“I’ve not really seen like much, but like when they describe it it’s always like white people that are overweight, like you never see anybody of different races or anything, it’s always like 50% of white males in the UK are overweight”

Male, 19, Obese, South-East Asian, Scotland

“You never see advertising with ordinary families, they exclude overweight people...but I’ve noticed they’ve started to advertise larger size clothes now”

Male, 75, Few pounds over, Afro-Caribbean, Wales

Dissonance of knowledge that overweight/obesity is unhealthy vs. celebrating individuality and accepting the right to be yourself

Culture of individualism and high value based on tolerance and inclusivity. It's important to accept people for who they are irrespective of Age/Disability/Sexuality/Gender identification

Has swung too far the other way now where people like Lizzo are celebrated for their weight and 'body confidence'. People should be comfortable in their body and not given abuse, but its wrong to tell people that they should celebrate being an unhealthy weight"

Male, 35, Healthy weight, White British England

"If anything they're actually applauding obesity now, you know and I totally get it, you know, all sizes and it doesn't matter and all that, but I don't think we should be advertising and promoting obesity"

Female, 23, Healthy weight, White British, Northern Ireland

Dissonance between the two factors is making many (especially older people 45+) feel uncomfortable. Don't believe that overweight/obesity should be "encouraged" but don't want to be discriminatory

Gender and age in media

Strong gender bias with women being the primary focus of negative media coverage. Perception of limited focus on children dealing with overweight/obesity

Gender

Bigger issue than just around overweight/obese:

- Focus on what women look like vs. what men have done
- Issue of age based invisibility (weight less relevant for older women)
- Higher levels of fat shaming celebrity coverage for women (does exist for men too)

“You never really actually see much comment on men being overweight. I don’t really, it’s constantly about women”
Female, 40, Healthy weight, White British, Scotland

“You don’t hear about plus size men in music industry like you do women”
Female, 23, Healthy weight, White British, Northern Ireland

“It’s an illness or it’s a syndrome that affects both men and women, however men can get away with it more”
Male, 42, Healthy weight, White British, Wales

Children

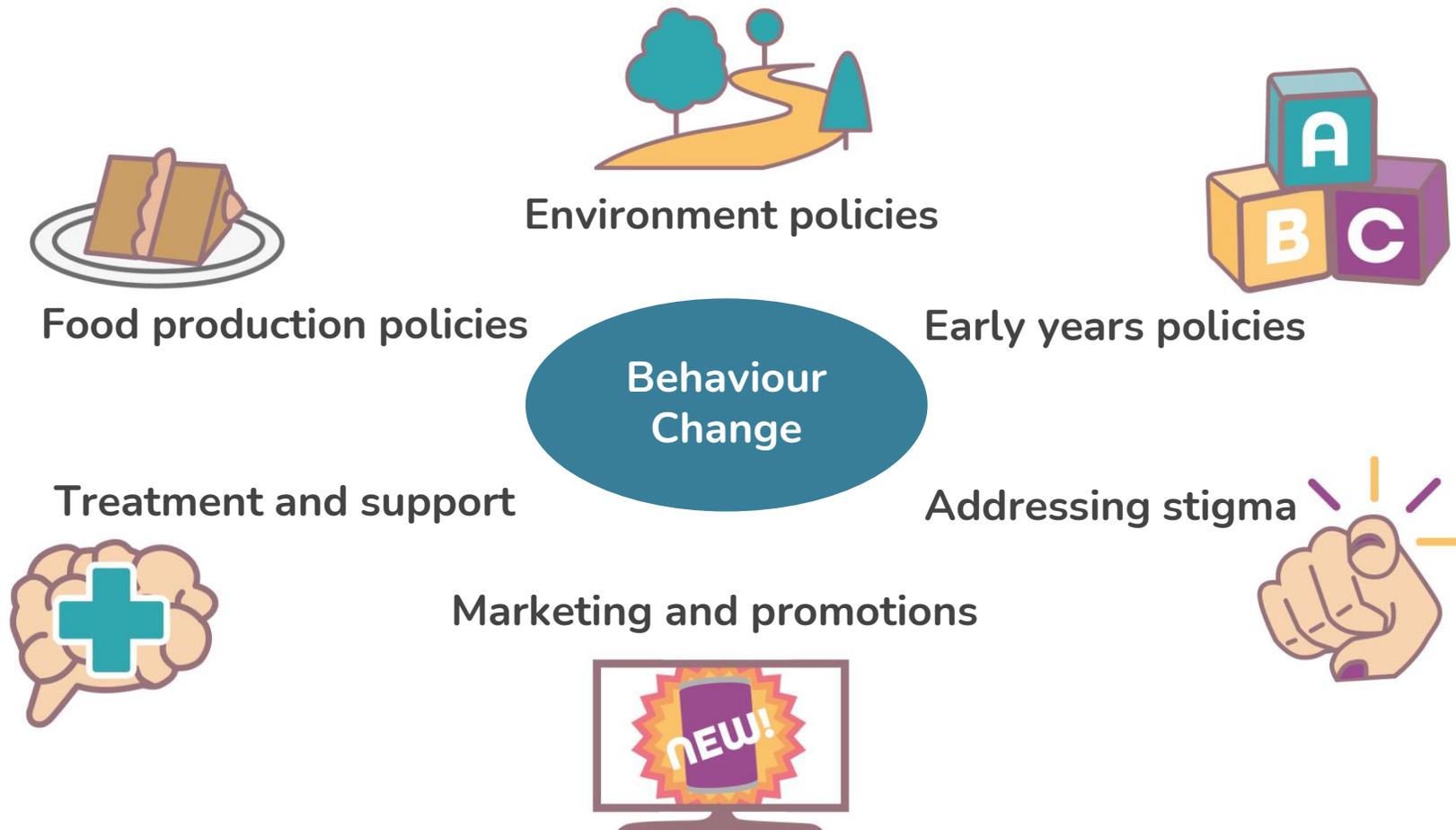
- Minimal awareness of coverage of children and overweight/obesity now
- Awareness of past coverage on obesity levels and school dinners framed around the issue vs. individuals

