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| **SOCIAL RENEWAL ADVISORY BOARD: CALL FOR IDEAS**  **Deadline: 23rd October**  **Email/Queries:** [**socialrenewal@gov.scot**](mailto:socialrenewal@gov.scot) | |
| **ORGANISATION:** | Obesity Action Scotland |
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| **BRIEF SUMMARY OF ORGANISATION:** | *To provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.* |
| **DEMOGRAPHIC SUPPORTED:** | *Everyone in Scotland* |
| **IDEA THEME:** | *Improve food environment, so that healthy choices are easy: affordable, available and acceptable* |
| **YOUR IDEA: What needs to change to build a Fairer Scotland, learning from the response to the COVID pandemic?**  **Idea in brief:**  We need to improve food environment, so that healthy choices are easy in Scotland: affordable, available and acceptable to all. We need to ensure everyone has equal access to a healthy diet.  **Background:**  Since the outbreak of the coronavirus pandemic, evidence on the link between obesity and COVID-19 has been growing. We now know that obesity increases the risk of developing more severe illness, likelihood of hospitalisation, ICU admission and death from COVID-191,2. These risks become higher with increasing BMI3. Findings from UK studies are consistent with international evidence and as the pandemic has progressed, causal links have become clearer4 and several mechanisms have been identified5. Evidence is also emerging that highlights a clear association between obesity, social deprivation and COVID-19, showing a social gradient with poorer outcomes for those from more socio-economically deprived areas6.  We also know that obesity rates in people living in deprived areas are higher and this inequity gap has been growing7. The gap in obesity prevalence between children living in the least and most deprived areas of Scotland has risen from 7% in 2018, to 12% in 20198. With this data collected prior to the coronavirus outbreak and growing health inequalities and food insecurity recorded during the pandemic9, without swift and sufficient action, it is likely that we will continue to see this gap widening in the coming years.  The newest Global Burden of Disease evidence showed that obesity is a lead cause of increases in ill health and diet is the 3rd largest cause of death10.**Therefore, to build a Fairer Scotland we need to reduce obesity rates in the whole population, with extra support for those living in deprived areas, through improvements in diet.** The ‘side-effects’ of improvements in national diet will result not only in reduced obesity and diet-related disease rates but also in other effects of improved physical health, such as economic benefits and mental health improvements.  **Current policy:**  So far, the response to the COVID pandemic in Scotland has not included any significant actions to improve national diet. On the contrary, *Eat Out To Help Out* scheme in August promoted eating out in general, which often is less healthy, taking us even further away from achieving Scottish Dietary Goals11. The Scottish Government delayed work on the Restricting Food Promotions bill as well as the Good Food Nation bill. Moreover, the new Programme for Government includes very little effective action on upstream drivers of obesity and the new Public Health Scotland strategy does not prioritise actions on diet or obesity, as would be expected from the Public Health Priorities for Scotland12. Such delayed action and weakened focus will have their consequences.  **Challenges:**  Improving the food environment to make healthier choices easier is difficult because of the contrast between preventative and long-term future effects of such change and the very current and competing business interests. However, it is an action that will improve health and reduce health inequities in Scotland, contributing to resilience and prosperity.  **Where to start:**  A key report recommended that to effectively address obesity (a) as many interventions as possible should be deployed at scale and delivered effectively by the full range of sectors in society; (b) understanding how to align incentives and build cooperation will be critical to success; (c) there should not be an undue focus on prioritizing interventions, as this can hamper constructive action; and (d) while investment in research should continue, society should also engage in trial and error, particularly where risks are low.13 In other words, to achieve a healthy weight population that will lead to improved non communicable and communicable disease outcomes, we need to take a wide range of actions, urgently. We cannot let the pandemic delay or cancel measures but rather it should give impetus for greater action.  As we adapt to living through a pandemic and recovering from it, we need to ensure that the food system enables access to affordable healthy food for everyone. Many steps in the adaptation and recovery process will be about or will influence the food system. As food is such an essential part of our life, and can have such a profound impact on our health, we should ensure the food system adapts and recovers in a way that has a positive long-term impact.  With the above in mind, we would recommend adaptation and recovery to start from the following:   * any steps taken to support the out of home sector to adapt and recover should enable an increase in healthy food offerings, better informed consumers and more effective business registration arrangements * the retail sector should be enabled and supported to allow easy, affordable access to healthy foods as it operates during the pandemic; and ahead of the necessary mandatory restriction on the promotion of unhealthy foods * school meals should continue to be a key area for investment; the journey to improve the nutritional standards should continue and should influence wider holiday hunger programmes   **References**  1. Blackshaw J, Feeley A, Mabbs L, Niblett P. *Excess Weight and COVID-19: Insights from New Evidence*. London; 2020. https://www.gov.uk/government/publications/excess-weight-and-covid-19-insights-from-new-evidence.  2. 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