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Q1 You have dedicated much of your career to investigating the effects of lifestyle interventions on health outcomes. What would you say are the most exciting advancements in this area in recent years?

Lifestyle medicine is a large topic area to cover, but there have been some notable advancements in the areas in which I work that are worth highlighting here.

There has certainly been greater emphasis on empowering health professionals to support patients to prevent, manage, and potentially even reverse chronic diseases, such as diabetes and obesity. We have also seen a lot of developments in how we best deliver lifestyle interventions to the population, whether this be to healthy individuals or those living with a chronic disease.

There is a relationship between the food we eat and the risk of developing chronic illnesses. Much of our food today is processed and/or pre-packaged, and full of sugar and refined white starches. In both the academic literature and the media, there has been a strong interest in the contribution that ultra-processed foods play in causing disease and ill-health, particularly how these types of food may impact the health of children, who, through persuasive marketing strategies, are frequent consumers of these types of foods. While ultra-processed foods taste nice and are often cheap to buy, there is no doubt that regular consumption contributes to overweight and obesity in the population. It will be interesting to see how this debate plays out in the coming years and whether governments introduce stronger regulations to deter purchasing and consumption.

While not strictly lifestyle medicine, the rise in the use of new weight-loss drugs, also known as anti-obesity medications, is having a profound effect on how people think about their weight and how they can best achieve significant and lasting weight loss. Unfortunately, minimising weight regain after people stop taking these weight-loss drugs has not received the same level of attention. Important questions have been raised about the side effects of these drugs and whether relying on medication is the right approach to reducing obesity in the population. Nevertheless, the evidence to date has shown these drugs to be very effective in helping people lose weight.

Several countries have introduced a soft drinks industry levy, often referred to as a 'sugar tax', which applies to soft drinks containing added sugar above a certain threshold. The primary aim of sugar taxes is to incentivise manufacturers of soft drinks to reformulate their products to lower sugar recipes. It has been introduced as part of government initiatives to reduce childhood obesity. Many drinks manufacturers decided to reduce the sugar content in their products to reduce their tax liabilities, although some have opted to pay the tax instead. The sugar tax also aimed to encourage consumers,

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particularly young people, to choose cheaper, low-sugar drinks over more expensive, high-sugar options. Not everybody is happy with the sugar tax; however, it is viewed as an overall success in reducing the amount of sugar sold in soft drinks.

An initiative called social prescribing has come a long way in recent years. Social prescribing takes a holistic approach to health by connecting people to community groups for practical and emotional support. Social prescribing recognises that the environment in which we live and our social connections play a critical role in influencing health. Social prescribing refers patients to local, non-clinical services that they select based on their interests, goals, and needs, and allows health professionals and interprofessional health providers to refer patients to community-based programmes for support. Examples of the opportunities offered include attending an exercise class, a hiking group, an art group, volunteering, or a community gardening group. Social prescribing aims to empower people to improve their health by developing new skills, participating in meaningful activities, and becoming more connected to their communities. Social prescribing is likely to continue to grow and develop in the coming years, and many ongoing research studies are evaluating the impact that it can have on health.

Q2 Your research focuses on testing lifestyle interventions that can be delivered by healthcare professionals within routine National Health Service (NHS) consultations. Can you elaborate on how you teach healthcare professionals to include these interventions in their consultations?

The Making Every Contact Count (MECC) initiative aims to use the thousands of consultations that take place every day between healthcare professionals and patients to promote healthy behavioural changes. Specifically, MECC seeks to enable and encourage healthcare professionals to capitalise on naturally occurring opportunities in routine practice

to deliver brief health behaviour change interventions to patients. While this may sound straightforward, delivering this at scale within healthcare services is complicated. On a more practical level, healthcare professionals also need to be willing to routinely have conversations about changing health behaviours within consultations each day. Some conversations will be more difficult than others. For example, we know that raising the topic of weight with patients who are living with obesity can be uncomfortable for healthcare professionals who may be concerned about offending patients. However, we also know that it is possible to train healthcare professionals to feel comfortable and be skilled at having these sensitive conversations with patients, and there are now several training resources available to support them. As we strive to live in a more open and inclusive society, MECC is for everyone and may reduce health inequalities because the idea is that all patients receive this support within consultations.

Q3 Are there any key insights in your ongoing research that you think may influence the integration of lifestyle interventions into a clinical setting, and are there any barriers you expect to experience?

One of the key barriers to the integration of lifestyle interventions into clinical settings is the focus of health policies on the treatment of diseases, rather than prevention. Thousands of people die around the world every day from diseases that could be prevented by participation in regular physical activity and weight loss. There must be a fundamental shift in mindsets and health policies towards preventing disease from occurring in the first place. Without this, we will be constantly swimming against the tide.

Q4 The research you are doing in relation to physical activity calorie equivalent (PACE) food labelling is particularly interesting. Could you describe what this is and how you think this approach could transform public understanding of food choices and ultimately influence behaviour changes on a larger scale?

