

OBESITY.

The role of education:
why traditional approaches have
failed

David Hall

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What *has* worked?

Common themes - success stories

- Have visible connection between action & benefit
- Involve legislation or structural changes
 - packaging of tablets
- Are simple and one-off actions that need little effort – e.g., immunisation
- Are easy habits to acquire with no personal cost
 - e.g., sleep position to reduce the risk of SIDS

Smoking.

- Difficult but gradual success –
- Obvious link between action and outcome
- Long process of social pressure, education, taxation etc.
- Health professional commitment plays a part

Obesity is more difficult than any of
these.

We should not be surprised ..

- For many people, it is very difficult to control weight – evidence of weight loss clinics (See Dr Gibson's guideline)
- Need to change range of habits and lifestyle- not doing or giving up one thing -
- There is not just one simple message

Why have we failed?

Health failures

- Lack of focus on prevention – obesity just one example
- Low priority given to some topics, e.g. dental health promotion and dental care
- Nihilistic attitudes – e.g. breast feeding
- Conflicts with clients – e.g. weaning

Professional anxieties

- Your baby is too fat
- Your baby is too thin
- Your child is too short
- Lack of evidence base as to what works and worries about doing harm, e.g. anorexia.

Focus on the defect detecting model
of school health –
1908 to 1990s.

*Substantial part of school nurse time still
devoted to routine health checks
(see Arch Dis Child. 1999, 81: 181-4)*

Focus on promoting pre-school health – we could do better ...

- Breast feeding can be supported
- Rational approaches to early nutrition
- More emphasis on dental care and outcomes
- More expert advice on feeding and dietary worries, using behavioural principles

Wider pre-school issues ..

- Poverty – impact on experimenting
- Working parents and long hours – effects on joint activities, enjoying mealtimes together, cooking together, shopping, fast food
- Need for research on understanding better how young children learn to regulate intake

School age children

“...from a young age in primary school, children have accurate information about healthy eating, taking exercise and not smoking....they almost always know more than their parents...”

Aggleton 1996, quoted in Kurtz & Thornes – Health Needs of School Age Children, January 2000.

See www.wiredforhealth.gov.uk

Leeds trial in schools – difficult to
affect patterns of weight gain
(Rudolf et al – BMJ 2001)

School issues

- The ethos of the school
- Getting to school
- Meals
- Drinks – lack of access to water
- Playgrounds
- Sports and games during and after school

See: Children's health in primary
schools, by Berry Mayall et al:
Falmer press, 1996

Community issues

What children worry about..

From “Sort it out” –

Office of the Children’s rights commissioner for London

- Violence and safe streets – theft and mugging; transport
- Abuse of children at home & school
- Drugs
- Bullying
- racism

“Nowhere else in Europe are young people so dissatisfied with what is available to do locally outside their homes. ...lack of accessible and affordable meeting places, parks, swimming pools, ice rinks, cinemas, youth clubs”

Livingstone, quoted in Kurtz & Thornes – Health Needs of School Age Children, January 2000.

What have we learned?

- No easy answers
- Children *know* .. But cannot *do*
- Health professional commitment to outcome focused prevention & health promotion
- Challenge to Schools
- Community attitudes – are they child-friendly?

Slides on website:

www.health-for-all-children.co.uk