

Action Mapping Guidance Document

Action mapping

A prerequisite to developing a local whole systems approach is having an overview of the actions currently being undertaken, by the local authority or other organisations, to tackle obesity. Collating actions into one document can help show the breadth of the current approach. This information is useful throughout the process, especially when developing the action plan (phase 4); and when reviewing actions on a regular basis with the system network (phases 5 and 6).

Most local authorities implement actions for the prevention and treatment of obesity. Various actions are being taken by local authorities to tackle obesity, but the extent to which these actions are joined up is not always clear.

A whole systems approach to obesity aims to help better align current and planned actions, to maximise effectiveness and efficiency. Before developing a whole systems approach, it is important to understand how obesity is currently approached locally, including the not always obvious.

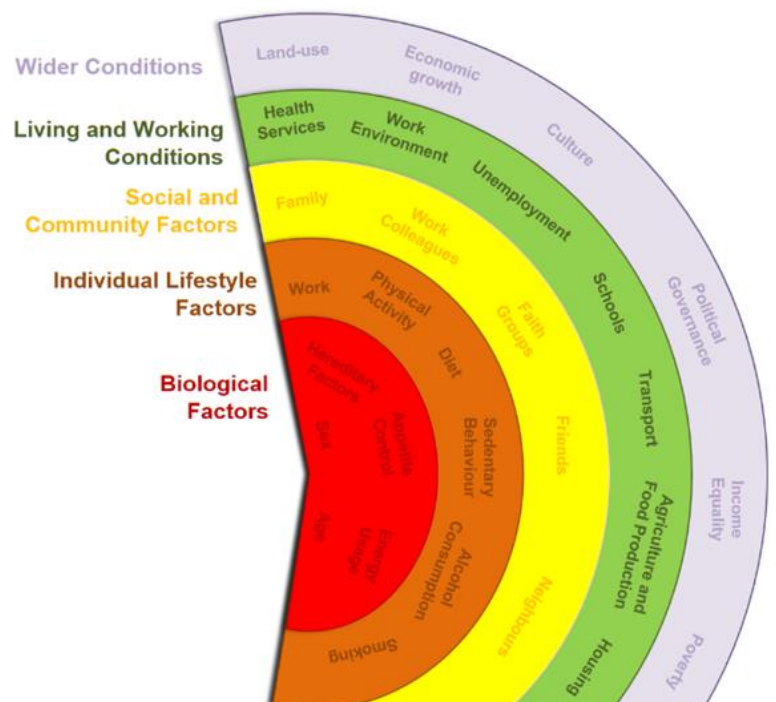
A first step in phase 2 (Building the local picture) is to document and critically reflect on the local actions on obesity, action mapping current and planned actions on obesity.

Action mapping helps to:

- collate key information about local actions on obesity
- map current actions/interventions against local causes of obesity
- understand where current actions are targeted with regards to the Wider Determinants of Health (WDOH) model (33)
- assess actions and key performance indicators (KPIs) against anticipated outcomes
- understand the impact and effects of obesity and current actions on health inequalities locally

