



***Presentation to Inquiry on Obesity, 4 October 2006***

Thank you for an opportunity to make this submission.

We note that this submission comes on the heels of the government's announcement of \$67 million campaign to fight obesity. We suggest that this will amount to little more than a \$67 million donation to the advertising industry, and its impact on our burgeoning obesity rates will be minimal. The idea that it will change people's attitudes and hence their health outcomes is, we believe, misguided, but worse, it avoids the bigger issues that obesity represents.

Key among these issues is income. In New Zealand, as elsewhere in the developed world, obesity rates are correlated with income. It is a modern day paradox that the poorer you are the more likely you are to be overweight or obese. I must add that being poor and overweight or obese is not inevitable, but all the evidence points to an increased likelihood.

In South Auckland, when a block of shops goes up the residents know the tenants will be a liquor shop or two, a loan shark or two and several fast food joints. If this were the U.S. there would be a gun shop as well. Liquor, expensive credit and bad food joints are the hallmarks of poverty. Not the temporary hard times that most of us deal with from time to time, but long-term, entrenched poverty. Trying to change attitudes in these neighbourhoods, the ones that boast

the highest rates of obesity, is a waste of time. There are a couple of very simple reasons this is so.

For those on low incomes, eating salads to stay healthy for your old age is a luxury relegated by the biological imperative to keep today's calorie count up. We know that people on low incomes are more likely to eat calorie rich food because it is available in portions that cost a couple of bucks, and it fills you up. When you're not sure if there's going to be money for the next meal, you're not going to make pine nut and steamed chicken breast salad. As one local teacher put it to me: "If you have five bucks to feed the whanau you'll buy \$4 of chips and a loaf of Rivermill bread." This is not a matter of changing attitudes, it's a matter of making sure your children go to bed feeling like they have some food in their tummies. These people are perfectly rational economic agents who have recognised how to get the most calorific bang for their buck.

Similarly, CPAG queries the effectiveness of a campaign urging people to get out and exercise. The Ministry of Social Development now acknowledges, at least in private, that many poor people are now struggling with is not unemployment, but over-employment. This is the phenomenon whereby parents work two or more jobs, usually badly paid, with variable hours and little security. The chances are many of these people are overweight or obese. They eat energy-rich foods when they can to keep going. Again, this is something we see in other countries, notably the US. Now stop and think: If you come home from your second job, and there are children and household chores to attend to, are you going to put everything on hold while you pop down the road for a game of squash, or go for a quick jog around the block? I don't think so.

One thing that has emerged from people's stories is that many poor overweight and obese people experience various degrees of annoyance and frustration at being talked to as though they don't know the basic rules of healthy eating. Most

parents know the food they are feeding their children and themselves is not healthy, and they get frustrated because they do not have the resources to feed their children the good food they know they need. Indeed, one patient reported feeling very resentful about being talked down to by a nutritionist who clearly had no idea of the financial difficulties this woman faced. I have seen sole parents at uni take home left over fruit from functions for their children because they are luxuries they would not otherwise get. These are educated, thoughtful women. Their key constraint is income, not ignorance.

It is important to understand that income does not just affect individuals and their families. In New Zealand, where neighbourhood stratification by socio-economic status has become so pronounced in the last twenty years urban landscapes that reflect large pockets of deprivation have evolved. Thus, in areas such as Otara and Clendon, there are no supermarkets to speak of, public transport is woefully inadequate and medical facilities are sorely lacking. You can buy liquor and pawn your Grandmas wedding ring, but are unable to buy fresh fruit and vegetables locally. If we get obese people emerging from these neighbourhoods, let us not feign surprise, or pretend that some Polynesian dance classes will deal with the problem.

The reason all this matters is that obesity is now more common in young people than ever before. Sit outside a dairy in South Auckland on any school morning and you will see that overweight and obesity rates far exceed the national average of 30%. Heart disease, cancer and diabetes are taking a huge toll on them and their families, as I'm sure the CMDHB submission will make very clear. From a public health point of view it is a disaster in the making.

CPAG urges the committee to note the very real effects of low incomes on obesity, particularly obesity in children and young people. It is a key to reversing the public health disaster we face.