

POSITION STATEMENT: HEALTH DISPARITIES & HEALTHY WEIGHT

KEY MESSAGES

- In the UK health disparities continue to grow, having detrimental effects on individuals' health and wellbeing, costing the NHS billions every year
- Individuals living in more deprived areas experience a higher prevalence of overweight and obesity than those in the least deprived areas
- Greater resources and further policy measures are required to bridge the inequality gap and reduce overweight and obesity in our communities.

Health disparities are avoidable, unfair differences in health status experienced by different groups of people in society [1]. Health disparities can be influenced by a range of factors and are often analysed by: socio-economic status, geography, protected characteristics such as sex, ethnicity & disability, and socially excluded groups. Individuals experience different combinations of these factors or groupings and the way in which they interact influences the health disparities experienced. This is often referred to as intersectionality [2]. In England there are health disparities between ethnic minority and white groups and between different ethnic minority groups [3]. One study identified that there are also significant gender health gaps, favouring men [4]. There are regional health disparities in the UK which have continued to grow [5]. The North of England was significantly impacted by the Covid-19 pandemic, a large proportion of the region already experiences some of the poorest health outcomes [5]. Deprivation, physiological and environmental health factors can all have an influence on health disparities [3].

Those experiencing health disparities have a higher risk of experiencing obesity [6]. Obesity prevalence is associated with gender, ethnicity, and socioeconomic status, which creates complex relationships between each of these characteristics [7]. In more deprived areas, levels of individuals experiencing obesity are higher [8]. In year 6 children, 15.5% living in the least deprived areas were thought to be living with obesity compared to 32.1% in the most deprived areas [8]. The causes of obesity are also complex, factors such as increased energy intake and decreased energy expenditure can be attributed to social and environmental factors [7]. Unemployment or poverty play a key role in driving obesity prevalence; almost 1 in 3 children in the UK are now living in poverty [9]. Post-pandemic, food insecurity continues to increase in the UK; currently affecting around 27% of families [10], there is a significant association between food insecurity and obesity [11]. Lower socio-economic groups living in areas of deprivation may experience environments with a greater prevalence of fast-food outlets and/or fresh food deserts [12,13].

Low-income families may turn to purchasing cheaper foods which often have little nutritional value and are energy dense, with less access to a range of healthy and affordable foods resulting in diet-related inequality. In addition, environmental inequalities experienced by individuals living in deprived communities also contribute to the obesogenic environment and poorer health outcomes, these can be mitigated by improving active travel and improving good quality open and green spaces [14].

What does the evidence say?

- People living in the most deprived areas experience a poorer quality of healthcare than those living in less deprived areas [15]
- The number of children living with severe obesity in the most deprived regions is over four times the least deprived areas [16]
- In England women living in the most deprived areas have a healthy life expectancy of 51.4 years compared to 71.2 in the least deprived [17]
- 36% of adults in the most deprived areas are likely to experience obesity compared to 20% in the least deprived areas [18]
- Individuals with learning disabilities are more likely to suffer from being under or overweight than the general population [19]
- Accessibility to green space is also higher in areas of higher socioeconomic status [20]
- Nearly half of food insecure families with children do not qualify for free school meals [22]
- People with a lower socioeconomic status are less likely to consume diets in line with dietary recommendations and are more likely to have overweight or obesity [21]

- 2.3 million children live in food insecure households across the UK. 27% higher than before COVID [22]
- Food security is associated with body weight and dietary intakes differentially by ethnicity [23]
- Ethnic minority groups are thought to have a higher exposure to outdoor food marketing [24]
- Takeaway outlets can become increasingly clustered in low-socioeconomic areas [25].

Policy context

The UK's Levelling up white paper is a whole government approach which aims to spread opportunities equally across the UK [26]. So far this has resulted in an additional £4bn being given to schools across England which will rise to £4.7bn by 2025. There has been an extra £23.3bn spent on the NHS, including resources to provide advice on healthy living. The Department for Health and Social Care has recently awarded £50m to 13 local authorities across the UK to tackle inequalities and improve the health of the public. This is part of the Levelling Up commitment from the current Government [27].

A Health Disparities White Paper was due to be published in March 2022. However, there are concerns that the paper may now be withdrawn, alongside changes to the national obesity strategy, in addition to the 24% cut to the Local Authority Public Health Grant, on a real-terms to name basis since 2015/16. Rowing back on these important measures to promote child health will impact on our most vulnerable children and further widen the inequality gap. The government's current free school meals policy supports children from low-income families to have access to a hot healthy and nutritious meal at school [28]. Universal Infant Free School Meals have also been introduced across England, in reception, year 1 and year 2 [29]. Additionally, the National School Breakfast club programme was introduced in England to allow children to start the day with a nutritious breakfast,

with a specific focus on schools in deprived areas [30]. The Holiday Activities and Food Programme was launched in 2021 and focuses on families who face significant barriers to accessing healthy food and opportunities to be physically active during the school holidays [31]. All children who are in receipt of free school meals are guaranteed a place on a local programme.

The Healthy start programme includes free vitamins and £4.25 each week that can be spent on fruit, vegetables and milk – enabling eligible parents/carers who have little disposable income to be able to prioritise healthy food and increase their vitamin and mineral intake [32].

The National Planning Policy Framework recognises the importance of active design and the built environment [33] to promote opportunities for physical activity, Sports England's Uniting the Movement Strategy aims to get more children and young people active with a particular focus on tackling inequalities [34].

Our position and what we will do

Policy change: We will continue to lobby the Government to tackle the underlying causes of health disparities, as a key priority when seeking to reduce the prevalence of overweight and obesity. This will include advocacy efforts to reduce dietary inequalities and end child food poverty by ensuring everyone has sufficient income to afford to eat a healthy diet.

Continue to work with local authorities and wider partners at 'place' in adopting the Healthy Weight Declaration to improve environments, reduce dietary inequalities and increase green infrastructures as part of whole systems approach to reducing unhealthy weight. Building on these place-based partnerships, encourage newly formed Integrated Care Systems to drive upstream preventative approaches to promoting healthy weight at systems level.

RECOMMENDATIONS

- Government should urgently extend the threshold eligibility for free school meals so that 800,000 pupils living in poverty are able to access a hot, healthy lunch
- The Government should publish the Health Disparities White Paper without further delay and prevent further reductions to public health funding received by local authorities
- The Government should reaffirm their commitment to reducing childhood obesity, with a particular focus on closing the gap between the most and least deprived children.

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