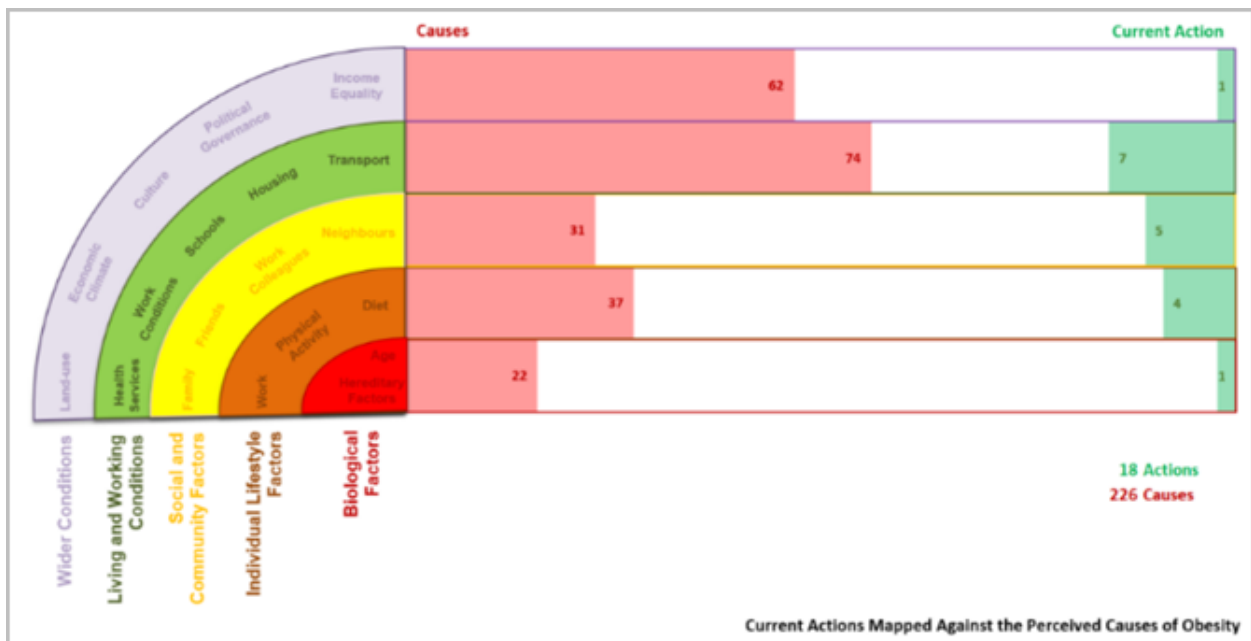
Wider Determinants of Health

- on the right, is an adapted version of the Wider Determinants of Health model
- all of the factors are seen to impact upon health
- from the individual-level biological factors, to the conditions in which we live, work, and play...to the wider conditions, which include cultural and political influences
- the causes of obesity and actions on obesity, can be mapped against these five levels



- Using the Wider determinants of Health model Public Health England have identified 226 local causes of Obesity (See Appendix A below), it is important that stakeholders become aware of the causes of obesity.
- The causes of obesity and actions on obesity, can be mapped against the five levels of the determinants of Health:
 1. Biological Factors
 2. Individual Lifestyle Factors
 3. Social and Community Factors
 4. Living and Working Conditions
 5. Wider Conditions

An example from a other local authority of the action mapping can be seen below with the 226 identified causes of obesity presented in red on the left of the graph and the local actions identified to address obesity presented in Green on the right of the graph.



Action Mapping Exercise

Wider stakeholders are asked to support the action mapping process by contributing to the Action Mapping Exercise by identifying and mapping the know local actions on obesity against the 5 levels of the Wider Determinants of Health and 226 PHE identified causes of obesity.

Purpose of the action mapping Exercise

1. Collate key information about local actions on obesity.
2. Map current and planned (within next 3 years) actions against causes of obesity.
3. Understand where current actions are being invested and where future efforts may need to be targeted.
4. Self-assess actions and key performance indicators (KPIs) against anticipated outcomes.

Action Mapping Protocol

Colleagues are asked to complete the Action Mapping Tool proforma to identify and list all the current local actions that are being undertaken to prevent or reduce obesity locally.

How to Complete the Proforma:

Process to be completed for both current and planned (within next 3 years) actions. A new form must be completed for each separate action identified.

Column 1: Provide a brief title for the action, for example name of the campaign, programme, intervention, local network action plan etc

Column 2: Provide a short description and detail on the action. Also please identify whether you consider the action to be Primary Prevention (prevention) or Secondary Prevention (treatment).
 - The purpose of **primary prevention** is to prevent a disease from ever occurring.
 - **Secondary prevention** aims to reduce the impact of a disease or injury that has already occurred.

