UNIVERSITY OF LEEDS

This is a repository copy of *Obese and hungry: two faces of a nation*.

White Rose Research Online URL for this paper:

<http://eprints.whiterose.ac.uk/165775/>

Version: Accepted Version

Article:

Moore, JB orcid.org/0000-0003-4750-1550 and Evans, CEL

orcid.org/0000-0002-4065-4397 (2020) *Obese and hungry: two faces of a nation*. British Medical Journal (BMJ), 370. m3084. ISSN 1759-2151

<https://doi.org/10.1136/bmj.m3084>

This editorial is protected by copyright. This is an author produced version of an editorial published in the British Medical Journal. Uploaded in accordance with the publisher's self-archiving policy.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

TITLE PAGE

Title

Obese and hungry: two faces of a nation

Subtitle

New obesity and national food strategies are welcome, but more actions are required to reduce health inequalities

Authors

J. Bernadette Moore, Associate Professor of Obesity

Charlotte E.L. Evans, Associate Professor in Nutritional Epidemiology and Public Health Nutrition

Affiliations

School of Food Science & Nutrition, University of Leeds, Leeds, LS2 9JT, United Kingdom

Correspondence to

Dr. J Bernadette Moore

j.b.moore@leeds.ac.uk

Word Count 762

Last week heralded both the government's latest obesity policy paper for England and the first part of an independent review of the UK food system, commissioned to inform a national food strategy.^{1 2}

Framed in the context of evidence that obesity increases the risk of severe complications and death from covid-19, some long overdue aspects of the obesity strategy are welcome. These include restrictions on the promotion, by volume (such as buy one get one free) and location (near check out) of foods high in fat, sugar, and salt, as well as a ban on advertising such foods before 9 pm on television and online.

Nonetheless, with further consultation planned and a long timeline for implementation (end of 2022), impatience remains justified. The evidence that food marketing through advertising and product placement has an adverse effect on people's food preferences and consumption patterns is irrefutable. The World Health Organization made strong recommendations against such marketing a decade ago to protect children,³ as has Public Health England—first in 2015 and again as part of the childhood obesity plan, promising consultation “before the end of 2018.”^{4 5}

Political will has always been influenced by factors other than scientific evidence (tobacco is an obvious example),⁶ and restrictions that were originally included in an obesity plan developed by David Cameron's administration were not included in the much weaker version released in 2016 by his successor Theresa May.⁷ Although the current political momentum under Boris Johnson is welcome, that it depends on the prime minister's own brush with covid-19 is disturbing.⁸

Equally worrying, the obesity strategy's “call to action” still emphasises individual willpower and personal responsibility in its promotion of a weight loss app and food labelling. This ignores the biological, social, and environmental determinants of obesity,⁹ and fails to acknowledge the physiological adaptations to weight loss that make long term maintenance of weight loss challenging without ongoing support.¹⁰ Pledges to expand weight management services are welcome but difficult to reconcile with the steep reductions in local authority funding for public health that have occurred in the past five years.¹¹

Widening gap

Any efforts to control obesity should consider socioeconomic and health inequalities. Interventions that use information to improve diet and reduce obesity (mass media campaigns, nutrition labelling, referral to weight loss programmes) will benefit only people with the time and cognitive, psychological, and material resources required to engage.¹² Interventions requiring high personal agency favour those with socioeconomic advantages and are likely to increase health inequalities further.¹³ Obesity, in particular childhood obesity, is closely linked

to socioeconomic status: In England, the prevalence of childhood obesity at age 11 is 26.9% in the most deprived areas compared with 11.4% in the least deprived. This gap has widened dramatically over 10 years, from 9% in 2007 to 15% in 2017 when the last data were available.¹⁴

Moreover, cuts to public health funding have disproportionately affected deprived communities,¹³ as has covid-19.¹⁵ Food insecurity in households with children has at least doubled during the pandemic, and the crisis of health and social inequalities related to nutrition was underscored in the National Food Strategy review.² School meals contribute substantially to children's overall diet quality,¹⁶ and the Food Strategy report makes urgent recommendations for the expansion of free school meals and holiday food programmes to all households in receipt of universal credit. It is disappointing that it took the efforts of a popular footballer, Marcus Rashford, to convince the government to provide meals during school holidays to even the poorest children in households with incomes less than £7400 (€8200; \$9700) a year.¹⁷

Currently, more than 30% of children in the UK live in poverty, 20% of those aged 10-11 are already affected by obesity, and there are more UK adults with overweight or obesity than normal weight. The relationship between food poverty, poor nutrition, and obesity is clear, and the need to better prevent and manage obesity, reduce health inequalities, and improve food security is unarguable.

