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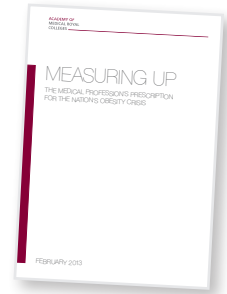
THE 'MEASURING UP' OBESITY REPORT: OPPORTUNITIES FOR DIETITIANS TO TAKE THE LEAD



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The Academy of Medical Royal Colleges (AoMRC) released their long-anticipated report on obesity in Parliament in 2013. 'Measuring Up: the Medical Profession's Prescription for the Nation's Obesity Crisis' represents the work of the AoMRC Obesity Steering Group, which carried out a wide-ranging evidence-gathering exercise to form its views. Both Dietitians in Obesity Management UK (DOM UK) and the British Dietetic Association (BDA) submitted detailed evidence. The report marks both the end of the group's investigations, and the start of a campaign (2).

There are 10 recommendations, divided into three distinct sections. While many of these recommendations have been made before or elsewhere, it is interesting to reflect upon where we as dietitians may fit in with them: what is our role in the obesity landscape and where are we as a profession, where should we be? Each recommendation, and thoughts on our potential role, is listed below.

1. Action by healthcare professions

Education and training programmes for healthcare professionals: Many dietitians are already involved in training other healthcare professionals; this is a fundamental part of what we do. By involving ourselves in training, we both ensure that the role of dietitians remains highly visible and that evidence-based coherent messages are given to patients. Part of this should, in my view, involve periodic auditing so that training needs of other staff are regularly assessed, also ensuring that messages to patients remain focused and up to date. The issue of healthcare professionals with weight problems themselves, should not be shied away from; we should act as role models to our patients in terms of our health-related behaviours. The fact that many health staff themselves suffer from overweight or obesity demonstrates both the complexity and the difficulty of managing weight. It would be ideal if nutrition became part of the training that all staff new to the NHS receive, as well as part of annual updates – there remains a possibility that all staff may make opportunistic brief interventions with relation to weight and healthy lifestyles and they should be equipped to do so.

Dr Mulrooney is a Senior Lecturer in Nutrition in the School of Life Sciences at Kingston University. She is a member of the BDA and the Nutrition Society. Since 2006 she has been an active Committee member of Dietitians in Obesity Management UK (DOM UK), a special interest group of the BDA.

Weight management services: Again, the role of the dietitian is fundamental in this, but most would agree that weight management services should be part of a care pathway with clear integration of services, support for those who need it and a stepwise approach to care. Whilst dietitians should be involved in all levels of such a pathway, specialist dietetic skills may be restricted to the middle to upper tiers, i.e. those patients who have tried and failed with community based programmes (commercial or NHS), those with complex needs or those with more extreme levels of obesity. The role of the dietitian in the lower parts of the tier would be indirect, e.g. training those providing community services, ensuring cohesive follow-up of those referred to commercial weight management programmes and - via public health - overseeing the provision and outcomes of community programmes, possibly by decommissioning and commissioning as necessary.

Nutritional standards for food in hospitals: Increasingly and unfortunately, dietitians have been edged out of this area, the focus being on celebrity chefs and new menus. Dietitians have long advocated improvements to hospital menus; the BDA Toolkit relating to this area was recently updated and re-launched (3). This Toolkit is focused on issues related to undernutrition, but also states that obese patients need to be considered, because many of these patients are sub-optimally nourished. The role of dietitians in this area remains fundamental, as does our role in training catering and ward staff. In addition, the issue of healthy meals for staff in hospitals should not be forgotten.

Increasing support for new parents: It is ironic that parenting, one of the most important jobs in our lives, is perhaps one for which there is least preparation. Early parenting is a time of being very receptive to health education issues and many of the behaviours we seek to encourage (breastfeeding, regular mealtimes, being active as a family) benefit from guidance at this time. A family-focused approach to managing childhood obesity is advocated (5,1,4). The role of the dietitian as part of this agenda is likely to be indirect - supporting frontline staff like health visitors and midwives through regular training and encouraging audits of practice. This is an area where mixed messages abound and, in my view, the greatest service the dietitian can do, is to support other frontline staff with correct information and nutritional advice.

2. The obesogenic environment

Nutritional standards in schools: DOM UK and the BDA both called for the extension of mandatory standards to independent schools and academies. The current Government aim of increasing the numbers of academies, which are exempt from legal nutrient-based standards, represents a real risk of negating the years of work which went into getting school food recognised as a key priority. Sadly, much of the excellent dietetic work directly with schools, has either reduced or stopped as a result of cutbacks. Our role now may best be one of advocacy, ensuring that school meals remain a public health topic.

