

# Training in nutrition, physical activity and obesity in primary care settings

## Session 1

<insert place of course>  
<insert date of course>

Course devised by:

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# Course facilitators

<insert facilitator names for current course>

# Aims and objectives – overview

Five themes ...

... split into three sections

- services overview
- communication skills training
- developing local facilities

- **Why** discuss
- **How** to influence
- **What** to explain
- **Which** goals and how to measure
- **Where** to get help

# Aims and objectives (1) – services overview

- Understand public health context for work in this area.
  - Explore WHO guidance and key recommendations for daily practice.
  - Highlight evidence around nutrition, physical activity, body composition and health outcomes.
  - Review your local resources.
  - Identify, discuss and debate potential barriers and enablers in this locality.
  - Devise work plan to fill delivery gaps.
- **Why discuss**
  - **How to influence**
  - **What to explain**
  - **Which goals and how to measure**
  - **Where to get help**

# Aims and objectives (2) – communication skills training

- Practise communication skills to:
  - have positive conversations with patients;
  - identify at-risk target groups and patients;
  - convey diet and physical activity advice;
  - understand how behavioural norms develop and can be shaped;
  - identify realistic patient-centred goals and appropriate indicators of success.
- Try out motivational interviewing techniques using case studies and group workshops.
- **Why discuss**
- **How to influence**
- **What to explain**
- **Which goals and how to measure**
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# Aims and objectives (3) – developing local facilities

- Reflect on current resources throughout the course.
  - Small group discussions to define health priorities and current gaps.
  - Plenary session to set goals and agree plan of action.
- **Why** discuss
  - **How** to influence
  - **What** to explain
  - **Which** goals and **how** to measure
  - **Where** to get help

# Nutrition, physical activity and obesity

## How WHO can support public health Session 1

- Why discuss
- How to influence
- What to explain
- Which goals and how to measure
- Where to get help



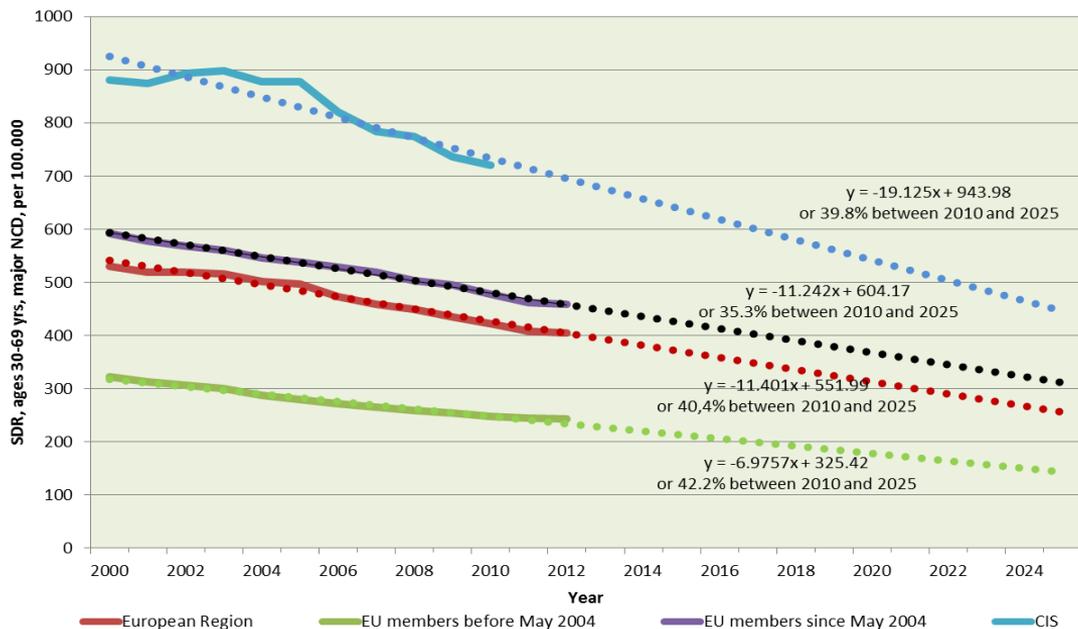
# Many major challenges remain

Most countries have made some good progress in improving the health and well-being of their populations, but there is a high risk of progress not being made in some key areas ...