We echo the recent Marmot review that pre-dated the covid-19 economic crisis¹³—a national strategy on health inequalities is urgently required, and equity considerations should be at the heart of all policy relating to food, diet, and obesity. Strong leadership and concerted action are now needed to transform the UK's food system and reverse the current trajectory in health inequalities.

Competing interests:

We have read and understood the BMJ Group policy on declaration of interests and declare the following interests: None.

Copyright statement:

The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, a worldwide licence to the Publishers and its licensees in perpetuity, in all forms, formats and media (whether known now or created in the future), to i) publish, reproduce, distribute, display and store the Contribution, ii) translate the Contribution into other languages, create adaptations, reprints, include within collections and create summaries, extracts and/or, abstracts of the Contribution, iii) create any other derivative work(s) based on

the Contribution, iv) to exploit all subsidiary rights in the Contribution, v) the inclusion of electronic links from the Contribution to third party material where-ever it may be located; and, vi) licence any third party to do any or all of the above.

References

1. Department of Health and Social Care. Tackling obesity: empowering adults and children to live healthier lives. 27 Jul 2020.
<https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives#what-next>
2. Dimbleby H. National Food Strategy: Part One. 2020.
<https://www.nationalfoodstrategy.org/wp-content/uploads/2020/07/NFS-Part-One-SP-CP.pdf>
3. World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. 2010.
http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf?ua=1
4. Public Health England. Sugar Reduction: The evidence for action. 2015.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf
5. Department of Health and Social Care. Childhood obesity: a plan for action, Chapter 2. 2018.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf
6. Keating C. Smoking Kills: the Revolutionary life of Richard Doll. Oxford, UK: Signal Books Ltd, 2009.
7. Bosely S. Will the government's new childhood obesity strategy have any effect? 2016.
<https://www.theguardian.com/politics/2016/aug/20/will-the-governments-new-childhood-obesity-strategy-have-any-effect>
8. Lister S. Boris Johnson: 'My health wake up call – and why it's a wake-up call for WHOLE of Britain'. 2020. <https://www.express.co.uk/news/uk/1314742/Boris-Johnson-health-reforms-obesity-latest>
9. Moore JB, Boesch C. Getting energy balance right in an obesogenic world. *Proc Nutr Soc* 2019. 78:259-61. doi: 10.1017/S0029665118002720
10. Hall KD, Kahan S. Maintenance of Lost Weight and Long-Term Management of Obesity. *Med Clin North Am* 2018. 102:183-97. doi: 10.1016/j.mcna.2017.08.012
11. Public Health England. National mapping of weight management services: Provision of tier 2 and tier 3 services in England. 2015.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/484115/Final_Weight_Management_Mapping_Report.pdf
12. Adams J, Mytton O, White M, Monsivais P. Why Are Some Population Interventions for Diet and Obesity More Equitable and Effective Than Others? The Role of Individual Agency. *PLoS Med* 2016. 13:e1001990. doi: 10.1371/journal.pmed.1001990
13. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. London: Institute of Health Equity 2020.
https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf
14. Public Health England. Patterns and trends in child obesity: national and regional data. 2020. <https://www.gov.uk/government/publications/child-obesity-patterns-and-trends/patterns-and-trends-in-child-obesity-national-and-regional-data>
15. Public Health England. Disparities in the risk and outcomes of COVID-19. 2020.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf
16. Evans CEL, Melia KE, Rippin HL, Hancock N, Cade J. A repeated cross-sectional survey assessing changes in diet and nutrient quality of English primary school children's packed lunches between 2006 and 2016. *BMJ Open* 2020. 10:e029688. doi: 10.1136/bmjopen-2019-029688

17. Coughlin S. Marcus Rashford: Food voucher U-turn after footballer's campaign. 2020.
<https://www.bbc.co.uk/news/uk-53065806>