

Public Health Messages: Obesity and Health Inequity

Obesity is a problem that is occurring across the globe in the context of the growing gap between rich and poor and related health inequities. The World Health Organization (WHO) defines health inequities as “systemic differences in morbidity and mortality rates between people of higher and lower socio-economic status (SES) as indicated by level of education, occupational class or income level.”¹

The people at the top of the class pyramid have the most power and resources. On average, they live longer and healthier lives than those at the bottom who get sicker and die younger.² The gap between the wealthy and the rest of the population has been steadily widening in Canada in the last generation.³

Health and social problems, including obesity, are worse in societies where greater inequities exist. Levels of obesity tend to be lower in countries where the income gap is smaller, and more children are overweight in countries where there is greater income inequality.⁴

The factors that contribute to obesity are much broader than genetic or biological and more complex than energy intake and energy expenditure. Socio-economic and environmental determinants of health play critical roles. While obesity rates have been climbing in both sexes, at all ages, in all races, and at all educational levels, the highest rates occur among the most disadvantaged.⁵

Obesity is a social, political and economic problem.

Public health can help reframe the obesity debate. The current framing of obesity around individual appearance and health not only neglects the root causes of obesity, but perpetuates the value-laden assumption that people who are overweight or obese lack willpower and are of poor character. Reframing the problem of obesity means recognizing that policy shapes the conditions in which people live and that other upstream strategies to change those conditions are needed. Upstream approaches acknowledge obesity as a social, political and economic problem that requires fundamental social change to alter the conditions and environments in which people live, work and play. For example, public and institutional policies must support and foster the conditions that support healthy eating and physical activity.⁶

Aboriginal men and women have the highest prevalence of obesity.

According to Statistics Canada, Aboriginal people living off-reserve are two and a half times more likely to be overweight than non-Aboriginal people.⁷ Differences in income, education and leisure-time physical activity play critical roles in these disparities. Acculturation and/or the loss of traditional ways of life and traditional foods, and the adoption of practices of the dominant culture have effected rates of obesity in Aboriginal populations, particularly for women.⁸ The historical experiences of Aboriginal people, including colonialism, racism and social exclusion need to be taken into consideration when designing supports and interventions for healthy weights.⁹

Women and men, boys and girls, experience obesity and overweight differently.

There are sex differences in the relationship between obesity and socio-economic status. Among females, as income, occupational status and education increases, obesity tends to decrease, while the opposite is true for men. Manual labour offers some protective effects for men.¹⁰

Girls are particularly vulnerable to gender-specific cultural pressures to be thin. Research has found that 40% of young girls worry about being fat and 50% of adolescent girls have used unhealthy weight control behaviours.¹¹ Gender as a social determinant of health needs to be considered when designing supportive programs and services for promotion of healthy weights.

Obesity increases with food insecurity

Food insecurity refers to not having enough healthy food to eat, or worrying about not having enough healthy food to eat. Income level is a critical factor in food security. Adults, children and adolescents with unhealthy weights are less likely to consume the recommended quantity of vegetables and fruit. Healthy food costs more than energy-dense, nutritionally-poor foods and evidence suggests that food costs are higher in low income neighbourhoods.¹²

Material hardship is a source of chronic stress and can also increase the risk for overweight and obesity. Deprivation and stress limit people's ability to change weight related behaviours, even when they are informed and motivated. Activation of the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system in response to psychosocial stress, such as that experienced by people who are economically disadvantaged, may also lead to weight gain.¹³

Where you live can impact your weight

In most cities in Canada, obesity is more prevalent in the most socio-economically deprived neighbourhoods. For example, in Halifax, 25.5% of people in the lowest SES areas were obese compared to 11.2% of people in the high SES areas. The odds of being obese increase with the concentration of convenience stores and fast-food outlets in the neighbourhood.¹⁴

