



## Action plan on childhood obesity in the UK & Canada – a comparative review

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### ABSTRACT

*Overweight and obesity are defined as "abnormal or excessive fat accumulation that presents a risk to health". Obesity is a global public health issue affecting people of every age. Recently, economically developed countries are facing a significant and rapid growth of the childhood obesity epidemic. This paper aims to analyse and compare the formation and implementation of Action plans against childhood obesity, including the actors involved and the policy process of two countries, i.e., the UK and Canada.*

**Keywords:** *Childhood obesity, Action Plan, Health policy*

### 1. INTRODUCTION

Overweight and obesity are defined as "abnormal or excessive fat accumulation that presents a risk to health" (WHO, 2014). Obesity is a global public health issue affecting people of every age. Earlier this condition was more commonly seen in adults but now there is an increase in the prevalence of childhood obesity as well. Recently, economically developed countries are facing a significant and rapid growth of the childhood obesity epidemic. This growth is even more evident in large countries of most regions, like Canada in North America, Brazil in South America, Australia and Japan in the Western Pacific region and the United Kingdom (UK) in Europe, with the prevalence of overweight or obesity being doubled or even tripled in school-aged children (Wang & Lobstein, 2006). Most of these countries have developed several policies, strategies, frameworks and action plan to tackle this serious issue and recognize sustainable means to prevent obesity in children.

In this paper, the analysis and comparison of the formation and implementation of an Action plan against childhood obesity in two countries, the UK and Canada has been done. These countries have been chosen because the prevalence of childhood obesity had risen alarmingly in both countries. Also, both are economically developed countries and despite differing largely in their size and total population, both countries face almost similar prevalence of childhood obesity. The prevalence especially in boys (aged 2-19) being 25.5% and

26.1% in Canada and the UK respectively (Public Health England, 2016).

### 2. METHODOLOGY

To compare the action plans in these two countries the "health policy triangle" has been used. It is a simple framework that helps in analysing policy by focusing on the content, context, process and actors involved in the policy (Buse et. Al, 2012). It helps in identifying the context of the policy, that is, how the problem became an agenda for policymaking. It acknowledges the various factors (situational, structural, cultural, or international) that could have played a role in the formation of the policy. The various processes that were involved in the formation of the policy can be analysed, like how the policy formation was initiated, formulated, implemented and evaluated which forms the content of the policy. This framework also identifies the actors involved in the policy who may be in the form of individuals, organizations (international, national, NGOs, etc.), companies, or even local and state governments. Actors are in the centre of the triangle and influence the policy process. The level of influence that an actor can have in the policy process depends on the "power" of the actor. Power in turn may depend on various factors like wealth, personality, access to knowledge, authority, etc. of the actor.

Although in theory, this framework might give the impression that these four factors are separate, in reality, it is not so. Actors are influenced by the surrounding context that they live in. The context may develop from historical or cultural influence. The policy process is again affected by the various actors based on their interests (Buse et. Al, 2012). Therefore, while this framework provides a systemic approach in understanding the factors that might affect policy, the various implicit factors that also play a role in the formation of a policy should not be ignored.

### 3. CHILDHOOD OBESITY ACTION PLAN- UK

"Childhood Obesity: An Action Plan" was developed by the HM Government in 2016 to significantly reduce childhood obesity in the UK within the next ten years. According to the report of the National Child Measurement Programme, the prevalence of overweight and obesity had increased in the past 6 years with the prevalence being 20 % in 2016. Nearly one in every three children between the age of 2 and 15 were overweight and one in five were already obese even before

they started school. It was also estimated that England had spent £5.1 billion only for the treatment of obesity and overweight in 2014/15 (HM Government, 2016). All these issues were very serious and if actions were not taken the situation could worsen. Hence, the action plan was developed. But as obesity is caused by many factors, various sectors and organizations were involved in the development and implementation of the action plan.

The HM Government was the main actor in the action plan which took the major decisions for the policy. It decided the function of other organizations and agencies, made laws and regulations to be followed by industries, and also played a role as a major funding body for the implementation of the policy. Other government bodies like the Department of Health, HM Treasury, Department of Education and officials like the Secretary of State for education also played a role in shaping the policy and deciding some strategies against childhood obesity. Research and development organizations like Scientific Advisory Committee on Nutrition (SACN), Public Health England (PHE), Innovate the UK, Agri-Food Technology Council, Food Innovation Network provided scientific and research-based evidence which helped the Government in devising the strategies based on the evidence. It can be assumed that they also had the power of influencing the decision of the Government based on their findings. Also, individuals like the UK Chief Medical Officers provided recommendations that were incorporated into the policy.

Apart from the decision-making process, many actors were also involved in the implementation of the policy. Schools and Parents were the most important actors in the implementation process. Schools were given the power of decision making for the funds provided by the government and were considered a vital part of the plan. Industries were another key implementer as they had to make modifications in the food that they produce to reduce sugar content according to the law set by the government, to avoid sanction. Local authorities and government along with health professionals and organizations like Ofsted, Children's Food Trust and Behavioural Insights Team were also involved and had the power to monitor, regulate, inspect and recommend guidelines for the schools alongside the strategies set by the government. Physical fitness and sports-related organizations like County Sports Partners, National Sport Trust also played a role in the implementation by providing high-quality sports and physical activity in schools.

