

**INQUIRY INTO INQUIRY INTO CHILDHOOD  
OVERWEIGHT AND OBESITY**

**Organisation:** Right to Food Coalition

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**Upper House Inquiry into Childhood Overweight and Obesity  
Parliament House**

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**Submitted by Right to Food (RTF) Coalition (NSW chapter)**

*The RTF is a broad-based advocacy organisation working to ensure that the human right to food is recognised and acted upon in Australia. The organisation comprises policy makers, academics, community development and health professionals, dietitians, health promotion officers, social and welfare workers, researchers, social entrepreneurs, local government workers and people working in planning and education, as well as community members from all corners of Australia. Representatives work in community agencies, the charitable food sector, academia and the public sector.*

The RTF welcomes the opportunity to contribute to the NSW Upper House inquiry into childhood overweight and obesity.

**UNDERSTANDING THE ISSUE**

**Recognising the role of food insecurity\***

While considerable effort and resources have been allocated to addressing rising rates of overweight and obesity in NSW and Australia over the last decade, RTF believes there has not been a corresponding and specific focus on food insecurity as a contributing factor to the issue, a focus which is key to addressing the inequities seen in the prevalence of obesity in NSW. To not include food insecurity in our obesity-prevention strategies risks widening the existing health gap, and may also result in a failure to achieve the goal of reducing overweight and obesity by underemphasising their coexistence in low income and other at-risk communities.

Recent studies have found evidence of a significant relationship between food insecurity and obesity among youth—specifically of middle-school age—which is mediated by multiple psychosocial factors (1-4). More generally, greater levels of childhood food insecurity have been associated with higher consumption of energy, fat, and sugar, and a diet lower in vegetables (5), which are all risk profiles for obesity (6). While these studies focus on particular age cohorts, RTF believes we have sufficient evidence to extrapolate the coexistence of food insecurity and obesity across childhood age cohorts given that both are consequences of broader economic and social disadvantage (7). The demonstrable links between disadvantage and obesity and food insecurity necessitates, we believe, a strong equity focus in the development of policies to address childhood overweight and obesity.

It is worth noting that many early studies found no statistical link between obesity and food insecurity, but studies reporting this finding failed to include food insecurity reports by children

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\* Food security is commonly defined as a state in which “all people at all times have physical, social, and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (27). It is usually measured with the single question: ‘In the last 12 months, have you run out of food and been unable to buy more?’ Food insecurity can occur at the individual, household, community or national level.

themselves—a limitation they all recognised. Studies that engage with the lived experience of food insecurity and obesity routinely demonstrate a link between the two, a sentiment that is echoed across the RTF membership, many of whom work directly with affected communities. We believe this demonstrates a need to engage with and learn from the experiences of community food security practitioners in developing strategies to address overweight and obesity.

Estimates vary, but studies undertaken in developed countries over the last 15 years have shown that the prevalence of food insecurity ranges from 4-14% among population-representative samples, and up to 82% among disadvantaged groups such as ethnic minorities and single-parent families (8). Food insecurity is generally estimated in Australia at about 4-5% in the general population, which equates to around one million people (9). A 2006 study in 3 low-income suburbs in southwest Sydney showed food insecurity at 21.9%, with 30% in families with children and 45% in single parent families (10). A recent study with young people in housing risk found that 40% were severely food insecure (11). In general obesity is concentrated in the same areas and communities as food insecurity. Both problems are affected by increasing income poverty, underemployment, rising housing, transport and utility costs and the reductions to the social safety net, which mean that food is often sacrificed when there is not enough money to pay the rent and other bills.

The recent NSW Budget allocated \$14 million for preventative health efforts to reduce childhood obesity, a response to the realisation that overweight and obesity cost NSW \$19 billion in 2008, including financial costs and indirect costs due to lost wellbeing (12). RTF believes the economic cost of obesity and that of food insecurity cannot be easily separated – which necessitates that food insecurity reduction strategies should also be funded as part of NSW Government obesity-prevention targets. Such a move would also be supported by recent evidence that estimates the cost of food insecurity to the healthcare system in Tasmania alone (13) to be \$60 million per year, suggesting the costs would be significantly higher in NSW.

## **Causes and consequences of food insecurity**

### **1      *Cost of healthy food***

Many studies have found that the cost of food is the number one reason cited by families for food insecurity (10, 14, 15). Welfare-dependent Australian families would need to spend 40% of their disposable income in order to purchase a nutritious diet compared to 20% for those on an average income (16). In addition, there is evidence that the affordability of healthy food relative to unhealthy food has declined in recent years, both overseas (17) and in Australia (18). This has been happening at a same time as pressures increases on other parts of the family budget through increasing housing, rental, utility and transport costs.

Crucially, research in the US has shown there is a strong relationship between the rising cost of fruit and vegetables and the development of obesity in children (19, 20). This finding echoes the experience of RTF members working with affected communities here in Australia, whom often state that they would prefer to buy healthier food but are unable to do so, with one local foodbank client noting, for example: “... the meat and vegetables is really what I’m missing out on because I just

can't afford it" and, instead, she was consuming "... small serves of sausages and potato ..." (21). The clear implication is that relying on providing information and education about healthy foods will not be sufficient to change fruit and vegetable intake.

