

Political ecology of obesity

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Political ecology of health

- **Political ecology: political-economic and human ecological perspectives**
- **Ecological effects of political-economic processes (politics, power, inequality on demography, environment, health, nutrition)**
- **How political, economic, and social factors affect health issues with environmental components: medical ecology, health and development, inequality**

Political ecology of obesity

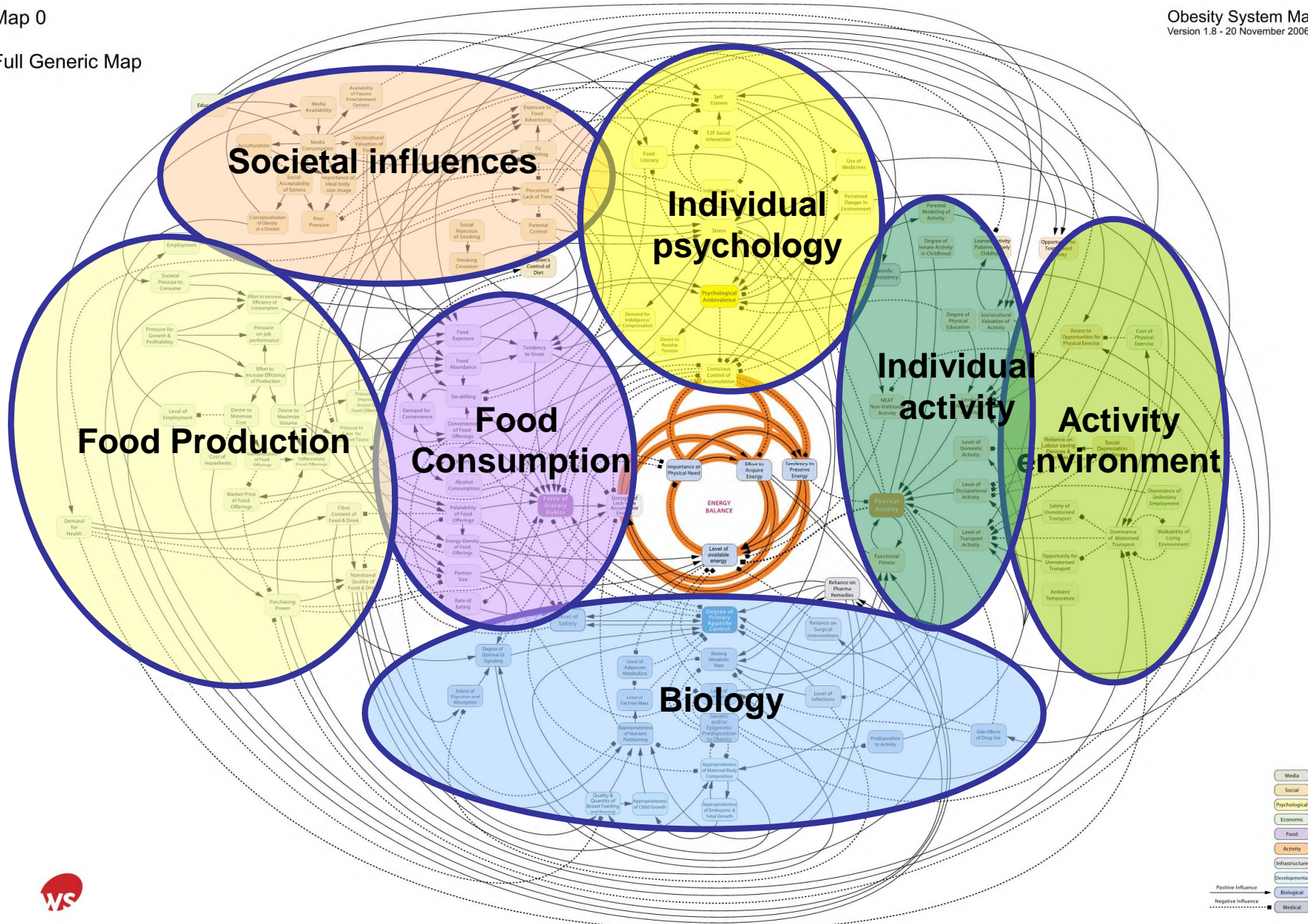
- **How political, economic, and social factors create obesogenic environments**
- **UK Government Foresight (2007) obesity systems map as vehicle for examining political ecology of obesity**
- **Policy scenarios derived from Foresight model imply obesity causation linkages that differ according to response orientation (consumer driven, collective action, market liberal)**

