Health Inequalities - Early Years

Weight Watchers UK Ltd

Summary
- Tackling obesity is a major component in tackling early years health inequalities
- Tackling childhood obesity requires a complex, multilevel response
- Primary Care is a key channel to engage ‘hard to reach’ overweight/obese children and families
- Lifestyle weight management services need specific targeting – those provided for children should be specifically designed for children
- Adult lifestyle weight management services for parents are a critical part of effective early years obesity solutions
- The Scottish Health system needs to commission services with proven outcomes
- Costs and cost effectiveness of programmes are an essential consideration

Tackling obesity is a major component in tackling early years health inequalities
Too many children are overweight or obese, signalling a massive public health crisis. It stores up devastating diseases (such as type 2 diabetes, heart disease and some cancers) for the future, which will impose a catastrophic burden on NHS Scotland and society more broadly. The Foresight report predicted that the overall cost of obesity to the UK will reach £50 billion a year by 2050 (Foresight 2007). Apart from the direct impact on their health, the indirect effects of being overweight or obese on children's development, education and physical and mental wellbeing are immense. Higher prevalence of unhealthy weight is observed amongst those in the most deprived communities (Bradshaw P et al 2012) and thus tackling obesity within families is a major opportunity to reduce the inequalities in health across Scotland.

Tackling childhood obesity requires a complex, multilevel response
Through Weight Watchers’ 50 years’ experience of supporting people to manage their weight, it understands that obesity is a complex and multifaceted disease. It endorses Foresight’s conclusions that tackling obesity requires an equally complex response, encompassing environmental and regulatory measures alongside lifestyle weight management interventions and services, which seek to change individuals’ behaviours associated with their diet and physical activity. All Weight Watchers’ experience and research indicates that as well as addressing ‘upstream’ determinants of poor health (such as housing, transport, education, employment) there is an acute and immediate need to help the vast numbers of children and families who are already overweight or obese. This requires intensive treatment and follow up through structured services, which provide regular support from others (peers and people trained in behavioural change techniques), plus an environment which encourages healthy lifestyle habits.
In short, lifestyle weight management services are a vital part of the solution to tackle childhood obesity. All the evidence repeatedly indicates that these services should be multicomponent, ideally addressing diet and physical activity together (SIGN, 2010). Equal access to lifestyle weight management services for children and their families is vital across Scotland, yet it is suggested that the access to effective obesity treatment services does currently meet need.

**Primary Care is a key channel to engage ‘hard to reach’ overweight/obese children and families**

Numerous reports have identified primary care as the key NHS setting for screening, management and prevention of obesity in families (National Audit Office, 2001, Royal College of Physicians, 2013, Academy of Medical Royal Colleges, 2013). On an individual basis 90% of NHS contact is with primary care.

There is good evidence that patients view health professionals as credible sources of health information and for these reasons NHS professionals are well placed to reach out to those who are overweight and obese – particularly those who are unconcerned or unaware of their weight status (Eysenbach, et al 2008). Weight Watchers’ own qualitative research has consistently revealed the significant power GPs can exert in motivating overweight and obese people to take action to lose weight and take up services. Many people who go to see their GP are not ready to change. However, when their GP explains the need to lose weight for their health, this can often shift people into the ‘ready to change’ mode; especially when they understand the beneficial effect on their children’s habits.

A number of health bodies across the UK successfully use GP referral to Weight Watchers to tackle health inequalities and set objectives to target low income families in deprived areas (Dixon et al 2012, Lloyd and Khan 2011). Weight loss outcomes (indicative of improved eating and physical activity habits) have been found to be similar in those of the lowest socioeconomic quintiles compared to those in higher income groups. An analysis by Robert Gordon University on a referral scheme to Weight Watchers in NHS Tayside (Wrieden et al, 2012) revealed that there was no difference in the effectiveness of this community-based lifestyle modification programme by deprivation.

