

# Obesity prevention strategies on socioeconomic inequalities

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There is strong national and international evidence of a consistent relationship between socioeconomic factors, chronic illness and their antecedent risk factors, such as obesity. Analysis of National Health Survey data (1) showed that for the differences in diabetes mellitus at ages 25-64 there were 3.5 times more people reporting diabetes in the poorer areas compared to more advantaged areas. There was also a strong continuous gradient across all quintiles. People from poorer areas also have higher premature mortality from stroke, heart disease and diabetes. These inequalities are also evident in rates of obesity but not overweight with women from poorer areas having 80% increase in obesity rates (1).

There have been two main prevention approaches to addressing obesity. The first relies on health education and health literacy approaches where the person and/or their family are involved in programs to increase their knowledge, skills and capacity to make changes in their lifestyle to reduce obesity and improve health. The other main strategy is structural where social, economic and cultural environments are changed to make healthy choices easy choices.

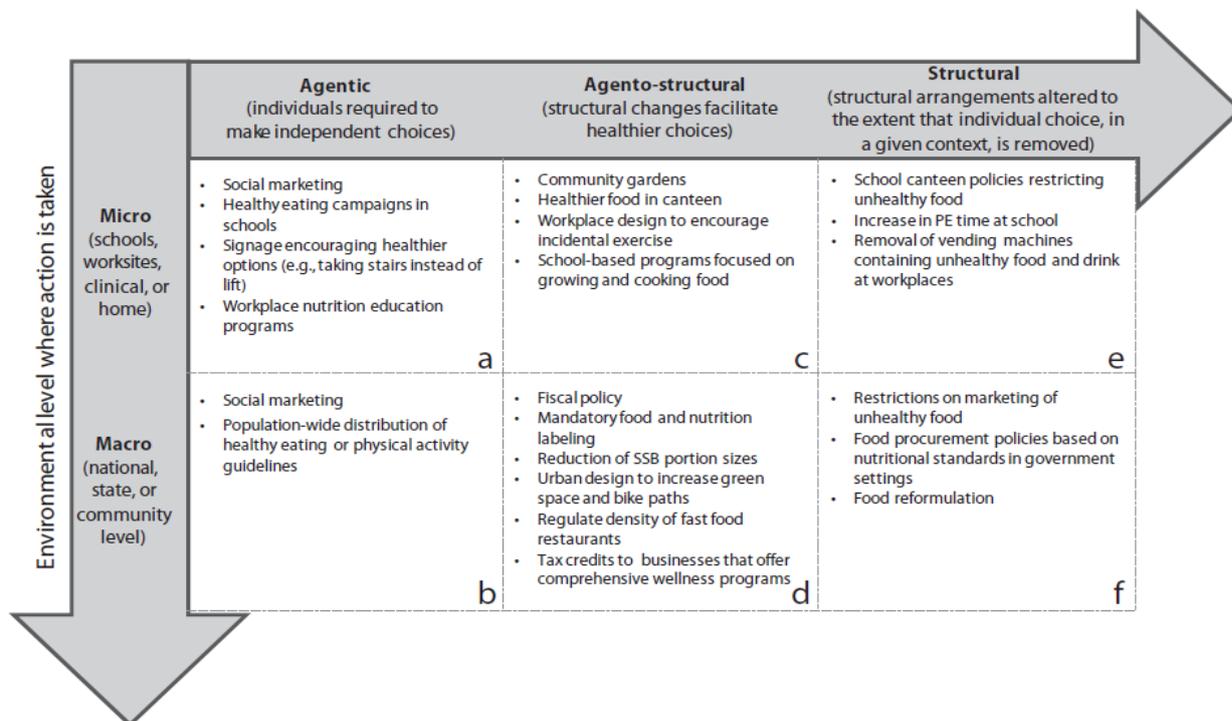
A recent systematic review identified obesity interventions to assess their effectiveness across socioeconomic groups (2). Eight of the 13 included studies were on children. Interventions shown to be ineffective in lower SEP (socioeconomic position) were primarily based at information directed at individual behaviour change. Studies that were effective in lower SEP participants primarily included community-based strategies or policies aimed at structural change to the environment. Although not universally true, this suggests that those with the greatest risk may be least likely to benefit from the intervention.

Backholder (3) has tried to address this problem by developing a framework for addressing the likely impacts of an intervention on health inequalities (see Table 1). Action is conceived as being undertaken at micro and macro levels with three different approaches: agenic (the individual is responsible for making change), agento-structural (a mix of individual choice and making healthy choices easy choices) and structural (where people are forced to make healthy choices).

## **What does this mean for primary health care?**

- PHC providers can expect reducing obesity inequities through education-based interventions will be difficult in the practice context.
- A recent CDC Community Guide review (4) recommended community Health Workers (That could include Practice Nurses) can have an effective role in reducing risks of heart disease and to a lesser extent behavioural risk factors. This may be an effective strategy to reach some very high-risk groups.
- At the local level the PHC provider might be able to support a combination of individual and structural interventions such as sponsoring local community gardens and advocating for urban design to encourage open space for exercise by children.
- The establishment of Primary Health Networks provides a platform for cross-sectoral action to change the conditions of everyday life that impact on obesity such as food supply.

**Figure 5: Framework for the likely impact of obesity prevention strategies on socioeconomic inequalities in population weight.**



Note. PE = physical education; SSB = sugar-sweetened beverage. Parts a and b show interventions more likely to increase the socioeconomic gradient in weight. Parts c and d show interventions in which the impact on the socioeconomic gradient in weight is uncertain. Parts e and f show interventions unlikely to increase the socioeconomic gradient in weight.

## References

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2. Beauchamp A, Backholer KB, Magliano D, Peeters A. The effect of obesity prevention interventions according to socioeconomic position: a systematic review 2014. Obesity Reviews doi;10.1111/obr12161.
3. Backholer KB, A.; Ball, K.; Turrell, G.; Martin, J.; Woods, J.; Peeters, A. A framework for evaluating the impact of obesity prevention strategies on socioeconomic inequalities in weight. American Journal of Public Health. 2014:e1 - e8. Epub 14 August, 2014.
4. The Community Preventive Services Task Force recommends interventions that engage community health workers to prevent cardiovascular disease based on strong evidence of effectiveness in improving blood pressure and cholesterol in patients at increased risk for cardiovascular disease <http://www.thecommunityguide.org/news/2015/CVD-CHW.html> (accessed 1/8/2015).