“I don’t think I’ve ever seen anything about overweight children”
Female, 23, Healthy weight, White British, Northern Ireland

Response to Policy Initiatives

No single policy category is seen as effective

Combination of actions from each category is seen as necessary to drive behaviour change



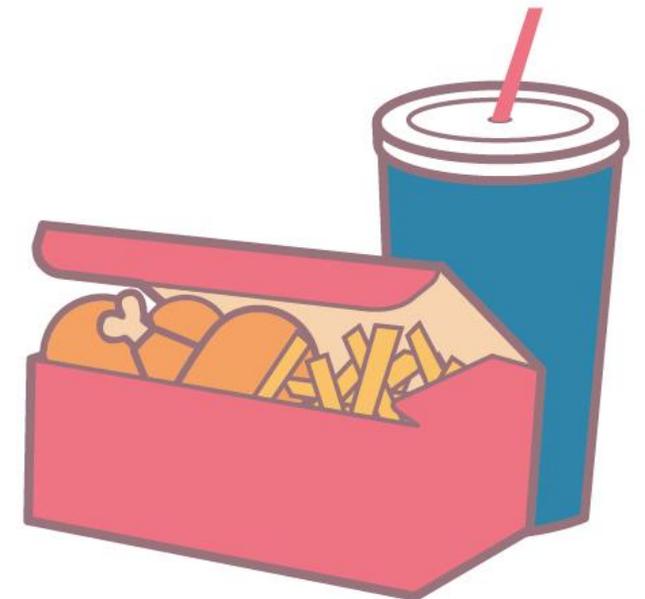
Food Production Policies

Overwhelming desire to make healthy food cheaper

Familiar/Current

- 1 Tax on sugar to be paid by makers of sugary products
- 2 Calorie information published on menus
- 3 Extend the soft drinks industry levy (sugar tax) to other high sugar or calorie food categories to encourage manufacturers to make their products healthier
- 6 Change the tax system so that healthy food is cheaper than unhealthy food/take-aways*
- 4 Make sure larger portions of unhealthy food are not relatively cheaper than a smaller portion
- 5 Bring in maximum calorie caps for food portions in restaurants and takeaways

- Popular
- Mixed/neutral response
- Unpopular



*Interpreted as bringing healthy food prices down to price of unhealthy foods

Unhealthy food is delicious, cheaper, and easily accessed 24/7

An issue spontaneously identified as a key influencer on the level of overweight/obesity

“Prices of healthy food is so much more expensive than unhealthy food and especially like, people who don’t have a lot of money, they’re going to be like, well, I may as well just get this, because I don’t have a fiver to spend on salad and that, whereas I’ve got a fiver to spend on crisps, sweets, juice, chocolate”

Male, 19, Obese, South-East Asian, Scotland

“I think it’s a great thing (sugar tax), I do think it is a better idea, because the sugary things, they are a bit more expensive, like the full fat juice is more expensive than your diet juice now, so yeah, definitely I think it was a great idea and it has made them change a lot of their ingredients that they’re putting into food”

Female, 40, Healthy weight, White British, Scotland

“It’s like £2 for one box of strawberries, but you could go into the sweets and crisps and you can buy like literally chocolate at like 10p, so you could get like twenty bars of chocolate for the same price as one box of strawberries and putting that next to each other and if you were to put it front of an overweight person, like what would you choose”

