

# **Implications of the obesogenic environment in Malta: a case for adopting a One Health Strategy**

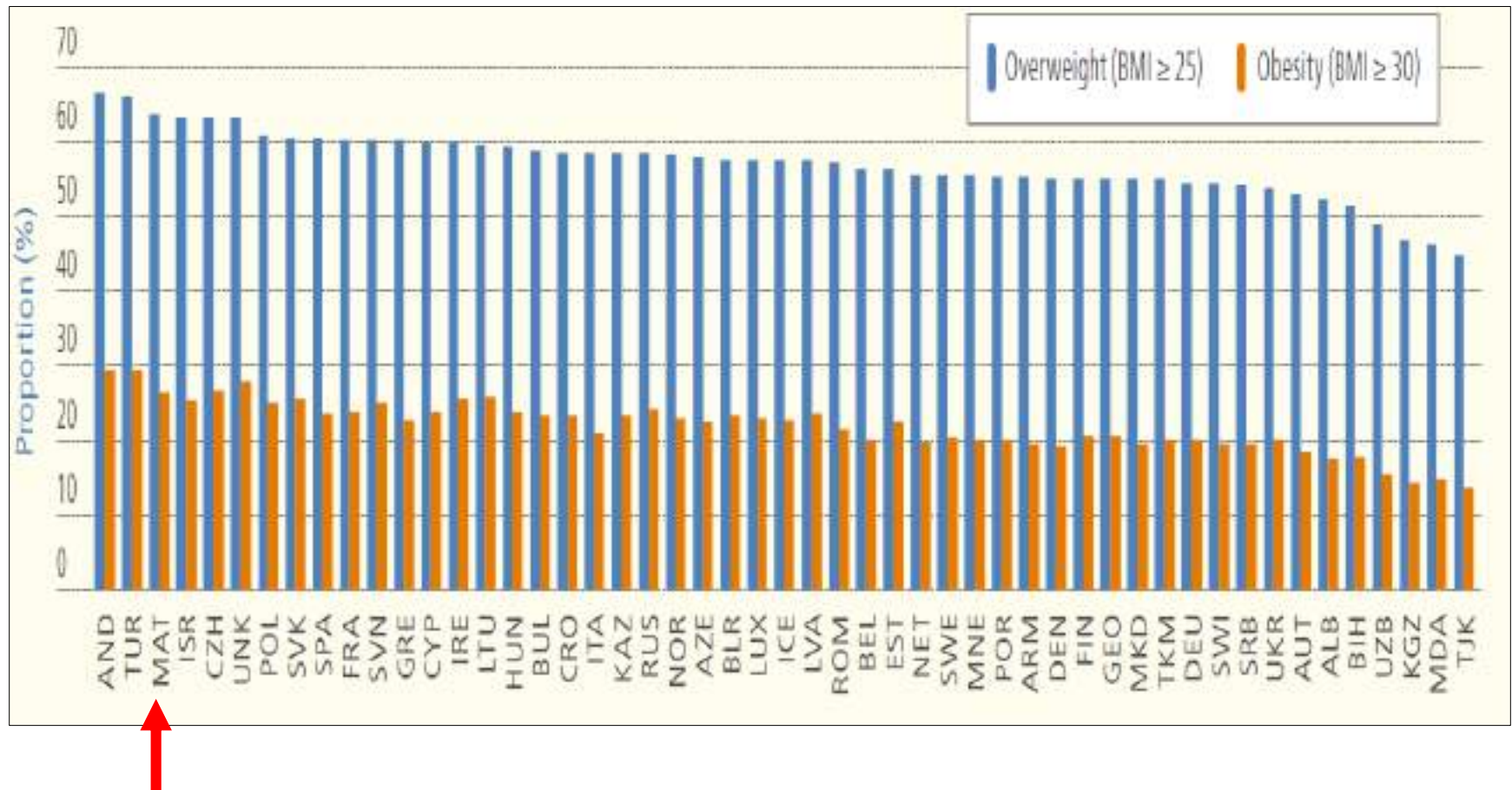
**Trans-Domain COST Action TD1404 (NEOH)  
Workshop**

