

CS 3

King's Lynn

**Reducing Obesity in Pregnant Women and
New Mothers with a Community-Driven
and Place-Based Approach**

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Index Theme: Determinants of Healthcare Exclusion

- The challenge of advancing essential services
 - Availability does not ensure accessibility
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Summary

Overweight and obesity numbers are rising in the UK, especially in socio-economically deprived areas. Maternal obesity increases the risk of adverse long-term health outcomes in mother and child. Healthy eating and exercise directives aimed at reducing obesity often over-emphasize individual responsibility while failing to consider local environments and individual and community challenges. *C3 Collaborating for Health* and Norfolk County Council collaborated with local community members in an investigation of their environment with a view to fostering inclusivity and improving health in local neighbourhoods. Together, they developed an action plan for local change and strengthened new and existing collaborations.

1 Background

The rising trend of overweight and obesity in the UK, with the highest rates in Europe, is a major public health issue. In England, approximately two-thirds (63%) of adults are above a healthy weight – and of these, half are living with obesity¹.

Obesity in pregnancy affects the health of both mothers and children: for women, associated risks include a difficult delivery, delayed post-partum recovery, as well as heart disease and hypertension, while children have an elevated risk of future obesity and heart disease. Both obese mothers and their children are at increased future risk for diabetes and other metabolic disorders².

Obesity is often mistakenly viewed as solely a result of personal choices, overlooking the significant roles of genetic, environmental, and socioeconomic factors. This misperception leads to stigmatization and ignores broader causes that need more attention and support³. Individuals with obesity are significantly more likely to live in disadvantaged communities compared with those who are a healthy weight; indeed, children living in the most deprived areas continue to experience obesity prevalence that is at least double that of children living in the least deprived neighborhoods⁴.

Despite the UK government's numerous obesity strategies over the past 25 years, obesity rates have not decreased. On the contrary, despite 93% of the strategies explicitly recognizing the need to reduce health inequality, but less than 20% of the policies proposed were likely to be effective in doing so⁵. The largest proportion of policies (43%) 'require individuals to draw on substantial personal resources to engage effectively with an intervention [aimed at reducing obesity] and thus were unlikely to be effective and equitable.'⁶ *ibid*

Community involvement is essential for aligning policies with the lived experience of citizens, acting as a catalyst for comprehensive service and policy improvement⁶. Studies show that communities are eager to contribute to health policymaking to improve their quality of life and living environment, placing priorities on local services and amenities (e.g., suitable housing, public transport, inclusive health and care services)⁷. However, local councils and government organizations frequently struggle to adopt a citizen-centric approach to integrate the varied needs, interests and priorities of the public and to empower citizen participation ⁸*ibid*.

2 Project Description

In recent years, innovative tools like *Community Health Engagement Survey Solutions* (CHESS®) have emerged to enhance inclusive community engagement and citizen involvement in decision-making, particularly in public health. The tool was developed for *C3 Collaborating for Health*, a global non-profit organisation, by their Global health Associate, Dr Denise Stevens. CHESS® involves mobilizing community members as 'citizen scientists' to collect both qualitative and quantitative data on their local environments, focusing on four key risk factors – food, physical activity, tobacco, and alcohol. This data collection is facilitated through walks around neighbourhoods using a mobile survey tool, allowing participants to identify barriers to health in their own daily lives. The data collection walks are complemented by sessions led by experienced NCD health educators and allow participants to discuss their experiences and define opportunities for change.

In 2022, Norfolk County Council Public Health team commissioned C3, to implement CHESS® in North Lynn and South Lynn – areas within King's Lynn known for pronounced socioeconomic challenges and high levels of adult obesity. In the urban areas of Great Yarmouth and King's Lynn, between 28% - 31% of the population are obese⁸. King's Lynn is also home to several communities where some or all the residents live in the 20% most deprived areas in England^{9,10}.

For CHESS® in King's Lynn, young mothers were recruited through stakeholders like Norfolk Children's Services, the Norfolk Healthy Child Program, and local midwives. As part of the programme, the mothers participated in various activities, including surveys, narrative writing about their community experiences, and data collection walks using the CHESS® app. These activities culminated in community meetings to develop action plans and a final project event attended by multiple stakeholder organizations.

The data gathered through CHESS® provided detailed insights into characteristics and use of local assets like supermarkets, restaurants, and physical activity areas. Overall, participants highlighted the value of community and the need for better connection opportunities for parents, as well as more activities for young children and babies. But they also brought to light concerns about safety in public spaces, inadequate infrastructure for families with prams and pushchairs, and insufficient public amenities like benches and lavatories. These factors were found to discourage outdoor activities and community-based physical engagement.

This information was pivotal in community meetings for developing implementation plans. Solutions focused on improving community health, such as creating community gardens, offering healthier food choices in local stores, enhancing parks, and providing culturally relevant exercise programs and cooking classes.