# Premature NCD *mortality* is declining ...

Age-standardized NCD death rates 30-69 and projections to 2025



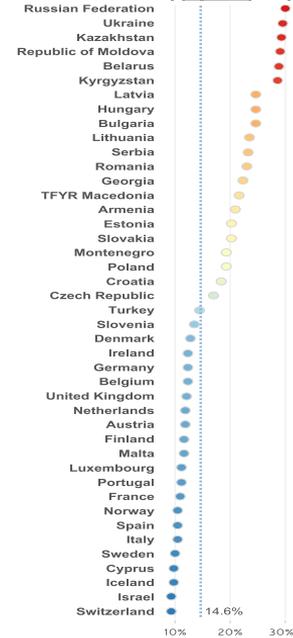
... but a number of countries still have a high avoidable burden and large gender gap

### Premature Mortality from Noncommunicable Diseases in European Region

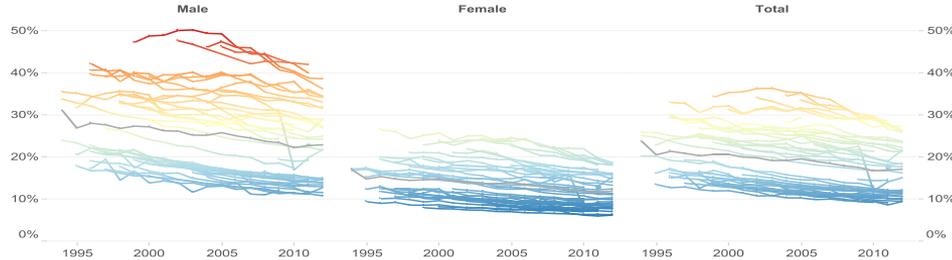
Probability of dying at exact ages of 30 to 70 years from major noncommunicable diseases (cardiovascular disease, cancer, diabetes or respiratory diseases)

