RESPONDING TO THE CHALLENGE OF RISING OBESITY IN CHILDHOOD

THE BIRMINGHAM APPROACH 2018-2021

REPORT TO: HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

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1. PURPOSE

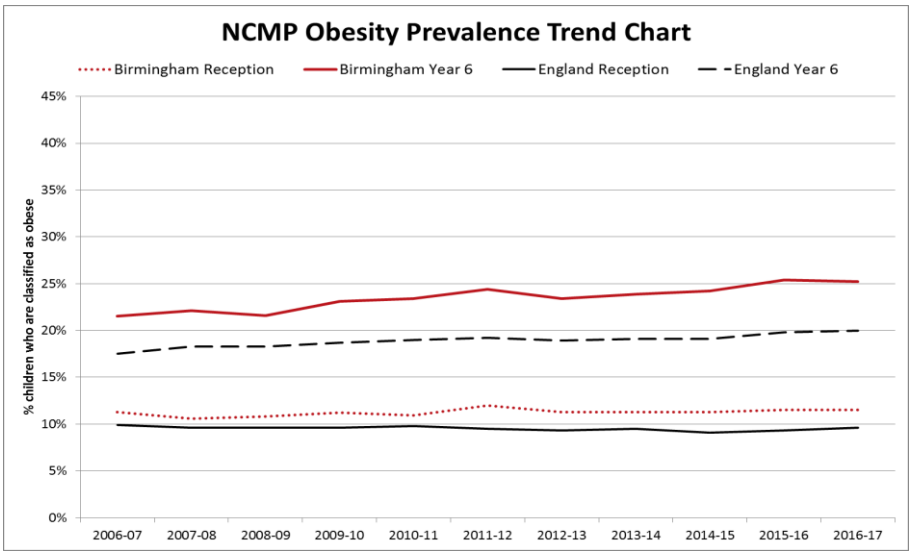
This report describes the developing strategic approach to tackle the rising levels of obesity in children in Birmingham. It was prompted by a discussion with the Overview and Scrutiny Committee in January 2018 about child poverty where the link with child obesity was recognised. The committee was particularly interested in efforts being made in the Early Years phase, 0-5 years of age.

2. INTRODUCTION

Compared to other UK core-cities, Birmingham has one of the highest rates of childhood obesity. Our rates have been consistently above national average since 2006/7 (Figure 2.1). The most recent figures show that 11.5% of 5 year-olds, and 25% of 11 year-old children in Birmingham are classed as obese (National Child Measurement Programme, 2016-17).

However, these rates only tell part of the story. We know the risk of obesity is even greater in our most deprived communities and, more importantly, this gap has been widening over time.

Figure 2.1: Prevalence of childhood obesity in Birmingham overtime



3. ISSUES

Our opportunities for change

Relying on children and families to change their behaviour has been difficult and ineffective. The future direction should be more about changing the environmental and social influences in order to make the 'healthy choice the easy choice'

There are systematic biases in the way people choose what and when to eat or be active, even when they have all the information and understanding they need. Although information about health is important, it is not enough to change people's behaviour because we all fail to act on it in a rational matter. This is why a review of interventions from across Europe found that public information campaigns might influence awareness and intention without changing outcomes or actual behaviour[1].

The gap between people's stated intentions and behaviour has been studied through countless experiments over the decades and is widely deployed in the world of marketing. More recently public policy has become part of this debate. The term behavioural economics is often used to describe the science of how and why we make seemingly irrational choices. Some of the more relevant insights are:

a) We prefer short-term rewards and feedback and undervalue things which improve our future. This bias is especially strong when something is available in the here and now.

b) Framing choices, such as our preference for the middle option or avoiding a loss, strongly influence buying behaviour. Retailers and fast food outlets own the environment or 'choice architecture' in their stores and use this to influence our choices.

c) Rational choice and self-control requires effort which is easily exhausted and affected by the environment, time of day or what we have just been doing.

The practical application of these insights in Public Health interventions results in 'nudges' which allow free choice but try to encourage those actions likely to be in the persons true best interest. Examples of such nudges include:

i. Photographs of vegetables on school lunch trays or footsteps on staircases
ii. Using tracking mechanisms/apps to give immediate feedback on success or progress towards a goal
iii. Smaller plate sizes reduce consumption
iv. Asking patients to write down appointment times themselves rather than having it done for them, showing commitment and decreasing 'no shows'.

Nudges are often low cost and designed to change behaviour rather than intention. However, the complexity of the situation means that no single nudge will solve the

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[1] Perez-Cueto FJA, Aschemann-Witzel J , Shankar B, et al. (2012) *Assessment of evaluations made to healthy eating policies in Europe: a review within the EATWELL Project.* Public Health Nutrition 15, 1489–1496

problem of childhood obesity; it is merely a tool to use to make every environment less obesogenic.

The implication of this is that by adjusting the way the most important moments of choice are presented to people we can counteract some of the biases which lead to irrationally unhealthy actions. Some environments can be more easily adjusted (such as school canteens) and others require the cooperation or compliance of outside interests (such take away ordering processes or in-store food shopping). In each case, rather than counteracting free choice, public policy is seeking to compensate for the biases which prevent us exercising that choice rationally in the first place.

4. CURRENT APPROACHES

Many people will bemoan the shift of the emphasis towards the environmental approaches and away from the child or family weight management programmes. These programmes attempt to *educate* the individuals to make healthier choices and provide a small amount of practice time and space. These have been the core of the Birmingham approach for the past ten years.

