

Tackling obesity seriously: the time has come



According to WHO data, worldwide, more than 1.9 billion adults are overweight—of these over 650 million are obese. 41 million children under the age of 5 years and 340 million children and adolescents aged 5–19 years are overweight or obese. Obesity is a major risk factor for non-communicable diseases, such as cardiovascular disease, diabetes, and several cancers. Crucially, obesity is preventable. So how is it that obesity has nearly tripled worldwide since 1975?

In an attempt to explain what may, and may not, have caused the rise in prevalence of obesity in the USA, where this epidemic was first apparent, Anthony Rodgers and colleagues in this issue of *The Lancet Public Health*, looked at the NHANES data (1960–2000). They noted that most people became heavier at about the same time in the late 1970s across the whole US population. They believe “it is implausible that each age, sex and ethnic group, with massive differences in life experience and attitudes, had a simultaneous decline in willpower related to healthy nutrition or exercise”, but rather that it is important to consider factors that have a mass exposure, are widely distributed, and act with short time-lags. The US farm bills in the 1970s appear as a strong candidate, which they note, “led to a rapid increase in food production and thus an increase in food portion sizes; accelerated marketing, availability, and affordability of energy dense foods; and widespread introduction of cheap and potent sweetening agents, such as high-fructose corn syrup, which infiltrated the food system and affected the whole population simultaneously”. Their observation might well extend to other countries, such as the UK and most European countries—as most populations have been exposed to similar substantial changes in food supplies, with consequences for dietary patterns.

Adding to this observation, a study by David Bann and colleagues, also in this issue, used data from four British longitudinal birth cohorts beginning in 1946, 1958, 1970, and 2001, to demonstrate that since the post-war period, socioeconomic inequalities in children’s weight have reversed in the UK—disadvantaged children, in earlier cohorts, were thinner than more advantaged children, but are now typically more likely to be overweight or obese. For the authors, these trends highlight the powerful effect of societal changes and the insufficiency of previous policies in preventing obesity and its socioeconomic inequality.

To meaningfully address the obesity epidemic, what can be done? An initial step may be to acknowledge a critical and challenging truth: the most important intervention to tackle obesity, as noted by obesity researcher Harry Rutter, is “to understand that there is no single most important intervention”.

For Bann, there is a “need for strong additional legislative changes that focus on societal factors and the food industry, rather than individuals or families”. The time to blame and stigmatise individuals and families is over. Governments and health policy makers need to take bolder, more definitive steps to tackle the obesity epidemic—it will not be reversed without decisive leadership. There are attempts in different countries to introduce policies aimed at obesity prevention, such as the recent adoption of the front-of-pack labelling in France described by Chantal Julia and colleagues in our Correspondence section, the 2016 UK Government’s plan to reduce childhood obesity by encouraging industry to cut the amount of sugar in food and drinks, primary school children to eat more healthily and stay active, or Public Health England’s new focus on calorie reduction. But these are isolated approaches and they fall short in ambition and in addressing the causes and barriers to change.

Solely relying on public health messages about calorie intake, diet, and physical activity is insufficient. A great disconnect remains between policy makers who issue recommendations and communities themselves that struggle with obesity—specifically, communities living in low-socioeconomic settings or suffering high levels of unemployment and social deprivation. What those communities need is not advice on calorie counts or exercise. What is sorely needed is political advocacy and action to disrupt entrenched cycles that maintain poverty and prevent ready access to healthy choices.

As Sir Michael Marmot has said: “if you want to tackle obesity, then tackle the social determinants of obesity. Tackle inequality”. The time to address the social determinants of health is now. It is time for a conscious attack on commercial interests and a radical rethinking of the dominant economic and political models that have too little interest in equity or social justice. ■ *The Lancet Public Health*

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