Select Gender  
Total

Select Year  
2009

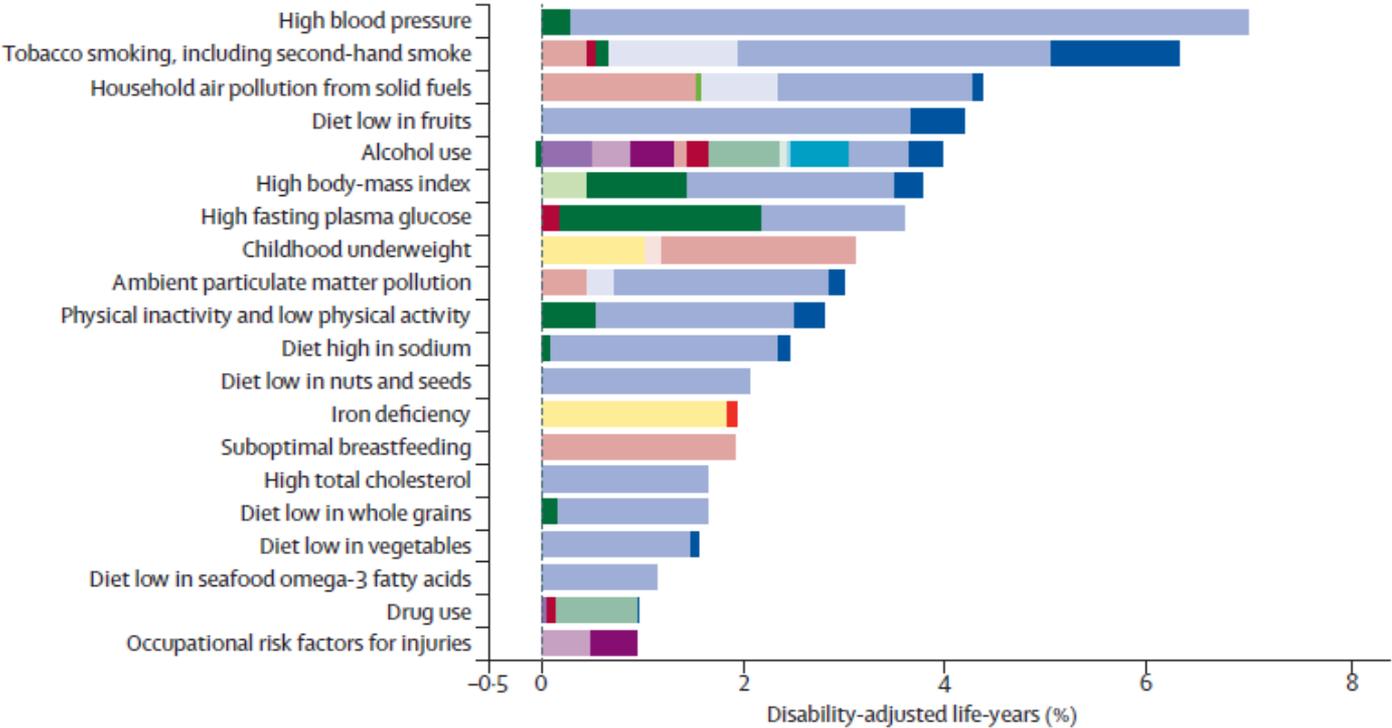


Level and trends of premature mortality from noncommunicable diseases

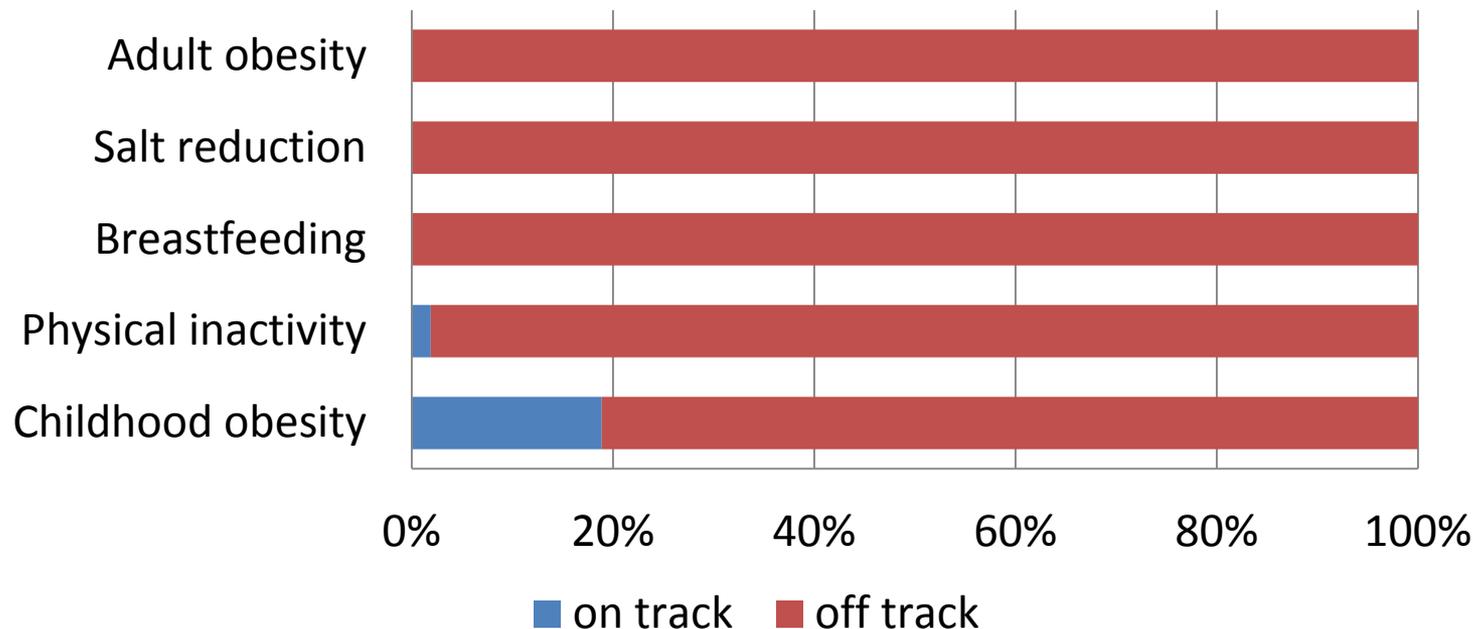