2 *Environmental and locational factors*

Poorer households are frequently located in areas under-served by fresh food outlets, with one study reporting that low income areas had two and a half times the density of fast food outlets per person compared to wealthier areas (6). In addition, low-income neighbourhoods often lack local shops selling healthy foods, and poor or non-existent public transport, making it difficult to manage bulky foods such as fruit and vegetables. Many food insecure households may lack the facilities to store and prepare food, which acts as an incentive against purchasing more perishable healthy options.

3. *Existing responses to the problem are insufficient*

RTF draws its membership from the community food security sector, which tackles the coexisting problems of obesity and food security on a day-to-day basis through program and advocacy efforts. While the sector provides essential support for many struggling households, most emergency food relief work originates from where volunteers and faith-based services exist, rather than being informed by evidence on population based needs and strategy. Effort is needed to ensure that these services receive adequate funding to provide services across NSW. While robust methodologies exist to assess the spread of local food outlets, costs and alternative food opportunities within particular geographic areas (22), these profiles have not been uniformly developed across councils.

4. *Indirect and intergenerational impacts of food insecurity for vulnerable children*

Food insecurity is not just about lacking access to healthy, affordable food. Evidence from the USA suggests that food insecurity can damage children's health and brain development years before they enter a classroom (23). By kindergarten, food-insecure children often are cognitively, emotionally and physically behind their food-secure peers (24).

An Australian Foodbank study suggested that children going to school hungry lose more than 2 hours a day of learning time. This can have an ongoing impact on life chances (25) and intergenerational equity. Additionally, food insecurity has been shown to have major impacts on short-term and long-term physical and mental health. It has been associated with lower household income, poorer general health, increased health-care utilisation and depression (15), which in turn can translate into poorer employment access, a cycle of low income and continuing risk of overweight and obesity for both parents and children. The impact of unhealthy eating across the lifecourse necessitates that obesity-prevention strategies focus on food access and security.

It is clear that the causes and consequences of food insecurity are complex, multiple and interacting. This necessitates we think about the problem from a systemic perspective, focusing on whole-of-

government and whole-of-community solutions which likely offer the most effective pathway to building a more equitable food system.

## **WHAT CAN WE DO**

Childhood obesity is a complex problem, influenced by a variety of social, economic, political and ecological factors that themselves interact with and affect one another. The same is true of household food insecurity. Given the demonstrated overlap in the contributing factors for these respective policy problems, the RTF sees a significant opportunity for NSW to invest in obesity-prevention strategies that have at their core a concern to address inequitable food access and to promote access and affordability of healthy foods. This would require collaborative approaches including stakeholders from a range of government and nongovernment sectors. RTF supports a move towards a whole-of-government and whole-of-community responses to food system inequities, such as obesity and food insecurity, as proposed in Clause 1f in the terms of reference for this inquiry.

This would see efforts to address food insecurity and obesity incorporated as core business of government. We believe a powerful route to action of these issues would be a commitment to legislate a Right to Food Act that mandates responsible Ministers to set targets for the progressive elimination of food insecurity, with the development of transparent and measurable indicators to monitor and report on progress.

In addition, we see the NSW government has the capacity to act in four core areas:

### **1 Improving access to healthy food**

The NSW Government should:

- Advocate through COAG to prevent any restrictions or reductions in Newstart payments, such the proposal to remove the energy allowance.
- Advocate to ensure continuing exemption of fresh foods, fruit and vegetables from GST
- Consider strategies to subsidise the cost of fruit and vegetables for those at risk of overweight and obesity caused by food insecurity.
- Provide support for community-based strategies to improve healthy food access such as school breakfast programs, food pantries and co-ops, food distribution networks or local production of fruit and vegetables through community and school gardens or seedling nurseries.
- Provide incentives and subsidies for fresh food businesses to establish in low income areas
- Provide cheap/free public transport to food outlets.

### **2 Planning law and regulation**

*'Today's food environments exploit people's biological, psychological, social, and economic vulnerabilities, making it easier for them to eat unhealthy foods. This reinforces preferences and demands for foods of poor nutritional quality, furthering the unhealthy food environments.'*

*Regulatory actions from governments and increased efforts from industry and civil society will be necessary to break these vicious cycles'. (26)*

- Town planning, including transport systems, need to accommodate human need and right to healthy food.
- Planning legislation and bodies need to ensure that fresh food outlets are accessible in all areas
- Housing organisations need to ensure adequate food storage and cooking facilities for those in poor-quality housing.

We recommend that the NSW Government should include health and wellbeing as an objective in the *Environmental, Planning and Assessment Act 1993*, which is being reviewed later this year.

### **3 Learning from the community food security sector**

- RTF is keen to emphasise that strategies to address food insecurity and obesity must engage with the lived experiences of the issue.
- There are existing communities of practice with expertise in this area, that should be consulted in the development of strategies which target the coexistence of obesity and food insecurity.
- The NSW Government should support these communities of practice as a key ally in collecting evidence about program effectiveness.

### **4 A champion for Federal Policy Change**

A commitment to whole-of-government and whole-of-community approaches to obesity reduction requires action at all levels of Australian government, including Federally, where marketing and other regulations are set.

To be most effective, Federal policies and regulations need to align with State-based priorities. The RTF sees significant scope to align with other states to lobby for changes to Federal policies and regulations to create an enabling environment to address childhood overweight and obesity.

### **CONCLUSION**

We thank the Committee for taking the time to examine this important and timely issue, and appreciate the opportunity to contribute to this process. We would welcome the opportunity to answer any questions in relation to this submission.

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