

Public acceptability of policies to address obesity on the island of Ireland

A presentation of key findings

AIOAF, 21st June 2022



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The research team

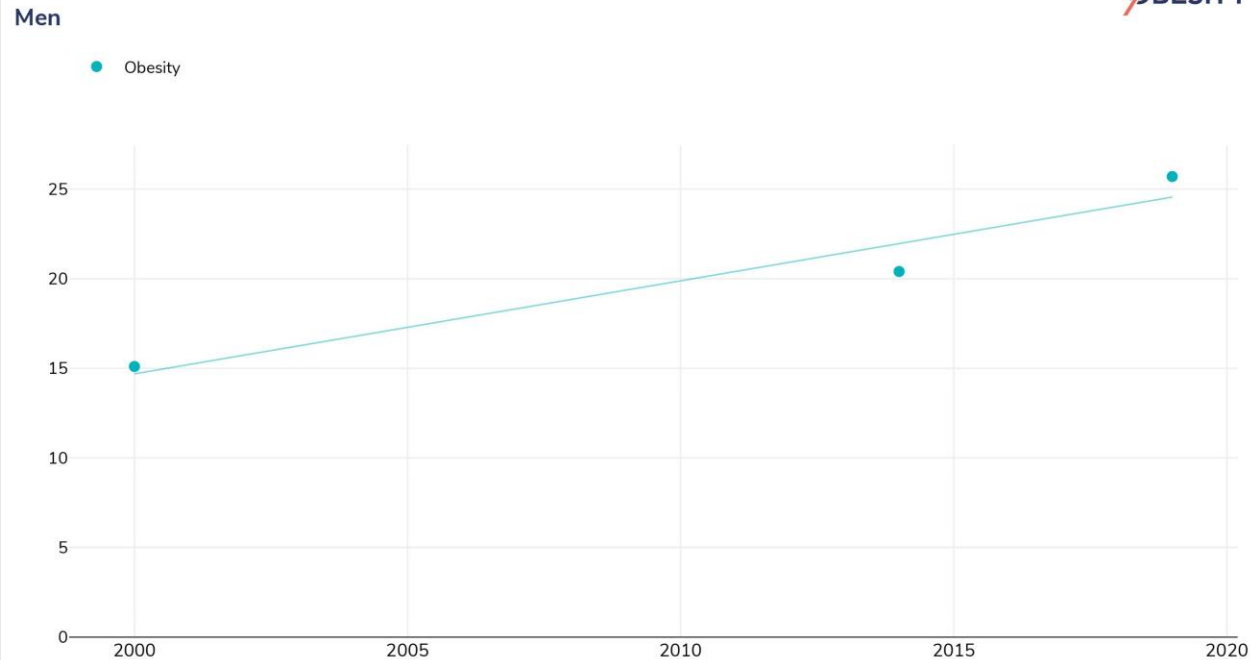
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- Dr Laura McGowan – Co-Investigator (QUB)
- Dr Eleni Spyreli – Research Assistant (QUB)
- Dr Cale Lawlor – Research Assistant (UCD)
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Partners

- Donal McDade & Yvonne Somers (SMR)
- Dr Helen Croker (UCL)
- Dr Emily Heery (Oireachtas)
- PPI representatives (*personal & public involvement in research*)

