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the 1990s, the number of people in the United States who are obese has increased by 100% (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 16% in 1997 (Health Survey for England 1997). In the United States, the prevalence of obesity has increased from 15% in 1980 to 23% in 1994 (Flegal et al. 2002).

Obesity is a complex condition, and its aetiology is multifactorial. It is a result of an imbalance between energy intake and energy expenditure. The energy intake is determined by the amount of food and drink consumed, and the energy expenditure is determined by the amount of physical activity. The imbalance between energy intake and energy expenditure is the result of a combination of genetic, environmental, and behavioural factors.

Obesity is a major public health problem because it is a risk factor for a number of chronic diseases, including heart disease, stroke, type 2 diabetes, and certain types of cancer. Obesity is also a leading cause of disability and premature death. In the United States, obesity is the leading cause of death among children and adolescents (Flegal et al. 2002).

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a major factor in the overall growth of the economy.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the functional ability of older people to live independently and to participate in society. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing illness and disability; (3) supporting independence; and (4) promoting social participation.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 3.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health and social care needs of older people. The Department of Health (1999) has set out a strategy for the NHS to meet the needs of older people. The strategy is based on the following principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are treated with respect and dignity; (3) to ensure that older people are able to live independently; and (4) to ensure that older people are able to participate in decisions about their care.

The Department of Health (1999) has also set out a number of key objectives for the NHS to meet the needs of older people. These objectives are: (1) to improve the quality of care for older people; (2) to reduce the costs of care for older people; (3) to increase the number of people who are able to live independently; and (4) to increase the number of people who are able to participate in decisions about their care.

The Department of Health (1999) has also set out a number of key actions for the NHS to meet the needs of older people. These actions are: (1) to improve the quality of care for older people; (2) to reduce the costs of care for older people; (3) to increase the number of people who are able to live independently; and (4) to increase the number of people who are able to participate in decisions about their care.

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There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13].

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There is a growing awareness of the need to address the health care needs of older people, and a number of initiatives have been launched to address this need. The Department of Health has launched the 'Age Friendly' initiative, which aims to make the health care system more responsive to the needs of older people. The initiative includes a number of measures, such as: (i) ensuring that health care professionals are trained to meet the needs of older people; (ii) ensuring that health care services are accessible to older people; (iii) ensuring that health care services are of high quality; and (iv) ensuring that health care services are cost-effective.

The 'Age Friendly' initiative is a multi-agency effort, involving the Department of Health, the NHS, local authorities, and other organizations. The initiative is based on the principle that older people should be able to live in their own homes, and that they should be able to access the health care services that they need. The initiative is designed to be a long-term effort, and it is hoped that it will lead to a more responsive and more effective health care system for older people.

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