SSRC Selections are brief, curated lists of research, evaluation reports, and additional publications and resources that inform the field about key issues in, and effective practices for, fostering economic self-sufficiency. The goal of SSRC Selections is to bring together relevant, seminal work on a topic for a focused read on the state of the field. This set of selections focuses on adult obesity. While these selections include information on adult obesity, this is not an exhaustive list of resources in this area. To access over 7,000 reports, datasets, journal articles, conference papers, federal publications, and more, visit the SSRC Library.

https://www.opressrc.org/content/prevention-overweight-and-obesity-how-effect-current-public-health-approach

This literature review covered the prevalence, health consequences, and contributing factors of obesity. Additionally, the journal article analyzed population-based, public health approaches to reduce or prevent obesity globally. Factors such as a sedentary life, reduced physical activity, and adverse socioeconomic conditions are recognized as risk factors for obesity. In analyzing public health approaches, the article identified policies addressing economic insecurity through education, employment, and other social services as possible measures to reduce obesity. In addition to policy, the article identified individual level factors such as reduced TV time, stress management, and overall improved health management.

https://www.opressrc.org/content/recommended-community-strategies-and-measurements-prevent-obesity-united-states

This article summarized the recommendations of the Center for Diseases Prevention and Control's Common Community Measures for Obesity Prevention Project (the Measures Project). The Measures Project consists of an expert panel whose aim is to identify strategies for communities and local governments and their associated indicators to monitor progress in addressing the obesity epidemic in the United States. Using a systematic review, the expert panel initially identified 179 strategies and met with 20 local governments, city managers, urban planners, and other relevant stakeholders to identify the top priorities. The report
summarized a total of 24 strategies which were divided into six categories: 1) strategies promoting the availability of affordable healthy food and beverages; 2) strategies supporting healthy food and beverage choices; 3) a strategy encouraging breastfeeding; 4) strategies encouraging physical activity or limit sedentary activity among children and youth; 5) strategies creating safe communities that support physical activity; and 6) a strategy encouraging communities to organize for change.


https://www.opressrc.org/content/state-obesity-2018-better-policies-healthier-america

This is a report in a series of annual reports identifying adult obesity rates by various socioeconomic demographics across all the states. The report found that, in 2018, 35 percent of adult Americans were obese with increases in obesity rates in Colorado, Minnesota, Washington, and West Virginia, along with a decrease in Kansas. The report highlighted low-income, low educational attainment, and minority status as key factors linked to increased likelihood of obesity, and concluded with recommendations to address obesity. These recommendations included prioritizing full implementation of menu labeling, expanding healthcare coverage, and investing in community-based policies and programs to improve built environment such as improved access to transportation, improved walkability, and increased access to recreation facilities.


https://www.opressrc.org/content/neighborhoods-obesity-and-diabetes-randomized-social-experiment

This was a randomized control study, conducted by the Department of Housing and Urban Development (HUD), implemented from 1994-1998 with follow up in 2008-2010. The study investigated the impact of neighborhood poverty on obesity and diabetes. The study consisted of three groups of women: 1) those who receive a housing voucher and moving counseling to move to neighborhoods with lower poverty rates; 2) those who receive a traditional housing voucher without restrictions; 3) and a control group that did not receive a voucher. In the follow up, the group that received the vouchers to move to low-poverty neighborhoods had a lower prevalence of body mass index (BMI) over 35 and had lower rates of diabetes symptoms compared to the control group. The study did not observe any significant differences between the control group and those receiving traditional vouchers.
https://www.opressrc.org/content/patchy-progress-obesity-prevention-emerging-examples-entrenched-barriers-and-new-thinking

This literature review analyzed the complexities of the obesity epidemic’s causes, consequences, and approaches. The review noted that while a lot of countries have adapted obesity prevention efforts, no country has reversed the epidemic. According to the article, the reason for this disconnect in the increase in effort and the inability to reverse the epidemic is the dichotomous approach to obesity prevention that emphasizes the individual’s responsibility and the systematic factors that promote obesity. This framing of obesity does not consider the interactions between the systemic factors and the individual factors that lead to obesity. Systematic factors exploit psychological, social, and economic vulnerabilities that result in overconsumption of unhealthy foods. These exploitations include the popularity of processed foods high in sugar, fat, and salt which lead to neurobiological changes similar to addiction. Another example is the exploitation of psychological vulnerabilities through advertising, food prices, and promotions of poor nutrient foods. Finally, the article notes that high fat, nutrient-foods are less expensive and as a result are more available in low-income neighborhoods. The article concluded that by understanding the obesity epidemic through the interaction of individual and systemic factors, regulatory policies such as the restriction of advertising to unhealthy foods to children, incentivizing stores to establish presence in underserved areas, and behavioral changes such as nutrition education and counseling can serve to effectively address the obesity epidemic.

https://www.opressrc.org/content/income-disparities-perceived-neighborhood-built-and-social-environment-attributes

This study examined the relationship between the perception of a neighborhood’s physical activity environment and the income of the neighborhood. Using a “walkability index” the study examined 32 neighborhoods in Seattle, WA and Baltimore, MD, 16 of which were high-income neighborhoods and 16 of which were low-income neighborhoods. The “walkability index” included macro-built environment variables (e.g., food access, fitness facilities, street connectivity) and micro built environment variables (e.g., aesthetics, walking or cycling facilities, safety). According to the study, there were no statistically significant differences by neighborhood income status in macro-built environments except for recreational facilities. However, there were significant differences of micro built environment variables by income. The study concludes that low-income neighborhoods’ deficiencies in micro-built environments reduce can be resolved by short-term solutions such as improving aesthetics, building or improving sidewalks, or adding streetlights among other solutions.

https://www.opressrc.org/content/causes-and-consequences-adult-obesity-health-social-and-economic-impacts-united-states

This literature review examined the social and economic factors contributing to obesity and the consequences of obesity. The article identified medical and social consequences of obesity. First, obesity is a risk factor for several medical conditions including heart disease, arthritis, and sleep apnea. The medical costs associated with overweight and obesity is estimated to be 170 billion dollars. In addition to this, the cost of obesity is linked to loss of productivity, increased doctor’s visits, and reduced physical activity restrictions. Finally, the article highlighted the discrimination and social stigma individuals with obesity experience in school and the job market.