Column 3: Asks you to indicate where the action is targeted with regards to the Wider Determinants of Health model. On completion of this step, you can see how your actions map against the perceived causes of obesity

Column 4: Asks you to indicate which sector is responsible for the action (primary and secondary)

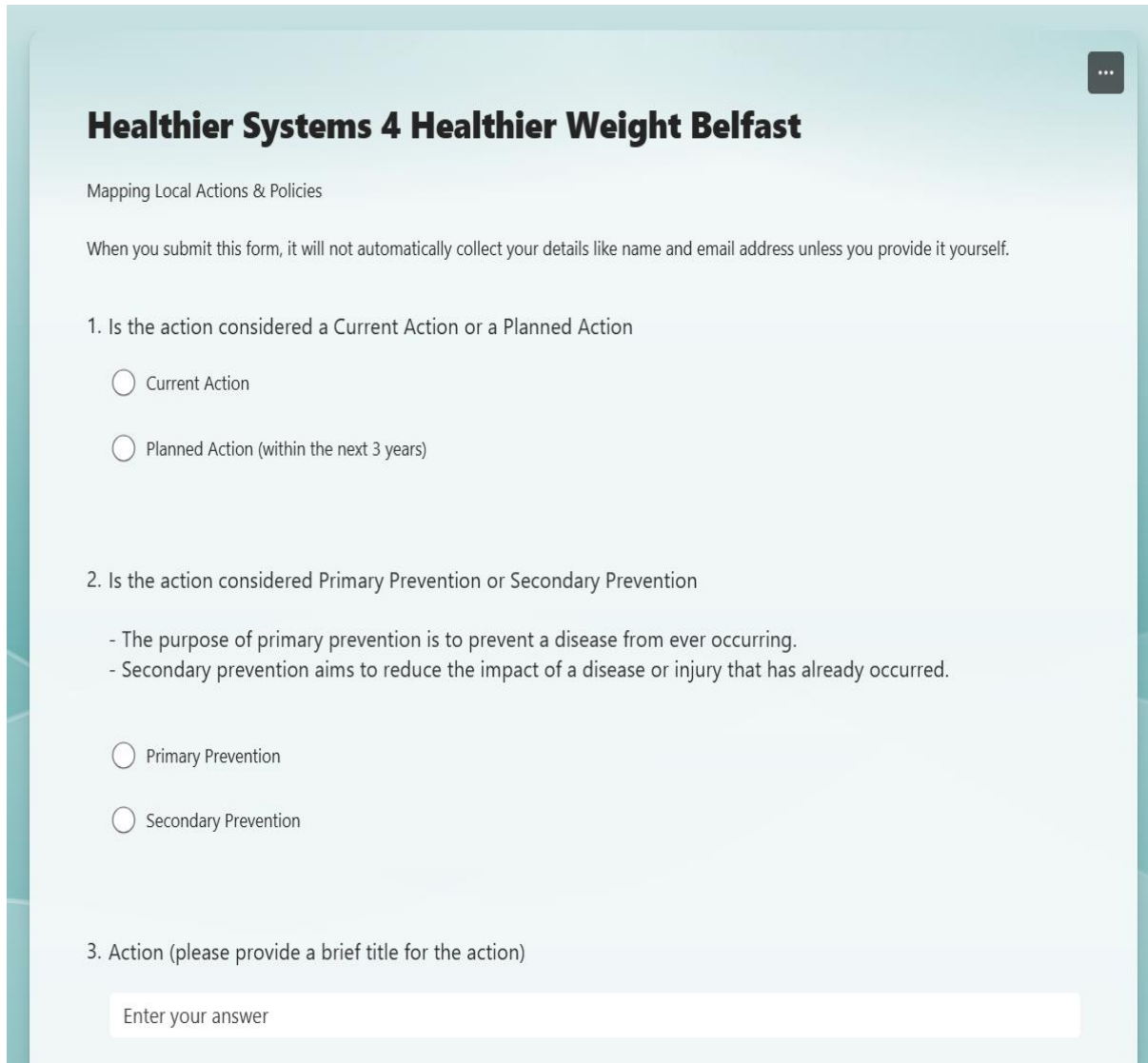
- Please list who is primarily responsible for the oversight of this action, and if applicable, any secondary sectors which are involved with this action.