**Male, 19, Obese,
South-East Asian, Scotland**

Unhealthy food is delicious, cheaper, and easily accessed 24/7

An issue spontaneously identified as a key influencer on the level of overweight/obesity

“Everything encourages you to eat more, you can’t get a bag of crisps under 400 calories now”

Male, 42, healthy weight, White British, Wales

“When you’ve worked for 10 hours it’s easier to go through a drive through than go to a shop and it costs less”

Female, 24, Overweight, White British, Wales

“Maybe not cheaper than unhealthy things, but even on a par with unhealthy things, so that people do have that choice, they can afford”

Female, 40, Healthy weight, White British, Scotland

“I can get a meal deal for £3 whereas a salad will be more than that”

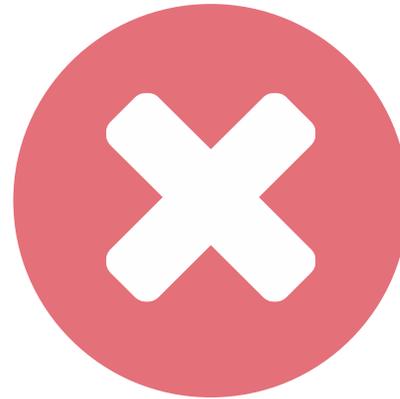
Female, 24, overweight, White British, Wales

'Healthy food is cheaper' initiative responded to in terms of 'goal relevance' vs. detailed consideration of mechanic

Strong desire for healthy food to be cheaper contributes to popularity of 'changing the tax system to make healthy food cheaper than unhealthy food', without any detailed understanding of what the implication of increased taxation would be



- Problem of higher prices for healthy food is significant
- High impact on low income families
- Desire to make healthy food accessible to all



- Not interrogated to the degree of price raises on unhealthy items
- Outcome would be to make all food too expensive for low income families

Equalisation of pricing of healthy and unhealthy so that there is genuine personal choice desired, but no desire for everything to be expensive

Favoured food production policies are familiar

Sugar tax recognised as a current initiative which is seen to be ‘good in theory’ but less effective in practice

- 1 Tax on sugar to be paid by makers of sugary products  
- 3 Extend the soft drinks industry levy (sugar tax) to other high sugar or calorie food categories to encourage manufacturers to make their products healthier  

- Viewed in simplistic terms
- Not seen to have been effective in terms of personal behaviour in drinks choice
- Often not spontaneously thought of in terms of manufacturer reformulation
- Adds a positive dimension
- Concern about impact on taste
- More relevant to mainstream food (avoiding hidden sugars) vs. confectionary

- 2 Calorie information published on menus 

- Something that has started to happen
- Enables you to make an informed choice
- Relevant or irrelevant on a need state basis
- Not limiting choice or impacting on economic welfare of anyone

'Nudges' to influence choice are more acceptable than restriction on choice

Personal 'framing' of this strongly influences response

4

Make sure larger portions of unhealthy food are not relatively cheaper than a smaller portion



- Not a telegraphic idea – when understood is seen how it can help (bigger portion = more will be eaten) but dislike loss of economic value this is seen to deliver – penalises people on low incomes
- Response strongly influenced by 'framing'
- Removing a super-size framework responded to positively e.g. not sizing up on burger and fries
- Value framework responded to negatively e.g. buying a larger pizza to share for a family
- Problems with reduction in size of items as a way to control calorific intake, esp. in confectionary

"I don't think it would make a difference, because if somebody wants to buy an extra large pizza they're going to buy it regardless of the prices"

Male, 19, Obese, South-East Asian, Scotland

"You buy what's better value but then I will just eat through it so this could help"

Female, 39, Obese, Asian, Wales

"Chocolate for example, they just make the bar less, less in weight. So, it's bringing the calories down, so you're getting less value for money. So, it's like, so it's like saying to someone oh, I need to lose a stone, cut your leg off. That's not sustainable, is it, it's not appropriate"

Male, 35, Healthy weight, White British, England

'Rejection of limitations which are seen as punitive and limiting

Feels like unrealistic overkill that is very 'heavy handed' and is likely to be ineffective

5 Bring in maximum calorie caps for food portions in restaurants and takeaways **✘**

- Framework for many for restaurant/takeaway = occasional treat vs. dietary staple
- Resentful of action which limits your desire to indulge yourself
- Feels totalitarian
- Impacts freedom of choice
- OK to inform (calories) but not to limit/restrict choice
- Impractical (esp. for independent restaurants)
- People will work around it in takeaway e.g. order multiple portions

