

Childhood obesity: can we reduce inequalities?

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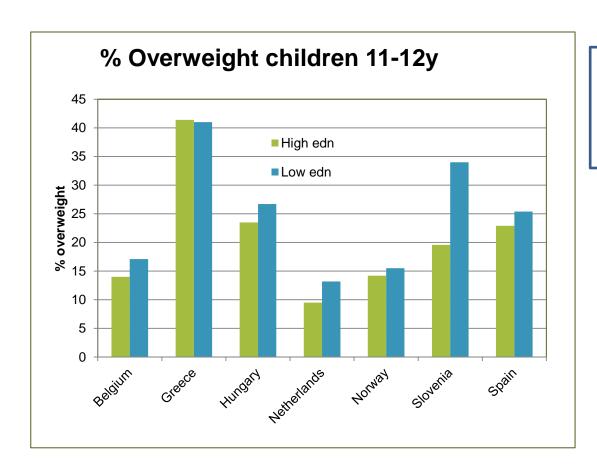


Childhood obesity: can we reduce inequalities?

Yes we can! ¡Sí podemos!

- Inequalities between countries
- Inequalities within countries
- What interventions?

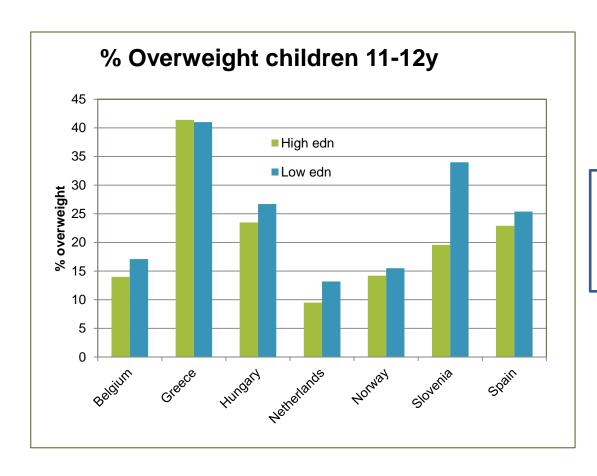
Variation between countries and between high/low educated families



- Overall prevalence varies between member states
- Social gradient for children in most EU member states
- Slope of gradient varies between member states

Source: ENERGY project (www.projectenergy.eu)

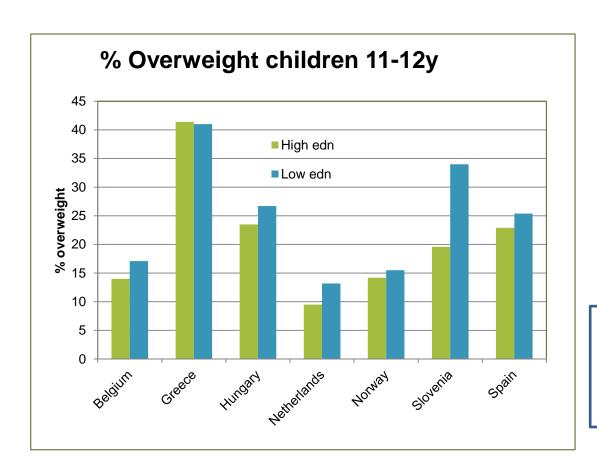
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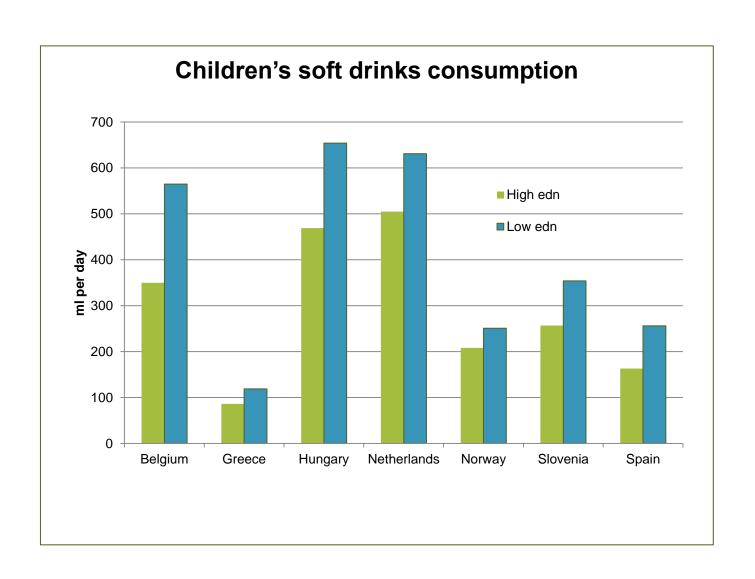
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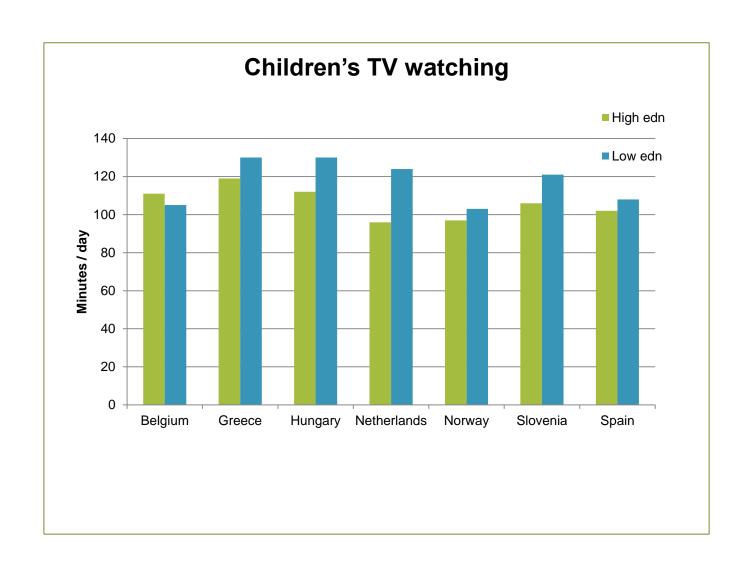
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Variation in dietary patterns