1. Action	2. Brief description of action	3. Where does the action target?	4. Responsible for Action?
<p><i>Please provide a brief title for the action</i></p>	<p><i>Please provide a short description of the action</i></p> <p><i>Also</i></p> <p><i>Please state if you consider the action to be Primary Prevention or Secondary Prevention (Please circle)</i></p>	<p><i>Please state where the action targets:</i></p> <p><i>1. Biological Factors</i></p> <p><i>2. Individual Lifestyle Factors</i></p> <p><i>3. Social and Community Factors</i></p> <p><i>4. Living and Working Conditions</i></p> <p><i>5. Wider Conditions</i></p>	<p><i>Please list who is primarily responsible for the oversight of this action, and if applicable, any secondary sectors which are involved with this action. ☐</i></p> <p><i>1. Local Health Trust</i></p> <p><i>2. Education Authority/CCMS</i></p> <p><i>3. PHA</i></p> <p><i>4. NIHE (Housing)</i></p> <p><i>5. Emergency Services</i></p> <p><i>6. Central Government (Please state which department)</i></p> <p><i>7. Sport NI</i></p> <p><i>8. Food Standard Agency/ Safe Food</i></p> <p><i>9. Other (Please state)</i></p>
	<p>Primary Prevention ☐</p> <p>Secondary Prevention</p>		

Online Action Mapping Template:

Stakeholders will also be provided with an opportunity to complete an online action mapping form asking for the same information as the paper copy.

A new form must be completed for each separate action identified.



The image shows a screenshot of a web-based form titled "Healthier Systems 4 Healthier Weight Belfast". The form is set against a light teal background. At the top right, there is a dark grey square button with three white dots. Below the title, the text "Mapping Local Actions & Policies" is displayed. A notice states: "When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself." The form contains three numbered questions:

1. Is the action considered a Current Action or a Planned Action
 - Current Action
 - Planned Action (within the next 3 years)
2. Is the action considered Primary Prevention or Secondary Prevention
 - The purpose of primary prevention is to prevent a disease from ever occurring.
 - Secondary prevention aims to reduce the impact of a disease or injury that has already occurred.
 - Primary Prevention
 - Secondary Prevention
3. Action (please provide a brief title for the action)
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Appendix:

