

ENABLERS AND BARRIERS TO A WHOLE SYSTEMS APPROACH TO DIET AND HEALTHY WEIGHT IN EAST SCOTLAND

KEY FINDINGS FOR PUBLIC HEALTH PRACTITIONERS AND POLICY MAKERS

Obesity affects people of all ages and backgrounds but also exacerbates health disparities.

Taking a Whole Systems Approach (WSA) to address influences on diet and healthy weight has been identified as having potential in tackling the complex issue of obesity.



Definition of a WSA

A WSA can be described as a range of comprehensive initiatives targeted at change across the system by reaching government, policy decision makers, individuals, groups and community-level factors and drivers of human action [1].



What did we do?

We investigated the process of adopting a WSA to diet and healthy weight in two local authority pilot sites in Scotland to better understand the key enablers and barriers in practice. One locality followed the Leeds Beckett Methodology [2] and the other did not follow a formal framework.

We conducted interviews and focus groups with people involved in setting up the WSA in each area at two timepoints, and we took brief assessments of progress once a month for 13 months from people involved in WSA planning and delivery.



Why is this important?

Despite attempts to address obesity through policy and intervention, efforts have met with limited success. This may relate to the fact that single policies (e.g. introduction of a levy on sugary drinks) and interventions targeted at specific segments of the population (e.g. family weight management services) do not fully address the known, complex and multiple influences on population level obesity.

Improved understanding of enablers and barriers to WSA adoption will allow these and other authorities to more effectively use WSAs as means to improve attempts to address diet and healthy weight.

WHAT ARE KEY ENABLERS AND BARRIERS TO IMPLEMENTING A WSA TO DIET AND HEALTHY WEIGHT?

ENABLERS

- Links and relationships between key people involved in the WSA and the community
- Personal interest in WSA and professional interest to learn more;
- Belief that a WSA might lead to 'real' change;
- Higher strategic and national level drive to make changes and to ensure buy-in locally;
- Sustained impetus in the WSA process to maintain momentum;
- Availability of funding (e.g., appropriate/adequate for pilot and/or full roll out);
- The need for 'real' tangible action to encourage engagement;
- Importance of identifying and engaging the 'right' people for workshops;
- Importance of WSA working groups being composed of individuals with diverse expertise;
- Communication and messaging of WSA work in accessible language;
- Building on existing governance structures;
- Community buy-in.



BARRIERS

- Previous experience that consultation does not lead to action
- Limited funding or constraints on use of funding to support the process and establishment of WSA structures:
- Covid-19 and public health system impact (e.g., slowed engagement, pulled resources away from WSA, human resource implications, move to online meetings and workshops, online technology accessibility);
- Daunting nature of workshops for community members and those less familiar with WSA terminology, language and frameworks;
- Publicity, marketing, and framing the WSA – it's not well understood;
- Staff turnover (WSA knowledge lost and relationships disrupted);
- WSA disengagement and reverting to old ways of working when WSA is considered 'slow' and 'ineffectual' in delivering immediate outcomes;
- Difficulty engaging community/stakeholders
- Those in WSA leadership being under resourced and insufficiently supported;
- 'Taboo' nature of obesity, diet and healthy weight as a topic in the community;
- Communicating the benefits of WSA in the face of multiple competing messages about diet and healthy weight.



WHAT DID WE LEARN FROM THE EVALUATION?

The Leeds Beckett Model (LBM) can be a helpful framework to follow in the initial set up of WSA implementation. It's six phases are described in Figure 1.

