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Decrease Obesity Rates by Ending Poverty

Presentation to the Standing Senate Committee on
Social Affairs, Science and Technology

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CPJ PRESENTATION TO THE SENATE OF CANADA

“DECREASE OBESITY RATES BY ENDING POVERTY”

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Executive Director, Citizens for Public Justice

STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY’S STUDY OF

The increasing incidence of obesity in Canada: causes, consequences and the way forward

Wednesday, May 27, 2015
4:30 p.m.

Room 2, Victoria Building
140 Wellington Street

Thank you for inviting Citizens for Public Justice (CPJ) to appear before you to speak on the increasing incidence of obesity in Canada, the causes, consequences and the way forward.

Citizens for Public Justice is a national organization committed to seek human flourishing and the integrity of creation as our faithful response to God’s call for love and justice. We envision a world in which individuals, communities, societal institutions and governments all contribute to and benefit from the common good. We define Public Justice as the political dimension of loving one’s neighbour, caring for creation, and achieving the common good. It involves seeking out and implementing just policies that allow everyone to live in dignity and participate in society. CPJ encourages citizens, leaders in society, and governments to support policies and practices which reflect God’s call for love, justice, and the flourishing of Creation.

We all know someone close to us – a friend, spouse, or relative – who is overweight or obese, and who suffers profoundly as a result. It should come as no surprise then that the World Health Organization calls obesity a global epidemic “with more than 1 billion adults overweight - at least 300 million of them clinically obese” (Obesity and overweight, WHO, 2003). According to the Public Health Agency of Canada, approximately one in four Canadians are obese including 8.6% of children (PHAC & CIHI, 2011).

Common stereotypes portray the obese as lazy, fast food-eating individuals, so that obesity has come to mean a moral failure blamed on individuals. But the literature shows that understanding obesity requires contextualization; that is, reality is far more complex.

Obesity is a medical condition, but it is also socially and culturally influenced with attributes defined differently by different people in different places (Greener, Douglas, van Teijlingen, 2010).

It is characterized by physical illnesses, chronic health complications and psychosocial implications (Lawrence, Hazlett & Hightower, 2010). A more medical approach to obesity defines it as a Body Mass Index (BMI) greater than 30 (Maiterud & Tonstad, 2009). A BMI is a weight-for-height index that is useful for population measures, however many consider it to be a somewhat crude tool that does not take into account diverse peoples and places (Lang & Rayner, 2005).

The title “epidemic” is considered appropriate due to the fast growing rate of the issue: in Canada, between 1981 and 2008, obesity rates doubled in both adults and children (PHAC & CIHI, 2011).

So, how has obesity become “an epidemic”? The most popular culprits are most often referred to as “the big two”: poor eating habits and lack of physical activity (McAllister, et al., 2009). Many blame the internet, vehicles, remote controls and the general limit of physical activity as the cause of the imbalance between energy output and input (Maiterud & Tonstad, 2009). Even sleep debt is also cited as a major contributor to obesity (McAllister et al., 2005).

However, research suggests that healthy eating and physical activity are more than just a matter of personal will.

There are many factors at play in obesity including environment, social structures, social setting and psychological factors.

Poverty is identified as the most significant risk factor for obesity (Minkler, 1999).

Poverty is linked to education inequality, lower income, increased costs for goods and services, and exposures to health risks such as carcinogens (Minkler, 1999). In addition, obesity is linked to early life stressors including depression, eating disorders, and significantly with emotional and sexual abuse (Maitrud & Tonstad, 2009). Links between poverty and health are typically explained as a result of psychological strain from overexertion, fatigue and conflict situations (Lahelma et al., 2010). However, scholars warn that the link between socio-economic status and health remains poorly understood.

Health promotion as a model would strongly affirm that obesity is socially and environmentally connected and as a result, it must be addressed on a social and environmental level. Notably, scholars point out that focusing on changing personal choices such as food choices and physical

activity is far simpler and easier than envisioning broad changes to the social environment that are actually required (Lang & Rayner, 2005).