The public finds calorie labelling difficult to understand, or they do not understand the meaning of the calorie information when it is presented, which is often abstract and can be misleading. Therefore, we need to find other ways to help the public make healthier decisions about what they choose to eat. An alternative or complementary approach to calorie labelling is to provide this information as PACE labelling. The PACE approach to food labelling shows the public how many minutes of physical activity (e.g. walking and running) is equivalent to the calories in food. For example, "the calories in this burger require 120 min of walking to expend." PACE labelling may catch consumers' attention more than other types of food labelling and may help the public to more easily understand what calories in food means by providing a context in which they can interpret the calorie information. PACE labelling may be particularly useful when displayed on discretionary foods such as cakes, biscuits, and chocolate, which tend to be high in sugar and calories, while offering little nutritional benefits.

Once people have this information, they can then decide if the calories are worth the physical activity required to expend them. PACE labelling has the potential to serve as a regular reminder to the public about the importance of participating in regular physical activity to maintain good energy balance. We now have some evidence that PACE labelling may be useful in changing the food decisions of the public towards lower calorie options, and several studies have reported that the public (adults and children) support the implementation of PACE labelling to help them make healthier food choices. There have been some concerns that food labelling, such as PACE, might increase the incidence of eating disorders in the population. Whilst we don't yet have any clear evidence of this happening, it is an important concern that needs to be considered if PACE labelling were to be implemented.

Q5 We are also very interested in the idea of Snacktivity™. Could you describe how the idea for this came around, and any promising results you have seen in your research?

Snacktivity™ is a novel approach to promoting physical activity that focuses on encouraging the public to accumulate at least 150 min of moderate-to-vigorous intensity physical activity per week by promoting short, frequent bouts called 'activity snacks'. Activity snacks last between 2–5 min and include activities such as leg raises during television adverts, using the stairs and not the lift, and taking the dog for an extra brief walk. Snacktivity™ can be completed throughout the day while also undertaking daily tasks. In line with health guidance, Snacktivity™ also encourages participation in muscle- and strength-based activity twice per week.

There are several reasons why the public may find the Snacktivity™ approach useful for increasing their overall physical activity each day. Small changes are easier for

people to initiate and maintain than large changes. A common barrier to physical activity is a perceived lack of time, and Snacktivity™ addresses this by focusing on completing activity 'snacks' that only require a few minutes at a time. Epidemiological and experimental studies have reported associations between brief bouts of physical activity and health outcomes, providing the platform to test effects in randomised control trials which we are doing at the moment in a variety of populations and contexts. Additionally, Snacktivity™ reduces and/or breaks up prolonged time being sedentary each day, which also contributes to health issues.

The Snacktivity™ concept has been well received by the public, who believe it will help them to complete more physical activity each day, and trials are starting to emerge that show Snacktivity™ can help people to integrate more activity into their day. The Snacktivity™ approach has also been designed to allow healthcare professionals to have conversations with patients about integrating Snacktivity™ into their lives. We have also developed a training module for healthcare professionals to have conversations about Snacktivity™ during consultations.

Q6 Given the complexities of public health challenges such as obesity and chronic disease, do you think that current interventions are sufficient, or would you recommend we rethink our approaches to lifestyle interventions, particularly in terms of accessibility and sustainability?

Most of the population is living with overweight or obesity, and most people are not achieving the recommended amount of participation in aerobic and muscle-strengthening-based physical activity. Furthermore, the health consequences of obesity and physical inactivity are expensive for health services. To me, it seems to be a false economy to help people change their lifestyle and then not offer support to maintain these changes. Tinkering around the edges in helping people change their lifestyles is not a long-term solution. In fact, we have been tinkering around the edges for years, so we already know this approach does not work. The reality is, we need substantial changes to public health policy to support the public in living healthier lifestyles, but this is not always politically popular because it can take a long time to see positive changes in health, so governments shy away from strong and decisive public health policy in this regard. We all know what needs to happen, but delivering on this is another matter.

Q7 Looking back on your journey from being an early-career lecturer to becoming a Professor and Director of the Centre for Lifestyle Medicine and Behaviour (CLiMB), what advice would you offer to healthcare professionals who want to take a more research-oriented path in their careers?

If I were to give advice, I would say to take time to think through your research ideas and talk to as many people as you can about what your vision for the future is. Mentorship is important in a research-oriented career path. You will need people on your side, but you also need people to challenge you and help you think critically about your research. Collaboration with others is critical, and the best science is team science. We can achieve so much more by working together to improve health. There can be quite a lot of rejections in a research career, whether that be for grants or publications in journals, so it is important to plan for rejection at the outset and have a backup plan of what to do next.

A research career path can be relentless in terms of time and expectations. For example, there can be long hours of writing grant proposals, analysing data, and interpreting research findings. With this level of pressure, it is very important to also look after and protect your own health and wellbeing. It is ironic that in the pursuit of trying to improve the health of others, we often forget to look after ourselves, but there is nothing more important than our own health. I prioritise my own health by making sure that I have time to run five times a week, and if I am struggling to meet this goal, then it is a clear sign my work–life balance is not aligned and something needs to change. I almost always prepare lunch at home, a simple sandwich and some fruit - this stops me needing to buy food on the go. Food prepared outside the home is typically much higher in calories and fat, and doesn't taste as nice as home-prepared food.

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