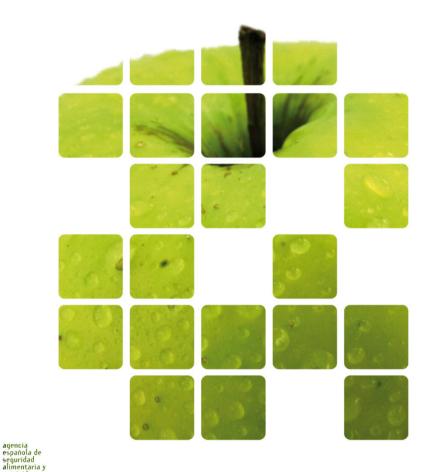
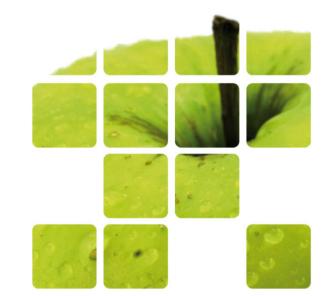
¡come sano y muévete!







¿Cómo debe ser un observatorio de la obesidad? Lecciones aprendidas en el Reino Unido





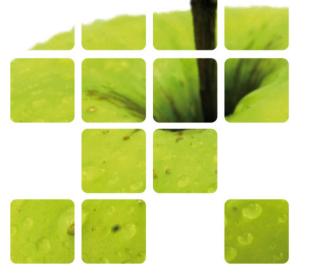


MODERADOR: D. JUAN MANUEL BALLESTEROS

Vocal Asesor Coordinador de la Estrategia NAOS. AESAN.