Foresight obesity systems map (FOSM)

Map 0

Full Generic Map

Obesity System Map
Version 1.8 - 20 November 2006



Safety perceptions

Walkability

Tax on food

Fiscal levers on health institutions

Individual targeted fiscal measures

Improve food literacy

Control food exposure and availability

Change cultural norms

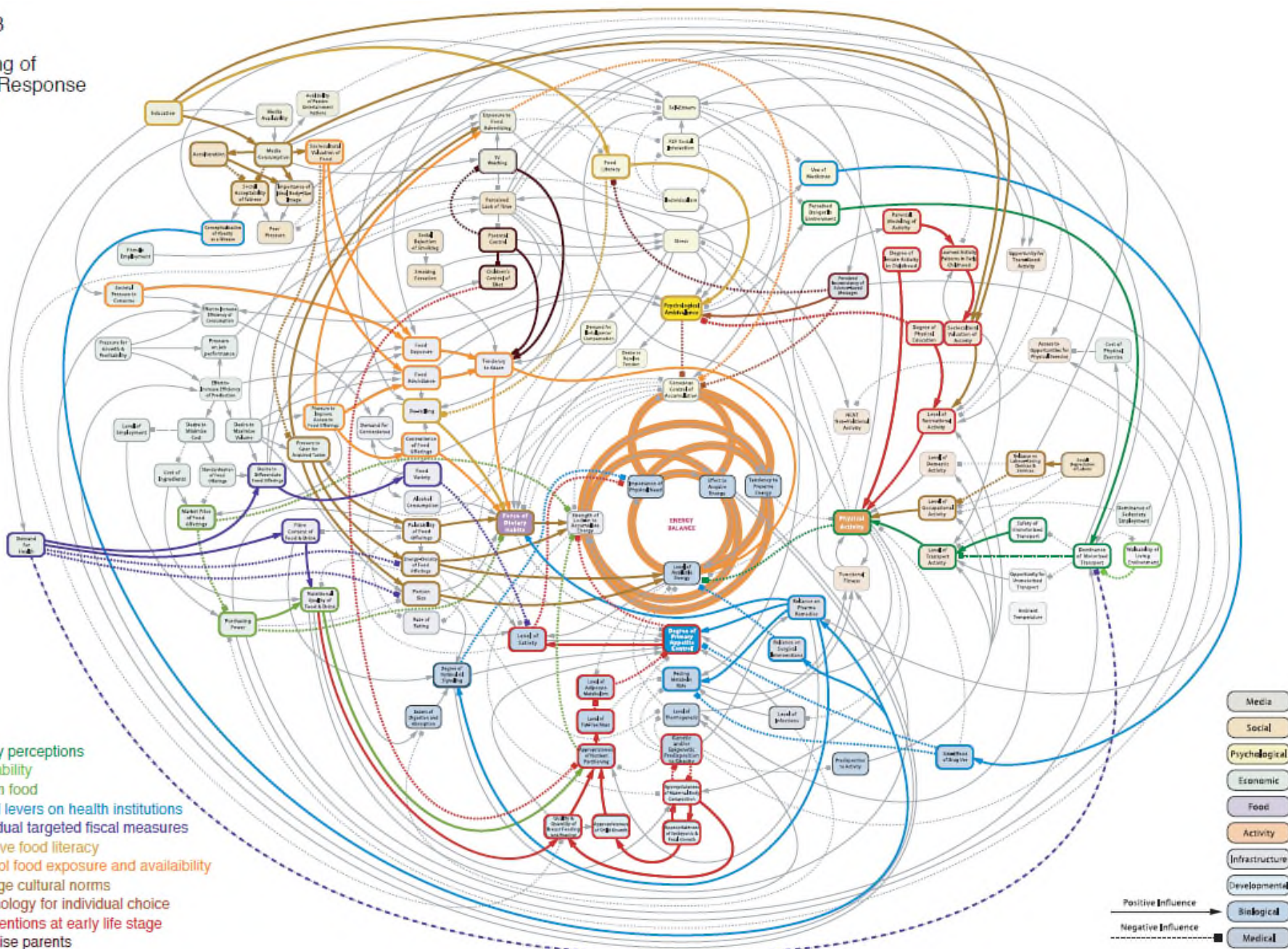
Technology for individual choice

Interventions at early life stage

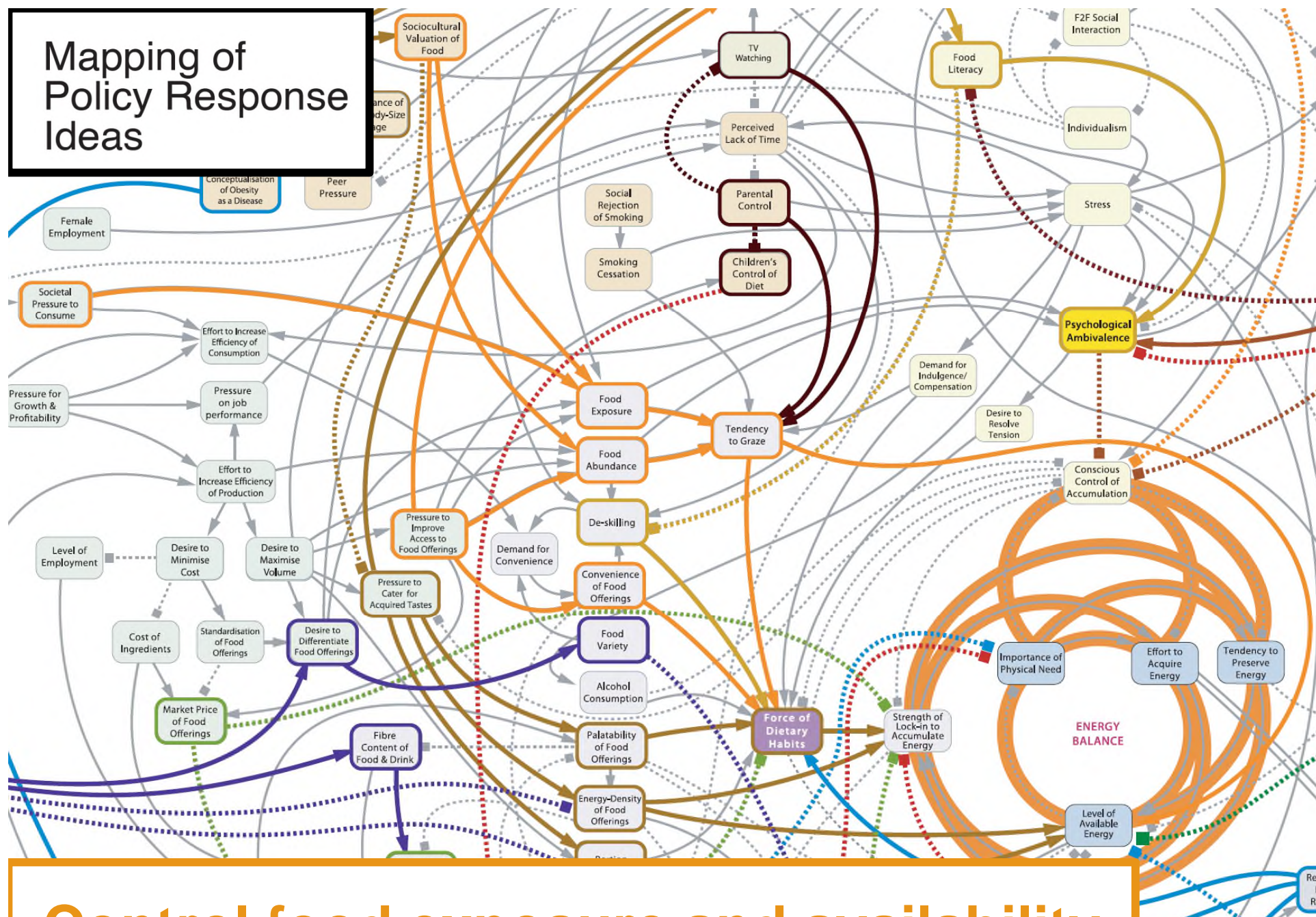
Penalise parents

**‘Foresight’ response
ideas for obesity
interventions**

Mapping of Policy Response Ideas

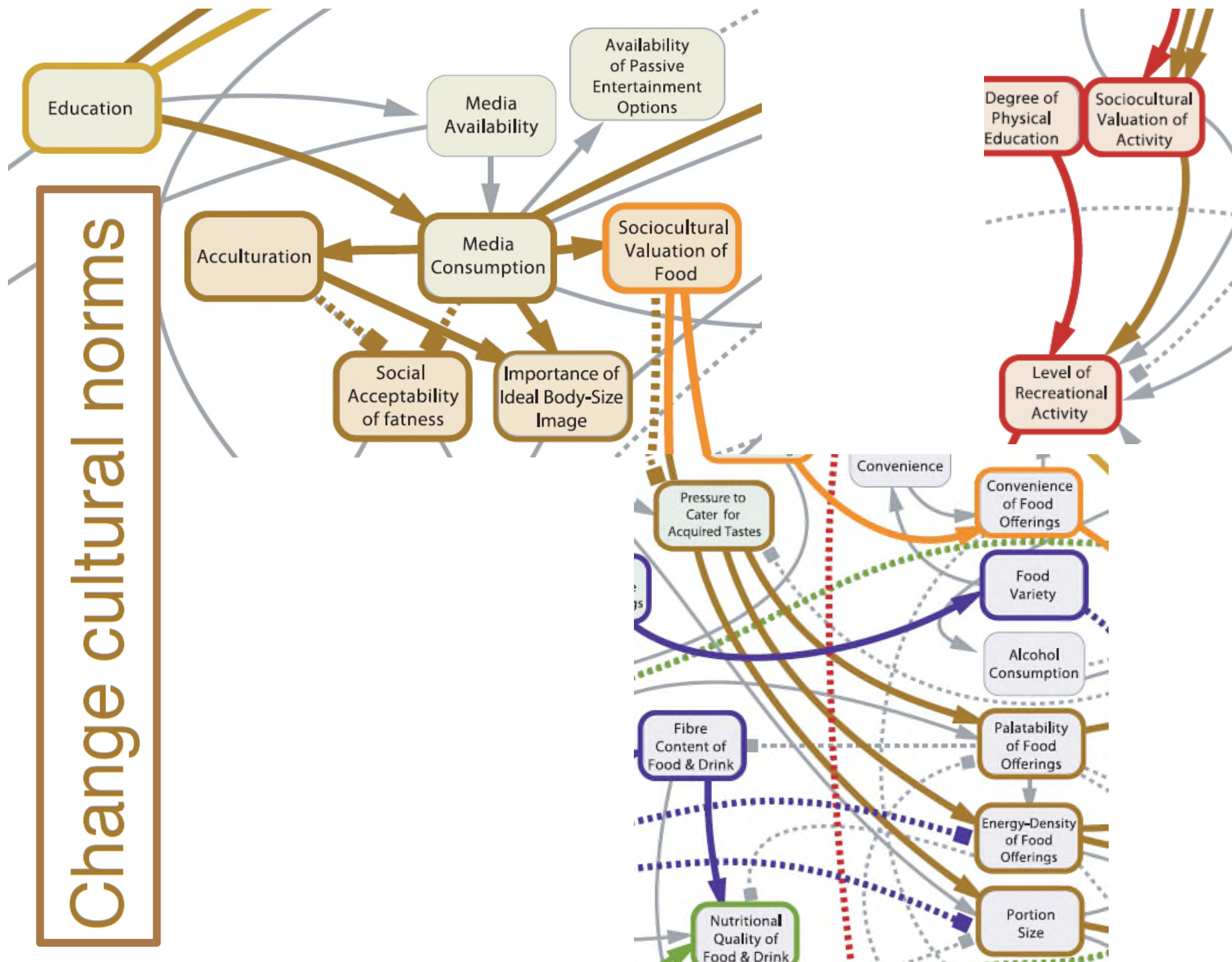


Mapping of Policy Response Ideas

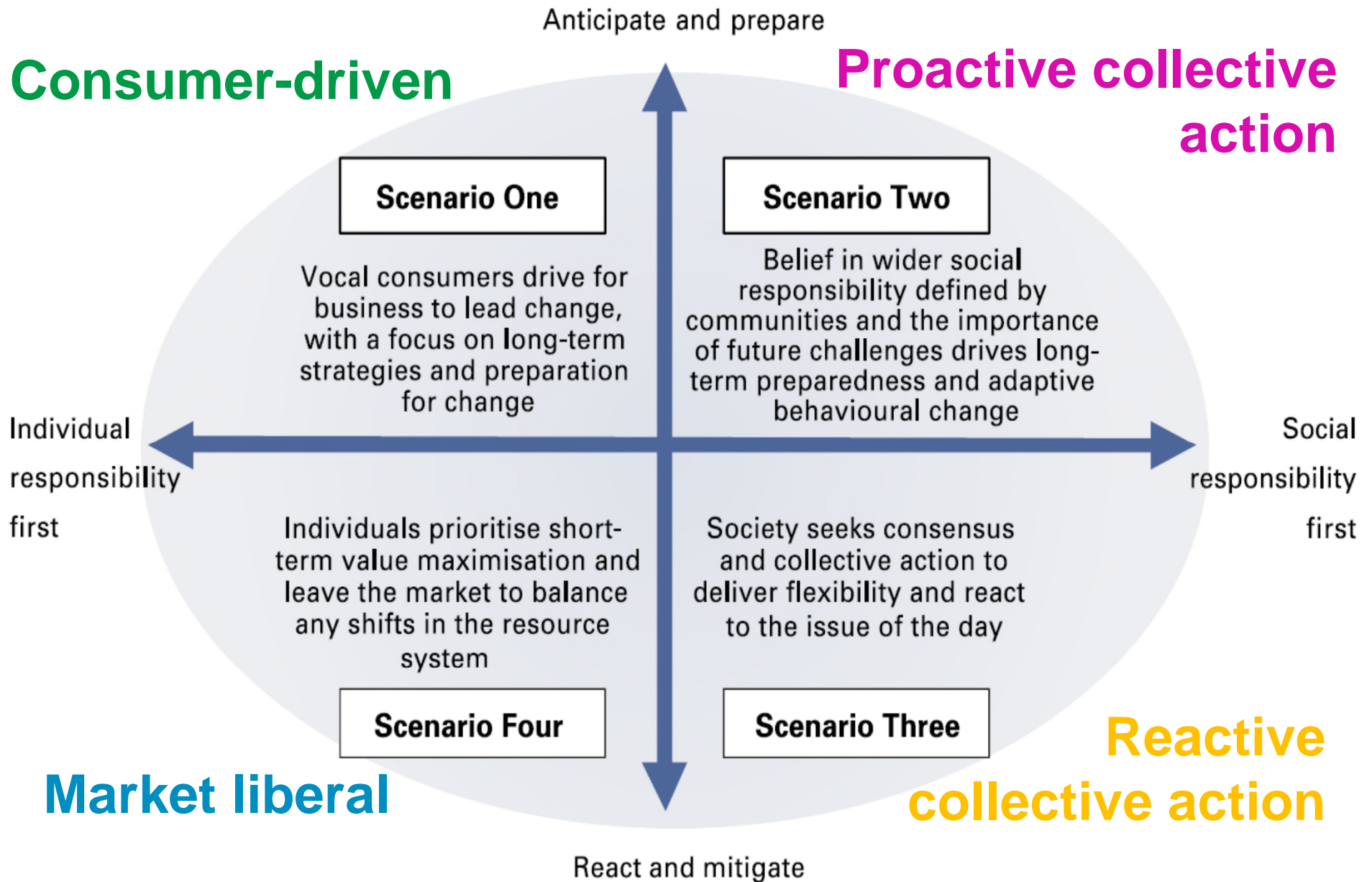


Control food exposure and availability

Change cultural norms



'Foresight' ideas for possible policy interventions



Change from current obesity trajectory

Rate rising
faster than
today

+3

Consumer driven

Proactive
collective action

Reactive
collective action

Market Liberal

Population
Socioeconomic

'Foresight' trajectory scenarios

+2

+1

Population

Childhood

Childhood

Trajectory
same as
today

0

Socioeconomic

-1

Socioeconomic

Population
Socioeconomic

Childhood

-2

Population

-3

Childhood

Rate rising
slower than
today

Qualitative scale of -3 to +3

‘Foresight’ expected impacts of policy interventions






One: consumer driven

**Two: proactive collective
action**

**Three: reactive collective
action**