**17<sup>th</sup> January 2017**

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# Age-standardized prevalence estimates for adult overweight and obesity, 2014



Source: Verschuuren M, Fietje N, Greenwell F, Raj T, Stein C, World Health Organization. The European Health Report 2015: Targets and beyond – reaching new frontiers in evidence. Copenhagen: UN City, 2015



BOYS (%)  
GIRLS (%)

## 11-year-olds who are overweight or obese



BOYS (%)  
GIRLS (%)

## 13-year-olds who are overweight or obese



BOYS (%)  
GIRLS (%)

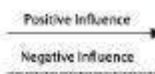
## 15-year-olds who are overweight or obese



BMI in  
children  
(self-  
reported)

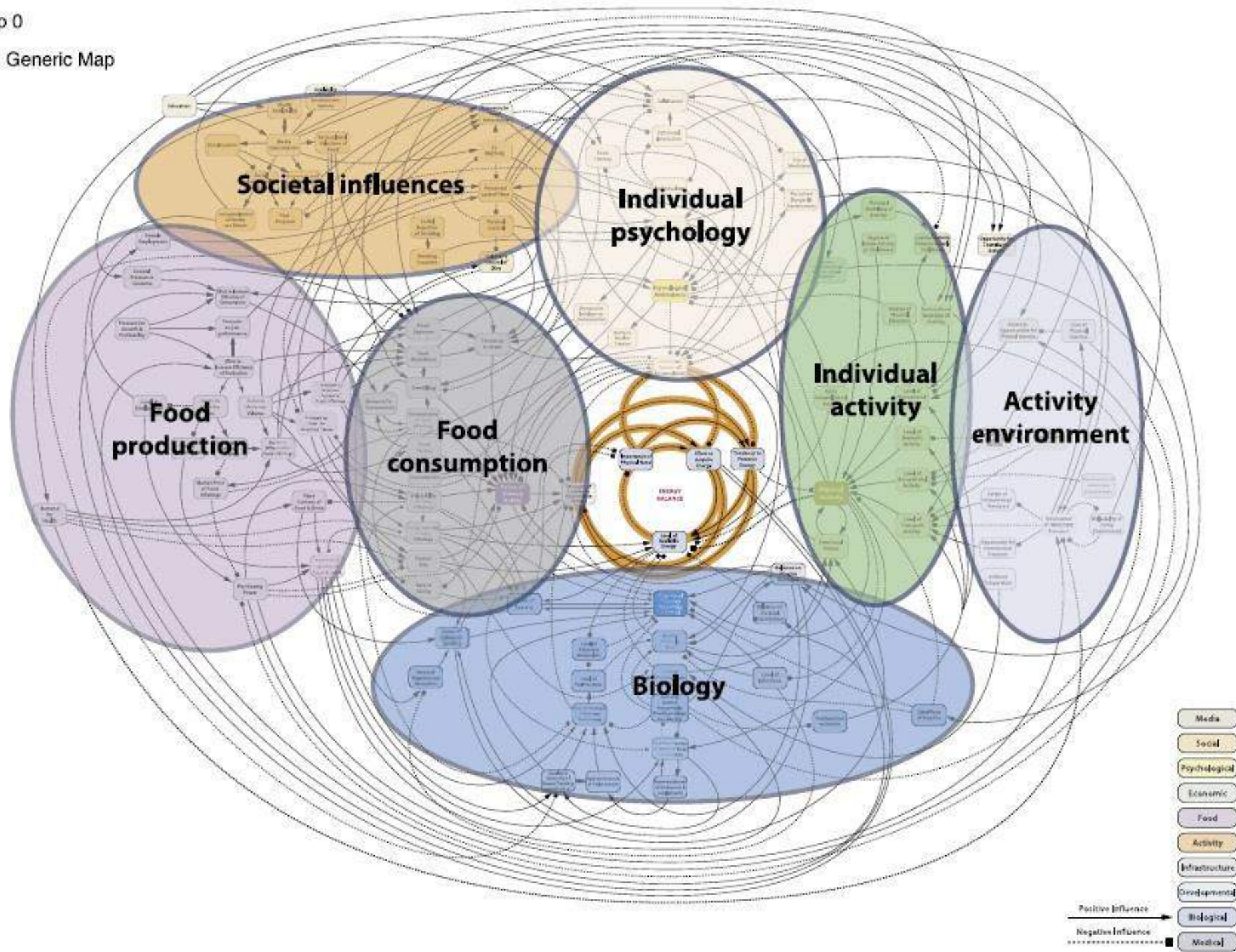
Source: Inchley J, Currie D, Young T, Samdal O, Torsheim T, Augustson L *et al.* Growing up unequal: gender and socioeconomic differences in young people's health and well-being. (HBSC study: International Report from the 2013/2014 Survey). UN City, Copenhagen





