# Equity and obesity risks

## Socio economic factors are important drivers of obesity risk

Obesity affects all sections of society, however disproportionally and unfairly impacts some groups more than others (e.g. communities with relative socio-economic disadvantage, lower levels of education attainment, regional and remote areas, and First Nations People), potentially compounding disadvantage.

While most people understand that diet and exercise choices are relevant for obesity, less recognised are the genetic, biological, social, economic, historical, and environmental causes of obesity. In that, social determinants such as education, income, social inclusion, and housing can have considerable impacts on people's opportunities to be healthy and well in general, including obesity risk.

There are many ways that social disadvantage can affect health and weight, some examples including:

- Some neighbourhoods have less access to healthy, fresh foods that are affordable, making processed and fast food the easier and cheaper option
- It can be more difficult to shop and cook in the evenings for families with disabilities, chronic illness or serious time limitations (e.g. single parent homes or where both parents need to work long hours)
- Not everyone has had the opportunity to learn about nutrition and how to cook healthy, fresh foods
- Some neighbourhoods have limited safe green spaces for physical activity. Sports and gym memberships can be expensive
- Living in poverty and with social exclusion can lead to chronic stress and elevated cortisol levels, which affects appetite hormones, eating behaviours and fat storage
- Social disadvantage, poverty and discrimination and racism can impact mental health which correlates with obesity risks
- For some people, managing health and weight may be the least important issue in their life if they are dealing with crises
- Many professional weight management services and treatment options are not subsidised in Australia and so some of the people who would particularly benefit from professional support may be least able to afford these services

## Figure: Many complex drivers of obesity



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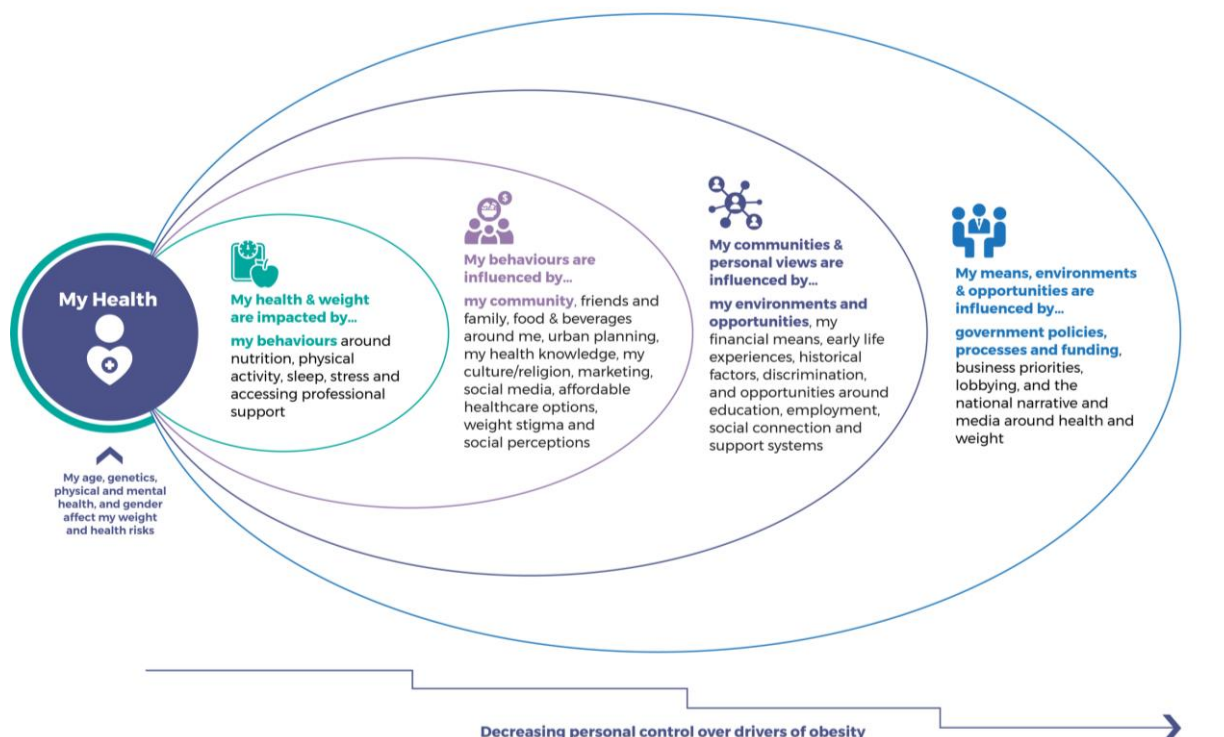
## Obesity and stigma can further disadvantage

Weight stigma can exacerbate socio-economic disadvantage through impacts on mental health, social inclusion and reduced educational, social and employment opportunities.  Also, obesity related complications may affect a person's ability to be employed and increase their personal healthcare costs, driving further disadvantage.

## Opportunities for action

As with many actions related to obesity, systems level changes and policy action are required to address these inequities. Policy actions aimed at healthy eating, physical activity, sleep, and stress management, may further widen health inequity gaps if socio-economic realities and accessibility are not considered in the design. Proportionate universalism is an approach to reduce inequities, where everyone in supported to be healthy and well, however more resources are available and targeted at communities with the greatest needs to help overcome systemic disadvantage.

Beyond policies to directly reduce poverty, discrimination, insecure housing, domestic violence and disadvantage, the follow policy and action considerations would be valuable to help further address inequities related to obesity risks:

- Increasing the availability of affordable, fresh and healthy foods and provide free local nutrition and cooking skills classes

- Improve public transport options, safe green spaces, free community physical activity programs that are designed to be culturally appropriate
- Prioritised healthy food options and physical activity in schools, community centres and workplaces
- Limit marketing of unhealthy foods and drinks to children
- Provide more health services for people with obesity in the public health system, with a trauma informed lens
- Identify ways for health and social care to collaborate more efficiently to support more disadvantaged communities and consider individual needs from a whole person perspective
- Support local communities to make place-based changes for health and wellbeing, based on local needs and local leadership
- Take an equity and community led approach to developing initiatives with diverse perspectives (codesigned with community and community led) which will help create solutions that are more appropriate to better overcome systemic barriers
- Support peer networks that can build strong relationships based on shared understanding and help people overcome and navigate health and social care systems, leading to more efficient support
- Consider how current policies and social structures perpetuate inequity and stigma, recognising that just putting responsibility on people to access social services is not efficient, effective or sustainable
- Raise awareness of the science and many complex drivers of obesity in health and for all policy and decision makers, to reduce harmful stigma and increase focus on systems changes needed to reduce barriers to health

Ultimately, creating a more equitable society can lead to better health outcomes for all individuals and strategically investing now for the communities most at risk can help curb future health and social care costs which result from disadvantage.