

From Lived Experience to Systemic Change

Participatory Systems Approaches to Dietary Inequalities in Europe

Nieke Sonneveld, Wageningen University & Research, Chair group Consumption and Healthy Lifestyles

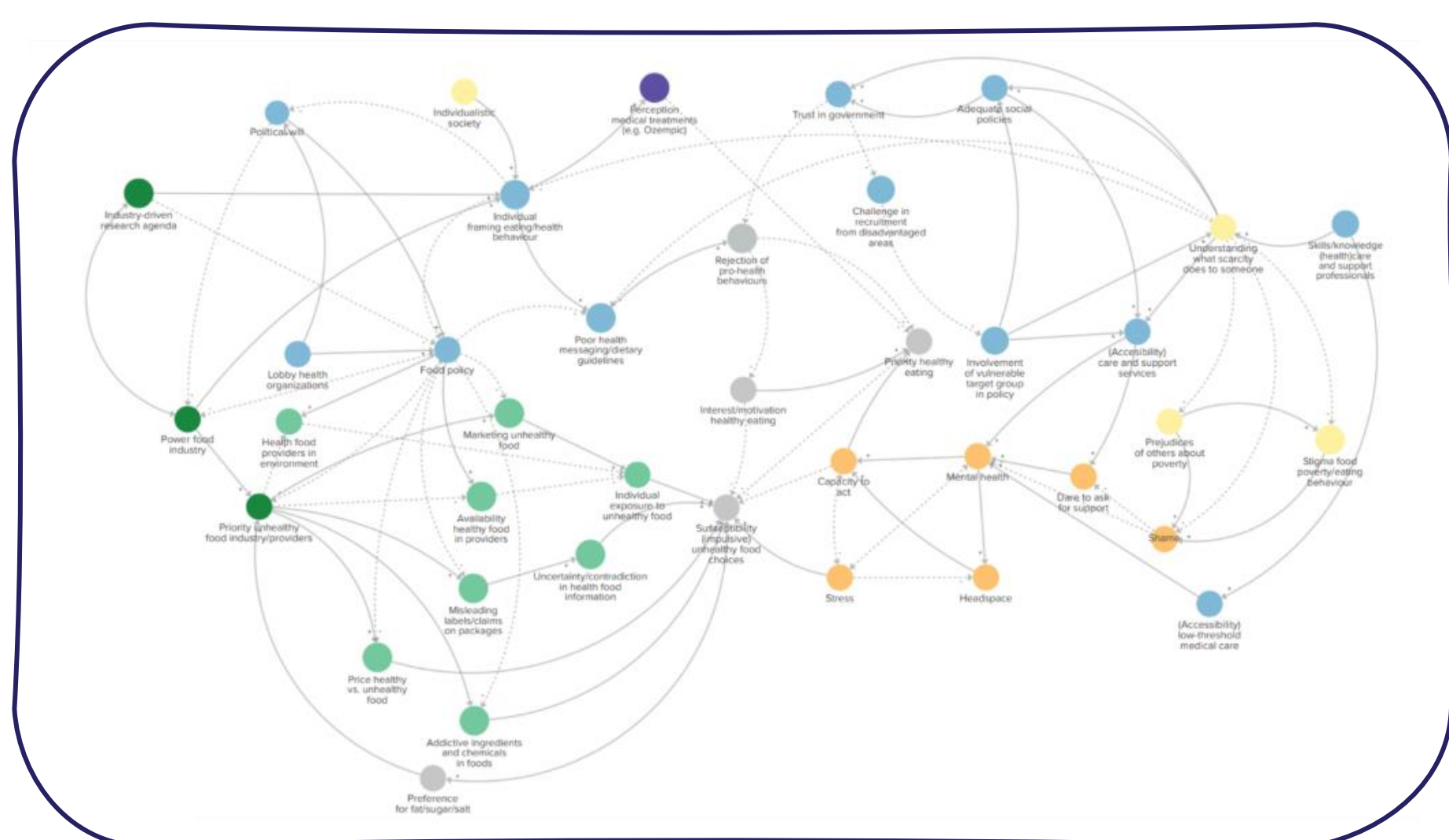
✉ nieke.sonneveld@wur.nl

From the **perspectives of citizens and professionals** in four European communities, this study aimed to:

- 1 Understand the complex system of factors influencing **dietary behavior among low-income groups**.
- 2 Identify systemic leverage points and **policy actions to promote healthier diets** among low-income groups.