Fast food outlets (FFO) near schools: Dietitians working in Public Health may already be involved in this area through their work with Local Authorities. While FFO are highly visible and accessible signs of the obesogenic environment, there are limits to what legislation alone can achieve. However, legislation gives a clear indication of where priorities lie and the voice of the dietetic profession could be used to advocate further work in this area, including exploring the effects of banning FFO close to schools. In my view, this approach should work hand-in-hand with a Healthy Schools approach, so that children are given messages about health within the context of a healthier environment.

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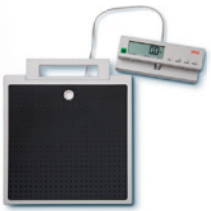

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Precision for health

Junk food advertising: It would be useful to get robust data on the extent to which the current limits on junk food and drink advertising to children have affected food choice. Many children watch TV programmes not specifically aimed at them, or beyond the 9pm watershed covered by the Ofcom regulations. The effects of laws with relation to television advertising may be limited, especially given the ubiquitous nature of online access for children and adults, none of which is subject to the same regulations as television advertising. It is difficult to imagine how that situation can be changed - even pan-European approaches are unlikely to be sufficient.

3. Making the healthy choice the easy choice

High sugar drinks tax: While many dietitians may feel that a tax on sugary drinks can only be a good thing, there are differing views on this issue. Sugary drinks have been implicated in the development of obesity, particularly in children. Unlike foods containing fat which may supply additional important nutrients, sugary drinks are not likely to be needed to achieve adequate energy or carbohydrate intakes. It is not clear to what extent such a tax would impact on sugary drink consumption and the argument that those with least money to spend would be disproportionately targeted by taxes, remains valid. In addition, the tax would only be beneficial if sugary drink consumption fell significantly and the revenue raised went to support weight management (such as improving the built environment, increasing access to weight management services or reducing the prices of healthier food options). The extent to which consumption of sugary drinks would be affected by increased price is not clear, nor is the extent of the tax that would be required to act as a deterrent to intake. Nor should the determination of the drinks industry to oppose such a move be underestimated - many may have seen the 2013 ads on national television by a leading soft drinks company, seeking to gain the moral high ground in the obesity debate.

Food labelling: It is an important role of dietitians to help consumers understand nutrition information presented on food labelling and most support consistent front of pack (FoP) labelling, based on a combination of colour coded 'traffic light', text and Guideline Daily Amounts, shown to be the preferred option of consumers.

However, it is unlikely that as a sole measure this will be enough. Not all food-related decisions are made rationale, and the issue of food choices is complex. Calorie labelling on restaurant menus is not welcomed by all, but is unlikely to be harmful and, for some people, may be enough to encourage change.

The built environment: The need for a healthier environment, making healthy choices more palatable, has been a staple item in public health reports in recent years. It is not immediately clear where dietitians fit into this debate; although two options spring to mind. Firstly, those dietitians working in a public health capacity can support measures that encourage physical activity, such as access to green spaces and adequate lighting in public areas. Secondly, what we would advise our patients and colleagues we can all do ourselves, e.g. using the stairs rather than the lift, or walking at break times.

The 'Measuring Up' report on obesity is welcome and timely and there is much in it with which we may agree. Where we go from here, is up to us as a profession.

All of the views expressed here are the author's own: none reflect the views of either DOM UK or the DOM UK Committee.

References

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Questions relating to: *The 'Measuring Up' obesity report: opportunities for dietitians to take the lead*
Type your answers below and then **print for your records** or print and complete answers by hand.

Q.1	What is the focus of the 'Measuring Up' Obesity Report?
A	
Q.2	Explain why dietitians should be involved in the education and training of other healthcare professionals.
A	
Q.3	What is the role of a dietitian in the area of weight management services?
A	
Q.4	Why is a dietitian's role in the management of nutritional standards for hospital food so important?
A	
Q.5	Where does a dietitian fit into a family-focused approach to managing childhood obesity?
A	
Q.6	What areas of the obesogenic environment are included in the report and how can dietitians get involved in this area?
A	
Q.7	Summarise the pros and cons for a tax on high sugar drinks?
A	
Q.8	How can food labelling effect the food choices of consumers?
Q.9	How do dietitians fit into the built environment?

Please type additional notes here . . .