"If you're out you're out, you don't want to be told what you can and can't have"

Female, 39, Obese, Asian, Wales

"It's just unenforceable"

Male, 42, healthy weight, White British, Wales

Treatment and Support

Dealing with the problem we already have is a priority; addressing the psychological aspect of the overweight/obesity problem is recognised as crucial

- Popular
- Mixed/neutral response
- Unpopular

17 Increase funding to improve access/availability so that everyone who wants to can access weight management services

18 Provide more funding for different types of weight management and support services

21 Offer more psychological support for people with obesity



Psychological support recognised as essential by all

A top priority within all the ideas considered

21

Offer more psychological support for people with obesity



17

Increase funding to improve access/availability so that everyone who wants to can access weight management services



18

Provide more funding for different types of weight management and support services



- Essential
- Increased awareness of the importance of mindset and linkage between overweight/obesity and mental health
- About getting to the root cause of unhelpful behaviours
- Equipping people with tools to manage
- Minority concern (n=1) that this could be implying that being obese means you have mental health problems X

- Subsidiary to psychological support
- Not just about money for 'more of the same'
- Send someone off with a diet sheet to come back when the weight is lost
- Range of support services vs. 'one size fits all approach' is engaged with
- Increased funding recognised as important to enable access

“You can go to a GP and tell him that you’re overweight and it might have a big impact on your life, but a lot of GPs just think, you know... there’s three months free at Weight Watchers. You know, it’s a bit kind of pass it on, kind of thing. That might work for some people, but it’s so intricate, peoples reasons for being overweight”

Female, 65, Overweight, White British, England

Environment Policies

Access seen to be highly influential on behaviour

- Popular
- Mixed/neutral response
- Unpopular

- 7 Put in place food standards in schools, workplaces, hospitals, prisons etc e.g. school food standards ban sweets and fizzy drinks, stipulate that two portions of fruit and veg must be served, and fried food only once a week
- 8 Make it easier for local authorities to reject planning permission for fast food outlets on high streets, near schools etc
- 10 Restrict children from buying unhealthy food at certain times of day (e.g. before/after school)
- 9 Prevent new housing being built in areas where people who live there would be reliant on cars



Useful solution to the over-abundance of fast-food outlets

Seen to be about control and balance vs. outlawing fast-food outlets

8

Make it easier for local authorities to reject planning permission for fast food outlets on high streets, near schools etc



- Easy access to cheap fast food seen as a significant problem
- Not just about plethora of high street locations; delivery services also problematic
- Challenge = overabundance of fast food outlets with no alternative healthy choices
- Desire to offer more choice
- Healthy fast food outlets
- Delicious and tasty alternatives e.g. baked vs fried chicken, baked sweet potato wedges vs. fries

“Isn’t it, awful, you walk down the high street now and it’s all finger licking chicken burger and what have you. I’d like to see those cutback and replaced with healthier food outlets”

**Female, 65, Overweight, White
British, England**

“Fast food availability, obviously everywhere you go there’s like a McDonalds and Burger King and I feel like fast food is easier to obtain than healthy foods”

**Female, 25, Healthy weight,
Afro-Caribbean, England**

Familiarity of food standards in schools helps this initiative

Theory is great, but some challenges from young people who have experienced this, in school, and concerns about the feasibility of workplace success

7

Put in place food standards in schools, workplaces, hospitals, prisons etc e.g. school food standards ban sweets and fizzy drinks, stipulate that two portions of fruit and veg must be served, and fried food only once a week



Positives

- Raising standards positively received
- Healthy food has to be appetising
- Improves access to healthy choices

Negatives

- Challenges if too rigid or severe
- People go elsewhere to access the food they want
- Concern from a former prison officer that this would cause rebellion

Important to deliver healthy choices that don't feel deprivational to people as no one wants to lose food enjoyment

Polarised response to restricting children's buying behaviour

Seen as being extraordinarily difficult to police and somewhat impractical

10

Restrict children from buying unhealthy food at certain times of day (e.g. before/after school)



Positives

- Deals with a highly visible problem
- Removes a lot of extra calories from young people's diets. N.B not visible to parents

Negatives

- Who will police?
- Concern for impact on shop-owners (loss of livelihood)
- Won't be effective – kids will work their way around it
- Overly simplistic

"I think kids go out to corner shops... you are never going to stop that"
Female, 65, Overweight, White British, England

"Alcohol and cigarettes are illegal to children under the age of eighteen, they still find ways to get around it, so it's going to be pointless, because if they've got like a friend older than them, they're going to literally just walk in. I think that's really stupid"
Male, 19, Obese, South-East Asian, Scotland