Four: market liberal

Response options	Impact on obesity prevalence in scenarios			
	One	Two	Three	Four
The built environment and transport				
1 Introduce health as a significant element in all planning procedures (including new build and upgrading of the current infrastructure)	Medium impact	High impact	Low impact	Negative impact
2 Improve perceptions of safety both from the points of view of traffic and crime	Negative impact	Low impact	Low impact	Negative impact
3 Increase the ‘walkability’ and ‘cyclability’ of the built environment (urban and rural)	Medium impact	Medium impact	Medium impact	Low impact
Health				
4 Focus on targeted interventions such as when children are young, and targeting those most ‘at risk’	Low impact	High impact	Medium impact	Low impact
5 Implement population-wide interventions i.e. focus on improving the health and well-being of the population as a whole	Medium impact	High impact	Low impact	Negative impact
6 Focus on the health consequences of obesity, such as diabetes, rather than obesity itself	No impact	Low impact	Low impact	No impact
Research				
7 Invest in the search for a highly effective post-hoc solution to obesity-a ‘magic pill’	Negative impact	No impact	Low impact	No impact
8 Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain	High impact	Low impact	Low impact	No impact
Fiscal incentives				
9 Introduce a tax on obesity-promoting foods	Low impact	Medium impact	Low impact	No impact