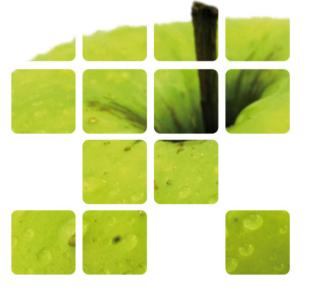


MR. HARRY RUTTER

Director del Observatorio Nacional de la Obesidad Reino Unido







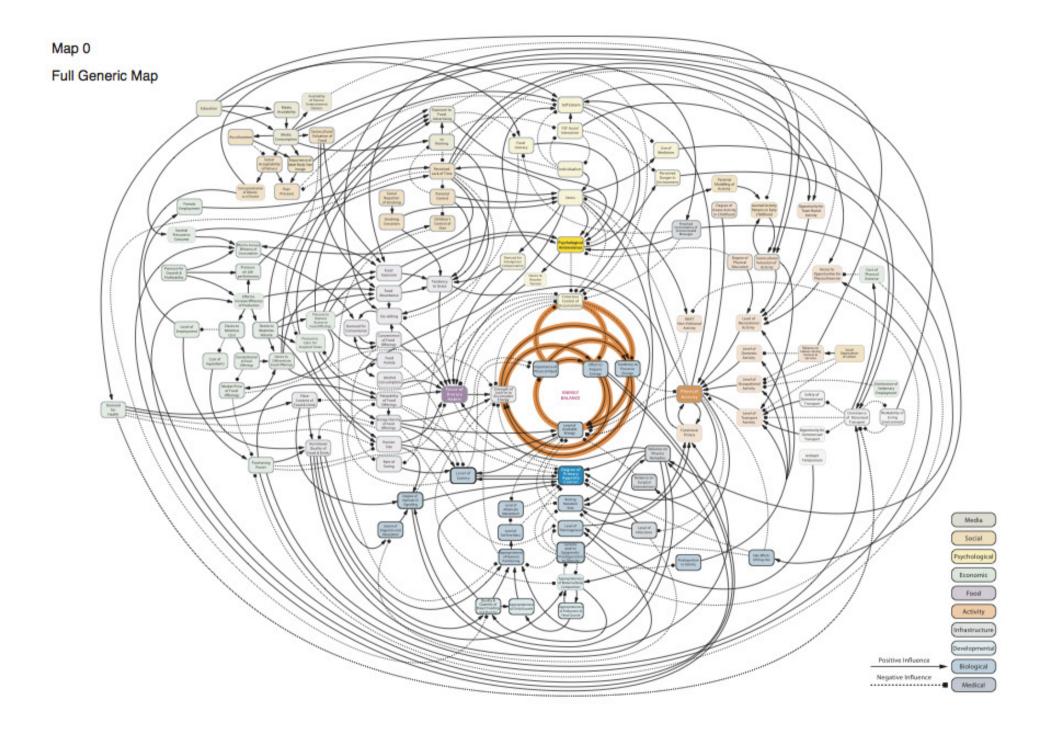


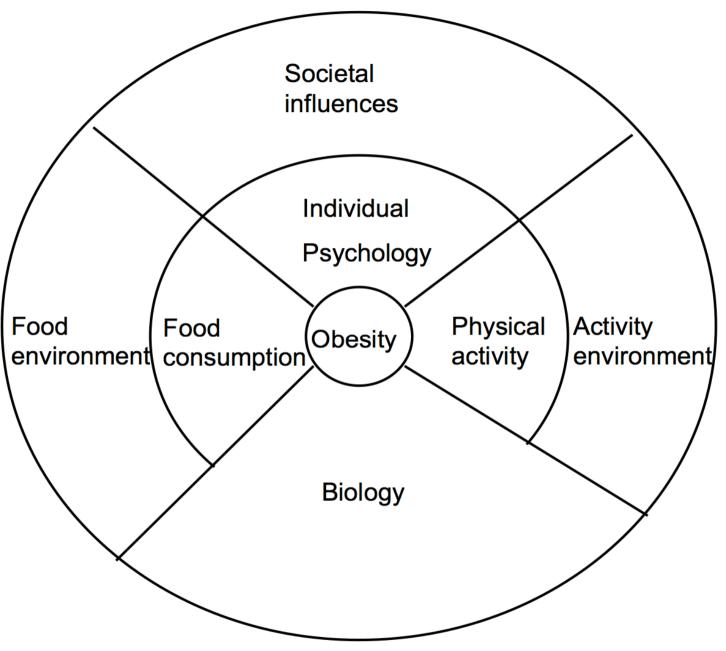
Adult obesity prevalence, latest available data*

	Japan 3.4%	6 (2008)					
	S. Korea 3.8	% (2008)			-	Measured Dat	а
	Switzerland 8.1	.%(2007)				measurea bac	64
	Italy	9.9%(2007)				Self Reported	Data
	Norway	10.0%(2008)					
	Sweden	10.2%(2007)					
	France	11.2%(2008)					
	Denmark	11.4%(2005)					
	Netherlands	11.8%(2009)					
	Austria	12.4%(2006)					
	Poland	12.5%(2004)					
	Belgium	13.8%(20					
	Turkey		%(2008)				
	Portugal		l%(2006)				
	Finland		7%(2008)				
	Germany		.0%(2009)				
	Slovak Republi		16.9%(200	-			
and the second second second	- €∠ecn Republic		17.0%(200	A CONTRACTOR OF			
	Spain		17.1%(200				
	Greece		18.1%				
	Hungary			%(2003)			
	Luxembourg			0.0%(2007)			
	Iceland Wales ^d		2	21.0%(2007)			
	England ^e		_	21.0%(200	9) %(2009)		
	Northern Irelar	- de			%(2009) .0%(2005)		
	Canada				4.2%(2005)		
	Australia			4	24.5%(2008)		
	Ireland ^b				25.0%(2007)		
	New Zealand				26.5%(20	107)	
	Scotlanda				27.0%(
	Mexico					30.0%(2006)	
	United States						8%(2008)

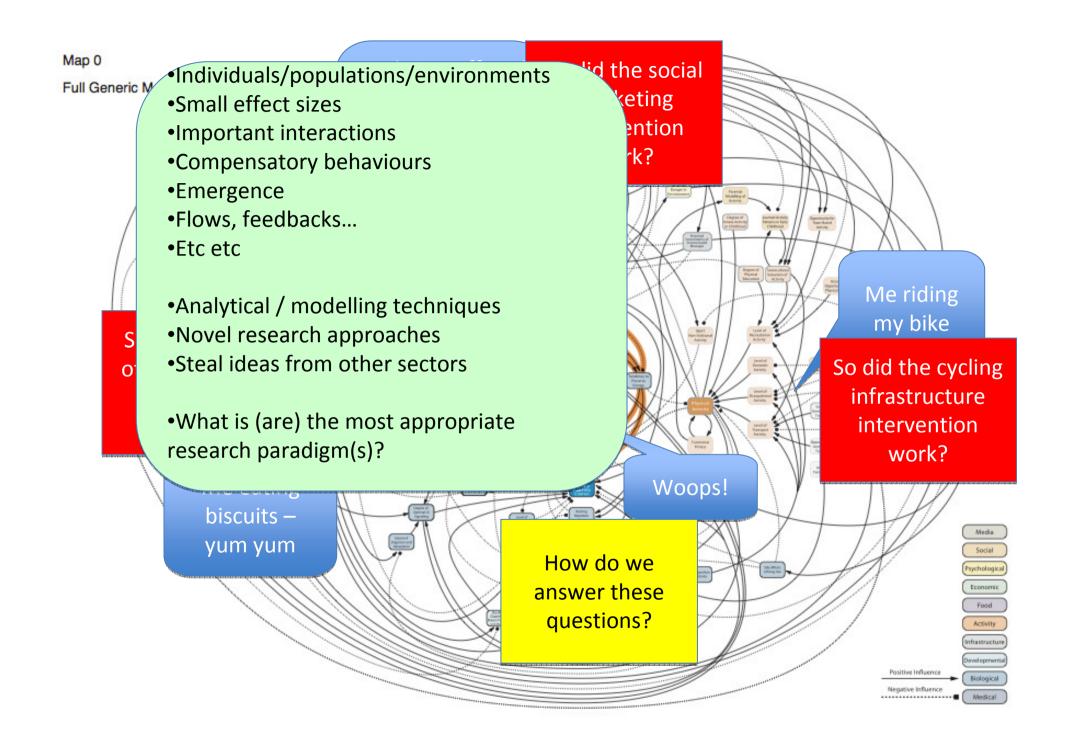
Obesity prevalence (%)

