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Will the government's obesity strategy work?

The government has launched a new obesity strategy, urging people to lose weight to protect themselves against coronavirus. But will the campaign really help the nation get healthier?

Does the campaign go far enough to address the underlying causes of obesity? Dr Sally Norton, an NHS consultant and weight loss expert, and Daniel Herman, nutrition coach and founder of sports nutrition brand Bio-Synergy, explain more.

What's the plan?

In July, the government announced its new obesity strategy including:

- A ban on TV adverts for food high in fat, sugar and salt before 9 pm.
- The end of deals such as 'buy one get one free'.
- Calories being displayed on restaurant menus.

Almost two thirds of adults in England are [overweight or obese](#), costing the NHS around £6 billion per year. New evidence suggests those carrying excess weight are at higher risk of COVID-19.

Although only 2.9% of UK adults are in the 'morbidly obese' category (with a [body mass index](#) over 40), nearly 8% of critically ill patients with COVID-19 in intensive care units have been in this category, according to government figures.

This has prompted Public Health England to launch a campaign to encourage people to "embrace a healthier lifestyle and to [lose weight](#) if they need to".

NHS weight loss services including self-care apps and online tools will be expanded so more people can get the support they need. From next year doctors will be given incentives to help patients lose weight.

Does it go far enough?

But is that enough to help the nation get healthier? According to Dr Norton, the campaign doesn't go far enough and "there is a lot more that can, and should, be done if we really want to see our obesity rates go down".

"Laying the responsibility for weight control on an individual, even with a coach's support, is unfair and often unsuccessful. There needs to be even greater emphasis on the unhealthy food and lifestyle environment that surrounds us," she explains.

"The government has promised to make it easier to make healthy choices, by reviewing the way that nutritional labelling of foods is provided, and ensuring that calorie information is displayed in restaurants, cafés and take-aways.

"Will that really stop people buying the super-size buckets of popcorn in the cinema or re-filling their huge fizzy drinks in the local takeaway? I don't think it will."

There's no doubt that average [portion sizes have increased](#) in the last 25 years - by as much as 45% for some single-portion ready meals, 50% for a family bag of crisps, 80% for peanuts and up to 30% for some baked goods.

"We should be legislating against these super-size servings and ensuring that the crazy portion distortion is tackled at source."

Less dictate, more educate

Both Dr Norton and Herman agree that more needs to be done to educate people about healthy eating and nutrition.

We know being overweight causes myriad other conditions, from [high blood pressure](#) and [heart disease](#) to [diabetes](#), but the problem is people often don't know how to make healthier choices.

"I think that taking any steps that result in people pursuing a healthy lifestyle is a great step. It is interesting however that it has taken COVID-19 to make this happen and that the focus is on fear, rather than the positive outcomes of a healthier lifestyle," Herman says.

"There is need for a joined-up approach which includes a massive piece around education about nutrition, how to prepare healthy food and understanding that people of different ages, backgrounds and fitness levels require different advice.

"I think that trying to get people to give up the foods they love and to have less [screen time](#) is a challenge that will take time and will need to be tailored to different groups."

Dr Norton says the government needs to focus on making healthier choices easier, such as making [active commuting](#) like cycling and walking safer.

"Make healthy eating, shopping, cooking and healthier lifestyle skills as important as maths and English on the curriculum," she adds.

"Processed, poor-quality food is cheaper and easier to purchase than good-quality real food and that means the poorer in society are most likely to suffer from obesity. It's a real health inequality issue.

"All-you-can-eat restaurants, cheap carveries, and takeaways selling huge portions of poor-quality food are seen as good value. This perception needs to be changed so that we all value good-quality, well-produced or responsibly sourced food. We should be educated to value quality over quantity."

The underlying causes

As Dr Norton says, deprivation plays a huge role in obesity levels. But, so too, does the workplace and time-poor lifestyles.

"Ultimately it is the shift in our lifestyles, which are more sedentary, the availability of food and low prices. All of this has contributed to us over-eating and moving less," Herman explains.

"So, in simple terms, our intake of calories far exceeds the amount that we require."

Dr Norton called on the government to address the importance of "workplace wellness" including for "shift workers who can't get fresh food (including some hospitals), vending machines selling junk, too much sedentary time in the office".

"I've talked, years ago, about the fact that even in our hospitals when I was counselling people about weight loss surgery, there were two high-street coffee outlets in the hospital foyer selling high-calorie, creamy coffees and overly large cakes accounting for more than a third of a person's daily calorie intake," she adds.

"And vending machines full of crisps, chocolate and fizzy drinks. If this is the message we give in hospitals, how can we ensure people are well educated about healthy eating?"

She adds that more needs to be done to shift the blame for obesity from individuals and on to the food industry.

"There are plenty of examples where the nutritional and calorie values are given clearly. But the fact that this drink, chocolate bar or whatever, is supposed to provide three portions, not one, is in tiny writing," she says.

"The calorie count per portion and the number of portions in a product should both be clear. This needs to be done properly to avoid wasting money and just ticking a few boxes to shift the blame for obesity firmly on to the individual whilst failing to stand up to the huge processed-food industry."

Results based?

Dr Norton explains there are already numerous weight loss tools employed by the government and NHS but there's a lack of robust evidence as to whether they work.

"It [the government] already provides a free 12-week weight loss plan app, encouraging people to develop healthier eating habits, get [more active](#) and lose weight," she says.

"I want to know what the success rate of these programmes is in helping people lose weight and keep it off. If it's anything like most weight loss programmes, over 85% of people regain all the weight they've lost and more by a year.

"Before they spend millions of pounds training coaches and providing these services for the majority of the population who need input, let's see some robust evidence that it's money well spent."

Interestingly, a [2011 study](#) comparing UK weight loss services found that commercial services such as Weight Watchers (now WW - Weight Watchers Reimagined, available through [Patient Access](#)) were more effective than NHS primary care-based services led by specially trained staff.

Red flags

As our experts have stated, a campaign that aims to improve the overall health of the nation is a good thing, even if the government may have missed the mark in some areas.

But there's a couple of aims in the campaign that have caused serious concern - access to weight loss tools without appropriate safeguards and including calorie contents on restaurant menus.

For many living with or recovering from [eating disorders](#) this can be a harmful trigger.

Andrew Radford, chief executive of eating disorder charity [Beat](#), says, "We recognise the importance of addressing obesity, but the risks of stigmatising and poorly-considered campaigns on those affected by eating disorders must be taken into account.

"In particular, we are concerned that the campaign will encourage people with eating disorders to use the promoted weight loss app, which fails to prevent under-18s or people with low weight from using it, despite it not being suitable for them.

"It is also worrying to see a renewed emphasis on measures such as calorie labelling, as evidence clearly shows that these risk exacerbating eating disorders of all kinds."

So, will the government's obesity campaign work? Based on what our experts have said, a campaign that draws attention to the dangers of obesity is a good thing. But until the focus shifts to education about healthier lifestyle choices we may not see the results the government wants.

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