If 11% of children aged 4 years in Reception classes in Birmingham are obese, it is clear that this has its origins in the patterns of dietary intake and physical activity in the first years of life. The current approaches to try and improve the balance between calorie intake and physical activity to use that energy are limited in their impact. These include:

a) Breastfeeding support: Breastfeeding is recognised as providing babies with the best nutritional start in life. Breastfeeding rates at 6-8 weeks in Birmingham compare favourably with other parts of the country, although there is always room for improvement.

'Birmingham Forward Steps', the Birmingham Early Years provider partnership, and the maternity providers in the city are working towards improving breastfeeding rates by developing a shared approach to promoting and supporting breastfeeding. This is based on UNICEF Baby Friendly Initiative (BFI) principles. Birmingham Forward Steps and other partners are working to achieve various stages of Baby Friendly Initiative status (Birmingham Women's; Good Hope Hospital and City Hospital are fully accredited; Birmingham Community Healthcare NHS Trust is currently at Stage 2 and working towards stage 3).

b) **Startwell** is a service commissioned as part of the Birmingham Forward Steps by Birmingham City Council. Startwell works with providers of Early Years settings, e.g. nurseries, to provide nutritional advice and opportunities for physical development. The aim is to enable provision of health environments for children in their care. The scheme is based on an awards system and may include cooking sessions with staff.

c) Healthy Start Vouchers

This is a government-led means tested initiative providing healthy food vouchers (milk, fruit and vegetables) to families receiving benefits with children 0-4 years

old. Families are provided with vouchers to purchase these food items to the value of £3.10 per week, per child.

It is conservatively estimated that there is widespread underuse of the vouchers by eligible families resulting in an under-claim of £1.5 million in Birmingham. This results in a reduction in nutrition in these families and a loss of retail revenue in these communities.

Work is underway in Birmingham to increase the usage of Healthy Start vouchers by increasing registration for the vouchers, their use, and the retail spaces in which to use them. This will boost local retail income and provide healthy food to deprived families at no cost to the family, retailer, or Birmingham Public Services.

d) **HENRY** is a nutritional support programme for families with preschool overweight children. It is delivered by Birmingham Forward Steps to individual families.

There is limited research evidence to demonstrate a beneficial or sustained impact of any of these approaches on levels of obesity. They do have other benefits which may make them a valuable activity in this family setting.

5. THE WAY FORWARD

Creating a healthier environment

Our approach to tackling childhood obesity needs to be dynamic and flexible, and evolving all the time. The whole system is based on the principle of stakeholder engagement and collaboration because it is everyone's responsibility and everyone needs to play his or her part. At the heart of this approach will be the council coordinating and facilitating action to achieve our common goal – tackling childhood obesity.

There is a local commitment to create a healthier food environment for our communities outside of school. A key priority for Birmingham is creating healthier food choices for families who are faced with hard times and financial constraints. It is recognised that access to healthy food varies across our City and a commitment to making environmental change that makes the 'healthy choice the easy choice' for everyone. Healthy food that is easily accessible and affordable.

The interventions within this area contain both social and environmental components. There is good progress engaging with food retailers but there is a need to identify further opportunities for intervention, linked to strategies to tackle food and family poverty.

Working with retailers

There is momentum gathering pace as retailers promote the purchase of fruit and vegetables. The recent *Peas Please* retailer pledges show the enthusiasm which retailers share to promote vegetable consumption. The challenge remains finding improvements which are effective beyond the short term, targeted to households where the need is greatest and acceptable to retailers from a commercial perspective.

Work is progressing with a major discount supermarket chain in the Birmingham area to design and test interventions which promote buying healthy food. The initial stage involves research into the barriers to the purchase and usage of fruit and veg, with specific emphasis on the local store catchments in some of Birmingham's ethnically diverse and economically challenged areas.

The hypothesis is that although people are broadly aware that a healthy diet is a good thing, real life gets in the way. This can be because unhealthy choices are easier, more salient and attractive or they just what people are used to. The opportunity for influencing change in Birmingham requires an understanding of the practicalities for local customers and the retailer.

The supermarket will then run a series of trials on how to use some subtle 'nudges' within stores at the specific points where customers can be influenced, rather than trying to educate customers when they may not be in decision making mode.

The trials will also test how to optimise targeted voucher incentives of different types. In the US and Canada, federal funding has been used to increase the value of the nearest equivalent schemes to the UK Healthy Start vouchers. Extra funds are then often spent at farmer's markets (which differ from the model of farmer's markets in the UK). 'Rose vouchers' operate in several London boroughs and supplement Healthy Start vouchers through charitable funds. These projects offer targeted help but require external funding. If a model could be found where incentives were supplier funded to be spent only in that chain of stores, it might be more sustainable. By developing and testing different incentives and methods of delivery it is hoped to optimise incremental fruit and vegetable purchase from a local targeted audience in most need of help. The aim is to use robust measurement to test not just the customer behaviour but the profit impact in the hope it can offer a model for wider adoption.

However, promoting the purchase of healthy options does not necessarily mean less unhealthy food is consumed. Although this aspect will be measured in the trials, it is likely that different nudges and incentives would be needed to disincentivise the purchase of, chocolate and cake and this may not be as willingly adopted and funded by suppliers.

6. CONCLUSION

The established family centered intervention programmes currently in use have failed to slow the rising obesity epidemic in Birmingham preschool children. The programmes may remain if shown to deliver some other benefit or may be lost in the cost-effective debate of the future.

The development of a range of environmental approaches influencing choices and intentions should be properly evaluated in an action research model. This way the city can build on what it demonstrates to be beneficial and discard what proves to be ineffective.

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