Source: http://www.noo.org.uk/NOO_about_obesity/international/

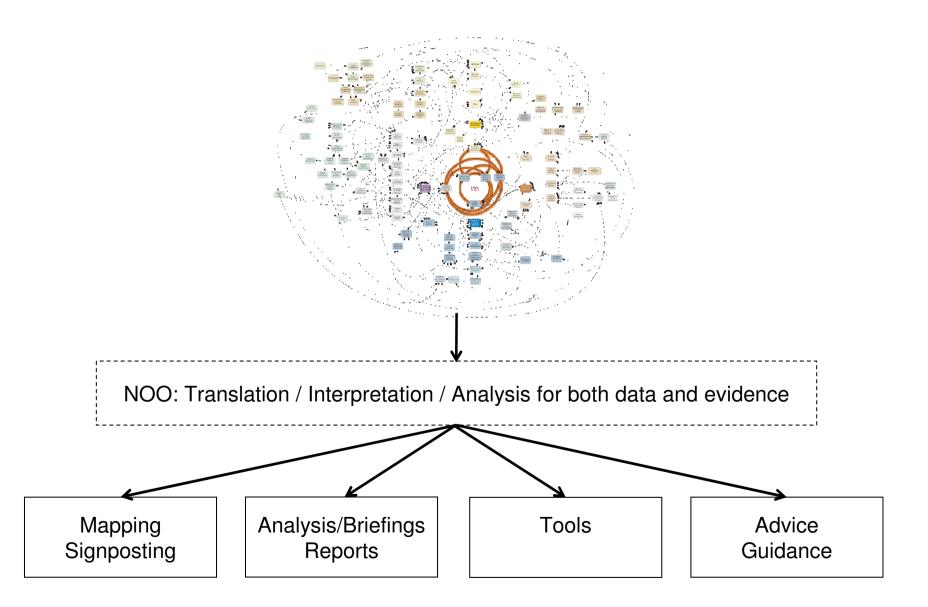


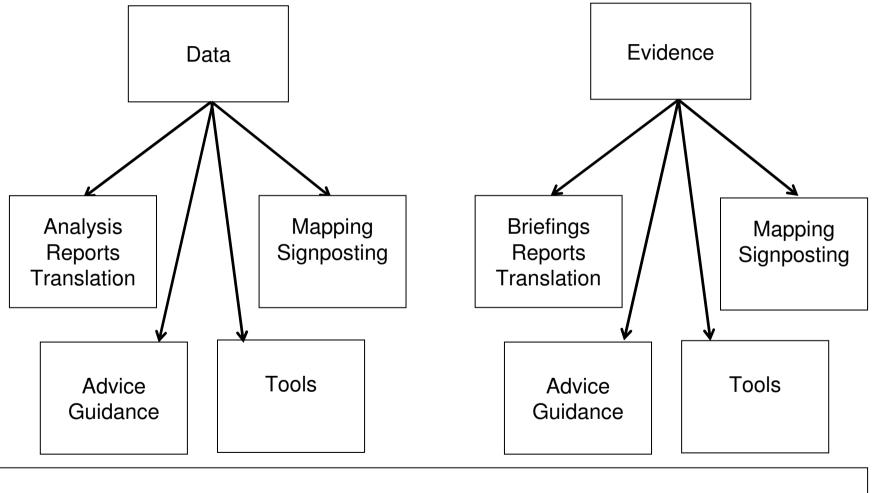


Source: 2007. Foresight Tackling Obesities : Future Choices — Obesity System Atlas