- Media
- Social
- Psychological
- Economic
- Food
- Activity
- Infrastructure
- Development
- Biological
- Medical







# The Obesogenic Environment





# Research Methods

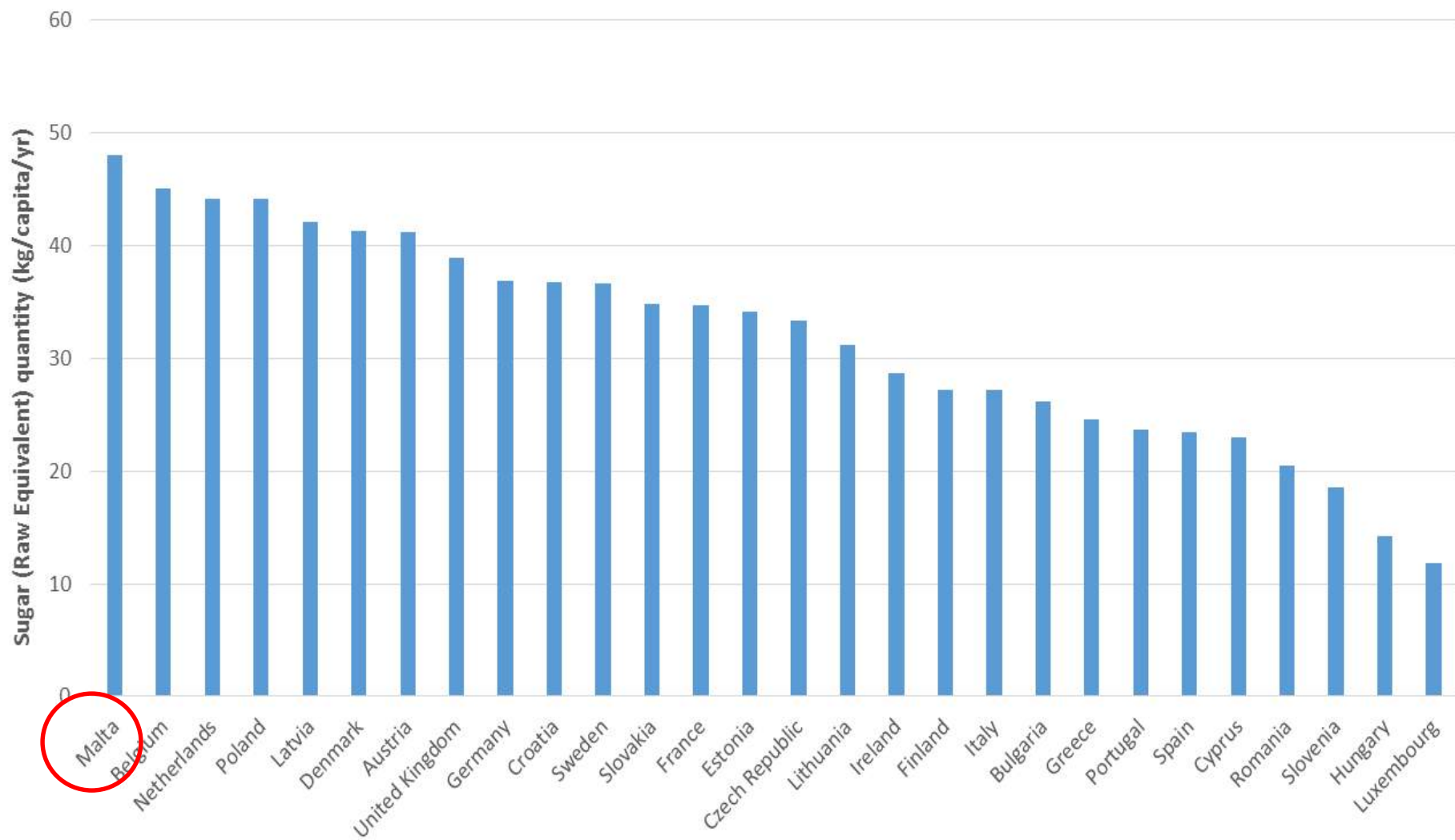
1. **Systematic literature review**
2. **Qualitative interviews/focus groups**
3. **Cross-sectional study design**  
(environmental audit):
  - i. Built Environment
  - ii. Community food environment
  - iii. Consumer food environment (within grocery stores)
  - iv. TV advertising