Source: WHO Mortality Database. WHO Regional Office for Europe.

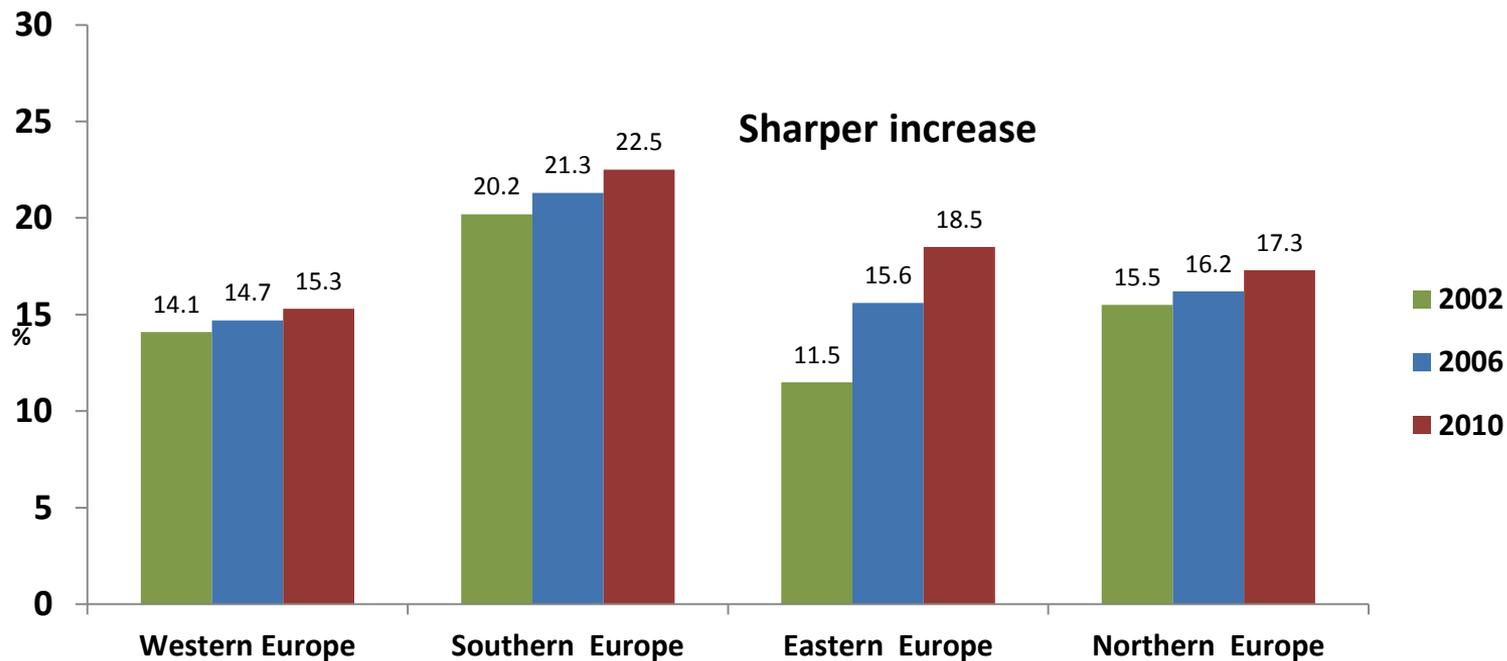
# And the disease burden attributable to nutrition, physical activity and obesity is high ...



