

Note for Prime Minister's Office

From Christine Hancock, Oxford Health Alliance, July 2006

One of a series of expert papers arising out of a seminar on public health, commissioned by the Office of the Prime Minister, Tony Blair.

The rising problem

Around 39 million premature deaths worldwide could be prevented over the next decade by addressing three major risk factors: **smoking, poor diet and lack of physical activity**.

Deaths from the epidemic of chronic disease – cardiovascular disease, diabetes, lung disease and some cancers – account for around 60% of deaths.

- ❖ In the UK smoking levels are falling, but 22% of adults still smoke

However, if the three risk factors (smoking, poor diet, lack of exercise) were completely eliminated, at least 80% of heart disease, stroke and type 2 diabetes would be prevented; and 40% of cancer would be prevented.

Obesity levels are rising fast, fuelled by profound changes in diet composition and portion size, and by increasingly sedentary lives.

- ❖ In the UK 1 in 4 adults and children are obese and this figure is rising
- ❖ In the UK 1.7m people have type 2 diabetes and this could rise by 30-60% in 20 years

Failure to take action now increases the risk of a full-blown human and economic catastrophe, not only in the west but also in the developing world. Health-care systems will be unable to cope with the dual pressures of rising obesity and tobacco use. The economic burden of chronic disease is predicted to be vast.

The factors driving the crisis are many and varied, but it is estimated that environmental and lifestyle factors have the greatest impact. No single factor can account for the crisis, and there are no simple solutions. In particular:

- **nutrition** – the move towards diets high in fat and sugar, and low in fibre is driven by the increasing availability and promotion of cheap, unbalanced foods that displace traditional diets;
 - ❖ In the UK more people are eating five portions of fruit or vegetables daily but still only about 25% of adults.
 - ❖ In the UK half of all children eat no fruit or vegetables in a week.
- **physical inactivity** is driven by increased labour-saving devices in the home and at work, changed transport, and the displacement of sporting activities by television and other sedentary activities.
 - ❖ In the UK 65% of adults and 50% of children do not take the recommended amount of exercise.
 - ❖ Those who exercise have half the risk of dying from heart disease, developing diabetes and many cancers.
 - ❖ Heart disease alone costs the UK £29 billion pa The full costs of chronic diseases include health care, lost work, early pensions and benefits, palliative and informal care. It is less expensive to fund effective prevention than to pay to treat preventable chronic disease

Diabetes affects 1.4m people in the UK, with an estimated 1m undiagnosed and 10% of NHS resources go on treating this disease. By 2010 it is estimated to be 3m people costing 20% of NHS resources. Type 2 diabetes is preventable.

Many people worry more about stress and psychiatric disorders than about these more physical chronic illnesses. However, there is good evidence that obesity is associated with stress, and that better diet improves the behaviour of children and the morale of adults.

Changes in the environment in which we live cannot be made without a new awareness and collaboration over many years by all the stakeholders in health. We must therefore bring together all the vested interests to discuss ways in which we can ensure that the easy choices are the healthy choices. Fresh food should be affordable, marketing techniques appropriate and opportunities for sport and other physical activity available to all.

This broad approach has been shown to be particularly effective in reducing tobacco use. In the United Kingdom, for example, we have seen smoking fall steadily, following a combination of taxation of tobacco, restrictions on advertising, increasing prevention of smoking in public places and on public transport, health campaigns, health warnings on cigarette packets, repeated medical advice and support to change. The experience with smoking cannot, however, easily be transferred to diet – it is not known, for example, precisely how regulation affects or improves dietary habits.

The role of government

Government has an important role in **regulation** as in tobacco; in **education** in curriculum, school meals, schools sports facilities; in **protection** of the most vulnerable (not all can read labels or afford healthy alternatives); as a major **employer**; and in the **design** of buildings, developments, and transport. Government also has a role to sponsor, support and disseminate **research** particularly into effective action.

Parents want government to help to protect their children from the influences they cannot withstand, such as heavy advertising, special offers and promotions. It is important that government supports ideas that work but recognises that episodic interventions do not work.

The need for coalition building

The Oxford Health Alliance brings together experts and activists from different backgrounds to collaborate in order to raise awareness and change behaviours, policies and perspectives about the epidemic of chronic disease at every level of society.

The public health challenges can only be solved by a long term mutually beneficial sustained alliance between the state, industry and civil society which shares knowledge, creates a cross-fertilisation of ideas and allows a dynamic synergy between them rather than the building of silos.

Any government role needs to be multi-party to lessen public scepticism and to ensure a life through political change. It needs to make Health of the same order of importance as Health and Safety. This means a public health leader outside the NHS, ideally at Cabinet level, who can effect change in all government departments.

However, many industries and other organisations have important parts to play: food and drink manufacturers and retailers; leisure and sports industries; employers; clubs and civil society.

Any strategy must therefore be inclusive and partnership-based, drawing together experts and activists from the widest possible range of stakeholders – health professionals, young people, world-leading academics, popular icons, activists, government representatives, non-governmental organisations, corporate executives and others.

It is essential to identify the right people, as without them action is impossible. To find the influencers look outside those who are traditionally regarded as being in the 'health' sector, look

more broadly to government, the private sector and NGOs, picking people who are at the cutting edge of their chosen fields, and who are well positioned to act to influence others.

Topics central to the prevention of chronic disease and tackling the risk factors

- **The economic argument for prevention:** the costs of chronic disease are already vast, and without urgent action these costs will continue to increase. Better health contributes to economic growth.
- **Prevention in the workplace:** chronic disease risk reduction in the workplace can have a major impact on the health of employees and their families, while improving productivity and workforce participation. The UK Government employs almost 6m people: 1 in 4 of all employed people in the UK, and health promotion could start with them.
- **Youth, children and future health:** the insights and enthusiasm of young people can change perceptions and lifestyles of future generations. Overweight and obese children develop low self-esteem; poor diet causes behaviour problems.
- **Environmental design for prevention:** designers, architects and urban planners can assist in creating an environment in which the healthy choices are the easy choices.
- **Industry's role in prevention:** prevention efforts by companies and industries can have a far-reaching effect on consumers and communities.

It is essential to foster a collaborative approach, to solve problems with new thinking rather than perpetuating problems, and recognise that demonising any stakeholders is counterproductive.

Conclusions

We are all faced with an expected further explosion in the economic and human costs of the epidemic of chronic disease. We must tackle this head on, and take action to thwart unhealthy lifestyle behaviours.

Government needs to identify the people who can make a difference and provide them with the support that can foster real change.

If the alliance approach is to succeed, it must be viable in the short term and sustainable in the long term. This requires clear visible outcomes that make a difference, add value, and are disseminated widely.

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