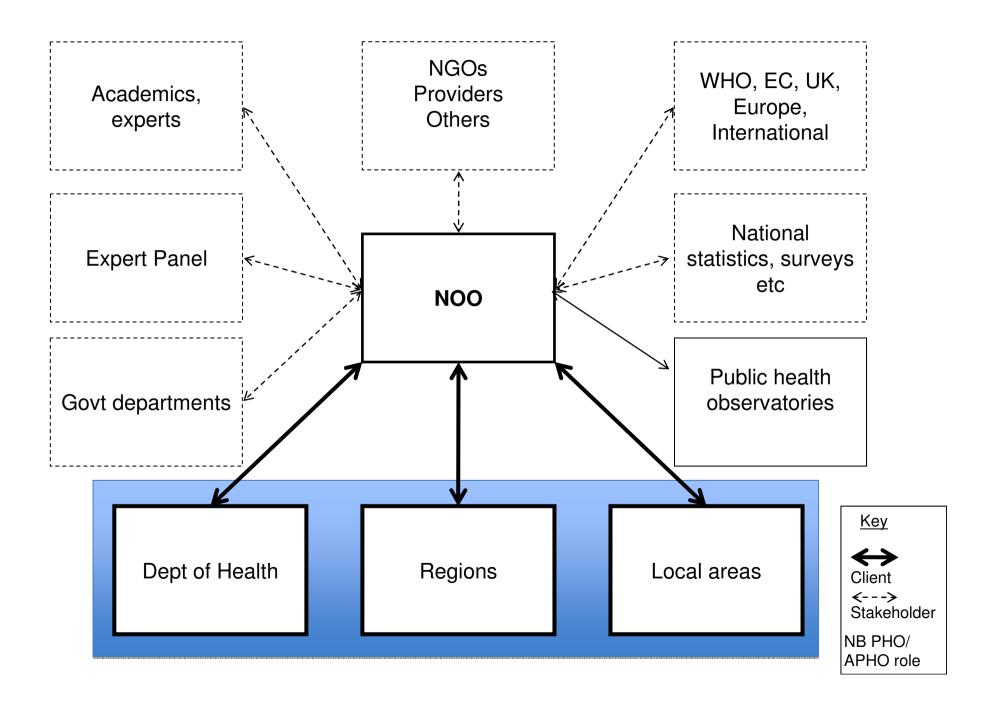


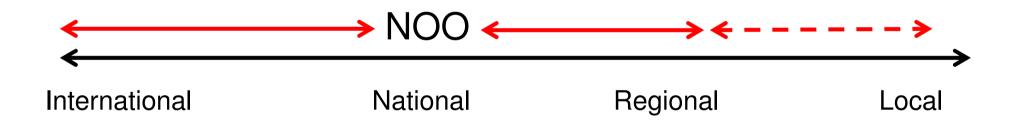
NOO's role: translating complexity

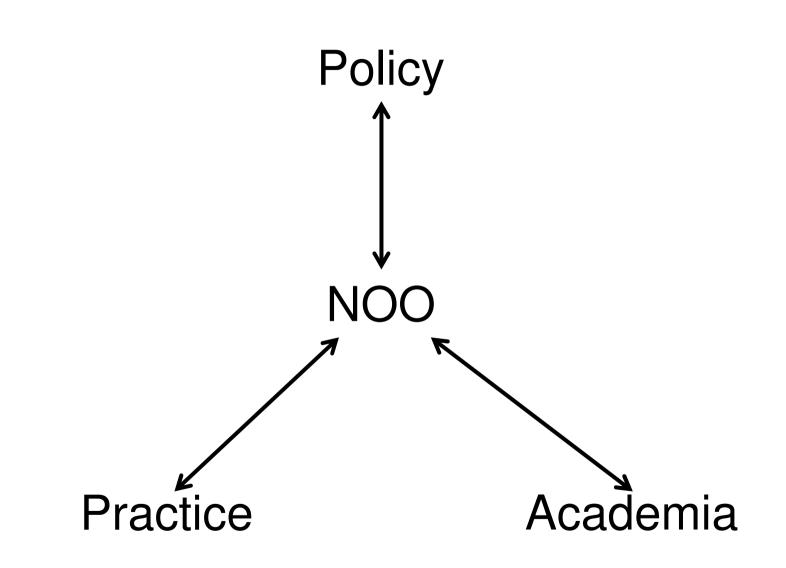




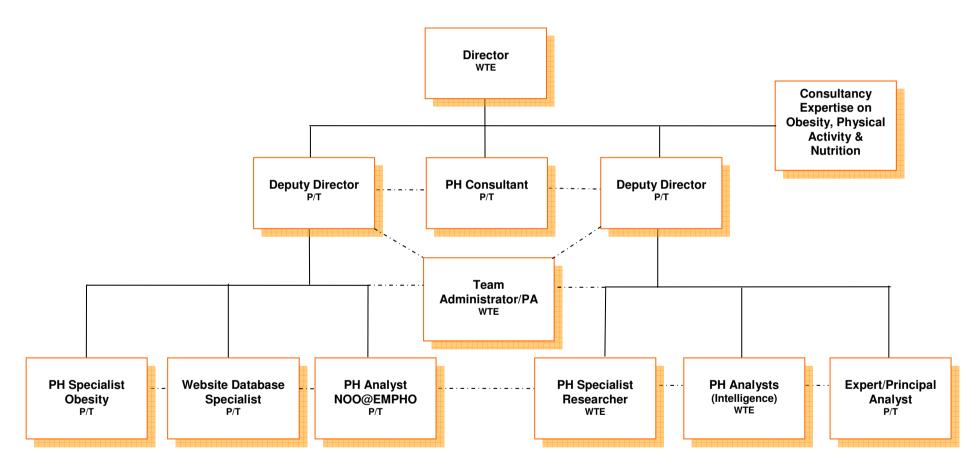
Strategic networking







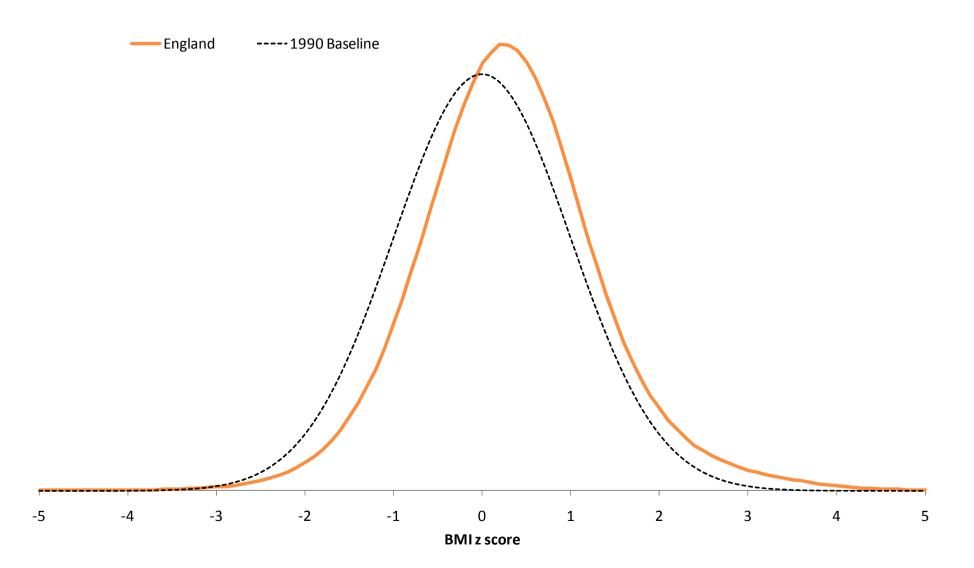
