



Weight and Obesity [Download this section](#)

Why is this an issue?



What is the national picture?



What does this look like in York?



What else can be done?



A range of public health interventions exist to support the promotion of healthy lifestyle around obesity such as:

- Breastfeeding Support Programmes
- Targeted sport and active leisure programmes
- Access to active sport and leisure options
- Dietary advice and support

A systematic review into interventions to prevent obesity in children found strong evidence to support beneficial effects of child obesity prevention programmes on BMI, particularly for programmes targeted to children aged six to 12 years. A broad range of programme components were used and analysis suggests the following to be promising policies and strategies ([Waters et al, 2011](#)):

- school curriculum that includes healthy eating, physical activity and body image

- increased sessions for physical activity and the development of fundamental movement skills throughout the school week
- improvements in nutritional quality of the food supply in schools
- environments and cultural practices that support children eating healthier foods and being active throughout each day
- support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities)
- parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen based activities

NICE Clinical Guidance CG43 identifies a range of strategies that could help people to achieve and maintain a healthy weight:

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, and brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
- Eat a low-fat diet and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of: fried foods, drinks and confectionery high in added sugars, other food and drinks high in fat and sugar, such as some take-away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- For adults, minimise the calories you take in from alcohol.
- Make enjoyable activities – such as walking, cycling, swimming, aerobics and gardening – part of everyday life.
- Minimise sedentary activities, such as sitting for long periods watching television, at a computer or playing video games.
- Build activity into the working day – for example, take the stairs instead of the lift, take a walk at lunchtime.

A range of practical information and advice is also available on the NHS [Change 4 Life](#) website.

Health Inequalities

Ethnicity

There is an increased risk of diabetes in certain ethnic groups. Other possible health outcomes of interest that are connected to ethnicity and body fatness may include cancer, stroke and myocardial infarction but there is a lack of evidence to identify these risks ([NICE, 2013](#)).

Deprivation

The prevalence of obesity is linked to poverty and deprivation. There is also evidence to show that [breastfeeding is more prevalent in 'middle class' families](#) and that the methods used to engage women from different socio-economic backgrounds should differ to ensure interventions are effective across the entire population.

It appears there are very few controlled interventions that have targeted lower socio-economic groups or have examined the effect of interventions on different socio-economic groups.

Where evidence is available, it shows that participants from lower income groups are likely to show less response to health promotion programmes and have higher drop-out rates. Interventions are often of short duration and fail to take sufficient account of ethnic and social diversity. The evidence suggests that educational information alone is relatively ineffective among lower income groups and may increase inequalities.

However, there is evidence that breastfeeding support programmes can be effective for women in less affluent groups. More focussed intervention could be offered through maternal and child health care and social support services since this may have a beneficial impact on reducing the social gradient in obesity.

However the design of services must be carefully considered as to how best to engage these women and evaluations of these interventions are needed ([Robertson et al, 2007](#)).

Further analysis of success rates for breastfeeding would identify how effective our local programmes are at ensuring that women least likely to start and continue breastfeeding are actively engaged and that all pregnant women and new mothers are offered support for breastfeeding and that they are successful at educating women about breastfeeding during the antenatal and postnatal periods in line with [NICE public health guidance PH11 on maternal and child nutrition](#) and [NICE clinical guideline CG37 on postnatal care](#).

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