

because prevention is better than cure

Annual Review 2017 - 2018

Why we need a campaign

'Preventative illnesses are overwhelming the NHS; illnesses caused by obesity, smoking, alcohol and lack of exercise.'

All Party Parliamentary Group on Primary Care and Public Health

The NHS is a vital resource if we fall ill – but it isn't a National HEALTH Service. Its resources are committed to treating illness, not stopping people falling ill in the first place.

Despite government promises of more money this means the NHS could become financially unsustainable. The demands on it, from an ageing population, more lifestyle related illness and increasing patient expectations are rising more rapidly than the funding available.

That's why we need more focus on helping people stay healthy. That's good for them, their families and their employers. And it is good for the government too, as it keeps the NHS affordable.

We believe that everyone has a part to play in creating a healthier UK, including the government, the food and drink industry, employers, health professionals and the public.

Who we are

We're a health charity, recognised by HMRC, which launched in 2015, made up of expert volunteers from a range of backgrounds, including medical science.

Our starting point is that prevention is better than cure.

Partnership working

We are currently working in partnership with:

- King's College London, Huddersfield University and Goldsmiths University of London on research into Health Behaviour Change.
- Our sister charity, Age Watch, to ensure evidence-based information is available to increase the chances of people living long and healthy lives.
- The Obesity Health Alliance, to encourage the government to give higher priority to tackling obesity.

Our Long Term Priorities

Make healthy choices the easy choices for people – by making healthier food and drink more widely available, by increasing opportunities for mental and physical exercise, and by continued initiatives to make it easier to stop smoking and to keep alcohol consumption to reasonably safe levels.

More focus on child health – because what happens to us in the early years of life from conception onwards can influence our health and our weight for years to come.

Greater support for those at risk – to avoid health inequalities being carried forward from one generation to another.

A true National HEALTH Service, which gives higher priority to preventing people from falling ill, not simply treating them once they fall ill.

Current Projects

Health at Work - We spend many of our waking hours at work. Could employers do more to support the mental and physical health of those who work for them? If so, could this be good for both employers and employees – potentially reducing sickness absence, boosting morale and productivity and improving staff retention?

That's what we are currently researching. We plan to use our findings to help employers move Health at Work up the agenda.

Reducing the risk of Mental Illness – Each year 1 in 4 people in the UK experience a mental health problem. This can have big implications for themselves, their families, their employers, the NHS and society.

Most people know what they can do to reduce the risk of physical illness (like not smoking and getting enough exercise) – even if they don't always act on what they know. However, do they know what can be done to reduce the risk of mental illness? That's a gap we're hoping to help fill.

Tackling Childhood Obesity

Childhood obesity is a major risk to public health in the UK, as obese children usually grow up to become obese adults – with an increased risk of heart disease, type 2 diabetes, stroke, cancer, osteoarthritis, chronic back pain and depression.

This is a classic case of prevention being better than cure, which is why tackling childhood obesity is one of our four current projects.

As a member of the Obesity Health Alliance we have supported the campaign to stop the TV advertising of junk food at family prime time – the main time children watch TV. This follows research conducted for the OHA by Liverpool University, which found that in one case children could see nine junk food ads in just 30 minutes.

We are pleased that the government now appears to be listening. In June 2018 it published Part 2 of its Childhood Obesity Plan, including proposals to curb the marketing of junk food to children, on which it will be consulting.

However, our own analysis is that more is needed. In particular we need to learn from initiatives in Europe, where holistic ‘whole systems’ initiatives in rural France, in Amsterdam and in eastern Denmark have each resulted in a reduction in childhood obesity levels.

This formed part of our written submission to the House of Commons Health and Social Care Committee in April 2018. We are pleased that the Committee agreed with this part of our analysis and referred to it in its May 2018 report.

This focus on the necessity of a ‘joined-up’ or ‘whole-systems’ approach was reiterated through our inquiry.

Health Action Campaign’s written evidence looked at international examples of successful childhood obesity schemes, and concluded that there are now at least three programmes known to reduce childhood obesity.²² We heard evidence during our visit to Amsterdam on EPODE in France, JOGG in Holland, and TCOCT (The Children’s Obesity Clinic Protocol) in Denmark. Health Action Campaign argue that:

Each of these successful initiatives has adopted a sustained, systematic, joined up approach, rather than separate ad hoc initiatives, either in a community or a clinical setting. Each has reduced levels of childhood obesity, including in socially disadvantaged groups, thereby helping reduce health inequalities.²³

Childhood Obesity – Time for action

House of Commons Health and Social Care Committee

Health Behaviour Change

Achieving health behaviour change can be a challenge. However, behaviour change is achievable, as we have seen with the significant reduction in smoking in the UK over the years.

We have recently been researching student health behaviour change, in partnership with King’s College London and Goldsmiths, University of London. Our three main reasons were that:

1. Preventable, lifestyle related illnesses are probably the biggest public health challenge facing the UK. With nearly half of young people now going to university, students are a growing section of the population, well placed to influence others as their lives and careers progress after leaving university.
2. University years are a potentially formative stage in life. Students are often living away from home for the first time, living with and influenced by fellow students, and may develop behaviours which could continue well into later life.
3. University years are also a time when the temptation and opportunities to pursue unhealthy options are likely to be particularly high. So examples of when and how some students overcome such temptations could well have useful wider application.

A number of interesting findings have emerged from the study. For example, the students who responded were, on average, following physically healthier lifestyles than in previous studies in UK universities, so we have considered and reported on the likely reasons for this and the public health implications.

At the same time there has been increasing concern about student mental health and we have flagged this up as an area meriting further research.

The study has now been accepted for publication in *Perspectives in Public Health*. We’ll report further on our findings, following publication, in next year’s Annual Review.

The Next Steps

We look forward to reporting further progress in our 2018 - 2019 Annual Review, in particular on our four current projects:

- Health at Work
- Reducing the Risk of Mental Illness
- Tackling Childhood Obesity
- Health Behaviour Change

www.healthactioncampaign.org.uk
info@healthactioncampaign.org.uk