NOO structure



BMI distribution: Reception children

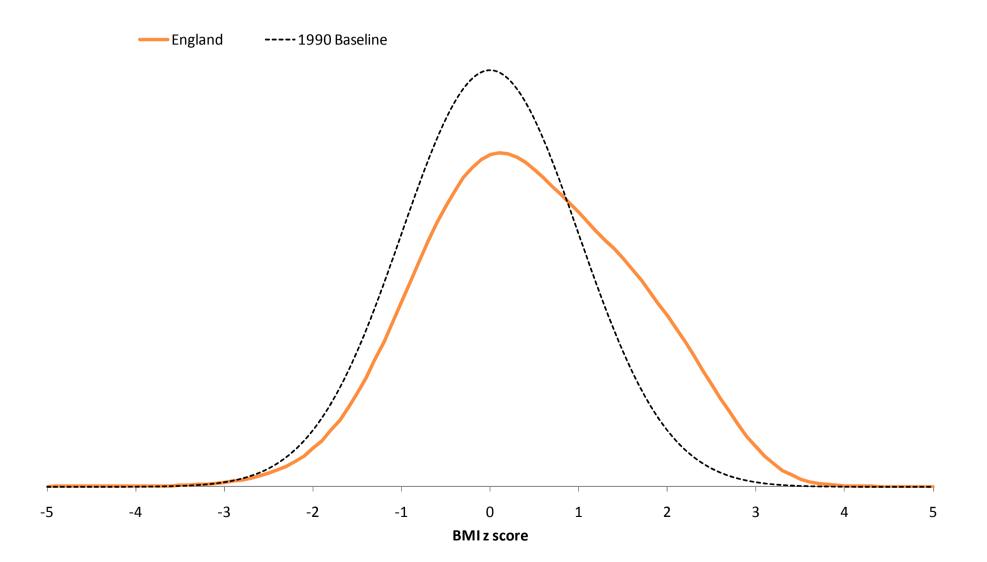


National Child Measurement Programme 2007/08 to 2009/10 (pooled)



BMI distribution: Year 6 children

National Child Measurement Programme 2007/08 to 2009/10 (pooled)