10 Use fiscal levers to make all organisations/institutions take some responsibility for the health of their employees (public and private sectors)	Low impact	Medium impact	Medium impact	Medium impact
11 Use individually targeted fiscal measures to promote healthier living	No impact	No impact	Low impact	Low impact

Key to impact levels: High impact (i.e. reduces obesity prevalence) ; Medium impact ; Low impact ; Negative impact (i.e. increases obesity prevalence) ; No impact .

Expected impacts of policy interventions: continued

One: consumer driven; Two: proactive collective action;
Three: reactive collective action; Four: market liberal

	1	2	3	4
Education				
12 Introduce programmes to increase food literacy and food skills				
Regulation				
13 Control the availability of and exposure to obesogenic foods and drinks				
Social structure				
14 Take a directive approach to changing cultural norms in order to establish healthy living as the default in UK society				
15 Invest in technology to support informed individual choice, including devices to help monitor diet and activity				
Family				
16 Promote/implement a programme of early interventions at birth or infant stages				
17 Penalise parents for the unhealthy lifestyles of their children				

Foresight policy response options: outcomes from map, +ve and -ve

Scenario	1		2	3	4
Driver	Consumer driven		Proactive collective action	Reactive collective action	Market liberal
	Affluent	Less affluent			
Individualism	Stress, psychological ambivalence	Stress, psuchological ambivalence, grazing, poor dietary habits	Stress, psychological ambivalence, poor dietary habits	Stress, psychological ambivalence, poor dietary habits	Stress, psychological ambivalence, grazing, poor dietary habits
Demand for health	Increased diet quality	Lower portion size, energy density	Increased food variety, diet quality	Lower portion size, energy density	Lower portion size, energy density
Education	Less deskilling Lower inconsistency of scientific messages	Less deskilling Increased awareness of body image	Less deskilling Lower demand for convenience	Increased importance of ideal body image, psychological ambivalence, pharma	
Obesity seen as disease	Pharma	Pharma		Pharma	Pharma Surgery
Demand for economic growth & profit	Increased food abundance, palatability, energy density, portion size, psychological ambivalence, eating to resolve tension	Increased food abundance, palatability, energy density, portion size		Increased stress, food abundance, exposure, palatability, energy density, portion size	Increased food abundance, palatability, energy density, portion size, convenience time pressure, stress, deskilling, reduced nutritional quality
Societal pressure to consume	Increased food exposure, psychological ambivalence	Increased food exposure, convenience, deskilling			Increased food exposure, convenience, deskilling
Media consumption	Intelligent use of media, increased sociocultural valuation of food, reduced inconsistency of health messages, psychological ambivalence, reduced palatability, energy density, portion size			Increased importance of ideal body image, pharma	Market-driven media consumption and continued inconsistency of health messages, psychological ambivalence
Employment / job pressure		Purchasing power –v- nutritional quality		Purchasing power, market price of foods	Lack of time, stress
Reduced social acceptability of fatness / Increased imp ideal body img			Increased peer pressure to lose weight. Stress, psychological ambivalence		

Elements of welfare regime hypothesis implicit in the Foresight model

- **Individualism is obesogenic**
- **Intensified labour market competition constrains incomes and creates time pressure and stress**
- **Governmentally-supported corporate profit seeking feeds consumer quest for convenience and results in high exposure to pre-prepared food**
- **Social stigma of non-normative body-weight generates stress and cognitive dissonance**
- **Individual quest for health, and paternalist behavioural guidance may act to reduce obesity**

Polical ecology of obesity control from the Foresight model

Significant and difficult changes needed
to reduce prevalence of obesity

Shock needed
for significant
change in
obesity rates

Regime change
- unlikely