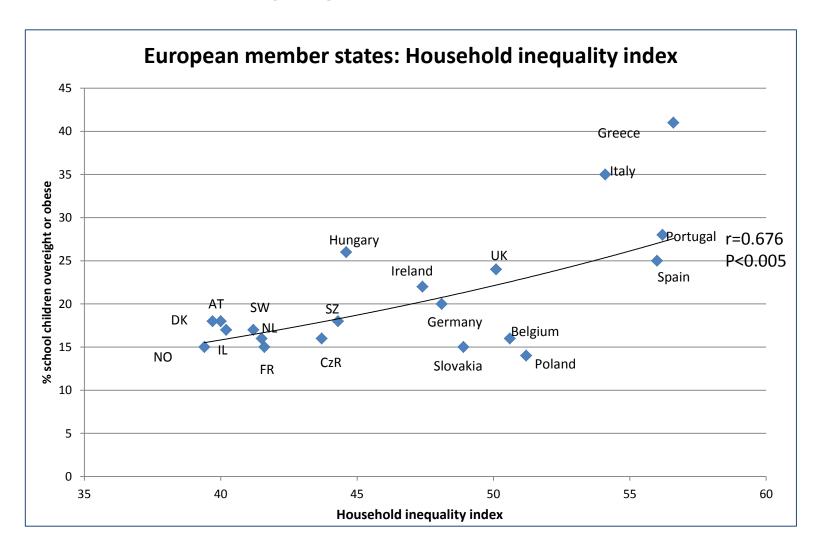
Variation in sedentary behaviour



Variation between countries?

- School food services?
- School physical activity? Walk/bike to school?
- Health services for infants?
- Breastfeeding rates / maternity rights?
- TV advertising?
- Price of 'cheap' calories?
- Subsidies for fruit and vegetables?
- ...?

