

How can local authorities reduce obesity?: Insights from NIHR research



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NIHR invests over £1bn a year in research to drive improvement in the health and wellbeing of the nation.

Our objective is to make health and care research findings informative, accessible, relevant and ready for use.

This review aims to support local authorities by providing insights from NIHR research on actions to tackle obesity.

It isn't a systematic review.

It isn't a critical appraisal of the NIHR-funded research studies.

It isn't the last word on obesity studies.

It is designed to support local authorities with evidence to inform their decision-making.

To tackle obesity we
need to take action
across many
different areas...

Influencing
what people
buy and eat

Encouraging
healthy schools

Expanding access
to public sport and
leisure services

Promoting
active
workplaces

Providing weight
management programmes

Designing
built and
natural
environments

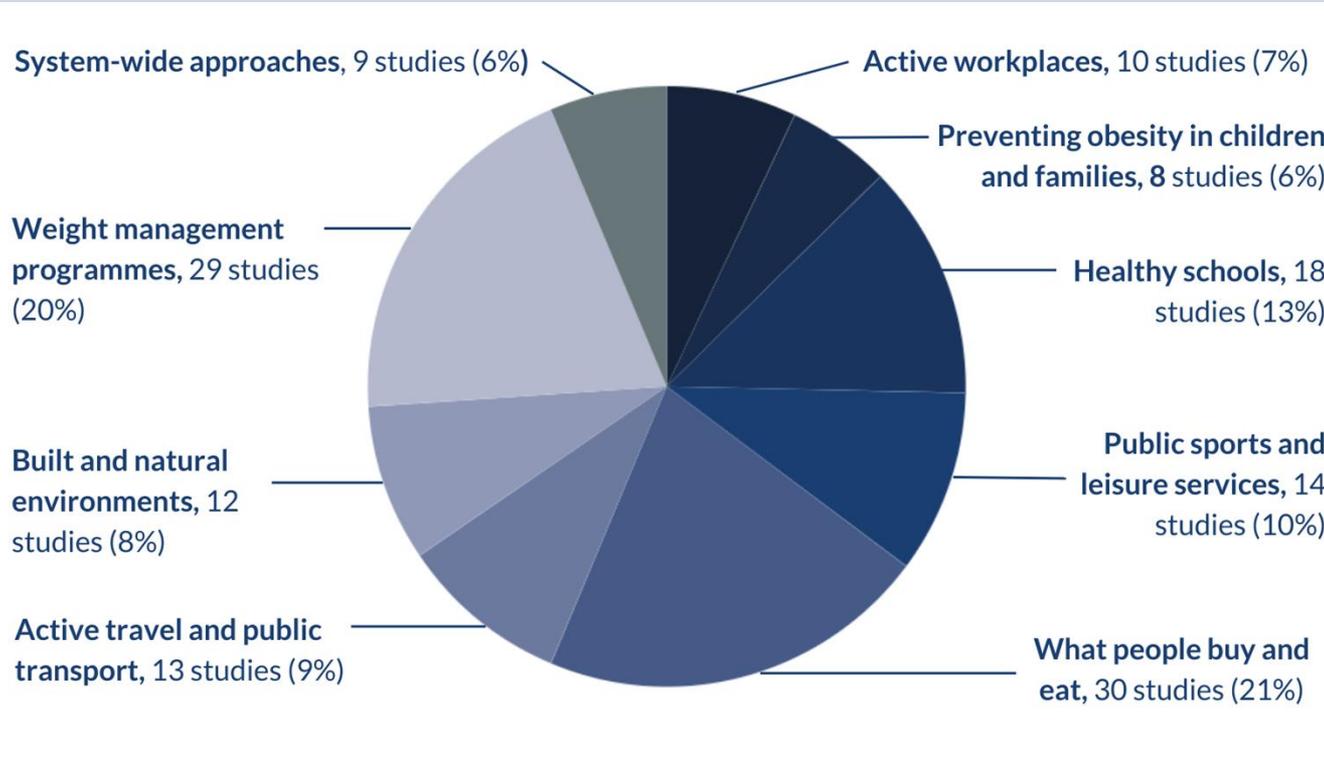
Enabling active
travel and
public transport

Preventing
obesity in
children and
families

Embracing
system-wide
approaches



143 NIHR studies, including 32 ongoing



Stakeholder engagement has been vital in helping us with sense-making

- ADEPT
- COSLA
- Hertfordshire County Council
- Local Government Association
- Portsmouth City Council
- South Gloucestershire Council
- South Tyneside Council
- Wigan Council

Plus drew on expertise of a group of practitioners, researchers and members of the public



Influencing
what people
buy and eat

- The wider environment (e.g. cost/access to healthier foods), age, gender, and socioeconomic status all influence food consumption
- Targeting out of home food could reduce excess calorie consumption (e.g. food outlet awards, school zone restrictions)
- Restricting food advertising can be particularly effective for those in the most disadvantaged communities (e.g. TfL reduced HFSS purchases)
- Ongoing - voucher schemes, fast-food exclusion zones, online food delivery, calorie labelling



Encouraging healthy schools

- The Daily Mile in primary schools increases activity and may lead to small reductions in BMI
- Other primary school interventions have had little effect on physical activity and diet (e.g. teacher materials, cooking workshops, gardening classes)
- Interventions in UK secondary schools have not increased physical activity
- A whole school 'health promotion' ethos is facilitated by leadership, parental engagement, and local community support
- Ongoing – engaging teenagers in healthy diets and physical activity; nursery age children



Expanding access
to public sport and
leisure services

- Free access to leisure facilities (e.g. swim and gym) can help people to be more physically active (although mixed evidence over whether reaches people who are inactive and living in disadvantaged areas)
- Walking programmes can be a cost-effective way to increase physical activity in people in mid life
- There is little evidence that community programmes lead to sustained physical activity – impact tends to be short-term. Facilitators include social support, tailored programmes and affordability
- Ongoing – physical activity in older adults and adults at risk of mobility disability; the impact of ‘snackactivity’ (e.g. 2-5 mins of exercise)

An illustration showing a person in a yellow shirt and purple pants walking towards a building with a red roof and a flag. A blue bicycle is parked on the left. The scene is set on a dark blue bridge with teal arches. A dark blue box in the top left corner contains the text 'Promoting active workplaces'.