Background

Socioeconomic inequalities in diet and health persist across Europe, with people in lower income groups being at higher risk of overweight and diet-related chronic diseases^{1,2}. These inequalities result from a complex system of interacting factors and processes at multiple levels^{3,4}. However, how these dynamics jointly shape dietary behaviour remains insufficiently understood; **participatory systems approaches that include lived and professional experiences can help uncover the mechanisms maintaining these inequalities**^{5,6}.



Results

Key dynamics

The **integrated systems map** (Causal Loop Diagram) shows how **four key dynamics** contribute to maintaining the current system which complicates healthy eating for people living on a low income:

1. **Framing, power, politics and policies:** an individual framing of health and eating, combined with limited political will and strong industry influence, sustains insufficient structural support for healthy eating.
2. **Disadvantaged socioeconomic conditions, stress and wellbeing:** financial hardship, stress and reduced wellbeing limit people's mental space, increasing vulnerability to unhealthy food choices.
3. **Food environment - availability, marketing and prices:** people on low incomes are more exposed to cheap, aggressively marketed unhealthy foods, making it difficult to eat healthily.
4. **Socio-cultural environment - upbringing, education and nutritional knowledge:** social norms, limited food skills and intergenerational habits can reduce motivation or confidence to adopt healthy diets.

Policy actions

Multi-level, complementary actions are needed to **facilitate healthy dietary behaviour among people on a low income**. Actions target multiple levels of the Action Scales Model⁷, for example:

- ➔ Governments and social service organisations **involve experts by experience in the development of policy** and implementation of support services. (ASM-level: structures)
- ➔ Professionals participate in **training courses on the effects of scarcity and trauma**. (ASM-level: beliefs)
- ➔ The government **improves food assistance for the poorest families** by developing local community initiatives. (ASM-level: structures)
- ➔ The municipality and local organisations organise **accessible initiatives** in the field of **affordable and healthy eating and/or cooking together**. (ASM-level: events)

Methods

Setting & participants

📍 **Low-income neighborhoods** in The Netherlands, Ireland, Belgium, and Poland.

- **Citizens** with lived experience of low income (n= 9-19 per country).
- **Professionals** from health, social, and policy sectors (n= 6-18 per country).

Design

System-based participatory approach with **three Group Model Building sessions** per country:

- **Session 1** (citizens) and **session 2** (professionals): identify factors, and connections between factors, affecting dietary behavior (Causal Loop Diagrams; CLD).
- **Session 3** (citizens & professionals): identify leverage points and policy actions.

Data analysis

Researchers integrated CLDs developed by citizens and professionals across countries and identified key dynamics that complicate healthy eating among people living on a low income. The formulated actions were also integrated and analysed for their system-level impact (Action Scales Model⁷).

Group Model Building sessions enabled citizens and professionals to visualise and connect their perspectives on how dietary inequalities are maintained, creating common ground for identifying **Meaningful actions for change**.



Conclusion

This participatory systems-based study, conducted in four European communities, shows that **dietary inequalities among low-income groups are sustained by interconnected political, socioeconomic, environmental, and socio-cultural dynamics**.

Citizens and professionals collaboratively identified multi-level actions to address these dynamics and support healthier diets. To ensure that these actions translate into the design and implementation of effective and relevant policies and interventions, **it is essential that citizens with experiential knowledge remain actively involved throughout the process**.

Authors

Dr. Sanne K. Djojoseparto¹, **Nieke A. Sonneveld¹**, Prof. dr. Janas Harrington², Dr. Margaret Steele², Nora O'Connor², Prof. Dr. Piotr Romaniuk³, Dr. Krzysztof Kaczmarek³, Klaudia Alcer³, Natalia Zadworna³, Evita W. van Duin^{4,5}, Jessie Van Kerckhove^{4,5}, Prof. dr. Greet Cardon⁵, Dr. Stefanie Vandevijvere⁵, Dr. Carlijn B.M. Kamphuis⁶, Dr. Maartje P. Poelman¹

¹Wageningen University & Research, ²University College Cork, ³Medical University of Silesia, ⁴Ghent university, ⁵Sciensano, ⁶Utrecht University

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