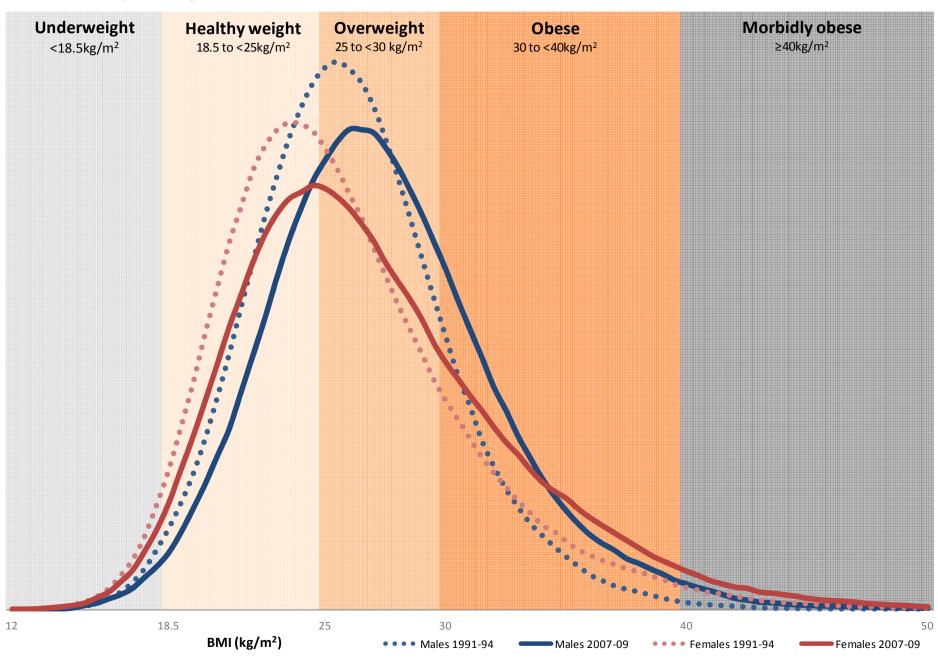


noo

National Obesity Observatory

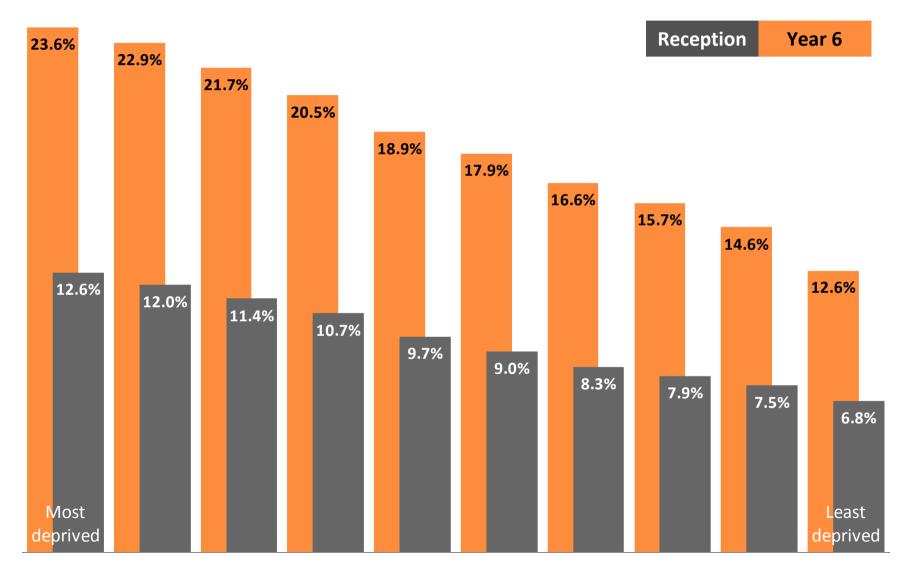
Adult (aged 18+) BMI distribution

Health Survey for England 1991-94 and 2007-09



Prevalence of obesity by deprivation decile

Children in Reception and Year 6 (National Child Measurement Programme 2009/10)



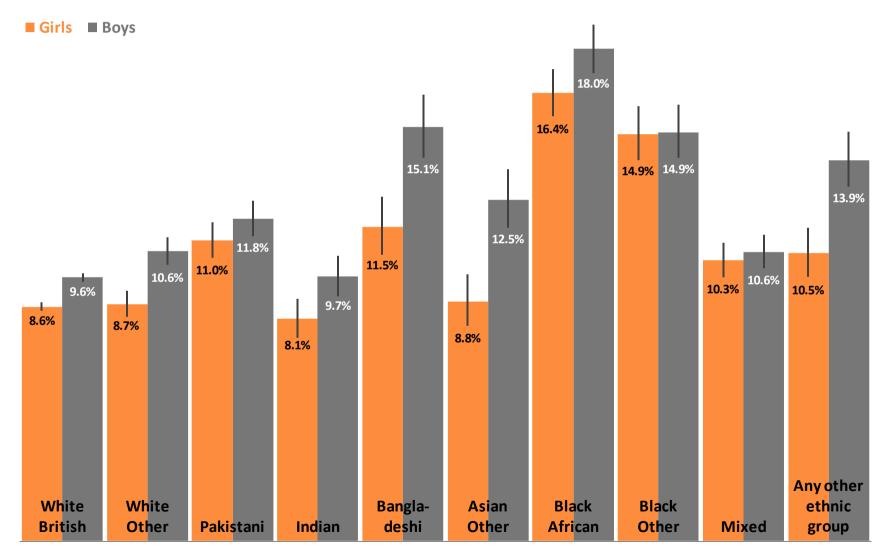
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National Obesity Observatory

Prevalence of obesity by ethnic group



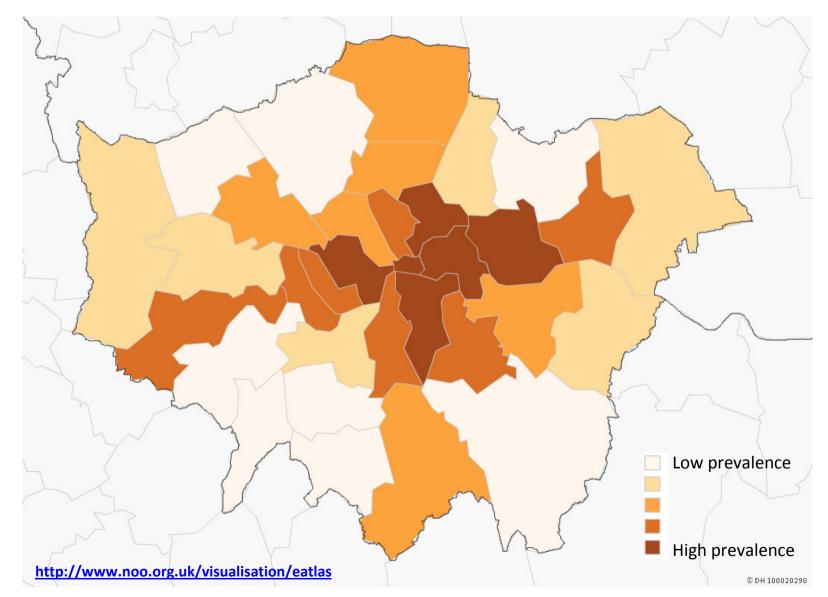
Reception (National Child Measurement Programme 2009/10)