Factors in the built environment such as safe playgrounds and green spaces and the availability and accessibility of physical activity equipment, facilities or programs affect opportunities for physical activity and may influence obesity rates.¹⁵ Canadian studies have demonstrated that children and youth living in rural areas are more likely to be obese than urban residents.¹⁶

Weight stigma harms our health

Prejudice towards overweight and obese individuals, also known as weight stigma, can have a significant impact on one's psychological, physical and social health. Peers rank obese children among the least desirable playmates, while as many as one third of obese children have no reciprocated friendships. Given negative stereotyping and peer rejection, many overweight and obese children, particularly girls, struggle with low self esteem and negative body image. Girls are stigmatized significantly more than boys, and they face more teasing, bullying and greater social marginalization in friendships and romantic relationships. Overweight adults have been found to be passed over for jobs and promotions.¹⁷

Healthy weight promotion strategies should be delivered without causing adverse effects

Discrimination towards people who are overweight or obese is "...a form of bias so prevalent, society accepts it unchallenged."¹⁸ Obesity is both a social justice issue and a public health problem. Programs to promote healthy weights should challenge the injustice of weight prejudice, consider a range of determinants of health and address barriers to achieving healthy weights.¹⁹

What can the public health system do to work towards healthy weights?

1. End food charity and seek food security and social justice

Food received from food banks is often not of adequate quality and quantity, and the use of food banks is highly stigmatizing.²⁰ Evidence has found that obesity increases with both poverty and with food insecurity. A recent needs assessment of the national children's programs, the Community Action Program for Children and the Canada Prenatal Nutrition Program and literature review found that strategies to prevent childhood obesity need to directly address underlying factors such as poverty, low literacy, lack of time, lack of affordable childcare and lack of access to transportation. The report also calls upon us to protect parents/caregivers and children from shame and blaming those who struggle with weight issues.²¹

2. Support women to breastfeed and ensure breastfeeding friendly-environments

The Baby Friendly Initiative and protecting breastfeeding through adoption of the WHO Code and best practice is a population health approach that crosses all population groups and intersects positively with issues of healthy body weight, chronic disease reduction, mental health protection. Breastfeeding and the Baby Friendly initiative can be positively linked with all Determinants of Health.

3. Create neighbourhoods that are safe and conducive to healthy eating and physical activity

Research suggests that physical activity and active transportation may be increased and sedentary behaviours reduced through increased access to parks, playgrounds and play spaces, increased access to sports and recreation programs and improved sidewalk systems so more children and youth can walk or bike to school.²²

In order to support Nova Scotians to have healthy weights we need to work with community planners and developers on laws, regulations and guidelines that outline the conditions for healthy communities, including healthy weights. Governments, communities and the private sector need to work collaboratively to develop and strengthen policies that address the underlying causes of overweight and obesity such as poverty.

*Public Health Association of Nova Scotia
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http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

² Unnatural Causes: Is Inequality Making us Sick? (2009) *Ten Things to Know About Health*.

[<http://www.unnaturalcauses.org/assets/uploads/files/10things.pdf>]

³ Canadian Centre for Policy Alternatives - The Growing Gap Project.

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⁵ Comaskey, B. (2006) *Obesity and Food Security: A Review of the Literature*.

⁶ Dorfman, L., and L. Wallack (2007) *Moving Nutrition Upstream: The Case for Reframing Obesity* [www.bmsg.org/pdfs/Dorfman%20&%20Wallack%20JNEB.pdf]

⁷ Statistics Canada. Report as referenced by CBC news report, *Higher obesity rates found in off-reserve aboriginal people: study*.

<http://www.cbc.ca/canada/story/2008/01/23/obesity-rates.html?ref=rss>

⁸ Comaskey, B. (2006) *Obesity and Food Security: A Review of the Literature*.

⁹ Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. (2011) <http://www.phac-aspc.gc.ca/publicat/2009/oc/index-eng.php>

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¹⁴ Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. (2011) <http://www.phac-aspc.gc.ca/publicat/2009/oc/index-eng.php>

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