Promoting
active
workplaces

- There is limited evidence to support sit-stand desks or other efforts to help office workers sit less at work (e.g. step competitions, voucher scheme)
- Relaxing parking policies encourages car use and reduces active commutes
- Ongoing – reducing daily sitting time inside and outside of the workplace; ways to increase physical activity and improve diet in long distance lorry drivers

Providing weight management programmes



- WMPs in adults can be effective for short-term weight loss, including for those living in areas of above average deprivation and a range of ethnic backgrounds
- Evidence is mixed on the most effective components of WMPs (e.g. low calorie diets vs behaviour change and activity); group-based WMPs, with a social element, are more effective
- Evidence on sustaining weight loss is mixed; support to maintain weight loss has not been effective
- Family-based interventions for children with obesity have met with mixed results (low uptake, costs of participation). WMPs for children have been more successful in schools than community settings
- Ongoing – how WMPs can be scaled up and harnessing technology for weight management



Designing
built and
natural
environments

- Access to parks and the built environment (neighbourhood design) affects rates of childhood obesity (e.g. traffic-related air pollution and absence of local parks associated with higher obesity)
- Exposure to green and blue spaces may increase physical activity and wellbeing; further research needed to show impact on obesity
- Major road expansion (i.e. new motorways) reduces physical activity and may increase health inequalities
- Urban regeneration projects (London Olympics) have not reduced obesity
- Ongoing – effect of 20mph speed limits on health and impact of Ultra Low Emission Zones

Enabling active travel and public transport



- Active travel (walking or cycling) to school can lower children's BMI
- Improved walking and cycling paths increase active travel, particularly when they connect to transport hubs
- School cycle training does not increase the likelihood of cycling in adolescence
- Encouraging the use of public transport can support a healthy weight and increase physical activity (e.g. school journeys for children, bus passes 60+)
- Ongoing - social distancing schemes (such as pedestrianised high streets) and low traffic neighbourhoods



Preventing obesity in children and families

- Few interventions in last 25 years have targeted the wider causes of childhood obesity
- Improvements in diet and physical activity can prevent obesity, particularly in younger children
 - Interventions that include diet and physical activity, or both, can reduce risk of obesity in children under 12 years
 - Physical activity alone can prevent obesity in age 6-12 years
- Sure Start children's centres may help prevent obesity in children
 - 10% spending cut → 0.34% increase obesity prevalence in 4 and 5 year olds
- A voucher scheme did not increase purchases of fruits or vegetables (Healthy Start scheme)
- Ongoing – which interventions are most effective in children; impact of improving parental understanding of overweight/obesity



Embracing
system-wide
approaches

- Research into system-wide approaches* is still in its infancy (*involving coordinated action to tackle the multifactorial drivers of overweight / obesity; 'health in all policies')
- Whole town approaches by LAs rely on leadership, national level support, community engagement, sufficient resource and time (e.g. Healthy Communities Challenge Fund provided insights into enabling/disabling factors)
- Local communities can identify multi-pronged approaches specific to local challenges (such as affordability of healthy food, sports and physical activities)
- Mass media campaigns may support systems-approaches
 - By reducing sedentary behaviour, and increasing awareness and knowledge of diet (e.g. Change4Life, 5 a day); further research needed into health impact
- Ongoing – projects to assess systems approaches

Encouraging active travel and public transport

- *can encourage people to be more physically active and align with sustainability and carbon reduction plans*

Creating environments that encourage walking and physical activity (including access to green spaces)

- *can increase physical activity and environmental sustainability*

Investing in community programmes aimed at preventing obesity in CYP

- *impact varies across age groups; research supports investment in Sure Start Centres*

WMPs for people living with overweight or obesity

- *effective for short-term weight loss; more research needed on most effective components*

Taking action on the food environment to reduce excess calorie consumption

- *targeting out of home foods (e.g. reformulate recipes) and restricting fast-food outlets near schools*

Taking actions locally to support system-wide approaches

- *bringing together transport and spatial planning, education departments, parks and greenspace, the NHS, food retailers etc to work together to reduce obesity*

School interventions

*NIHR-funded interventions in schools
have achieved limited results*

*LAs may wish to redirect attention to
the wider environmental factors that
influence behaviour through the
lifecourse*

Free access to public sport & leisure

*Mixed picture over effectiveness and
whether it reaches most in need*

*Depends on local area served, level of
deprivation, extent of inactivity*

*Wider range of solutions may be
needed that closer align to tackling
health inequalities*

Interventions aimed at getting office-
based workers to sit less / move more

*LAs may decide wider range of
solutions may be needed that closer
align to tackling health inequalities*



NIHR is continuing to fund research relevant to this agenda.

Local authorities can get in touch with NIHR with proposals for research projects, to get support evaluating interventions or to suggest an area where research is needed to help with evidence-based decision making.

<https://www.nihr.ac.uk/partners-and-industry/local-authorities/funding-for-local-authority-research.htm>

Link to this review: <https://bit.ly/NIHR-obesity-review>

