

NUTRITION INTERVENTIONS IN SOCIO-ECONOMIC DISADVANTAGED GROUPS: FOR BETTER OR FOR WORSE?

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Globally, there is a clear gradient in diet-related diseases by socio-economic position, Under nutrition and over nutrition often co-exist in vulnerable communities and nutrition interventions need to take account of all potential benefits and harm.

Interventions (such as the provision of food and supplements) targeted at high risk groups have been demonstrated to have a beneficial effect on under-nutrition related diseases. Likewise, targeted, intensive lifestyle programmes such as the diabetes prevention research programmes have been shown to have clinically relevant effects on reducing obesity related factors across the population. More recently, translation of such approaches into primary care settings indicate the feasibility of lifestyle interventions, although more work is needed to improve uptake of such interventions by social position.

However, population based interventions ranging from regulatory approaches such as taxing sugary drinks to general nutrition education have been postulated to contribute to diet and health inequalities. This does not mean that nutrition interventions should be avoided but a risk benefit analysis could usefully help to guide the direction of evidence based policy action. Directing scarce intervention resources to vulnerable groups can be defended if they are accompanied by facilitating actions (e.g. structural changes) within the wider environment including retailing pricing and marketing interventions. On ethical grounds, avoiding intervention to avoid increasing health inequalities is not an option.