Nutrition & Physical Activity Inequalities in the EU

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Aim

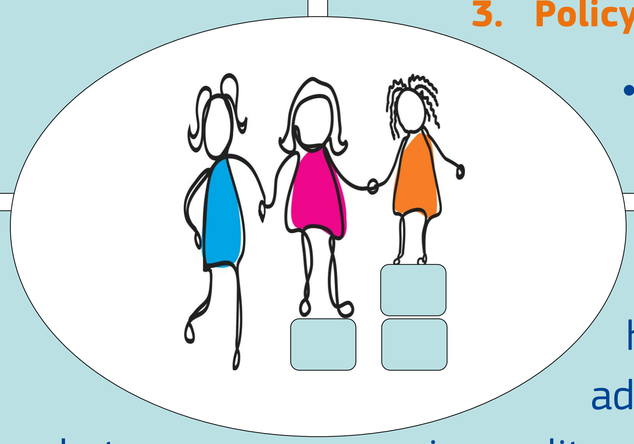
To provide data on nutrition and physical activity (PA) inequalities in the EU, and give examples of policies that address them

Background

- In the EU, health inequalities exist both between and within countries
- The difference in exposure to dietary and PA risk factors is a main driver of health inequalities
- Exposure to risk factors can be modified through sound policies

Methods

- Review of grey and scientific literature on three topics:
  1. **Uneven distribution** of medical conditions (e.g. obesity)
  2. **Inequality in exposure** to modifiable risk factors
  3. **Policy options** to tackle health inequalities
- Inclusion of evidence from international authorities and governmental sources



Main messages

1. **Distribution**: the lower the socioeconomic status (SES), the higher the level of obesity; in the European Region, between 20–25% (men) and 40–50% (women) of the risk of obesity can be attributed to SES differences
2. **Exposure:** various diet and PA modifiable factors play a role in generating such health-related inequalities:
   - ✓ **Breastfeeding**: mothers from low SES are less likely to breastfeed than mothers from high SES
   - ✓ **Breakfast**: children from families of low affluence are more likely to skip breakfast than their more affluent peers
   - ✓ **Family dinner:** children from high-affluence families are more likely to eat daily evening meals than children from lower affluent households
   - ✓ **Fruit and vegetable (F&V) consumption**: it is generally higher among persons with higher educational levels; in children, low fruit and vegetable consumption is associated with parents' low education, low income and unemployment
   - ✓ **PA**: reported levels of PA increase with gross household income, and the percentage of adults engaged in exercise or sport at least once per week rises with the level of education
3. **Policies**: to be effective in reducing health inequalities, policies should openly address and target the reduction in the inequality gap. Examples:
   - ✓ Support **breastfeeding** and complementary feeding, tailored to the specific needs of disadvantaged, obese mothers
   - ✓ Provide free or subsidized **nutritious meals**, along with **F&V**s in schools and early childhood centres
   - ✓ Promote local supply of **F&V**s through participation of disadvantaged groups (e.g. community gardens)
   - ✓ Create **urban environments** that enable access to PA, and invest in recreational facilities for disadvantaged areas
   - ✓ Remove physical and cultural **barriers** to PA for disadvantaged girls & women
   - ✓ **Label** food with **user-friendly** pictograms or traffic-light icons
   - ✓ Increase **social protection** and **income support**, to cover the cost of a healthy food basket
   - ✓ Improve the **composition** of processed foods (e.g. reducing fat, sugar and salt content) without increasing costs for consumers
   - ✓ Limit the **availability** of foods high in salt, sugar and saturated fat (HFSS foods) in deprived neighbourhoods
   - ✓ Restrict food **marketing** to children

Main references

Public Health ECHI Data Tool, European Commission
Health divide in the WHO European Region (2014) WHO Europe
Obesity and inequities (2014) WHO Europe
Evaluation of the implementation of the Strategy (2013) PHEIAC

https://ec.europa.eu/jrc

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