

Obesity and poverty – the missing link

Submission to the Food and Fairness Inquiry

Prof. Adam Drewnowski, University of Washington

No longer a malady of affluence, obesity is now a disease of the working poor. Highest rates are found among immigrant and minority groups and people with low education and income. Impoverished neighborhoods across the globe, from Delhi to London, are the new breeding grounds for obesity, diabetes, and the metabolic syndrome.

The dividing lines are easy to spot – walk down any leafy street in London and you're likely to come up against a decaying housing estate, stepping easily from the moneyed professional classes, into the world of poverty, unemployment, deprivation and food assistance. Not surprisingly, obesity rates quadruple, and the rates of diabetes increase seven-fold. Obesity is an economic issue, no doubt about it, linked to limited resources and multiple indices of social class.

Money affects diet quality. Simply put, healthier diets cost more. Yet the economic reality of food choices is steadfastly denied in countless public health campaigns, from the “five a day” fruit and vegetable promotion to the current NHS “Change for Life” programme. These campaigns assume that everyone can afford a nutritious diet of whole grains, low-fat meat and dairy, and fresh vegetables and fruit. If poor people fail to adopt such diets, and eat sugar instead, they have only themselves to blame.

This approach allows us to salve our consciences by pretending that specific nutrients, ingredients, or actual foods are directly responsible for high obesity rates. If only sweet foods weren't around, we say; if only beverages could be legislated out of existence, or made more costly through taxation, then even the poor will happily turn to 100% juice, salad, and poached salmon. They might even be satisfied with less.

The focus on individual nutrients has obscured the economic context of food choice. Frequent soda consumption in New York City is one case in point. The most frequent consumers are young minority males with low incomes and less than high school education, and low incomes. The geographic distribution of soda consumption matches those of obesity and poverty, with the highest rates found in Harlem, South Bronx, and the poor areas of Brooklyn and Queens.

Sweet drinks provide added sugars, be they sucrose or high fructose corn syrup, at a relatively low cost, sometimes as low as 25 cents per 2,000 kcal. Researchers associate them with obesity and weight gain. Pure fruit juices provide natural sugars at 10 times the price. They are associated with good health. Even more costly liquid meal replacements, effectively sugared drinks, are associated with weight loss. Interestingly, the amount of sugar in each set of beverages is approximately the same – but their price is not. Whereas the rich eat fresh fruit, cheaper sugared beverages are consumed by minorities and the poor.

Arguments for intervention are rarely phrased that way. Instead, we hear how many people in the UK and the US are becoming obese and how a tax on fast foods or soft drinks will resolve society's problems. This argument ignores the sad reality that people

eat (and drink) only what they can afford. Whereas upper income people may indeed switch to other diets, the obese poor most likely will not.

In fact, their obesity was probably caused by low diet cost in the first place. What the 'obesogenic' nutrients, ingredients, foods or food groups seem to have in common is their low cost. Fats and sweets are good tasting, inexpensive, widely available and convenient. And yes, low cost diets tend to be energy rich but nutrient poor.

In other words, what leads to obesity is less likely the sugar, fat or refined grains found in food, but the low price of those ingredients.. Whatever beverages or foods supply the most calories at the lowest cost to vulnerable groups are most likely to blame. The links between obesity, poverty and limited diet choices are only too evident. But the real question is not what is making the British obese, but who made them poor?

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