As seen above, along with the HM Government some of the organizations were involved in the decision making by direct or indirect influence and most were involved in the implementation process with very little or no power of decision making. Actions like the introduction of the soft drink industry levy were directly introduced by the HM Government and industries had to follow them to avoid sanctions. Although strategies like actions to reduce sugar in food products, developing frameworks to update nutrient profiles, helping children enjoy at least one hour of physical activity and others were developed based on recommendations and evidence provided by various organizations, the decision to implement was made by the HM Government. But the responsibilities and powers were divided into the subordinate levels to put into practice. This process of implementation followed in this action plan is suggestive of a top-down approach of policy implementation (Buse et. Al, 2012).

#### **4. CHILDHOOD OBESITY ACTION PLAN-CANADA**

In Canada, the Federal/Provincial/Territorial (F/P/T) Health Ministers developed "Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights" to develop sustainable efforts to restrain obesity in children over 10 years. It was found that one in every four youth in Canada was obese. The prevalence of overweight and obesity among children of 2-17 years had increased from 15 to 26% and had almost doubled in children of 12-17 years of age. Disease caused by obesity like high cholesterol and high blood pressure which were earlier confined to adults had started appearing in children as well. It was also believed that obesity would lead to an increase in health care costs and affect the Canadian economy due to greater absenteeism and weight-related illness in Canada's workforce. Hence, this framework for action plan was developed involving several stakeholders with the vision that "Canada is a country that creates and maintains the conditions for healthy weights so that children can have the healthiest possible lives" (Public Health Agency of Canada, 2011).

The F/P/T Minister of Health/Health Promotion/Healthy Living had a leadership role in fighting against childhood obesity. As their interest was promoting health and healthy living, they had the power to influence the Departments of Government and Canadian societies into making policies against this issue and also play a major role in the decision-making process. The Ministers of Sports, Physical Activity and Recreation (SPAR) had power over all jurisdictions of Canada and had to work in collaboration with the F/P/T Ministers. The Local and Municipal Governments were also given powers of decision making and planning for implementation which showed decentralization of power and collaboration between all levels of government. Parents, Schools and Community organizations were not only involved in implementation but also had the power to collaborate and devise strategies to increase the number of times children are active.

The F/P/T Ministers had a key leadership role. They were to become active and visible "catalyst for change" and motivate horizontal government actions as well (Public Health Agency of Canada, 2011). They were also to act as mobilizers and support the actions of the public, private, NGOs and community leaders with views to change the environment and public policy. The strategies in this framework like "Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating" were open to suggestions from parents, schools, community organizations and even local governments were encouraged to devise strategies that could be involved in the action plan. Strategies to increase the awareness and knowledge of parents were also involved so they could make better and healthy food choices for their children. Reducing the exposure of children to unhealthy products was also a key strategy in the framework along with means to monitor and evaluate progress allowing for modifications in the action plan. Along with playing a major role in implementing the policy, the actors could also be recognized as active participants in the process of strategy making and shaping the contents of the action plan suggesting a bottom-up approach of policy implementation.

#### **5. COMPARISON**

After the analysis of the Action plan in the UK and the Framework for Action in Canada, many similarities, as well as differences, can be noticed. Firstly, both the action plans had a very similar aim of reducing or restraining childhood obesity over 10 years. The similarity was also seen in the reason (context) for the formation of the policies which was mainly an increased prevalence of childhood obesity. A minor difference noticed here was that in the UK the economic burden was already evaluated whereas it was only estimated in the Canadian policy. Strategies devised also had some similarities in a way that a multisectoral approach was adopted in both the policies and strategies to reduce exposure to unhealthy food and increase the number of times children are active in school and with parents were prioritized. The UK action plan had many additional and detailed strategies like the introduction of soft drink levy and laws to regulate the amount of sugar in food products. The Canadian action plan only broadly mentioned that it plans to reduce exposure of unhealthy food to children. The main difference in both the action plans can be seen in the actors and stakeholders that were involved in policymaking and the implementation process.

In the UK action plan even though the HM Government was the main actor, a multitude of other actors and stakeholders were also involved. Many research organizations had the power to influence the policymaking process by providing their findings and evidence. Major decisions were taken by the Government but the responsibilities were divided among subordinate levels to monitor, regulate and inspect the implementation. In the Canadian framework for action as well, the F/P/T Ministers had a leadership role but they worked in collaboration with other organizations, schools and even parents to devise strategies involving them in the process of policymaking. The involvement of several actors in both the action plans helped create a detailed action plan with a clear division of roles and responsibilities of the organizations involved. By involving parents and school (local stakeholders) both the action plans were also able to ensure the sustainability of the action plans.

## **6. CONCLUSION**

Childhood obesity is a serious public health problem and many countries are now facing an increased prevalence of this issue.

The UK and Canada are two such countries and to tackle this epidemic have devised national action plans. This paper compares and analyses plans adopted in both countries using the “health policy triangle” as a framework. Analysing the action plans using this framework revealed the context (alarming rise in the prevalence) in the problem became a policy agenda in both the countries, the various actors involved, their roles and power and the approach towards implementation. Many similarities and differences also surfaced after the policies were compared. Although the vision of both the action plans was similar the approach and actors involved were very divergent. Schools and parents were considered as vital parts of the implementation process in both the action plans. Tackling childhood obesity requires a multisectoral approach which was followed in both the action plans. Even though they might have some dissimilarities in their approach, their ultimate aim was to tackle the serious public health issue of childhood obesity and build a healthy community and country.

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