

POLICY NOTE: OBESITY PREVENTION & SDG ALIGNMENT

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KEY DRIVERS OF RISK

- **Sedentary Lifestyle (54.2% obesity vs. 37.3% active):** Primary driver. Affects office workers and mid-career adults transitioning to desk jobs.
- **Transportation & Built Environment (45.2% auto-commuters vs. 5.5% walkers):** A 39.7 percentage point gap reveals structural inequality: low-income areas lack safe pedestrian/cycling infrastructure, forcing sedentary commuting.
- **High-Calorie Food Access (51.7% obesity):** Cheap processed food vs. healthy alternatives. Low-income neighborhoods face "food swamps" with concentrated junk food marketing.
- **Age 40+ (63.2% obesity):** Correlates with years of sedentary habits, not age itself. Intervention target: sedentary work patterns, not older people.

POLICY ACTIONS

1. **Community Physical Activity Programs:** Subsidized neighborhood fitness classes, workplace physical activity breaks. Expected outcome: Reduction of Sedentary obesity by allowing for healthy habits/physical activities.
2. **Food Policy:** Tax sugary drinks/ultra-processed foods; subsidize fresh produce in food deserts. Expected outcome: Reduce high-calorie consumption by ensuring healthy alternatives are available and accessible.
3. **Active Transport Infrastructure:** Build cycling lanes, pedestrian paths, expand transit. Expected outcome: Reduce auto-commuter obesity by making the cities more suitable for walking.

SDG ALIGNMENT

SDG 3 (Good Health): The data shows obesity is mainly linked to lifestyle, not age alone. Sedentary groups have ~54% obesity compared to ~37% among highly active people. Policies that make physical activity easier; like workplace wellness programs, safer public spaces, and community fitness initiatives, can directly lower preventable NCDs and support SDG 3

SDG 10 (Reduced Inequalities): The gap between transport groups (~45% obesity in car users vs. ~5% in walkers) suggests that environment and access shape health outcomes more than personal choice. Improving walkability, public transit, and access to healthier food options, especially in low-income areas, can reduce structural barriers and help close health disparities, aligning with SDG 10.