"I think if you restrict children too much, then it makes them want more, they then crave to have what they can't have"
Female, 40, Healthy weight, White British, Scotland

Outright rejection of impacting on new housing

Places overweight/obesity as more of a priority than new housing, which doesn't fit people's hierarchy of needs

9

Prevent new housing being built in areas where people who live there would be reliant on cars

- More important to provide homes for those in need
- Naïve – ignores that many people choose to drive irrespective of where they live
- Discriminates against rural living
- Feels like a 'sledgehammer to crack a walnut'

“People need places to live”
Female, 39, Obese, Asian, Wales

“No, I just want new housing, I want housing for people who haven't got homes. I'm not going to worry about the car issue with that one”
Female, 65, Overweight, White British, England

Marketing and promotions

- Popular
- Mixed/neutral response
- Unpopular

11 Remove unhealthier food adverts from online and social media

12 Restrict unhealthier food adverts in other media, e.g. radio, cinema, bus stops etc

14 Ultimately phase out all unhealthy food advertising within the next ten years so only healthier food can be advertised

13 Prevent unhealthy food brands from sponsoring grassroots and national sporting events

15 Restrict food outlets from offering multi-buy deals on unhealthy foods (e.g. 2 for 1 pizzas) take-away



Widespread acceptance of reduction in exposure vs. removal of advertising

Some awareness of watershed bans already in existence

11 Remove unhealthier food adverts from online and social media ✓

12 Restrict unhealthier food adverts in other media, e.g. radio, cinema, bus stops etc ✓

- Initial part of the journey to a total ban on unhealthy food advertising
- Limits exposure to triggers without controlling behaviour
- High level of recognition of influence for some vs. perceived lack of influence for others
- Not harmful or seen to be deprivational to not have this, even from people who do not see this as personally influencing
- Doesn't reduce sense of personal liberty or choice
- Minority challenge on environment relevance e.g. ban in cinemas where unhealthy food = a key experience element for many

14 Ultimately phase out all unhealthy food advertising within the next ten years so only healthier food can be advertised ✓

- For many feels like a logical conclusion
- Why 10 years?
- Not black and white – how do you categorise what is healthy vs. unhealthy

Removing advertising

“Removing unhealthier food adverts from online and social media, I know I follow a local place and they do cakes and every time I see it just think I want one of them”

Female, 40, Healthy weight, White British, Scotland

“People are still going to find a way to get their unhealthy stuff, like within the next ten years people aren’t going to forget about chocolate and crisps if it’s not advertised”

Male, 19, Obese, South-East Asian, Scotland

“So, I think by making these subtle changes we can kind of swerve, swerve peoples thinking into having a healthier lifestyle, yeah”

Female, 65, Overweight, White British, England

“I don’t see healthy food getting advertised ever, I don’t see like a box of salad getting advertised or a box of strawberries or something”

Male, 19, Obese, South-East Asian, Scotland

Removing sponsorship seen as more challenging

Widespread dissonance at linkage between unhealthy food and sport, but concern at loss of income for grassroots sport without this

13

Prevent unhealthy food brands from sponsoring grassroots and national sporting events



Positives

- Poor fit between (esp.) fast-food and sport
- Establishes a subliminal association which is incongruous

Negatives

- Concern about loss of income for sports clubs, particularly at grass roots level
- Prefer to have club in existence with a less than ideal sponsor than not be enabling sports participation

Removing 2 for 1 rejected on value basis

Seen to be taking away value rather than adding a benefit

15

Restrict food outlets from offering multi-buy deals on unhealthy foods (e.g. 2 for 1 pizzas) take-away

- Multi-buy deals seen as a way to enable value rather than encouraging overeating of unhealthy foods
- Removing this seen to punish families who use 2 for 1 to enable them to have occasional treats

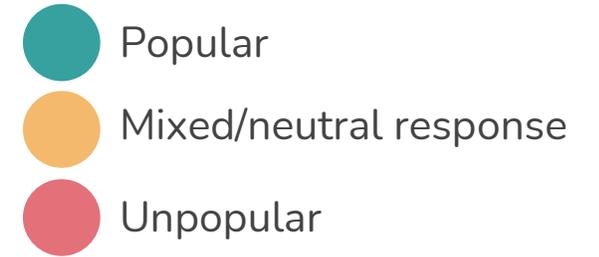
“It's penalising people that don't have any issues with their weight, you know, you shouldn't have other people, not ruining it for everyone else, but I wouldn't expect you to pay £20 for two pizzas now, because the Government are trying to tackle obesity”

**Male, 35, Healthy weight,
White British, England**

“(Not having)two for one is a good idea, but if we're going with the kids then it's saving you money on things like that, but then at the same time it's not a good idea if it's unhealthy”

