Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Atal iechyd gwael - gordewdra

This response was submitted to the Health and Social Care Committee consultation on Prevention of ill health - obesity

OB38 : Ymateb gan: British Dietetic Association (BDA).| Response from: British Dietetic Association (BDA).

BEGINS

BDA response to the Senedd Cymru Health and Social Care Committee's consultation on Prevention of Ill Health – Obesity

Introduction

1. The British Dietetic Association (BDA) welcomes the Health and Social Care Committee's inquiry into Obesity and its relationship with the prevention of ill health. Preventing ill health from arising or becoming serious is key to alleviating pressure on the health and social care systems.
2. The BDA welcomes the consideration of the areas listed in the inquiry's terms of reference, particularly the inclusion of social and commercial determinants, the relationship between obesity and mental health, access to treatment and support, and interventions during pregnancy and early childhood.
3. The BDA Specialist Group on Obesity has submitted a separate response. This has been formulated by professional dietitians and so should be referred to for greater scientific detail. This submission defers to the Specialist Group on Obesity's evidence should there be any contradiction on scientific fact.

Social and Commercial Factors, and Policy

4. Social and Commercial factors are key in perpetuating unhealthy diets which lead to diseases such as obesity. Commercially available foods often have high levels or salt and sugar, and high calory density due to commercial pressures like market competition, which incentivise saleability and lower costs over consumer health. Social factors including food insecurity can also lead to poor diet through unhealthy foods being consistently cheaper and more convenient, increasing incidence of obesity. This in turn drives up health inequality which has been exacerbated by the cost of living crisis.
5. While obesity is rooted in biopsychosocial determinants, the influence of socio-economic factors, such as those outlined above, means policy innovations are required. This should take the form of system-level approaches, including industry, to change behaviours such as poor diet. The Welsh Government has already introduced policies to reduce obesity risk such as, Healthy Weight: Healthy Wales (2019), the All Wales Weight Management Pathways (2021), the Wellbeing of Future Generations (Wales) Act 2015 and the rollout of Universal Primary Free School Meals.
6. The BDA advocates for a UK-wide food strategy, as set out by an independent review (National Food Strategy, 2021), which ensures everyone across the UK has access to healthy and wholistic diets and that the food industry is supported in making this a reality. This would improve public health and reduce the risk of diet-related diseases such as obesity.

7. As part of this the BDA advocates UK-level changes to regulation such as the introduction of taxes on salt and sugar or introducing mandatory reporting for large food companies. It also includes measures in devolved areas of policy such as a new "Eat and Learn" initiative for schools and strengthening procurement rules. In each of these the BDA encourages partnership with the food industry.

Pregnancy and Early Childhood

8. The period from conception to a child's second birthday has been identified as the period in a person's life where good nutrition has the most influence on lifelong health. Infant birth weight is a key indicator of the intrauterine environment with weights outside optimal (between 2.5-4.0 Kg) meaning an increased risk of obesity and non-communicable disease in later life.
9. Optimal gestational weight gain (GWG) is associated with optimal birth weight, while excess GWG and/or high maternal pre-pregnancy BMI are associated with increased risk of both large for gestational age (>4.0 Kg) and low birth weight (<2.5 Kg) (Lewandowska, 2021).
10. Micronutrient deficiencies during pregnancy can also lead to poor foetal development, impacting birth weight, and risk of childhood obesity. Numerous studies (UK National Diet and Nutrition Survey, 2018; Godfrey et al., 2023) have shown deficiencies in micronutrients in women of childbearing age or actively planning pregnancy in the UK.
11. There are very few dietitians working in antenatal care and as dietetics is a small profession, pregnant women are unlikely to access a dietitian as part of their antenatal care. While guidelines state that midwives should discuss diet and nutrition, research has found that on this topic training is not sufficient and conversations are not prioritised (McCann et al., 2018).

Access to Support and Treatment

12. Dietitians play a key role in developing and implementing dietary and health interventions across Wales. High demand for these services and limited resources, however, means there are issues with capacity, leading to long waiting lists.
13. Accessing support and treatment is a key factor in preventing obesity and related non-communicable disease. Earlier interventions, especially where diet is concerned, are especially key as they can have the greatest impact on risk of obesity and related diseases.
14. The BDA advocates strengthening the dietetics workforce by investing, expanding and improving it. As part of the BDA's workforce campaign, we advocate for increased funding for dietetics education and training, initiatives to attract diverse talent, and the creation of supportive career pathways with an emphasis on continued professional development. If implemented, the

BDA believes these measures would significantly improve access to support and treatment.

Obesity and Mental Health

15. Mental health is an important part of a person's wellbeing and can have a discernible impact on their physical health as well especially through diet. The BDA would emphasise the specific eating disorders within its inquiry e.g. bulimia, and anorexia and the complex relationship these can have with diet related conditions like obesity.
16. The BDA would also draw attention to the impact that non-eating disorder (e.g. depression and a loss of appetite) mental health issues can have on diet and the health implications that can arise from this. This means that poor mental can exacerbate diet related diseases, which also impact mental health – this is a bidirectional link.
17. Poor mental health can also hinder weight management programmes, leading to higher rates of treatment failure and dropout from interventions. Targeted psychological treatment and opportunities to develop peer relationships as part of weight management programmes could help improve outcomes.

References

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