Upon review, participants and stakeholders found that the strategy effectively addressed health concerns while also promoting community engagement and empowerment in public health initiatives.

3 Impact and Reach

CHESS® in King's Lynn, though modest in scale, has significant reach well beyond its direct participants. Sixteen members of the community collaborated over the course of several months with three individuals from the C3 team and several representatives from Norfolk County Council, including the Norfolk County Council Public Health Adult Commissioning Team, to create a snapshot of the lived environment in two areas in King's Lynn. Together, they co-created a set of practical, community-informed recommendations aimed at enhancing health and reducing obesity locally; now under review by Norfolk County Council for potential adoption.

At the organisational level, the CHESS® project has demonstrated the importance and feasibility of working in direct collaboration with citizens in a structured and methodical manner. Its success has sparked interest amongst other councils eager to implement CHESS® and/or learn from insights generated in King's Lynn. This cross-council communication and the project's inclusion as a case study on the UK's Local Government Association website demonstrate CHESS®'s wider influence and the burgeoning recognition of citizen-participatory approaches in public health policy development.

The action plan developed was comprehensive and involved local government officials and regional stakeholders, strengthening pathways to meaningful change. Running CHESS® in Kings Lynn also fortified collaborative bonds among various organizations, including Norfolk County Council, NHS Norfolk and Waveney Clinical Commissioning Group, local councillors, locality teams, academics, and community groups.

The programme's national impact is notable, being one of 12 case studies published by the UK Local Government Association on engaging women in community action and supporting the new Women's Strategy. The strength of evidence collected by UK communities through CHESS® and C3 has already led to over £2 million awarded to communities from external funders for implementing proposed solutions. This highlights the project's wider influence and the growing recognition of citizen engagement in creating sustainable public health initiatives.

4 Key Insights

- Taking a locality-based approach is crucial for reaching vulnerable populations and to begin including them in a dialogue around their health and wellbeing – where they are.
- Addressing small things in a community significantly bolsters trust, because often those small things are the most visible and tangible, and people want to see tangible change.
- Especially in populations that are considered marginalized or are stigmatized, inclusion in government practices and processes creates a sense of being valued and of having agency.
- Training community members in data collection and ‘upskilling’ has a beneficial effect on their sense of self-worth and fosters a stronger bond with the local community.
- Collaboration and partnership should not be empty concepts – projects such as CHES[®] implementation require not only reaching out to members of the community and building relationships with them, but also internally within the county council and with other stakeholders. That process alone is, though often lengthy, worthwhile.
- A significant challenge with CHES[®] is taking the action plan that the community creates and delivering on it – that is where the hard work really starts. Raising expectations that cannot be met is detrimental to trust-building efforts.
- Although this was a small-scale project, moving from idea to implementation took a long time, and it depended on the desire and enthusiasm of individuals to move it forward. It is helpful to build internal structures to ensure implementation continuity regardless of the individuals involved.

5 Selected Quotes

“Top Tip”

Invest in continuous communication with different partners. Bring them along with you on your journey. When they feel involved, they're more likely to pitch in. Plus, you might be surprised at how they can help out.

Dr Sara Karrar
Norfolk County Council

“If you can change a small number of people's lives significantly, then that's time well spent. And there's sometimes an element of a snowball effect. The change in those people's lives will then change the lives of others, maybe in ways that you don't even see. So sometimes the impact of what seems to be quite small-scale work has a wider halo effect.”

Professor Andy Jones
Public Health Expert Adviser, C3 Associate

“Be aware that if you're wanting to do work to improve health inclusivity, to do it properly takes time, but time invested now is time saved in the future. So it's not necessarily that everything will take longer, but it's around those early stages of the work getting things right. Take the time.”

Professor Andy Jones
Public Health Expert Adviser, C3 Associate

“There are lots of organizations out there with funding to do community-based work, where inclusivity is really important. There's a lot of competition for that funding, but I think if you can show that you genuinely addressed issues of inclusivity rather than just pay lip service that places you towards the front of the funding. So I think from that perspective, as well, so it's not just a sort of societal benefit. But I think from an organizational point of view, showing that you're a leader in this you will reap rewards in terms of bringing in funding.”

Professor Andy Jones
Public Health Expert Adviser, C3 Associate

“Many well-meaning public health interventions fail in the feed-back to the community. With CHESSE® we had the opportunity to bring back the participants and share the findings, facilitate a discussion and support ideas for activities that are appropriate for those specific communities.”

Dr Sara Karrar
Norfolk County Council

“In a way, CHESSE® is designed to make people angry - because a lot of things are not alright where they live, and they bear the consequences. It doesn't matter if you built a lovely community center and people can't get to it safely because the sidewalks are broken”

Christine Hancock
Founder and Director, C3 Collaborating for Health

“One of the parents who attended yesterday is buzzing; they really enjoyed it and felt listened to.”

CHESSE® King's Lynn participant

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