

Addressing obesity in Northern Ireland: a mapping study of obesity-related policies and services using a behavioural science approach

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Overweight and obesity are significant public health issues associated with considerable morbidity and mortality worldwide. In Northern Ireland (NI), 27% of adults are living with obesity, 38% with overweight⁽¹⁾. Comprehensive mapping of obesity-related policies and weight-management services (WMS) in Northern Ireland has not been conducted previously. This research aims to characterise adult obesity policies/WMS in NI and identify gaps in service provision by conducting a systematic mapping study; whereby existing obesity-related policies/WMS are coded using the Behaviour Change Wheel (BCW)⁽²⁾ and overlaid upon variables impacting energy balance, taken from the Foresight Obesity System Map⁽³⁾.

A systematic grey literature search was conducted to find relevant policies/WMS. This included online Advanced Google searches, searching grey literature databases and targeted websites; alongside stakeholder consultations. Relevant policies/WMS were categorised according to the UK tiered weight-management system: Tier 1- universal interventions; Tier 2-community-based weight management services; Tier 3- specialist multidisciplinary obesity services; Tier 4- bariatric surgery. A behavioural science mapping approach was applied to the policies/WMS⁽⁴⁾, whereby these were coded by intervention function and policy category of the BCW Framework. These findings were then mapped against variables from the Foresight Obesity Map which had been coded according to the CAPABILITY-OPPORTUNITY-MOTIVATION-BEHAVIOUR (COM-B) model to show how existing policies and drivers of obesity interface with each other in a heat map.

Search findings included policies/strategies/guidelines/campaigns and WMS (n = 107) identified from advanced Google searches (n = 12), database searches (n = 3), targeted website searches (n = 17) and stakeholder interviews (n = 3). Categorisation by weight management tier indicated that, of the identified policies/WMS, 72% were targeted at Tier 1; 21% Tier 2; 2% Tier 3 and 5% were combined Tier 2/3 services. No public-sector Tier 4 services were identified. Behavioural science mapping showed that many policies/WMS used a combination of intervention functions: education was most common, followed by persuasion, training, and enablement; with less evidence of environmental restructuring, modelling and incentivisation. There were a lack of policies/WMS to address exposure to food advertising and self-esteem in addition to other psychological variables. Results indicated scope for developing interventions acting at the level of 'Motivation' within the COM-B Model.

Mapping policies/WMS in NI from a behavioural science perspective and in relation to weight management tiers has highlighted gaps in provision, with potential future implications for policy-making and service-commissioning in the area of obesity prevention/treatment. Findings indicate further opportunities to develop policies/WMS, informed by behaviour change principles, which is urgently needed to address obesity within NI.

References

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