**Female, 40, Healthy weight, White
British, Scotland**

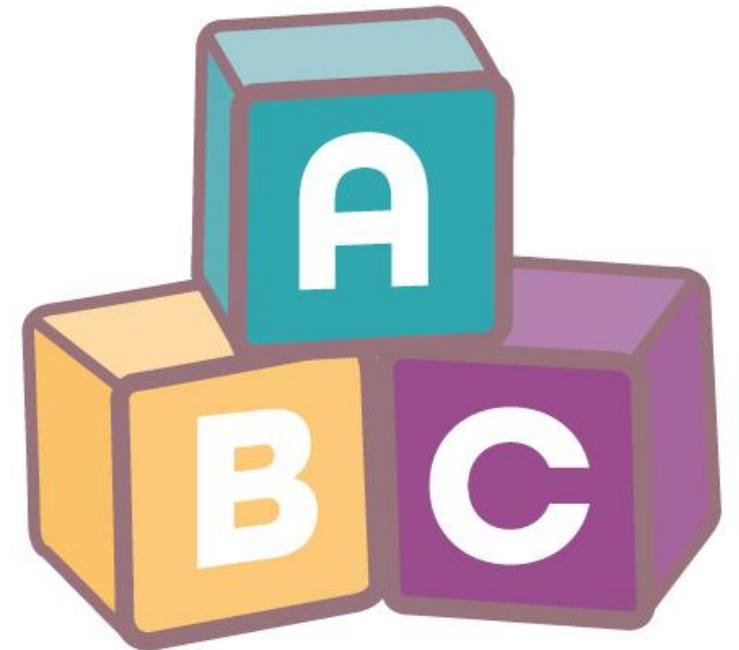
Early Years Policies



16 Provide support for families from health visitors and children's centres in early years

17 Provide more support to encourage and support breastfeeding e.g. more visits from trained breastfeeding support staff, classes for expectants parents

18 Have regulations to control how infant food and breast milk substitutes can be marketed



Early years support is valued but within a broader child well-being focus vs. specific overweight/obesity remit

Health visitor and early years services seen as underfunded

16

Provide support for families from health Visitors and children's centres in early years



17

Provide more support to encourage and support breastfeeding e.g. more visits from trained breastfeeding support staff, classes for expectant parents



18

Have regulations to control how infant food and breast milk substitutes can be marketed



- Insufficient support for health visitors/children centres
- Need for funding per se
- Important for children's health and wellbeing
- Core role to fulfil in the education gap

- Broad-based understanding the 'breast is best', therefore support for this is good
- Not embedded understanding of any linkage between breast feeding and obesity as a child/adult
- Linkage therefore weak

Addressing stigma

Stigma is seen to be a big issue, which goes beyond the specific initiatives explored here

- Popular
- Mixed/neutral response
- Unpopular

22

Offer training for healthcare professionals on causes of obesity and how to discuss weight with patients

23

Ensure that NHS environments are weight inclusive (e.g. have suitable equipment for people with larger bodies)



Creating a more supportive environment within the NHS for overweight/obesity is seen as helpful

Stigma is a much bigger issue than that of experience within the NHS, and is seen to require change at a macro, societal level

22

Offer training for healthcare professionals on causes of obesity and how to discuss weight with patients



- Especially valued by people dealing with overweight/obesity but seen as relevant by all
- More training anticipated to lead to better solutions
- More than just a diet sheet
- Anticipated that training will enable HCP's to have more insight into the psychological complexity of overweight/obesity
- Helps remove fear of judgement

23

Ensure that NHS environments are weight Inclusive (e.g. have suitable equipment for people with larger bodies)



- Double edged sword
- Access is important
- Concern from some about normalising overweight/obesity by increasing size of everything
- Acceptance
- 'It's OK to be obese'

Favoured initiatives support at the internal level as well as addressing limiting external factors

Education and information have an immediate association with government remit, but impact on the food environment is also highly relevant

PSYCHOLOGICAL SUPPORT

- Offer more psychological support for people with obesity
- Offer training for healthcare professionals on causes of obesity and how to discuss weight with patients

UNDERSTANDING

- Provide support for families from health visitors and children's centres in early years
- Calorie information published on menus
- + Education in school Basic cooking skills

AFFORDABILITY

- Change the tax system so that healthy food is cheaper than unhealthy food/take-aways N.B Viewed through the lens of healthy prices moving downwards

ENVIRONMENT

- Put in place food standards in schools, workplaces, hospitals, prisons etc e.g. school food standards ban sweets and fizzy drinks, stipulate that two portions of fruit and veg must be served, and fried food only once a week Reduced fast food access
- Remove unhealthier food adverts from online and social media
- Restrict unhealthier food adverts in other media, e.g. radio, cinema, bus stops etc
- + Encourage manufacturers to make healthier products

