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Social Determinants and Obesity

According to a new study published in the journal Obesity, cumulative social disadvantage, denoted by higher social determinants of health (SDOH) burden, is associated with a higher likelihood of obesity independent of clinical and demographic factors.

These findings suggest the need for the development of novel healthcare delivery models that will allow for greater assessment of SDOH to inform patient care, and prioritise socially vulnerable populations in cardiovascular prevention programmes. There is also a need for partnerships between health systems and community stakeholders to identify and address unfavourable SDOH to alleviate the burden of obesity in socially disadvantaged communities.

Existing models of care for cardiovascular disease do not allow holistic assessment of the patient's social burden. This can compromise the quality of care and also further increase health inequities. Empirical data suggests correlations between individual SDOH such as education, income, neighbourhood and food environment, and obesity. However, the link between SDOH and obesity has not been examined from a cumulative social disadvantage standpoint.

In this study, data from 165,000 adults aged 18 or older were used from the 2013–2017 National Health Interview Survey. For the purpose of this analysis, overweight was defined as 25 with less than a body mass index (BMI) of 30 and obesity was defined as a BMI of greater than or equal to 30. Obesity was categorised into three classes - Class 1 and 2 were defined as 30 kg/m2 BMI greater than 40) while obesity class 3 was defined as BMI equal to or a greater than 40.

Individual SDOH were grouped into six domains: economic stability; neighbourhood, physical environment and social cohesion; community and social context; food; education and healthcare system. A total of 38 SDOH were aggregated to create a cumulative SDOH score, which was divided into four quartiles to denote levels of SDOH burden. Prevalence of overweight and obesity were studied by age, sex and race/ethnicity.

As per the results of the study, a graded increase in obesity prevalence was observed with increasing SDOH burden. At nearly each quartile, overweight and obesity rates were higher for middle aged and non-Hispanic Black adults compared to their White counterparts. Additional differences were observed by sex. Quartile four of SDOH was associated with 15%, 50% and 70% higher relative prevalence of overweight, obesity class 1 and 2, and obesity class 3 relative to quartile 1 of SDOH.

“It is crucial for us to address the social determinants of health if we want to begin to address the complex multi-factorial disease that is obesity. With poor SDOH, we see a greater risk for overweight and obesity. Therefore, this study supports our need to address equity and access to SDOH to improve overweight and obesity in the United States and around the world,” said Fatima Cody Stanford, MD, MPH, MPA, MBA, FTOS, an obesity medicine physician scientist at Massachusetts General Hospital and Harvard Medical School in Boston, Mass. She is the TOS councilor for advocacy, public affairs and regulatory. Stanford was not associated with the research.

Source: Obesity

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