Prevalence of obesity by Local Authority



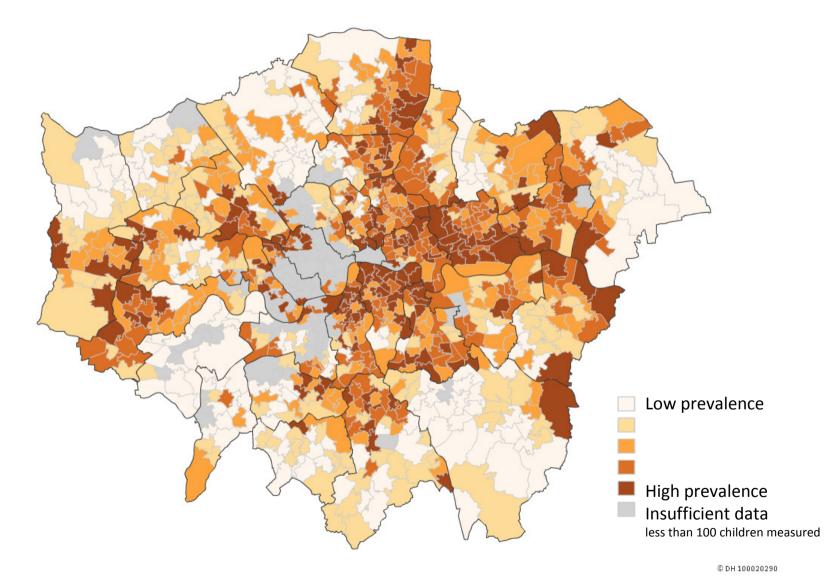
Year 6 children, resident in London, NCMP 2009/10

