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Tackling Obesity—For the Few

Communication | Editorial | Invited contribution | **Perspective** | Report | Review

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Abstract

In response to the growing evidence that obesity increases COVID-19 mortality, the British Government introduced new measures designed to tackle the obesity epidemic that currently plagues the United Kingdom. Whilst many of the measures appear to be much like previous iterations of the anti-obesity strategy, the inclusion of a measure to limit junk food marketing provides promise that the government recognises the role of the obesogenic environment on weight gain. However, these policies fail to acknowledge the impact of social inequality on the pathogenesis of obesity, drastically limiting their potential. I argue that future policies to tackle obesity must apply proportionate universalism, as without addressing social inequality, these strategies *cannot* be effective.

Science ⇒ Policy

- Obesity is a growing concern in the UK;
- Obesity is driven in part by the environment that we live in, particularly in socio-economically deprived areas;
- Anti-obesity strategies should prioritise reducing social inequalities through proportionate universalism in order to be most effective.

Keywords Obesity · Inequality · Policy

When the COVID-19 pandemic hit the United Kingdom, the pre-existing obesity epidemic was brought to the fore. As a nation in which 63% of the population are overweight or obese, and where obesity already accounts for 30,000 deaths per year, the finding that obesity significantly increases COVID-19 mortality justifiably raised concern [1, 2]. In an attempt to stem the tide of mortality, the government introduced new, tougher measures to tackle obesity (Table 1) [3]. Whilst on the surface these measures seem appropriate, one could argue that they have failed to address a key driver of the obesity crisis.

Whether or not we like to admit it, our beliefs and behaviours as humans are driven by our environment, and that environment has changed dramatically over recent decades. Junk food is now relentlessly marketed to us from billboards, television screens and our personal devices. Price promotions incentivise the purchase of unhealthy, processed food. The ease of choosing takeaways or ready-meals over cooking is almost irresistible in our fast-paced lives, whilst decades of the built environment being prioritised over safe green space has made exercise difficult in many urban areas. These factors combine to form an obesogenic en-

vironment, in which the propensity for weight gain is augmented such that obesity could arguably be an expected outcome of human beings simply existing within it [1, 4]. Nonetheless, previous government strategies to tackle obesity have largely ignored the impact that this environment can have on our weight, instead focusing almost entirely on voluntary behaviour change under the false pretence that obesity is a problem of poor willpower and indolence. However, there is a key difference in these new policies relative to many previous iterations: the inclusion of a curb on junk food marketing. A new aim to 'reduce advertising of high fat, salt & sugar (HFSS) foods' has been designed to reduce the visibility and accessibility of processed foods – the consumption of which is associated with weight gain [5] – representing an attempt to modify the obesogenic environment. This demonstrates that the government finally recognises that obesity is not entirely down to 'personal responsibility', and that public policy therefore has an important role to play in the fight against this epidemic. However, whilst this represents a step in the right direction for anti-obesity policies, there is one glaring omission in these measures: they fail to mention social inequality.

Social inequality is associated with health inequality, known as the social gradient in health [6]. Given that the UK is home to significant inequality – with the richest 10% of households holding almost half of all UK wealth, whilst 22% of the population live in poverty – it is not surprising that some in society are disproportionately affected by the obesity epidemic [7]. Whilst obesogenic environments can be found across the UK, there are huge disparities between socioeconomic groups in the extent to which one is exposed to them. For example, the most deprived areas of the UK have up to 5 times more fast-food outlets than affluent areas, the presence of which is associated with greater consumption of obesogenic fast-food [8]. Outdoor advertising of unhealthy food is also found in low-income neighbourhoods at a much higher rate than in high-income areas [9], and socioeconomically deprived neighbourhoods tend to have reduced access to safe green space where individuals can take part in outdoor recreation [10]. Furthermore, socioeconomically deprived individuals may be more susceptible to this environment than wealthier individuals, for reasons such as:

Time: people in low-income households may work long hours or multiple jobs to make ends meet, or may have additional caring responsibilities due to being unable to afford care. They may therefore have less time than more affluent individuals to spend preparing healthy meals or learning how to cook. As such, they may resort to eating fast-food, which is associated with excess weight [11].

Cost: 27% of households in the UK would need to spend more than a quarter of their disposable income to meet the Eatwell Guide recommendations, limiting the ability of these families to follow healthy eating guidance [12]. Furthermore, HFSS foods are cheaper than unprocessed food on a calorie-by-calorie basis [13]. Price promotions are more likely to be found on unhealthy foods than healthy foods, further incentivising those on limited budgets to consume foods associated with obesity [14], whilst gym memberships are often financially out of reach.

Education: poorer children have lower educational attainment than more affluent children, which can lead to reduced engagement in extracurricular learning such as nutrition education [15]. They may also have less time to educate themselves, or reduced access to costly resources – such as a stable internet connection, books and courses – than affluent families. We must also consider that individuals in the most deprived areas are likely to be assessed at a lower English proficiency than wealthier individuals, representing yet another barrier to learning [16]. Lacking the knowledge required to make healthy food decisions is a key determinant of an individual's food choices, as demonstrated by the fact that the two largest contributors to nutritional inequality are disparities in education and nutrition knowledge [17].

As a result of these inequalities, obesity prevalence in the most deprived 10% of children is cur-

Table 1: Policies to tackle obesity released by the Department of Health and Social Care [3].

New policies to tackle obesity, Department of Health and Social Care
1. Reduce advertising of high fat, salt and sugar (HFSS) foods:
a. Legislating against the promotion of HFSS foods by volume and location.
b. Banning television advertisements of HFSS foods before 9pm.
2. Provide more support for weight loss:
a. Piloting a 'Better Health Campaign' that encourages individuals to track their weight and use free NHS apps to improve their diet and increase their activity.
b. Expanding weight management services, with referral incentives for GPs.
c. Providing training for Primary Care Network staff to become 'healthy weight coaches'.
3. Give consumers more information about their food choices:
a. Consulting on ways to improve the food product traffic light labelling system.
b. Adding legislation to ensure that large restaurants, cafes and takeaways add calorie counts to products at point of choice.

rently three times higher than that of the least deprived 10% [18], whilst socioeconomic disadvantage in adults has a dose-response relationship with abdominal obesity [19]. As such, it is vital that socioeconomic inequality is considered when devising measures to tackle obesity.

The policy paper accompanying the government's new measures promisingly discussed the social determinants of obesity, but the proposed legislation fails to address the combination of barriers faced by socioeconomically deprived communities [3]. Without this, the potential of these policies to effect change is severely limited. Future anti-obesity strategies must include proportionate universalism – the resourcing of services proportionate to the degree of need – in order to be most effective, as this will contribute to reducing social inequality in this context. Alongside necessary country-wide advertising bans and taxation on highly-processed foods, policies should include prioritising subsidies and accessibility to healthy whole foods in poorer areas, providing free healthy eating education programmes to deprived populations, and imposing restrictions on construction in less affluent neighbourhoods to protect green space. Without this, we will be looking at both widening inequalities and an expanding obesity epidemic for years to come.

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Conflict of interest The Author declares no conflict of interest.