

Obesity strategy: Policies placing responsibility on individuals don't work

August 19 2020, by Charlotte Godziewski



Credit: AI-generated image ([disclaimer](#))

The government has recently announced a strategy aimed at [reducing obesity](#) in the UK. It will introduce a ban on unhealthy food advertisements on TV before a certain hour, end "buy one, get one free" junk food deals, and create more comprehensive calorie contents on food and drinks.

The government has also launched the [Better Health](#) campaign, to motivate overweight and obese people to lose weight. The program offers tools and support from NHS weight management services, including a Better Health 12-week weight loss plan app.

While some of the proposed strategies are long overdue—such as bans on junk food advertisements—most of these initiatives still place emphasis on getting people to change their eating and lifestyle habits. Not only does this type of strategy ignore the many drivers of obesity, such initiatives have also been proven ineffective time and again.

Individual responsibility

For decades now, health promotion policies targeting [non-communicable diseases](#) have focused on getting people to [change their lifestyles](#). The rationale is that these diseases (such as diabetes and heart disease) are mostly due to modifiable factors—such as [poor diet](#), smoking, consuming alcohol and not moving enough.

These campaigns aim to give people the information needed to change their behavior. So-called "[nudges](#)" are also used to promote lifestyle change. Examples include greater visibility of healthy food in supermarkets and encouraging people to take the stairs where possible.

However, a growing body of [research](#) shows these types of health policies don't work. This is because such policies place responsibility on the person, ignoring the other drivers of obesity. [Social inequity](#), [the influence of food and beverage industries](#), and specific aspects of [globalization](#) (including [trade liberalization](#)) are all known causes of obesity.

Policies focused on changing behavior end up blaming people for factors which are often entirely out of their control. What's even more worrying

in the current context is the government's emphasis on obesity as a reason for the UK's number of coronavirus deaths. While there's undoubtedly a link between obesity and COVID-19, the government's obesity strategy is effectively [shifting the blame](#) from the government's response onto people living with obesity.

Health policymakers [increasingly acknowledge](#) that many factors outside a person's control contribute to health inequalities. However, the health policies designed time and again still [tend to promote](#) lifestyle interventions as a solution.

Research shows that obesity [disproportionately affects](#) people from [poorer backgrounds](#). Yet instead of seeking to change the [causes of these inequalities](#), [policy](#) responses continue to promote [lifestyle changes](#), only more strongly targeted at [poorer populations](#). This stigmatizes poorer population subgroups instead of offering real solutions. And it fails to take into account issues of access and affordability of healthy lifestyles that people from low-income communities often face.

Corporate involvement

One reason the government continues to design policies that place responsibility on individuals is because of the growing involvement of food and drink manufacturers in [policymaking](#). This is because the food and drink industry is still considered an [important partner](#) in the fight against diet-related diseases—despite obvious [conflicts of interest](#).

The idea that everyone can work together towards a common good, reflects a [governance style](#) that became popular over the last decades in the US and Europe. It promotes the [creation of partnerships](#) and the inclusion of [industry](#) at all stages of policymaking. This is done through [impact assessments](#) and consultations.

Blurring the boundaries between the private and public sector is [problematic for public health](#). Processed [food](#) and soft drink industries have an [interest](#) in keeping health promotion policies focused on individual behavior. Doing so, they avoid regulation and can protect their bottom line. In addition, they can engage in [corporate social responsibility](#) activities to promote healthy behaviors. This makes them look good, even though their products are the cause of the problem.

Although advertising bans go against industry interest, the [commercial determinants of health](#) are much more deeply ingrained than the obesity strategy currently recognizes. If governments continue to embed industry lobbying in [health](#) promotion policies, they are likely to remain limited to individual responsibility.

Meaningful change will require a rethinking of policymaking processes to [prioritize public health over private interests](#). It will also require more explicit engagement with the economic and political drivers of [obesity](#) when making future policies.

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Provided by The Conversation

Citation: Obesity strategy: Policies placing responsibility on individuals don't work (2020, August 19) retrieved 17 May 2024 from <https://medicalxpress.com/news/2020-08-obesity-strategy-policies-responsibility-individuals.html>

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