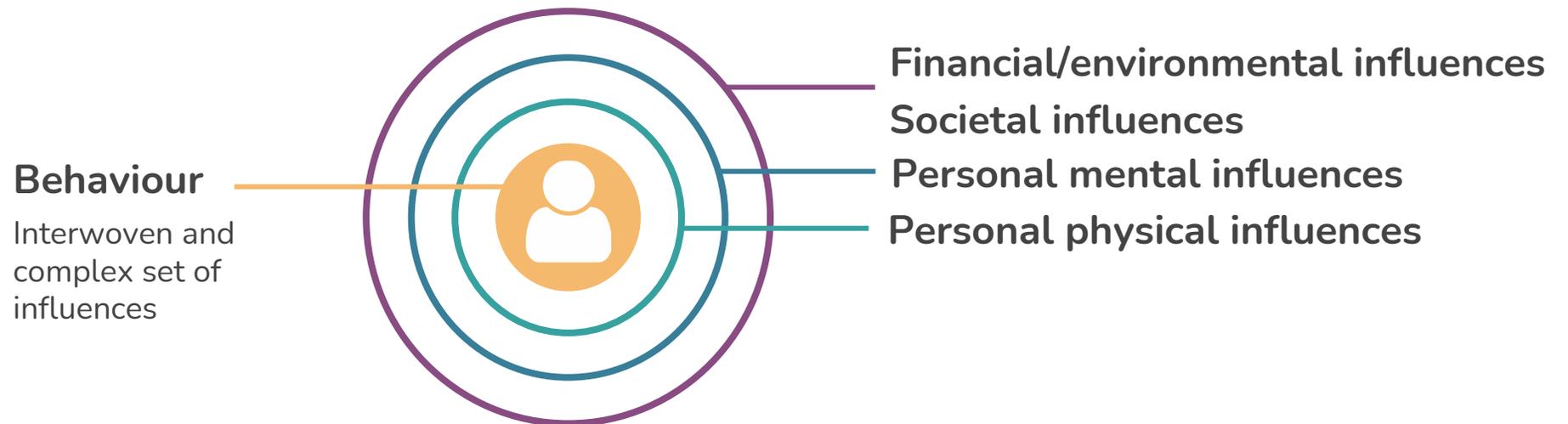
- Policy stimulus

- + Spontaneous suggestion

Summary and Conclusions

Causes of overweight and obesity are understood to be complex and interlinked

Understood by all, but for those not experiencing or close to overweight/obesity the linkages are simpler, whereas for those with overweight/obesity the richness of and complexity of associations is more apparent



Most do not feel it is all about individual accountability but those less close are more likely to see this as being a primary factor rather than one of a number of factors

Emotional and psychological consequences of overweight/obesity are felt to be the most impactful

Perspective is consistent whether healthy or overweight/obese

Physical consequences of overweight/obesity

'Important' but not powerful drivers of behaviour change

Participation
(esp. sport/
exercise)

Health
quality of
day-to-day
life

Morbidity

Lack of
confidence

Judgement/
Shame

Emotional and psychological consequences of overweight/obesity

Deeply felt and powerful drivers and barriers around overweight/obesity

Primary association with the challenge is with the food industry (lack of clarity on Gov/NHS role)

Food environment = significant impact on behaviour; it's easier to blame, with less fully formed understanding of what government/NHS should or could be doing

Food Industry

What I see



Government

Things I am aware of

Sugar tax
Traffic light labelling
Couch to 5k
Healthy school dinners
Cycle lanes (Wales)
Change 4 Life

NHS

Low awareness of influencing role

Contribution of access to and cheap cost of unhealthy food to overweight/obesity is easily understood

