

Curbing the obesity epidemic: the need for policy action in a risk-balanced, orchestrated, comprehensive strategy

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Dr Cismaru's article¹ aims to stimulate further debate on policy action to prevent obesity. The need to complement traditional individual strategies with public policies is largely recognized². Public policies, specifically laws and regulations, are essential to change the numerous socio-cultural and environmental factors that shape individual choices^{3, 4}. We agree with Cismaru that this topic needs further debate and in-depth discussion. The obesity epidemic has been the object of many scientific and governmental papers in recent years, but few deal with policy action. In order to efficiently reduce the extent of the epidemic, much more work needs to be done on obesity prevention, in terms of policy action.

In her paper, Dr Cismaru expanded an existing framework, proposed by Gostin⁵ which consisted of legislative and regulatory interventions, with the intend to offer more alternatives to policy-makers and practionners. To do so, she completed an analysis of initiatives issued from several governmental documents and academic papers from the United States, Canada and the European Union, and classified them according to Gostin's categories. To our knowledge, this is the first time that such an analysis has been done. The paper describes different types of policy actions which is useful for policy-makers and practitioners and may foster the use of such policies.

The choice and planning of actions to reduce obesity is a challenging task for several reasons. Firstly, data on the effectiveness of action is scarce, particularly for long-term impacts which provide information on effects at the population level. Thus, the criteria of effectiveness can seldom be used for choosing actions⁶. Secondly, while effectiveness is very important, it cannot be the only factor used to select interventions to be implemented. Many other elements must be

considered, such as the feasibility (costs, social acceptability, realism) of actions to be undertaken⁷. More importantly, these factors are context specific, and require specific analysis for each setting or country where they are to be implemented. Thirdly, the obesity epidemic is attributed to many factors which influence energy intake and energy expenditure. It is illusive to think that implementing only a few actions can reverse the rising trend. There is a need to deploy several actions in different sectors at the same time. But what range of actions should be selected? With regard to what has been previously said, the task appears to be complex.

An attractive concept for policy-makers and practioners in the obesity field is the "balanced portfolio", an analogy of choosing a balance of financial products⁶. Ideally, one would select safe investment products with high returns. However, with limited data on effectiveness, the choice has to be based on limiting the risk. Selecting some safe, lower return investments and some high risk, higher return investments balances the risk. So, establishing a balance portfolio of actions as recommended by Swinburn and colleagues⁶ takes time, a great deal of knowledge, calls upon information coming from diverse domains and requires to build confidence in the process.

Authors such as Nestle⁸ and Gostin⁵ consider that legal and regulatory actions have been underused in obesity prevention strategies. A potential explanation may be that these actions are often less well known by public health practitioners. Indeed, the traditional academic background of public health practitioners puts greater emphasis on treatment, educational strategies, mass media communication and community programs rather than public policy and legislation. Consequently,

public health practitioners may rely less on these type of policy actions, integrate them less into a comprehensive strategy, which could significantly weaken the impact. Thus, there is a need to increase the understanding and build the capacity of public health practitioners in order to stimulate a judicious use of these particular type of actions^{9, 10}.

Furthermore, public policies must have public support, otherwise, they will not be implemented by policy-makers. Advocates are needed to inform and stimulate public opinion on their usefulness for the sake of the population's well-being and reduction of the epidemic. Advocacy work must be

aligned with the public health sector's comprehensive plan, in order to be successful.

Dr Cismaru's paper on a policy action framework is the basis for this short commentary which highlights the importance of broadening the spectrum of actions available to the decision-makers and practitioners to prevent obesity, specifically legal and regulatory actions. Such a broadening will also come from a shift in public health practitioners' training towards these strategies. Finally, an orchestrated strategy should also incorporate the work of advocates in order to shift public opinion towards supporting policy actions.

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