

Letter from the editor

Obesity in children

Advertisements for so called junk foods are being phased out from UK children's television. Since April 1 2007, advertisements for foods high in fat, salt, and sugar can no longer be shown during programmes made for children aged 4 to 9 years old. Existing advertising campaigns may continue until July 1 2007. From January 1 2008, the ban will be extended to programmes aimed at 4 to 15 year olds.[1] This approach is an attempt to avert the long term health consequences of childhood obesity, in particular type 2 diabetes, which has doubled in prevalence in the USA in recent years, and which, in turn, increases the risk of heart disease.[2]

There is evidence that food advertising can influence children's food choices.[3] But banning advertising of junk foods is only one weapon in the war against childhood obesity. As with cigarettes and alcohol, government interventions at a population level are a key part of the effort to address important public health problems. But they are only a part. And while governments have set ambitious targets for reducing obesity (in England the target is to halt the year on year rise in obesity among children younger than 11 by 2010),[4] a large part of the effort to reduce it will have to take place at more local levels in schools, in the community, at home, and in primary care.

Co-ordinating and implementing effective public health interventions, monitoring their effects, and auditing their outcomes is never easy. Timely and reliable public health information is found in many forms and in disparate locations, so identifying it is difficult and time consuming. For public health practitioners there is also a need for tools to help them with this task, and for worked examples based on successful programmes that they can apply to their local situations.

Key types of public health information are data, narrative, and evidence. Data, which is quantitative and measurable, is used to describe a health service, usually by its inputs (such as financial), outputs (such as hospital activity) and outcomes (such as survival rates). When displayed as trends over time, or as comparisons between places, these types of data can be very powerful in showing the effects of past efforts and projecting future healthcare needs. Narrative is the vital qualitative information based on the experience and insights of those using and providing a health service – the equivalent to the clinician of taking a history. Then there is evidence from published research, giving information about the effectiveness of individual patient and public health interventions. Where evidence is peer reviewed and fulfils certain methodological standards, it can form a sound base for planning future programmes. The new systematic review on interventions aimed at a patient level for childhood obesity from *BMJ Clinical Evidence* is now published.

BMJ Health Intelligence

Now a new online service from the BMJ Publishing Group, *BMJ Health Intelligence*, brings together key pieces of public health information. *BMJ Health Intelligence* takes essential public health topics and "unpacks" them, putting data, evidence, and examples of good practice into context in a way which is easy to find and to apply. The same approach is being developed to support commissioning – the procurement, planning, and performance monitoring of services to meet health needs of the relevant population in an equitable and cost effective way. *BMJ Health Intelligence* will be especially useful for GPs inexperienced in, but now expected to deliver, practice based commissioning.

In countries such as the UK, where GPs are the gatekeepers to secondary care and have a commitment to a defined practice population, they have considerable influence over hospital referrals and activity in secondary health care. They also have access to accurate information about the numbers and types of

their referrals from their computerised information systems, and have considerable knowledge about the health of the local population.

The Department of Health in England has recognised the GPs' vantage point and given them a lead role in practice based commissioning. This governmental approach makes it even more important for GPs to see their acutely ill patients within the wider context of their whole population of patients. Despite the obligation for GPs to become involved in commissioning, many find they have less time than they would like to consider crucial wider health issues. To overcome this problem, interested GPs should be encouraged to acquire public health skills and to work alongside their public health colleagues.[5] *BMJ Health Intelligence* is also developing support for GP commissioners by providing easy access to evidence, data, tools, and examples of good practice. This approach will help establish the necessary long term relationships between primary and secondary health care, and shape local patient pathways within a finite budget.[6]

In clinical medicine it is unacceptable to champion an intervention without some evidence of effectiveness. In public health, more starved of money than other specialties, the need to show cost effectiveness is even more imperative. *BMJ Health Intelligence* accepts that evidence on effectiveness and costs does not always exist but, where it does, we classify it into what works, what may work, and what doesn't work, and present relevant cost data so that the best value for money services and interventions can be commissioned. *BMJ Health Intelligence* also provides narrative information in the form of a database of local projects. Data are also provided as indicators, where available down to local authority or primary care level in England.

The absence of a comprehensive collection of information for public health practitioners has been recognised by the UK government and attempts are being made to rectify the problem.[7] *BMJ Health Intelligence*, which launches this month, will help turn this shortage of vital information around. *BMJ Health Intelligence* has been built with contributions from practitioners, and will continue to evolve with users' feedback. Those tasked with tackling the epidemic of childhood obesity will now be better prepared.

Alison Walker

Editor *BMJ Health Intelligence*

awalker@bmjgroup.com

References

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