Appendix A

Appendix A: Local causes of obesity

Biological Factors	Individual Lifestyle Factors	Demand for indulgence/compensation	Parental role modelling	
Addictive nature of food	Alcohol consumption	Effort to acquire energy	Parental weight status	Choice availability in supermarkets
Side effects of medication	Competing time demands – individuals	Food literacy	Parenting style and skills	Community prospects
Physical and mental disability	Cooking skills	Force of dietary habits	Pester power	Cooking equipment availability
Sub-conscious eating	Diet quality	Functional fitness	Quality of packed lunches	Cost of food in workplace
Appropriateness of embryonic & fetal growth	Eating out of home	Learned activity patterns in early childhood	Safe physical activity environments	Facilities available at work (food)
Appropriateness of child growth	Emotional wellbeing	Level of domestic activity	Social isolation	Facilities available at work (physical activity)
Appropriateness of nutrient partitioning	Food budgeting skills	Level of recreational activity	Social motivation	Fast food promotions
Degree of optimal GI signalling	Health literacy	Psychological ambivalence	Unhealthy food availability at home	Food availability
Degree of primary appetite control by brain	Knowledge of local physical activity opportunities	Rate of eating	Uptake of school meals	Food education at school
Extent of digestion and absorption	Level of screen time	Tendency to graze	Weaning period	Food formulation
Genetic and/or epigenetic predisposition to obesity	Level of sedentary behaviour		Children's control of diet	Hidden ingredients
Importance of physical need	Levels of active travel	Social and Community Factors	Desire to resolve tension	Inclusivity of PE offer
Level of adipocyte metabolism	Personal motivation	Actual community safety	Face to face social interaction	Length of work breaks
Level of available energy	Quality of sleep	Breastfeeding rates	Opportunity for team-based activity	Amount of homework
Level of fat-free mass	Quantity of sleep	Celebratory events	Parental control	Level of occupational physical activity
Level of satiety	Reason for eating	Cohesiveness of community		Level of personal free time
Level of thermogenesis	Self-efficacy in physical activity	Community identity	Living and Working Conditions	Local food production
Non-volitional activity (NEAT)	Smoking cessation	Family eating behaviour	Access to vending machines	Long working hours
Predisposition to activity	Social media use	Family income	Active travel infrastructure	Mandatory lunch breaks
Resting metabolic rate	Unhealthy lifestyle habits	Family physical activity culture	Air quality	Number of children in school sport
Strength of lock-in to accumulate energy	Unstructured meal times	Financially-driven food choices	Appeal of local facilities/spaces	Number of local, desirable employers
Tendency to preserve energy	Uptake of school sport	Focus on sport vs. health	Appeal of school meals	Organisational motivation and behaviours
	Volume of food consumption	Food as reward	Availability of public transport	Price promotions on food
	Appropriateness of maternal body composition	Child care at home	Availability of role models in school	Prioritisation of health at school
	Conscious control of accumulation	Infant feeding practices	Available Physical activity opportunities	
	Degree of innate activity in childhood	Parental education	Cake culture	
		Parental recognition of child weight	Car use	

Appendix A: Local causes of obesity

Prioritisation of physical activity in curriculum	Desire to differentiate food offerings	Cost of healthy vs. unhealthy food	Walkability
Quality of food offer at work	Effort to increase efficiency of production	Cost of physical activity/sport	Winter daylight hours
Quality of green/outdoor space	Energy-density of food offerings	Cultural food preferences	Acculturation
Quality of school meals	Fibre content of food and drink	Cyclability	Ambient temperature
Quality of transport links	Food exposure	Demand for unhealthy food	Conceptualisation of obesity as a disease
Road safety	Level of female employment	Energy drink culture	Demand for health
Rural isolation	Nutritional quality of food and drink	Fad-diet culture	Desire to maximise volume
Safety of public transport	Opportunity for unmotorised transport	Food advertising	Desire to minimise cost
Salaries	Palatability of food offerings	Food culture	De-skilling
School allocation	Pressure on job performance	Health offer of high streets	Effort to increase efficiency of consumption
School prioritisation of learning	Pressure to cater for acquired taste	Inclusivity of sport	Food variety
Sedentary jobs	Purchasing power	Industry driven food offerings	Individualism
Shared accommodation	Standardisation of food offerings	Industry promotion of bottle feeding	Level of infections
Shift working		Normalisation of obesity	Market price of food offerings
Single person households	Wider Conditions	Physical activity not perceived as important	Pressure for growth and profitability offerings
Snack availability at work	Access to fast food	Physical activity undesirable for children	Pressure to improve access to food offerings
Social pressure at work	Access to food	Perceived community safety	Reliance of labour-saving devices
Space in schools for physical activity	Access to mental health services	Personal interaction via social media	Reliance on pharma remedies
Supermarket packaging	Body image	Portion size	Reliance on surgical interventions
Time and capacity to teach about healthy lifestyles	Capital/city pull	Safe routes to school	Social depreciation of labour
Traffic levels	Competing time demands – council	Social behavioural norms	Social rejection of smoking
Travel policies	Consistency of health-related messages	Socioeconomic status	Societal pressure to consume
Unemployment	Consumerism	Sponsorship of sporting events	Sociocultural valuation of physical activity
Volume of school physical activity	Convenience culture	Stigmatisation of obesity	
Volume of school PE	Convenience of food offerings	Technological revolution	
Work pressure	Cost of food	Volume of green space	
Workplace policy		Volume of healthy food shops	
		Volume of out-of-home food offerings	