

# Policy Submission

**Submission to the  
National Task Force on Obesity**

**June 2004**



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### Combat Poverty Agency

Combat Poverty Agency is a statutory agency that promotes a just and inclusive society by working for the prevention and elimination of poverty and social exclusion through policy advice; project support and innovation; research; and public education.

This submission sets out Combat Poverty's position on obesity, focussing on the particular vulnerability of disadvantaged groups, and how patterns of food consumption are linked to a variety of factors such as socio-economic circumstances, affordability and access to food. A number of policy recommendations are presented based on recent research on food poverty and policy in Ireland.

### Poverty in Ireland

In the National Anti Poverty Strategy (NAPS)<sup>1</sup>, poverty is defined as follows:

*People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society.*

'Consistent poverty'<sup>2</sup>, the measurement of poverty used by the Government, refers to the situation where individuals or families have less than 70 per cent of median household income and are lacking one or more basic life-style deprivation indicators<sup>3</sup>. In 2001, 4.9 per cent of people were living in consistent poverty.

Three of the eight deprivation indicators are food related – not being able to afford one substantial meal per day; chicken, meat or its equivalent every second day; and a roast or its equivalent once a week. The proportion of those living in consistent poverty experiencing deprivation in relation to food is high. In 2000, almost half of those living in consistent poverty were lacking in a roast meat joint or its equivalent once a week, while 14 per cent were without a meal with meat, chicken or fish every second day. Consumption of lean meat is severely limited for low-income families who rely heavily on fattening filler foods such as potatoes and white bread<sup>4</sup>.

Child poverty also continues to be a serious problem in Ireland. Children in Ireland are nearly twice as likely to be poor as adults, and the consequences of poverty for children are particularly severe because of the long term nature of the problem. Those who grow up in poverty are less likely to do well educationally, are more likely to suffer ill-health, have fewer social and cultural opportunities and are more at risk of being involved in crime. In 2001, 6.5 per cent of Irish children were living in consistent poverty.

### **Obesity Determinants in Irish Society – A Poverty Perspective**

A recent study on food poverty and policy in Ireland commissioned by Combat Poverty, Crosscare and the Society of St Vincent de Paul (Conlon and Friel, 2004)<sup>5</sup> highlights the close relationship between health, nutrition and socio-economic status. The findings of this study draw attention to the particular vulnerability of socially disadvantaged groups to food poverty, and related conditions such as malnutrition and obesity.

There are a number of reasons why members of socially disadvantaged groups may be particularly at risk of becoming obese. Conlon and Friel found that low income families in Ireland consume lower levels of healthy foodstuffs and show lower levels of compliance with dietary recommendations and have poorer nutrient intake. Being from a lower social class, living on a low income and having little or no formal education each independently puts people at risk of poor dietary intake. Throughout industrialised countries higher intakes of full-fat milk, higher fat meat products, sugars and potatoes, and lower levels of fresh fruit and vegetables are far more likely to be reported by individuals from lower socio-economic groups, which raises serious issues concerning their health, including a heightened risk of obesity.

While socially disadvantaged groups display an awareness of what constitutes healthy eating, deciding on what to eat is a combination of factors and influences including financial constraints, the availability and affordability of healthy food and the needs and preferences of dependants, especially children. There has been a reluctance up to now to highlight the problem of inadequate diet among low income groups, in part because it may further stigmatise them, unfairly, as poor managers, but as the following section will outline, disadvantaged groups are vulnerable to obesity for a range of structural and psychosocial reasons.

### **Why are Disadvantaged Groups Vulnerable to Obesity?**

Issues of accessibility and affordability contribute to obesity levels among lower socio-economic groups. Access to healthy food is determined primarily by what is available to buy and what people can afford to purchase. Low income families often face physical and economic barriers to accessing healthy food. Transport issues affect the types of shops that people can reach, especially if public transport is inadequate. Many people live in areas where there is no supermarket, where they only have access to one or two convenience stores that primarily sell expensive canned or processed foods.

A report by the Vincentian Partnership for Social Justice (2002)<sup>6</sup> showed that the principal barrier to providing a reasonably healthy diet is inadequate income. This study highlighted the fact that for families struggling to get by on a low income, fresh fruit, vegetables and lean meat are often seen as luxuries. The families living on a low income tried to follow mainstream dietary habits but financial constraints meant that the range of foods consumed was limited with little flexibility for variation in case of wastage. Other research (Daly and Leonard, 2002)<sup>7</sup> has illustrated that although mothers in low income households know which foods are healthy, their ability to provide their families with these is often restricted by financial difficulties and physical access issues. Conlon and Friel found that disadvantaged groups spend a higher proportion of their money on food than higher social groups, but not on healthy options. For example, expenditure remains high on cheap filler foods such as white bread but low on relatively expensive fresh fruit and vegetables.

Psychosocial factors also impact greatly on food choice among socially disadvantaged groups. Personal tastes, skills and knowledge, peer influences and social norms each interact with structural and economic constraints to produce a

complex collection of factors contributing to bad diet and obesity. As Coakley (2001)<sup>8</sup> observes, the recurring effect of financial constraints on food choice not only influences the nutritional quality of individuals' diets, but also defines the social and cultural food boundaries within which socially disadvantaged groups operate.

