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Social Determinants of Health Related to Obesity

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ABSTRACT

Social determinants of health are economic and social conditions that influence and indicate the health status of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Addressing social determinants of health is a complex task that must involve individuals, communities, and all levels of government to tackle the problem. Nurse practitioners are in a position to increase awareness to obesity by screening, diagnosing obesity, providing treatment plans, and advocating for healthier eating.

Keywords: nurse practitioners, obesity, policies, social determinants of health, strategies

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Obesity is a major public health problem affecting adults and children in the United States.[1] More than two thirds of US adults and about a quarter of 2- to 5-year-olds are overweight or obese, and and one third of school-age children, including adolescents, are overweight or obese.[2] Rates of overweight and obesity are higher for black and Hispanic women than white women, higher for Hispanic men than white and black men, higher in the South and Midwest, and tend to increase with age.[2] Furthermore, pediatric obesity is associated with many of the same cardiovascular risk factors as adult obesity, including hypertension, diabetes, metabolic syndrome, and hyperlipidemia.[3]

Although the prevalence of obesity is high among all US population groups, substantial disparities exist among racial/ethnic minorities and vary on the basis of age, sex, and socioeconomic status.[1] Social and environmental factors have an impact over individuals' lives, and, therefore, interventions must be targeted at communities in which people live, work, and play.[4] Our health is determined in part by access to social and economic opportunities; the resources and support available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.[5] *Healthy People 2020* highlights the importance of addressing the social determinants of health (SDH) by including "create social and physical environments that promote good health for all" as 1 of the 4 overarching goals for the decades. The purpose of this article is to describe how SDHs impact obesity, why we need the community's involvement, and potential strategies to improve health outcomes.

Although the consequences of obesity are well documented,[6,7] reducing or even managing this chronic condition among vulnerable persons can be challenging given the fact that many SDHs that influence healthy behaviors may be out of the control or reach of disadvantaged populations.[8] SDHs are listed as 1 of the *Healthy People 2020* national priority topic areas,[9] and they encompass social, political, and economic factors that affect the health outcomes of individuals, communities, and countries.[10] Addressing SDHs is a complex task that must involve individuals, communities, and all levels of government to tackle the problem because all Americans, regardless of social class, race, or political affiliations, deserve the opportunity or chance to make decisions to adopt healthier lifestyle choices. Moreover, disciplines other

than health care organizations need to be involved in opening doors for all people, such as education, business, community planning, and agriculture to assist in reducing SDH burden.[9,11] SDHs encompass 5 main components: 1) economic stability (eg, poverty or employment status), 2) education (eg, high school graduation rates or safe school environments that encourage learning), 3) social and community context (eg, discrimination and equity perceptions or family structure), 4) health and health care (eg, access to primary care and health services), and 5) neighborhood and built environment (eg, quality housing or access to healthy foods). Exploration of these 5 areas by local, state, and federal collaborative partnerships is needed to address this multifaceted public health issue.[9,11]

Because SDHs refer to circumstances or conditions in which people are born, grow, live, play, work, and age, health inequities and health inequalities will occur if people in positions of power such as a nurse practitioner (NP) or health care systems do not intervene.[9,11] Therefore, it is important for NPs to not only acknowledge the barriers faced by vulnerable obese people to achieve healthy behaviors but also to be cognizant of how to empower this group to be successful within their own specific environments.[12] One way for NPs to reduce health inequities emphasizes policy-based oppression by incorporating SDH knowledge to influence patient care and advocacy.[10]

According to the World Health Organization,[11] "the healthcare system is itself a SDH influenced by and influencing the effects of other social determinants." Although NPs are knowledgeable of the consequences related to obesity and obesity-related illnesses, their awareness of the interplay between these health conditions, social injustices, and health inequities is not clear. Social injustices refer to society unfairly limiting resources, which increases a specific population likelihood of illness or poor health outcomes,[10,11] and health inequities are preventable and unjust disparities in health that are usually experienced by lower socioeconomic populations who have a higher probability of morbidity and mortality.[13] Therefore, NPs must be culturally competent and cognizant of SDHs that influence health outcomes,[10] especially when treating obesity among vulnerable populations. One major challenge for NPs addressing SDHs as they relate to patient care involves the disconnect between what is traditionally taught or not taught in nursing schools compared with what vulnerable patients actually need from providers to achieve adequate health outcomes.[14] By considering SDHs when providing patient care, NPs can empower vulnerable populations to use health prevention and promotion strategies instead of overusing curative approaches to health care.[11,15] Because the health care system is an SDH,[11] increased NP awareness of the impact of SDHs including poor social conditions, health disparities, and poverty and how these factors influence the health care needs of medically complex vulnerable populations is needed.[14,16] Making NPs more aware of SDHs and the need to empower this population to take an active role in their own health within the context of their individual lives is essential.[14] However, for this to occur, NPs must be knowledgeable and comfortable with developing individualized healthy resolutions and lifestyles that address the conflicting demands on underserved populations, which inhibits the adoption of healthy behaviors[14,17] to reduce the prevalence of obesity.

HEALTHY RESOLUTIONS: COMMUNITY GARDENS; FOOD PANTRIES; AND WOMEN, INFANTS, AND CHILDREN

Currently, a healthier lifestyle is a hot topic in this country. Because many people are misinformed or have misconceptions, perceptions about losing weight and healthier eating collide. Being healthier is not represented by a number on a scale; it is about being at an optimal mental and physical state.[18] Effective resolutions to attain a healthier lifestyle are numerous and include eating more fruits, vegetables, and whole grains; limiting sodas and fruit drinks; increasing calcium intake; and being more physically active. However, the competing concerns that many vulnerable people have are related to higher costs and decreased availability of healthier foods in their area.[19]

Not only is food cost a concern, but also food insecurity is a growing fear that affects approximately 50 million Americans, with 17 million being children. The national average of food insecurity is currently 16.4%.[20] Approximately 10 states have a higher food insecurity rate than the national average.

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