



Acting upstream to control the obesity epidemic in New Zealand

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In recent years, this *Journal* has published research and commentary relating to the obesity epidemic and obesity risk factors (e.g. ¹⁻¹⁰). Furthermore, other New Zealand obesity-related research is also being published at a substantial rate, with at least 11 other Medline-indexed journal articles during 2005.

Messages from these publications are that obesity is one of the largest preventable causes of ill-health in New Zealand; it is an issue requiring urgent attention by Government; and that the consequences are highly inequitable for Maori and Pacific peoples.

But in recent months there have been a number of further developments that are of particular relevance to a New Zealand audience:

Firstly, there is new research that provides evidence that television food advertising directed at children in this country is largely counter to food and nutrition guidelines.¹¹ This evidence builds on previous studies around the problematic nature of food marketing and the nutritional environment in New Zealand.^{3,12-17} Such concerns around the risk to child health from food marketing are reviewed in-depth in a report by the Institute of Medicine.¹⁸ Other recent work from the Dunedin longitudinal study also provides more rigorous evidence for the relationship between television watching and childhood obesity.¹⁹

Secondly, a Select Committee Inquiry into Obesity and Diabetes has recently been announced. This Inquiry is supported by a new Minister of Health (Pete Hodgson) who has stated that work to combat New Zealand's obesity epidemic would be one of his top priorities as Health Minister.²⁰

Thirdly, in March this year, there was a University of Otago Research Workshop, attended by leading researchers and users of research, that focused on the subject of the effects of the food and marketing industries on population health and inequalities in health (3 March 2006, Westpac Stadium, Wellington).

Some of the key points raised by presenters and attendees were as follows:

- We should probably not rely upon the food and marketing industries to reorientate their activities so that they voluntarily protect and enhance population health and contribute to obesity control (especially if this involves a loss of profits).
- Education and public awareness campaigns about healthy eating are unlikely to have much impact without a supportive regulatory framework (e.g. which controls marketing).
- The current role of the food industry in New Zealand schools is problematic from a health perspective. In a recent study of New Zealand schools, Richards et al found that 83% of schools participated in sponsorship, incentive, and fundraising

activities.¹⁵ Some partnerships delivered positive health messages but most were linked with food products or activities potentially deleterious to health.

- Although there are some significant differences, there are still important lessons from tobacco control for obesity control (e.g. ²¹⁻²⁴).
- There are lessons from New Zealand research into alcohol advertising and youth identity for understanding the impact of food marketing (e.g. ²⁵⁻²⁷).
- There is particular concern over the nature of television advertising of foods, along with concern about television watching in general by New Zealand children (e.g. ^{28,29}).
- It is important that we develop further research on the impacts of food standards on population food choices as well as on people's conceptualisation of healthy eating. The impact of food standards that allow changes to the food supply (e.g. the addition of vitamins and minerals to foods) and proposed standards enabling health and nutrition claims to be made about foods, should not be considered as positive until evidence exists to this effect.^{30,31}
- Regard food marketing in this country, there is major scope for enhancing monitoring and surveillance systems and for further research. Within the research, one priority is actual intervention studies to prevent and reduce obesity.
- A comprehensive research agenda to support the Government's policy on *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pūmau*³² is urgently needed. It should identify priorities, possible collaborations, and potential sources of funding.

So what evidence and arguments might health workers and health agencies wish to present to the upcoming Select Committee Inquiry and to raise regularly with key Government departments and agencies (e.g. Ministry of Health, Treasury, Consumer Affairs, Food Standards Australia and New Zealand (FSANZ), the New Zealand Food Safety Authority (NZFSA). and Te Puni Kokiri)?

We would argue that the following six key steps are priorities for public policy and are essential upstream mechanisms for creating a healthy food environment in New Zealand:

1. Strong regulatory controls on food marketing and sponsorship are needed—particularly those forms directed at children and which are “under the radar” of parental supervision. Based on the international and New Zealand-based lessons from tobacco control, government action should not rely on the food and marketing industries to make voluntary changes at the margin of their normal activities.
2. A government-funded nationally coordinated communications strategy for healthy eating is needed. Clear, consistent, culturally appropriate, relevant, and accurate messages need to be developed to transform the Ministry of Health's food and nutrition guidelines from policy into practical messages for behaviour change.

3. Pricing controls should be considered to help make healthy choices the cheaper choices—e.g. via a tax on saturated fat¹⁴ or free sugars, or the discounting of healthy choices such as fruit and vegetables.
4. As with the successful *Framework Convention for Tobacco Control*³³ the New Zealand Government should actively support a strengthening of existing international strategies³⁴ to provide an international legal framework for obesity control.
5. Routine food and nutrition surveys need to be supplemented by other forms of research, monitoring, and surveillance (e.g. of the wide range of food marketing activities). However, we note that the Ministry of Health is making further progress in this area (with a research seminar planned for June 2006).
6. These strategies should be enacted as part of a well-funded, comprehensive equitable and coordinated effort to implement *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau*,³² and combat obesity.

The issue of the marketing of “health claims” for food products or nutrients is particularly complex. On balance, however, we consider that such claims should remain illegal, given the risks of industry misleading the public and the cost to taxpayers associated with evaluating and monitoring such claims.

Such information is probably best conveyed in a nationally coordinated communications strategy of the food and nutrition guidelines by publicly trusted organisations that have a strong focus on promoting health, such as the Health Sponsorship Council and Agencies for Nutrition Action (which includes the Cancer Society, the Heart Foundation, Diabetes New Zealand, Te Hotu Manawa Maori, and the New Zealand Dietetic Association).

If the six steps outlined above are taken, they may collectively reduce the overall current and future harm to health from obesity and its sequelae. This is of particular importance for a largely tax-payer funded health system that bears the high cost burden associated with obesity-related disease such as diabetes, heart disease, and cancer.

Improvements in these areas will also assist in reducing health inequalities in this country—which is an important societal goal and critical to advancing Maori and Pacific health. Appropriate regulations may also reduce the highly unethical practice of marketing unhealthy food to children who are too young to understand that advertisements are different from other messages (e.g. television programming).

Reduced population obesity will benefit Government and the wider economy, due to reduced health sector costs, and decreased time off work due to illness. However such policies will not necessarily be easy in the face of commercial vested interests by powerful multinational companies.

Competing interests: All the authors have previously undertaken contract work for at least one of the following non-profit organisations: the Obesity Action Coalition, Diabetes New Zealand, the Cancer Society, and the Heart Foundation. Carolyn Watts was recently chair of Agencies for Nutrition Action.

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