**Lifestyle weight management services need specific targeting –those provided for children should be specifically designed for children**

Research commissioned by the Central Office of Information and the cross government obesity team in November 2009 highlighted the importance of tailoring weight management services for different groups of people (DH, 2009). It revealed the complexity of barriers to engaging with services and identified the broad differences of appeal across different socio-demographic groups. All of this research underlines that services provided for children should be specifically designed and targeted for children of different age groups. Ideally these services should be developed with input from the target audience age group. Services for toddlers, primary aged and secondary aged
children should be specifically designed for these age groups. Indeed, services for parents should be specifically designed for parents. Weight Watchers' believes that interventions which are designed for adults are not effective when simply used with children. The intervention messages and techniques which have been formulated for adults are often irrelevant or sometimes inappropriate for children.

**Adult lifestyle weight management services are a critical part of effective early years obesity solutions**

Parental BMI is a significant predictor of childhood obesity (Dahly and Rudolph, 2010). In other words, obesity is pervasive within families and there is increasing evidence that the most effective way in which parents can help their obese child lose weight is to lose weight themselves. For example, a recent study evaluated the impact of three types of parent/child targeted interventions on children's weight (Boutelle et al 2012). The researchers found that it was only when the parents lost weight that their children did as well.

It makes sense that if overweight or obese parents lose weight by modifying their eating and activity behaviours, then there is an effect on whole family habits. For example, there is good evidence that referral of overweight and obese adult patients to Weight Watchers resulted in improved dietary intakes from healthier eating habits (Eberhard et al 2010). Many of these referrals were women and mothers in charge of food provision within the home. Parents are the most significant people in a child’s environment; they serve as leaders and reinforce the establishment and maintenance of eating and activity behaviours. If they are learning to manage these behaviours to control their own weight, their children benefit. This type of research evidence highlights the powerful role that parents play in establishing and maintaining a healthier home environment; one conducive to healthier weights for the whole family. Any obesity strategy that aims to achieve outcomes in children should include an element of adult specific support services. The importance of enabling parents to control the eating and physical activity environments for their children and the impact that healthy role modelling has in establishing healthy eating and activity behaviours in the early years is paramount.

In summary, targeted lifestyle weight management services for adults can reach 'at risk' children by helping overweight/obese parents inculcate healthy lifestyle habits within the home. One solution to tackling early years health inequalities is offering access to lifestyle weight management treatment services, to support parents to take control of their obesity.

**The Scottish Health system needs to commission services with proven outcomes**

Since the release of NICE’s guidance on obesity management in 2006 and SIGN’s guidance in 2010, much more evidence has emerged regarding the effectiveness of different types of obesity interventions conducted in a primary care setting and specifically on referral of suitable patients to a range of available programmes. Different weight management interventions and services have different outcomes. The level of evidence underpinning different interventions also varies. Some services (such as Weight Watchers) have
good quality evidence based on randomised controlled trials published in peer reviewed journals. Others have little or no evidence. NHS Scotland needs to concentrate on commissioning services which are known to work with proven weight change outcomes with their specific target audiences, in order to ensure the intended impact on tackling health inequalities.

**Costs and cost effectiveness of programmes are an essential consideration**
Given current financial restrictions, Weight Watchers believes that the costs and cost-effectiveness of weight management programmes are an essential consideration. UK-specific data from a number of studies has suggested that it is far more effective and cost effective for NHS staff to refer their patients to Weight Watchers rather than deliver lifestyle weight management interventions themselves, yet the latter services are often the first port of call when services are being redesigned in Scotland. For example researchers from one trial calculated that the cost per kg weight loss ranged from £55 - £92 for a Weight Watchers group compared to £92-£131 for a standard care group having care from GP practices (Jebb et al 2011). Similarly, costs in another trial for external providers were much lower (£55) than those of NHS services (£70-£90) (Jolly et al 2011). There are strong economic arguments which underpin NHS referral to effective providers of lifestyle weight management services. All programmes should evaluate their costs, cost effectiveness and sustainability. There is evidence to compare the cost effectiveness of different programmes and this should be the starting point for informing commissioning and service provision decisions in Scotland.

**Weight Watchers UK Ltd**
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