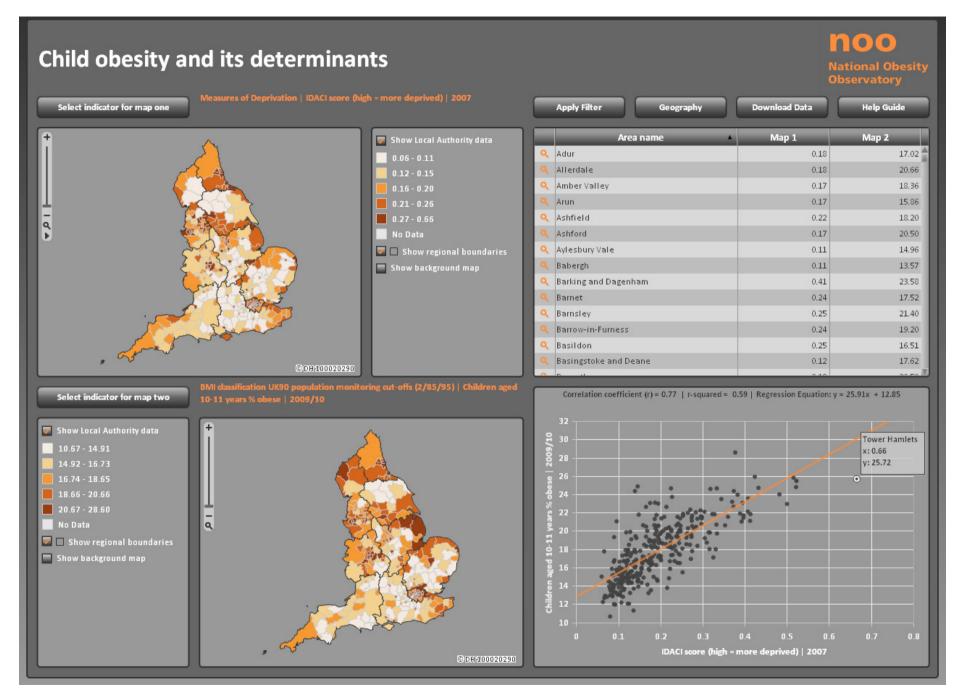


Prevalence of obesity by Middle Super Output Area

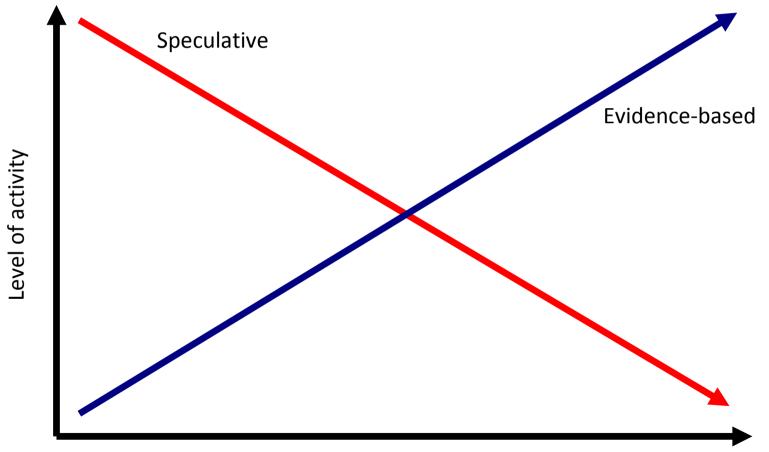


Year 6 children, resident in London, NCMP 2007/08 -2009/10





Evidence trajectories



Time



Standard Evaluation Framework

for weight management interventions



National Observatory

Standard Evaluation Framework for weight management interventions

NHS

CORE CRITERIA

to provide a single point of contact for wide-ranging Standard Evaluation Framework. Essential criteria are authoritative information on data and evidence presented as the minimum recommended data for evaluating related to obesity, overweight, underweight and their a weight management intervention. Desirable criteria are determinants.

The National Obesity Observatory was established This is a quick reference guide to the core criteria of the additional data that would enhance the evaluation.

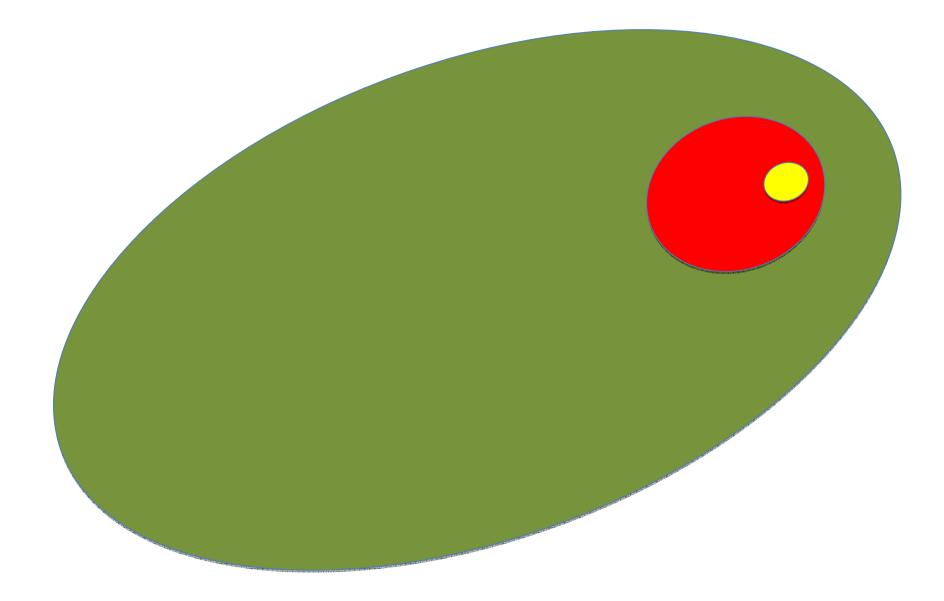
criteria and supporting guidance for collecting high quality information to support the evaluation of weight management have been categorised as essential or desirable, and gives interventions.

The Standard Evaluation Framework is a list of data collection Supporting guidance for each criterion is available from www.noo.org.uk/sef. This describes why particular criteria further information on collecting data.

ESSENTIAL DESIRABLE

		and the second se				
Part one: intervention details						
1. Title/name of intervention						
2. Aims and objectives (including primary and secondary outcomes)						
3. Intervention timescale (exposure, quantity and duration)						
4. Intervention delivery dates						
5. Duration of funding (including dates)						
6. Location and setting						
7. Description of intervention: • target population • content • delivery method • deliverer • unit of delivery						
details of quality assurance mechanisms						
8. Rationale for intervention (including theoretical basis)						
9. Core staff competencies required						
10. Equipment and resources required						
11. Incentives for attendance						
12. Details of training needs (including quality assurance of training)						
13. Method of recruitment and referral						
14. Participant consent mechanism						
15. Participant admission/exclusion criteria						
16. Cost of intervention per participant						
17. Cost to participant						
18. Detailed breakdown of cost						
19. Type of evaluation and evaluation design						
20. Details of equality impact assessment						
21. Relevant policy and performance context						
22. Details of health needs assessments that have been conducted						
23. Contact details						
24. Commissioner(s) of the intervention and sources of funding						
25. Declaration of interest						
26. Details of type and extent of any clinical involvement						

www.noo.org.uk/sef



Summary of the challenges

- Obesity and NCDs pose major problems
- Complex system
- Data are confusing and evidence is lacking
- Money is tight
- Many perspectives: personal, professional, political, commercial
- Fear of failure we act conservatively
- Lack of dialogue between academia, policy, and practice

Solutions

- Acknowledge the scale of the problem
- Embrace complexity
- Analyse, interpret, translate the data and evidence
- Promote evidence-driven practice to provide objectivity
- Learn from doing pragmatic approach to evaluation
- Maximise value through economies of scale
- Respond to user needs, but also push boundaries

www.noo.org.uk harry.rutter@dph.ox.ac.uk