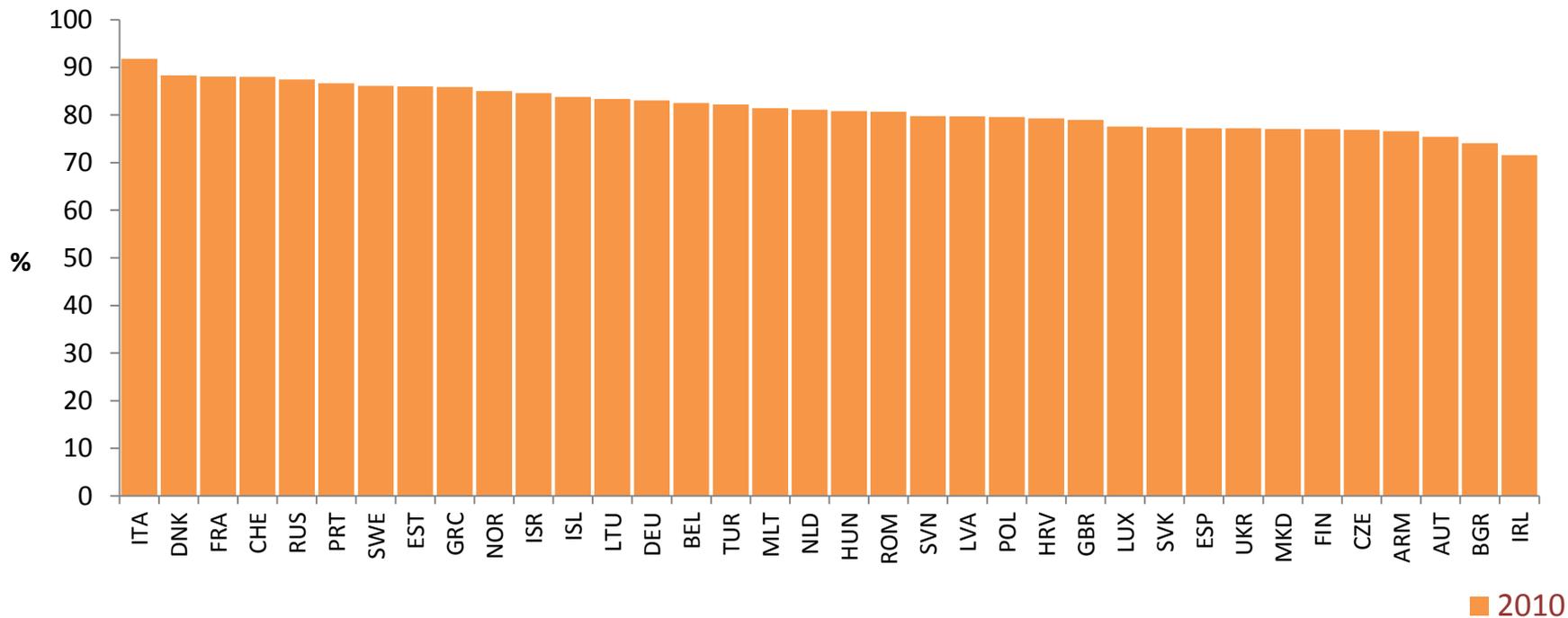
# Proportion of European Member States on course to meet global targets for nutrition, physical inactivity and obesity by 2025 – very few!