Higher child obesity rates in countries with higher social inequity (ratio of wealth, richest to poorest)



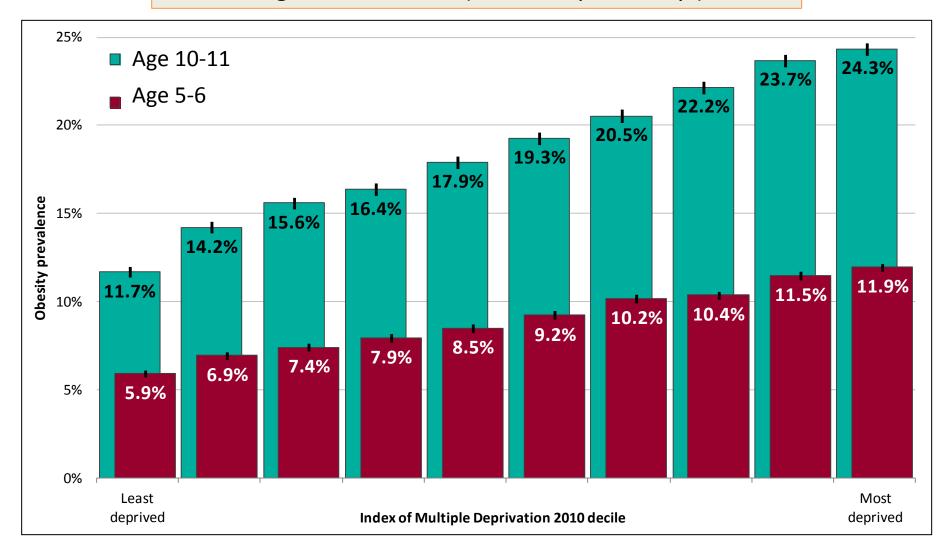
Source: Knai et al 2012 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3366624/

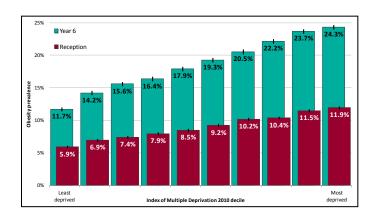
Variation between high/low educated families

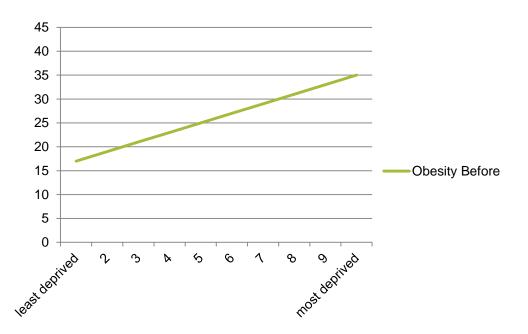
- Income levels and access to resources?
- Education levels / knowledge of health behaviours?
- Ethnicity and cultural practices?
- Exposure to environmental risks?
- Pockets of high obesity in highly deprived communities, or a gradient across all?

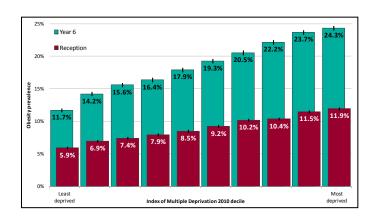
Strong gradient in child overweight by family socioeconomic status (deprivation index)

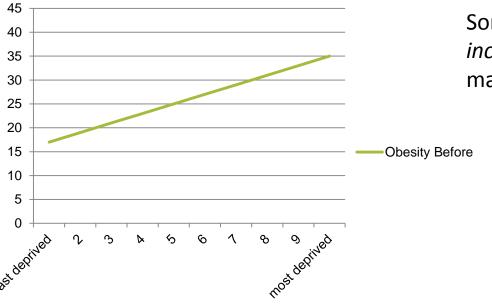
England 2012-2013 (not a sample survey!)



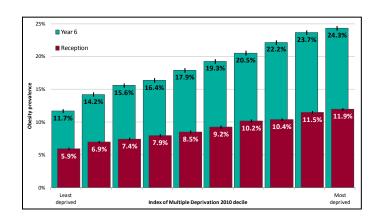


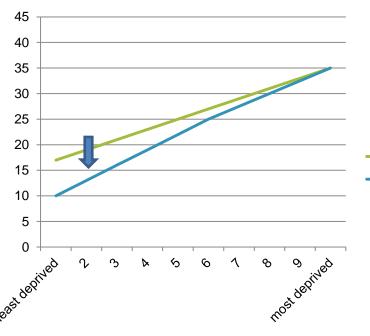






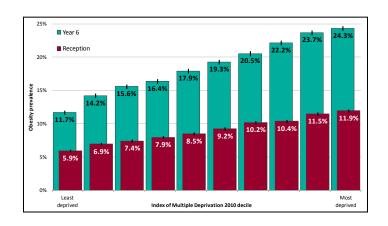
Some population approaches *increase* the gradient (e.g. social marketing, gym membership?)

