

# Interventions requiring less individual agency should be prioritized to fight obesity

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Public health interventions that require individuals to invest fewer individual personal and psychological resources are likely to be most effective and equitable; such "low-agency" approaches should therefore be central to public health action on diet and obesity, according to Jean Adams and colleagues from the Centre for Diet and Activity Research and MRC Epidemiology Unit, University of Cambridge, UK.

Many governments have responded to the challenge of unhealthy diets and obesity with strategies that focus on advice, guidance, and encouragement to adopt healthier lifestyles. Examples include Change4Life in the UK and Let's Move in the United States. But many [people](#) may find it hard to change their lifestyles, even with advice, guidance and encouragement.

There are two main approaches to improving diets. Population approaches aim to generate modest reductions in risk in everyone - for example, through campaigns encouraging home-cooking, or by reducing salt in processed food. In contrast, high-risk approaches aim to achieve large reductions in risk in just a few individuals who are known to be at risk of illness and complications - for example, diet counselling for people with diabetes.

If population approaches are successful they will, by their very definition, improve the health of a greater number of people. However, not all population approaches are likely to have the same effect. The population approach of encouraging people to cook at home, for

example, can only succeed if people have the money to buy ingredients and utensils, have the time, facilities and skills to cook at home, and can afford to respond to setbacks and mistakes. In contrast, population interventions that require little or no agency by individuals in order to benefit, such as reducing salt in processed food, may be more effective and equitable across the whole population.

The authors note, "[l]ow-agency interventions are sometimes considered to be synonymous with limiting free choice... However, it is unlikely that many people genuinely do make "free choices" about what they eat. Food "choices" are strongly influenced by habits, what food is available and affordable, and cultural norms."

The authors conclude, "more attention should be given to the development and implementation of low-agency population interventions... We all need to have more courage to argue the case that these interventions can be publically acceptable, support people to live healthier lives, and reduce inequalities in health. Low-agency population interventions should be central to [public health](#) action on diet and obesity."

**More information:** Adams J, Mytton O, White M, Monsivais P (2016) Why Are Some Population Interventions for Diet and Obesity More Equitable and Effective Than Others? The Role of Individual Agency. *PLoS Med* 13(4): e1001990. [DOI: 10.1371/journal.pmed.1001990](https://doi.org/10.1371/journal.pmed.1001990)

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