## Adolescents – overweight and obesity prevalence in youth according to European subregion



## Prevalence of insufficient physical activity among school-aged adolescents



# Obesity is a chronic disease

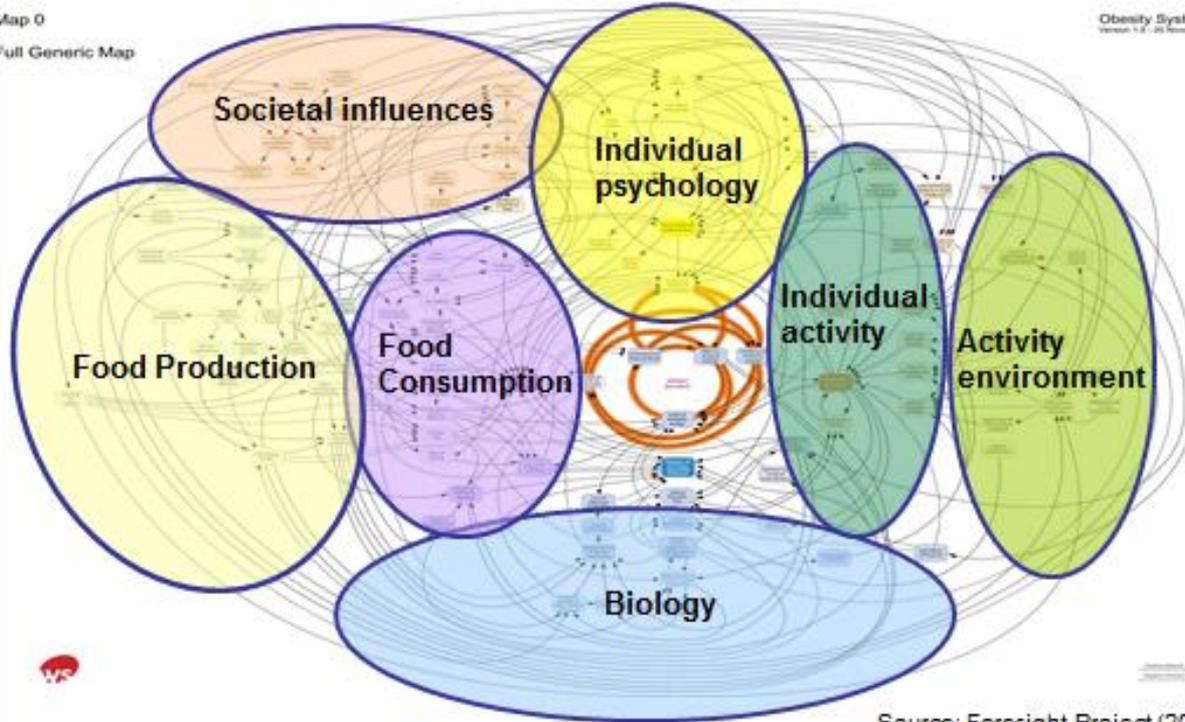
- International Classification of Diseases, ninth revision (ICD-9), contains entries for obesity and severe obesity (1948)
- US National Institutes of Health (1998)
- US Social Security Administration (1999)
- US Centres for Medicare and Medicaid Services (2004)
- Obesity Society (2008)
- American Association for Clinical Endocrinology (2012)
- American Medical Association (2013)
- Canadian Obesity Network (now Obesity Canada) (2011)
- Canadian Medical Association (2015)
- National Institute for Health and Care Excellence (NICE) (2014)
- European Association for the Study on Obesity (Milan Declaration, 2015)

# Definition

- Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health (WHO, 2016).
- A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms (kg)) divided by the square of his or her height (in metres (m)).
- Obesity is defined as a BMI greater than 30 kg/m<sup>2</sup>.
- Interpret BMI with caution because it is not a direct measure of adiposity (NICE Guidelines, 2014).

Map 0  
Full Generic Map

Obesity System Map  
Version 1.2 - 20 November 2006



Source: Foresight Project (2007)

# Strategic objectives for public health

Improve leadership and governance

Reduce inequalities and address social determinants

## Four main priorities

Take a life-course approach and empower people

Focus on Europe's major health challenges: NCDs and risk factors

Strengthen people-centred health systems and public health

Create supportive communities and healthy environments

# People-centredness is key in prevention and care

Base interventions on people: health services should enable people to receive a continuum of different levels of services according to their needs.