Background to the project

Ireland: % Adults living with obesity, 2000-2019



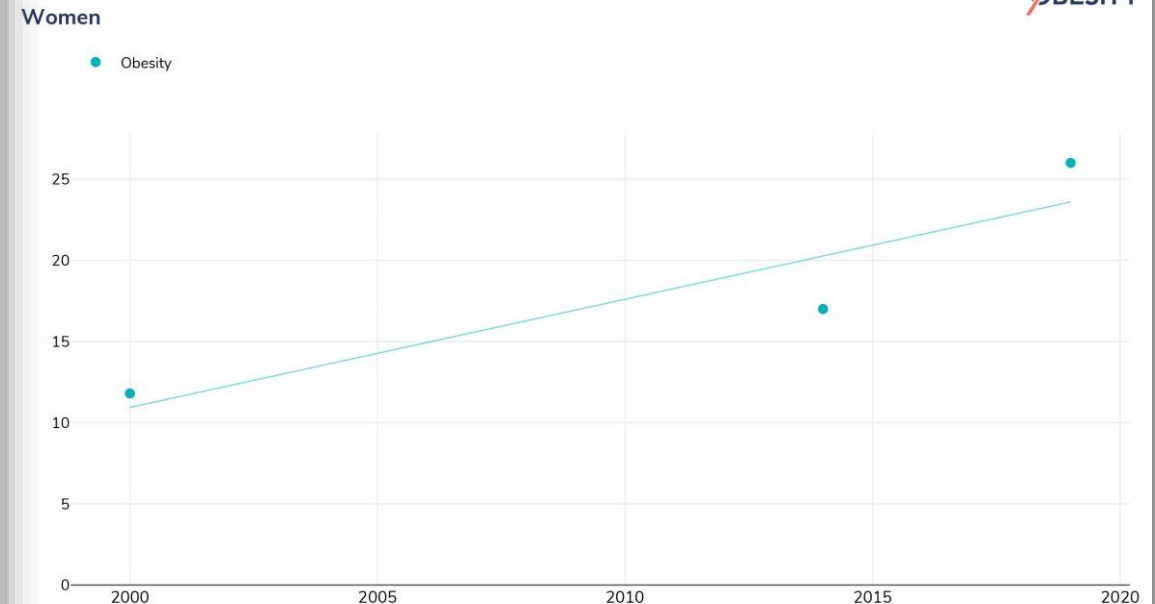
Survey type: Self-reported

References: For full details of references visit <https://data.worldobesity.org/>

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.



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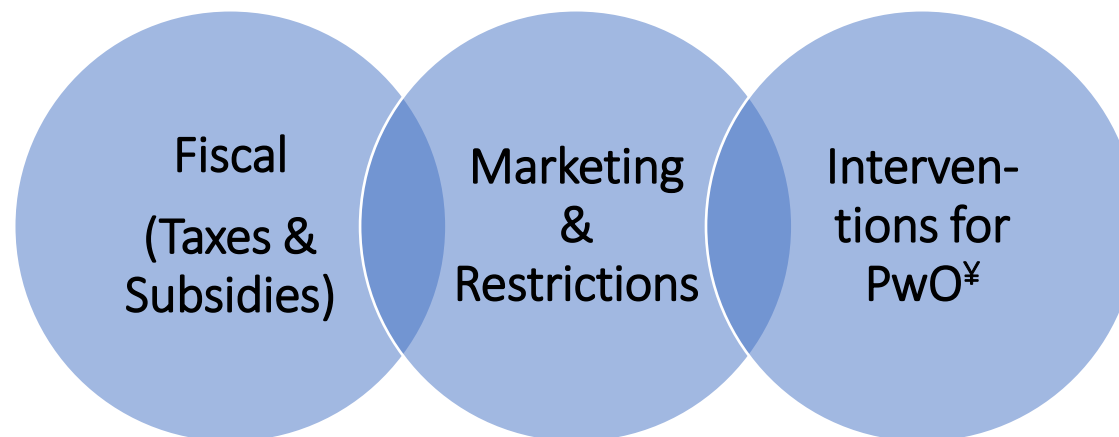
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¹ WHO European Regional Obesity Report 2022 <https://apps.who.int/iris/bitstream/handle/10665/353747/9789289057738-eng.pdf>
NI data taken from NIHR <https://evidence.nihr.ac.uk/how-local-authorities-can-reduce-obesity/>

Public support for obesity policies

- To address rates of obesity, Government devise strategies (NI/ROI)
- Understanding public attitudes towards different policies within these strategies to address obesity is important
- May indicate *acceptability* and *potential* effectiveness* of obesity interventions; *readiness* of the public for such interventions
- Policy approaches can include¹:



*Planned evaluations and appropriate data collection/metrics needed to assess this over appropriate time periods

¹ WHO European Regional Obesity Report 2022 [¥]People with obesity



Aims

1. To understand public acceptability of policies to address obesity on the island of Ireland (IoI)
2. To examine changes in acceptability since 2013*
3. To capture personal experiences of weight-based discrimination & public views about obesity on IoI (quantitatively)
4. To explore context & reasoning behind public acceptability of policies & views on obesity (qualitatively)

*Previous Safefood-funded survey conducted in 2013, published in 2014

Methodology

An exploratory, sequential mixed methods design; including a literature review and policy mapping exercise across the lol...



PPI

PPI & external stakeholder input



PILOTING



Cross-sectional survey

Representative sample (n=1049)



Focus groups

Facilitated online (9 in total; n=64)



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Dr Eleni Spyreli

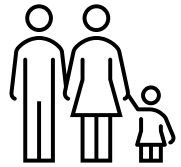
Results



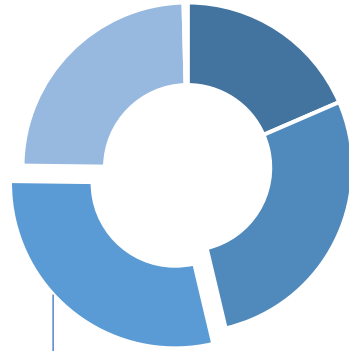
Demographic characteristics of survey respondents (N=1049)