The situation is even more serious for children. UK research has shown that children from lower social classes, or whose parents are unemployed, consume higher amounts of bread, eggs, potatoes, chips, baked beans and sugar, and lower levels of milk, lean meat, chicken and fruit than children from higher social class households (Bradshaw, 2002)<sup>9</sup>. For children from low income families, whose parents may not have the financial means to allow them to partake in costly leisure activities, the lack of accessible and affordable amenities means that they are excluded from activities considered the norm for children in society (Daly and Leonard, 2002). This means that children from poor backgrounds tend to spend less time exercising. This reduction in exercise, coupled with an unhealthy diet, reinforces the trend towards childhood obesity, in particular among low income households.

### **Policy Recommendations**

There is a need to facilitate the provision of healthy and nutritious food to vulnerable and low income households, and to increase the capacity of people to choose healthier options. A number of practical initiatives have already been undertaken by statutory agencies and non-governmental organisations that could have a positive impact on obesity levels, particularly among the lower socio-economic groups. However, to date no policy area has focussed specifically on issues of adequacy in food and nutrition. Conlon and Friel highlight a number of key issues that, if addressed, will help ensure that all groups in society have access to a nutritionally adequate variety of foodstuffs that are financially affordable and physically accessible, and that people have sufficient knowledge, skills and facilities to make healthy food choices. These include:

#### **1. A Food and Nutrition Policy**

A specific food and nutrition policy, located within the framework to address poverty set out in the National Anti-Poverty Strategy (NAPS), should be drawn up. This should have as its main objective equal access to food for all members in society. To realise this objective, there is a need to raise understanding of poverty and social inequality in dietary habits and provide a guided framework for the co-ordinated development and implementation of national and local action. As access and availability are two of the main barriers to healthy eating among low income groups, these two issues should be addressed within this food and nutrition policy. Strategic objectives to identify and address gaps in dietary knowledge and skills, plus a comprehensive action plan, should also be integral components of the food and nutrition policy.

#### **2. Provision of an Adequate Income**

Welfare payments must adequately incorporate the cost of a healthy diet. An immediate priority should be to make progress towards achieving the NAPS target of a minimum welfare payment of €150 per week (in 2002 terms) for adults.

#### **3. School Meals**

An enhanced school meals scheme addressing issues of quality and take-up could provide benefits for children's diet and educational participation. The extension of school meals to all school children, with the option of better-off children paying for the meals, should be considered as a long-term goal.

#### **4. Improving Access to Play and Recreational Facilities**

There is a need for greater provision of play environments for children in local communities and rural areas, particularly those that are disadvantaged. The National Play Policy, which sets out how this can be achieved through allocating €1 million to local authorities, needs to be implemented as a matter of urgency.

#### **5. Community Initiatives**

Support for community initiatives which increase access to food is strongly recommended. Combat Poverty is piloting a 'Building Healthy Communities' programme that promotes community development approaches to tackling health inequalities. Many of the initiatives targeting the 'food-poor' focus on facilitating the provision of healthy nutritious food through food banks and food centres while also seeking to address the social dimension of food and relieve food-related exclusion. Community action should be part of an inclusive approach which provides support for local food partnerships to identify and respond to needs.

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<sup>1</sup> Government of Ireland (2002) *Building an Inclusive Society: Review of the National Anti Poverty Strategy under the Programme for Prosperity and Fairness*. Dublin: Government of Ireland.

<sup>2</sup> There are two key measures of poverty applied by policy makers in Ireland (consistent poverty and relative income poverty). Relative income poverty measures the proportion of people who are living below a certain level of income. In 2001, 22 per cent of the population were living below 60 per cent of median income – equivalent to €164 per adult per week and €54 per child.

<sup>3</sup> The eight basic life-style deprivation items are being able to afford one substantial meal each day; chicken, meat, fish or its equivalent every second day; a roast or its equivalent once a week; two pairs of strong shoes; a warm waterproof coat; new, rather than second hand clothes; adequate heating; and being able to pay everyday household expenses without falling into debt.

<sup>4</sup> Murphy-Lawless, J. (1992) *The Adequacy of Income and Family Expenditure*. Dublin: Combat Poverty Agency.

<sup>5</sup> Conlon, C. and S. Friel, (2004) *Food Poverty and Policy*. Dublin: Crosscare, Society of St. Vincent de Paul and Combat Poverty Agency.

<sup>6</sup> Vincentian Partnership for Social Justice (2002) *One Long Struggle – A Study of Low Income Families*. Dublin: Vincentian Partnership for Social Justice.

<sup>7</sup> Department of Health and Children (2003) *Dietary Habits of the Irish Population: Results from SLAN*. Dublin: Health Promotion Unit.

<sup>8</sup> Coakley, A. (2001) 'Healthy Eating: Food and Diet in Low Income Households'. *Administration* **49** (3), 89 – 103.

<sup>9</sup> Bradshaw, J. (2002) *The Well-Being of Children in the UK*. London: Save the Children.