# Results

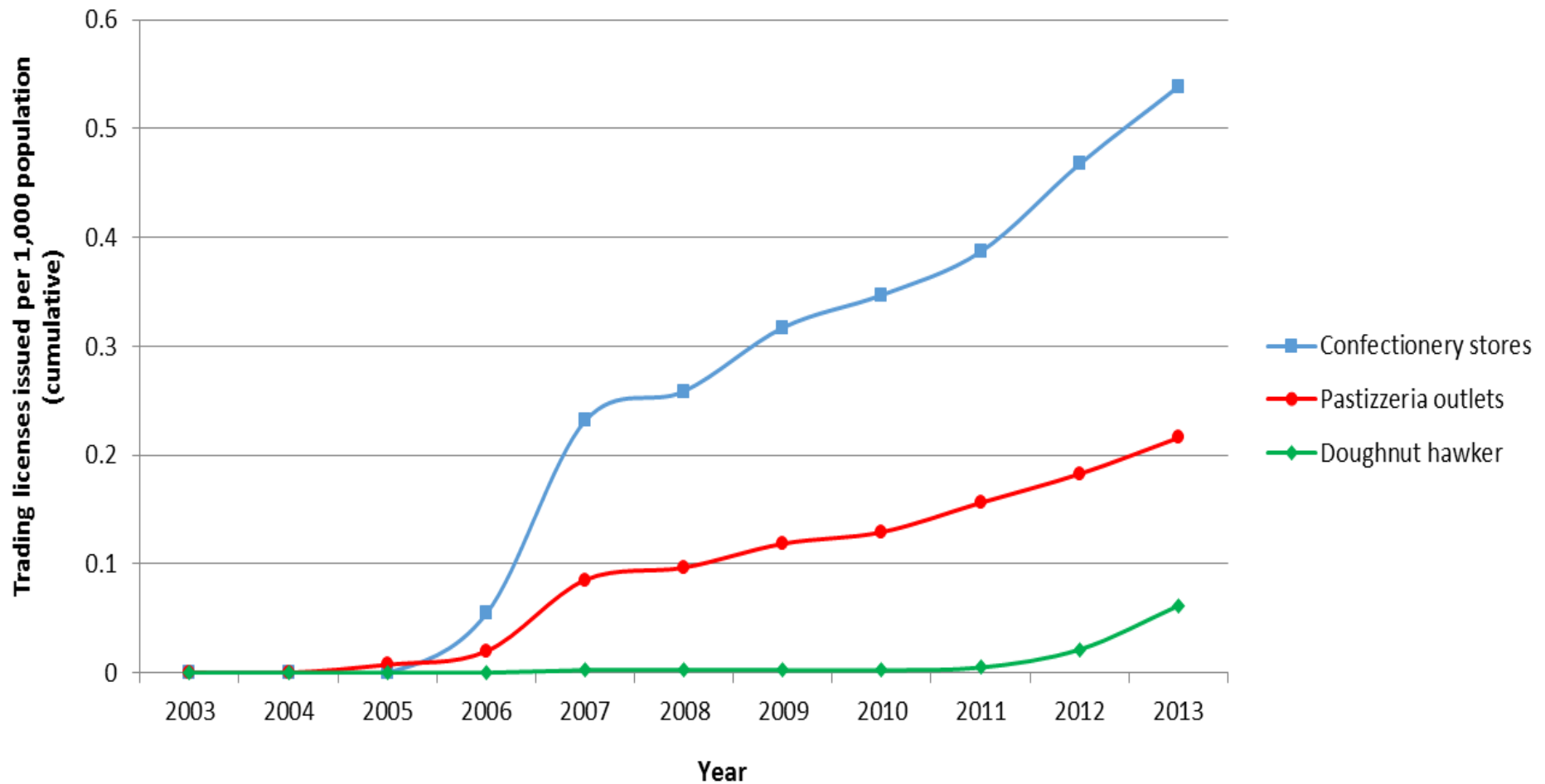


## Sugar supply to EU-28 countries in 2011





## Trading licenses per 1,000 population for selected food outlet types, issued between 2003 - 2013\*, Malta (cumulative)

























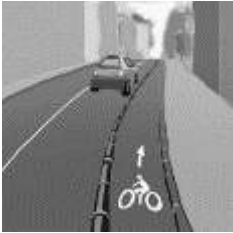




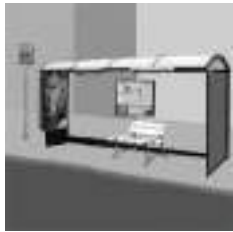




# Built environment



Only 1 cycle lane (locality in **T1** = **high SES**)



Bus stop density:



in T1 vs T3 (+11/km<sup>2</sup>,  $p = 0.037$ )



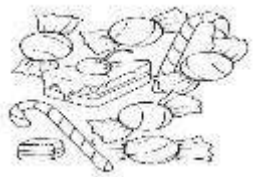
Pavement quality:



in T1 vs T3 (+0.73,  $p = 0.042$ )



# Community Food environment



Confectionery:  
stores

↓ in T1 vs T3  
(-31.5/km<sup>2</sup>, p = 0.041)



Bars:

↓ in T1 vs T2 (-6.95/km<sup>2</sup>, p = 0.041)  
in T1 vs T3 (-6.50/km<sup>2</sup>, p = 0.022)

Overall, larger grocery stores offered a significantly more healthful environment (NEMS), having greater availability (varieties and shelf space allocation) of healthier items, and at cheaper prices than small grocery stores.