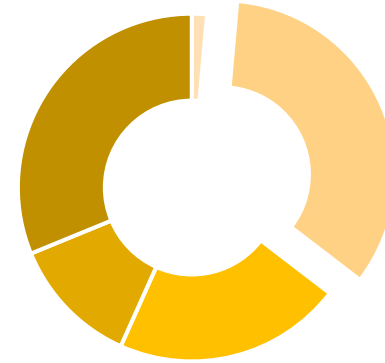
47% 52%



42% with a child <18y VS 58%



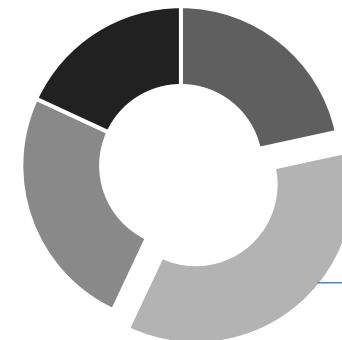
29% certificate / diploma / vocational



34% healthy weight



47% higher/lower SES



35% 30-49 years old



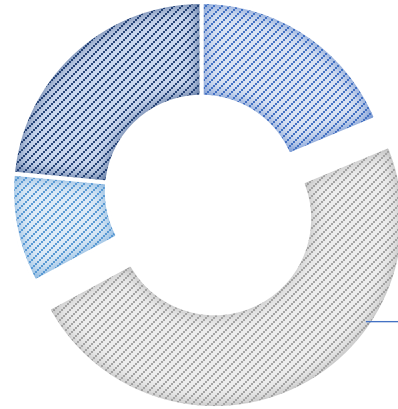
Demographic characteristics of focus group participants (N=64)



45% 55%



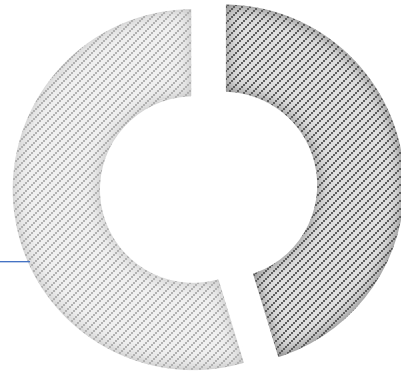
70% with a child <18y



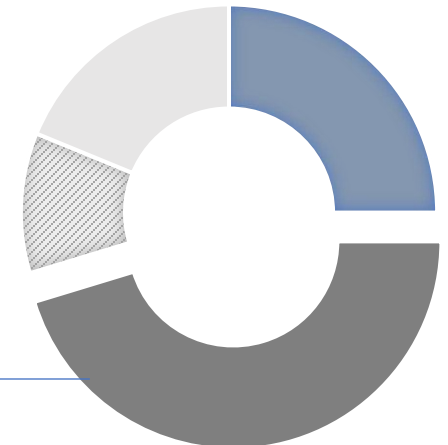
48% secondary education



69% unknown BMI



55% lower SES



45% 30-49 years old

Quotes from participants



Practical education in food preparation

“ even just practical, simple things and general awareness of ... budgeting around food or meal planning and planning in advance, so that it doesn't get to the evening and it's like, ‘Oh, wait, what will I cook for dinner?’” (PROI_01)

labels with calorie and nutrient information

“... if you were having your Chinese [meal], you just went for the boiled rice instead of the fried rice ... so, if you're aware, or even by reading the labels and that, and having the calories shown in the restaurant, that all would be beneficial.” (NI1_01)

Quotes from participants



meals at workplaces meet a healthy
standard of nutrition

“... when I started (work), it was sausage rolls for lunch or for breakfast, chips, gravy chips and then when ... actually, when I finished, my last few years they brought in healthy meals, and you could ... I mean, you could see the difference in people...”

(PNI_02)

Lower tax rates for healthy foods and higher for
unhealthy

“You know, you can get three hamburgers in McDonald's for one pack of strawberries... the foods and the imbalance for the foods for eating healthy needs to change.” (ROI6_01)