Perceive changes to this to be entirely within food industry remit

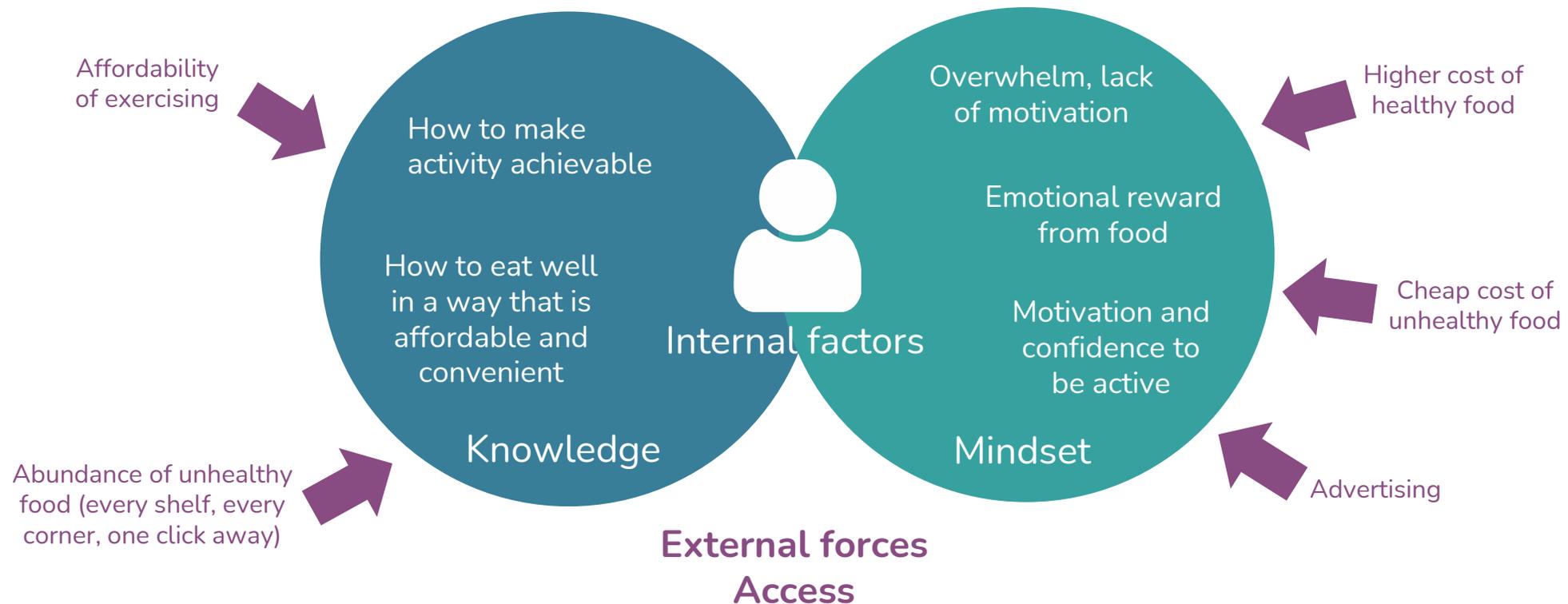
Don't see how Gov remit links to food industry or NHS approach to overweight/obesity

Want Gov. to do more but think in terms of access to activity and education in schools

Overstretched - assume focus is on treatment without resources to dedicate to prevention

External factors are recognised to be very influential but addressing these without addressing internal factors is felt to be ineffectual

Without supporting the individual, external factors are less likely to have an impact (will always be up to the individual to take advantage of improved external environment)



High level of confusion caused by media coverage of overweight/obesity with seemingly contradictory elements

Certain ideas are felt to limit individual rights and/or make life economically more challenging and/or lack realism

UNITY CHALLENGE

- Perceived lack of cohesion between specific actions
- Desire for joined up policy

CONTROL CHALLENGE

- Action which is seen as being too controlling or draconian
- Depriving people of choice
- Making a 'good' vs. 'bad' equation instead of allowing for occasional consumption/ treating

VALUE CHALLENGE

- Impacting directly on value for money
- E.g. Removing 2 for 1

POLICING CHALLENGE

- Challenge of 'policing' make some potential changes impractical
- E.g. Limiting access for young people to unhealthy food at specific times
- Controlling calories in portions

PRIORITY CHALLENGE

- Obesity/ overweight not seen as the biggest single problem we are facing and cannot trump other issues
- E.g. housing provision

Favoured initiatives support at the internal level as well as addressing limiting external factors

Education and information have an immediate association with government remit, but impact on the food environment is also highly relevant

MINDSET

PSYCHOLOGICAL SUPPORT

- Understanding the complexity of overweight/obesity
- Supporting mindset change
- Training for healthcare professionals in this
- Pathways to participate in activity

KNOWLEDGE

UNDERSTANDING

Education

- Particularly key for parents
- Early years education to start good habits
- Education in school
- Equipping people with basic cooking skills

Information

- Enabling people to make informed choices e.g calorie information, better food labelling

ACCESS

AFFORDABILITY

- Making healthy food cheaper
- N.B Viewed through the lens of healthy prices moving downwards
- There are fundamental challenges about low-income families ability to feed their families (also links to education)

Healthy food environment

- Food standards in schools
- Reduced fast food access
- Limitations on advertising
- Encourage manufacturers to make healthier products

Enabling(internal) and supporting(external) are necessary for behaviour change

Thank you.
obesityhealthalliance.org.uk