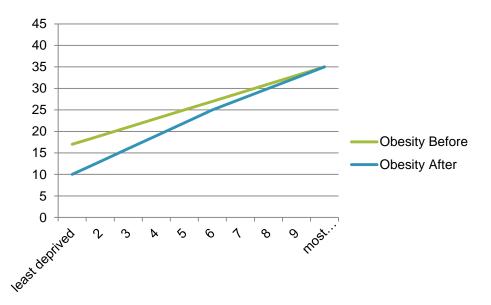




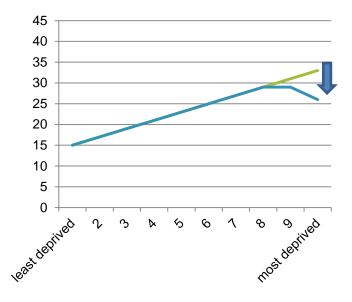
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Obesity BeforeObesity After

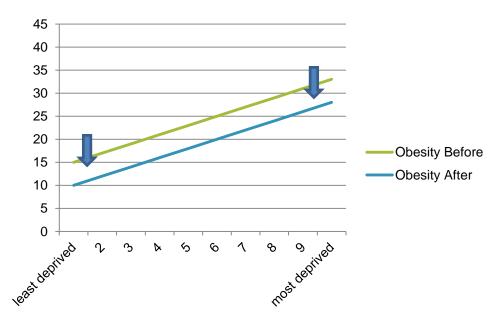




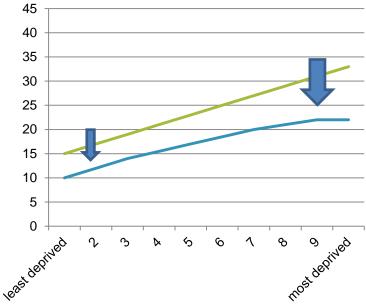
Some highly targeted interventions affect a small part of the gradient



Absolute universal approach where all benefit equally, but the gradient remains the same

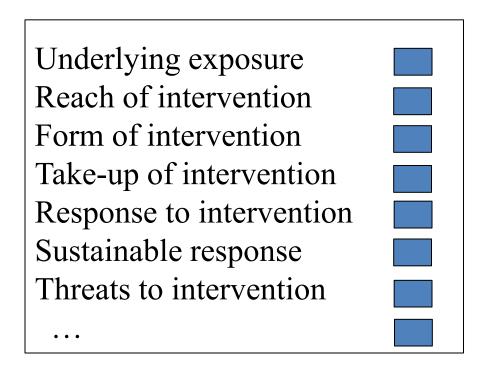


'<u>Universal + Proportionate</u>' benefits all, with additional benefits to those at greatest risk



Which policies are universal + proportionate?

Developing a checklist to guide policy...





Case study: Restricting TV advertising for junk food

Exposure to ads... greatest for lower SES

Reach of intervention... all children

Take-up of intervention... all TV stations

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Reduction in exposure applies to all, and is greatest among higher risk groups

= universal + proportionate



Case study: school intervention to encourage fruit eating

Low intake of f+v... greatest for lower SES

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Reach of intervention... all if school willing

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Take-home transfer... more likely in higher SES

?

Sustainable take-home transfer...

?

Enthusiasm of parents

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Resources of household

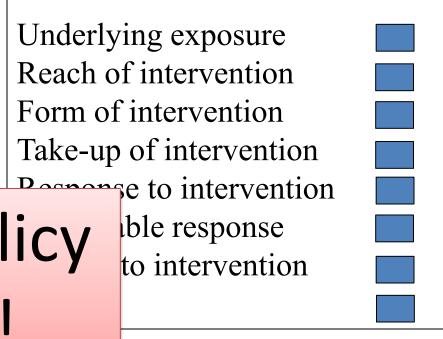
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Threats: rest of family, normal diet pattern

Effect likely to be greatest in higher SES

= increases SES gradient?

Which policies are universal + proportionate?



Urgent policy priority!

Thank you!



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