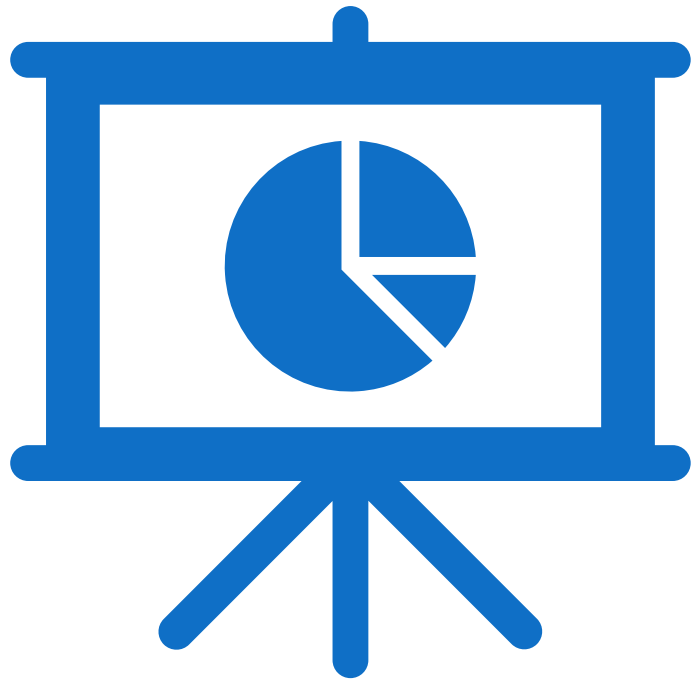
Least supported obesity policies

- × There should be an **additional health charge** for those **presenting with obesity**.



“It is horrendous because it wouldn’t matter how you are and who you are, you can always get an illness, you know? ... I think that would be outrageous.” (ROI4_07)

- × Portion sizes in restaurants and fast-food shops should be restricted.



Obesity Stigma & Discrimination

Aoibhin Kelly

Obesity Stigma & Discrimination

Background

↑ in obesity levels over the last 50 years

↑ in negative attitudes towards those with obesity, including stereotyping and bias (Brewis, 2014)

Weight bias and stigma → weight-based discrimination

Main aim: To capture personal experiences of weight-based discrimination & public views about obesity on lol

Qualitative results

- Semi-structured focus groups (FG=9, n=64)
- Thematic analysis



THEME 1 → **Weight-based discrimination & stigma in society**

SUBTHEMES

- Personal/vicarious experiences of weight-based discrimination
- Media/fashion portrayal of people living with obesity
- Ways to reduce weight-based discrimination & stigma

THEME 2 → **Experiences of weight management services**

SUBTHEMES

- Awareness/accessibility of weight management services available
- Personal/vicarious experiences of weight management efforts or of using services

Quotes from participants

Personal experience clothes shopping...

"I went into Top shop to buy a suit and they just looked at me and said 'no chance'... and they were like, 'you're joking. Jackamo for you' I was like right! Being serious, I was raging ... and they were like, no you'll not get a suit in here..." (NI1_04)



People with obesity in fashion.... Conflicting views

"There's a lot of advertising now for like girls that are overweight or plus size, and they're beautiful...they're coming on with these beautiful clothes on. And I'm sure it's not healthy being like that there, any doctor would tell you that..." (NI2_01)

Quotes from participants

Awareness of weight management services...

"I've only seen the likes of, like Slimming World and Weight Watchers and things like that. I have lots of friends to join them. I've done them before myself."

(N13_08)



Personal experiences of weight management...

"So, there's no, she [GP] didn't even try to help like there was not support even from the doctor to say, to help to getI lost that weight by myself by killing myself in the gym. She [GP] didn't help me and nobody else did."

(ROI4_06)



Overall Project Conclusions

High levels of public awareness of rising **obesity levels** and viewed as having a **negative impact on health**

Support for most **obesity-related policies and interventions** – particularly for **children**, and **education-focused**

Low support for **medical charges and health insurance fees** based on individuals' body weight (despite increase in support since 2013)

Public support for most obesity policies similar to **2013 data collection**

Significant levels of **personal experience of weight-based discrimination** for those with excess weight on lol

Awareness that **weight stigma/discrimination** is **commonplace** but confusion over what constitutes it & its **impact**

Recommendations from research

- Raise public **awareness** of **complex & multi-factorial** nature of **obesity**
- **Educate** society on **weight stigma** and discrimination and **negative consequences**; suggest ways to avoid
- **Implementation** and **evaluation** of **child-focused policies** – e.g., school meal provision (ROI), cooking, healthy eating/physical activity education in schools, extending physical activity initiatives e.g., Active School Flag (ROI), Daily Mile (NI)
- **Implement** and **regulate settings-based approaches** for minimum nutritional standards to schools, workplaces and healthcare settings
- **Restriction** of **marketing** of HFSS foods to all, particularly children (legislation/regulation, beyond voluntary codes)
- Overcome lower public support for **reducing portion sizes** (by also **reducing price**)
- **Reduce cost of healthy food**
- **Strengthen** public health **services for weight management** (obesity prevention *AND* obesity treatment) – esp. in light of widespread impact of COVID-19

Acknowledgements

- All those involved in research team
- All collaborators
- All PPI representatives
- All stakeholders
- All participants in the research (survey & focus groups)

THANK YOU!



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