# NEMS-S scores /Healthfulness

	Store size			
	Small	Medium	Large	
Availability	M: 10.0 $\pm$ 3.3 R: 6 - 17	M: 14.3 $\pm$ 2.6 R: 10 - 19	M: 18.5 $\pm$ 2.9 R: 12 - 23	<0.001
Price	M: 0.9 $\pm$ 2.3 R: -3 - 4	M: 1.0 $\pm$ 2.3 R: -3 - 4	M: 0.5 $\pm$ 2.6 R: -3 - 4	0.860
Quality	M: 5.7 $\pm$ 0.7 R: 4 - 6	M: 5.6 $\pm$ 0.7 R: 4 - 6	M: 5.7 $\pm$ 0.5 R: 5 - 6	0.870
Total score	M: 21 $\pm$ 5.5 R: 13 - 28	M: 29.7 $\pm$ 4.2 R: 24 - 37	M: 35.2 $\pm$ 5.4 R: 23 - 41	<0.001



Cost of 1.5L bottle (€)



$P = 0.031$  (regular)  
 $P = 0.020$  (diet)

Increasing deprivation (decreasing SES)



# Associations with cohort BMI data

- BMI percentile-for-age data for 2,623 children
- ~ 7 years of age
- 33.8% overweight or obese (IOTF criteria)
- risk of overweight or obesity was modelled against area-level density of different food store types
- adjusted for SE deprivation and clustering