# Role of primary health care

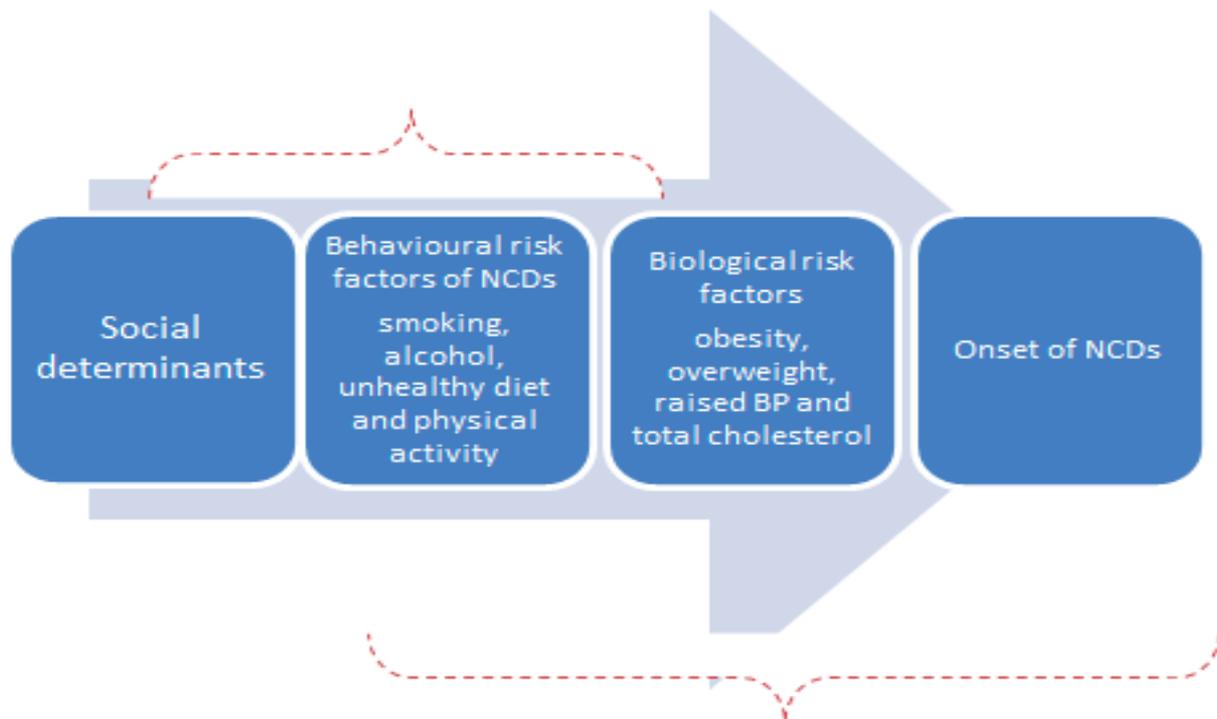
Both the Food and Nutrition Action Plan 2015–2020 and the Physical Activity Strategy 2016–2025 highlight the importance of primary health care.

- Primary health care is underutilized in preventing and managing obesity and in promoting healthy diets and physical activity.
- Treating the consequences of obesity is readily accepted by clinicians; however – while there is evidence that primary care interventions can be effective – confidence in addressing risk factors and treating obesity itself is low.
- Ensure that all health care settings highlight nutrition, healthy eating and physical activities within people-centred health systems.
- Establish brief interventions, and target nutritional and physical activity assessment for different age groups, especially children and the elderly; both primary care and home care services should be included.

# Role of primary health care

- Primary care is an ideal setting for chronic disease prevention and obesity management.
- Firm interdisciplinary clinic relationships and deliberate communication strategies are the foundation of interdisciplinary care (e.g. long-term weight management).
- There is a clear need for shared messaging concerning obesity and its management between members of interdisciplinary teams.

## Health Promotion and Disease Prevention in Primary Care



## Management of Conditions in Primary Care

# Role of primary health care – summary

- Raise awareness – get good conversations going; explain relevance of a patient's weight to their comorbidities.
- Support prevention approaches and engagement in relevant treatment approaches.
- Understand local support services and signpost appropriately.
- Build rapport and offer follow-up – obesity is a chronic relapsing condition and its associated comorbidities mean affected patients will present repeatedly over time.