If social-environmental factors are not recognized as critical to confronting obesity, public support for wider change will not be possible (Greener, Douglas, van Tiejlingen, 2010). The general population believes that obesity is a lifestyle defect and a matter of poor decision-making (Maitrud & Tonstad, 2009). They believe that if obese people receive correct information, they will change their lifestyle, make better choices and 'get better' (Greener, Douglas & van Teijlingen, 2010). Social-environmental factors of health are often seen as an obstacle that can be overcome by the individual through hard work and correct information (Greener, Douglas & van Teijlingen, 2010).

In a book called "Fat Politics" (Oliver, 2006) the author argues that the driving force behind the "obesity epidemic" is the quest for profits by the weight-loss and pharmaceutical industries, aided by researchers and public health officials cashing in on money being provided by governments and funding agencies. Negative attitudes toward overweight people held by the public, including some health care professionals, facilitate this process, and there are costs associated with dangerous diet pills and faulty surgeries.

Health practitioners must also understand that the causes of obesity are both individual and social; true empowerment will come from allowing groups to develop capacity to address the social and environmental determinants of health.

That's why my organization, CPJ, has been working since 2009 to co-lead, along with Canada Without Poverty (an organization of Canadians with lived experiences of poverty), *Dignity for All: The Campaign for a poverty-free Canada*. Frankly, you Honourable Senators had a lot to do with the emergence of this campaign, which is now supported by over 15,000 individuals and 130 federal politicians of all parties. Your December 2009 report, "*In from the margins: A Call to Action on Poverty, Housing and Homelessness*," authored by this very Standing Senate Committee noted many policy recommendations that a national poverty reduction strategy should include. The *Dignity for All* campaign invites all Senators to join in this effort, by re-issuing a strong call for a national poverty reduction plan, as a key element along the road to addressing "the obesity epidemic."

In January 2014, *Dignity for All* held a two day "policy summit" of experts and community group leaders on the nexus between health and poverty. This was one of six summits held over three years to develop our model "National Anti-Poverty Plan for Canada" which was released in February 2015. (Dr. Tarasuk was one of our featured speakers at our Food Security Policy Summit.) I'd like to draw your attention to page 25 of our report, which details several

concluding recommendations – including some from witnesses your Committee heard in April from the Assembly of First Nations, for example.

Health promotion, according to Dennis Raphael (2008), is “an explicitly political activity concerned with improving living conditions and empowering communities to gain control over the determinants of health” (p. 491). Good health promotion operates with the underlying belief “that health is positive, holistic, multilevel, and strongly influenced by the determinants of health” (Kahan & Goodstadt, 2001, p. 53). The determinants of health refer to poverty, social exclusion and social infrastructure; and there are abundant contributing factors associated with these (Raphael et al., 2008). For example, if people are not making a living wage, their health will be negatively impacted. If minority groups are discriminated against and socially excluded, their health will be negatively impacted. If people are unable to access health and social services, their health will be negatively impacted. The message of health promotion relies on an understanding of the determinants of health: health must be addressed where people work, play and live (Poland, Krupa & McCall, 2009).

You are likely aware of the 2012 study that looked at the prevalence of diabetes. This study had a title that should cause us all to pause: *“A toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics: the experiences of poor Canadians with Type 2 diabetes.”* (Critical Public Health, Vol. 22, No. 2, June 2012, 127–145.) For years, Canadians have heard that obesity, a lack of physical activity and a family history are the top risk factors for developing Type 2 diabetes. But the research showed that, in fact, it is living in poverty that can double or even triple the likelihood of developing the disease. Subjects who lived more often in poverty during the 12-year study period had a 41 per cent greater chance of developing the disease. When obesity and physical activity levels were taken into account, the risk remained very high, at 36 per cent. The studies are consistent with other findings that link living conditions -- what they call the social determinants of health – with Type 2 diabetes, as well as other ailments. (Health Policy 99 (2011) 116–123)

To look for solutions for “the obesity epidemic”, allow me to encourage you to look beyond perspectives that merely recognize the individual and behavioral factors of health (Maiterud & Tonstad, 2009). This is where an understanding of the social determinants of health is crucial. A national poverty reduction plan is an essential element in the battle against many social, economic, and medical ills in Canadian communities, and most certainly in the effort to address obesity.

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