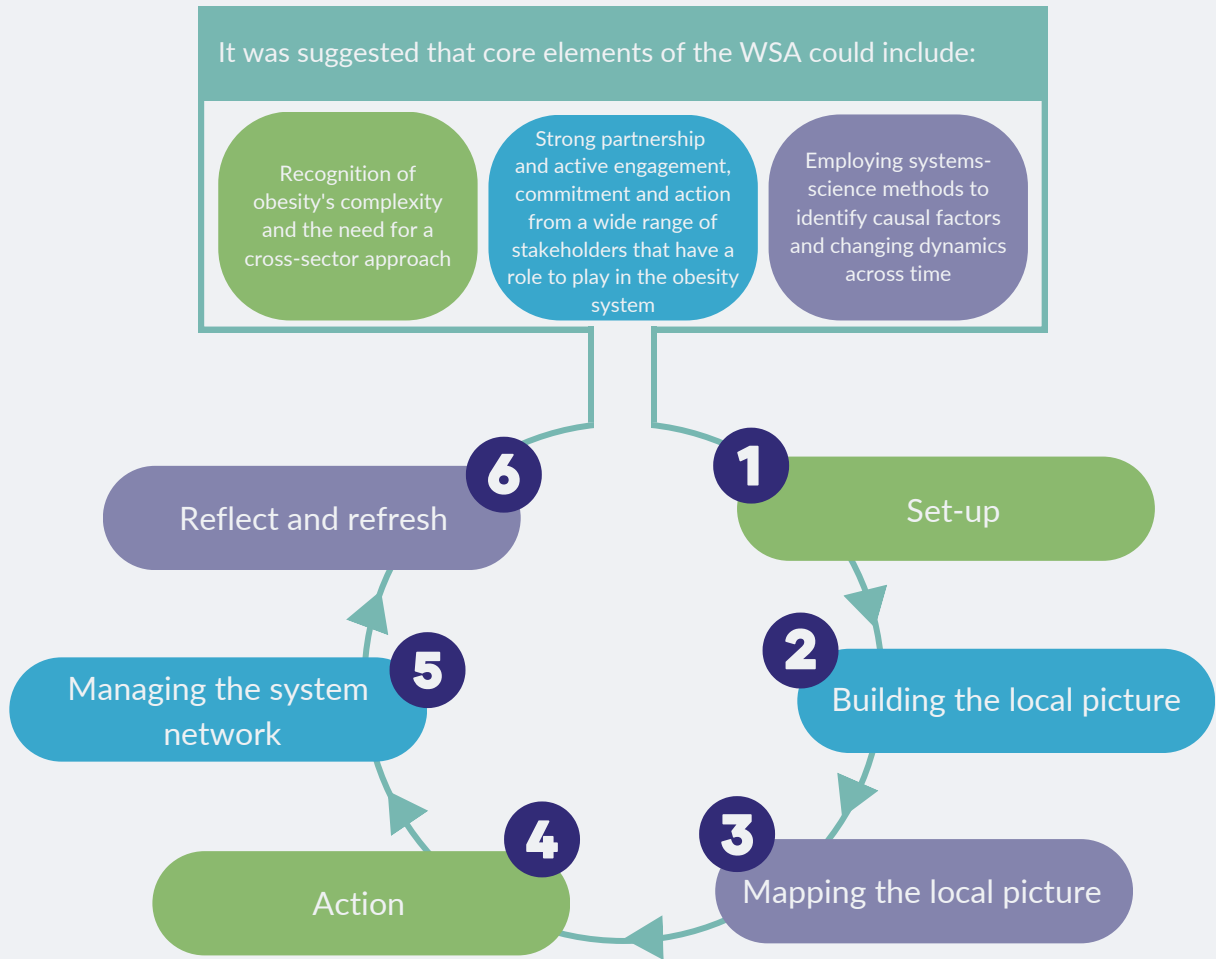


Figure 1: Core elements of the Leeds Beckett Methodology (cited with permission from Institute of Public Health, 2023) [2].





Was using a WSA model important?

- The inclusion of a model was considered useful in practice (e.g. Leeds Beckett Methodology) and provided a framework to develop workshop content
- Practical application of models requires ongoing staff training and support
- Implementation requires staff leadership
- As the WSA was implemented during the COVID-19 pandemic, stakeholder workshops were delivered online. However, in-person workshops were preferred.
- Consider the WSA beyond diet and healthy weight as one way of generating efficiencies across health and other government departments.



Strengthened partnerships as an outcome

WSA implementation was viewed as a good way to broaden understanding of why collaboration and partnership across the system was important. New WSA networks were viewed to help strengthen existing partnerships.



“ There’s definitely been connections made...they might have been there but maybe people just haven’t really nurtured them ”

Stakeholder



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References:

1. Public Health England. Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. 2019. [Available here](#)
2. Public Health England. Whole systems approach to obesity programme: learning from co-producing and testing the guide and resources. 2019. [Available here](#)

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