



More evidence for action on New Zealand's obesogenic school environment and food pricing

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This edition of the *Journal* contains two new studies that are most timely, considering New Zealand's current Health Select Committee Inquiry into the major health threats of obesity and type 2 diabetes.¹

One of these studies, by Utter et al,² reports an association between school canteen use and more frequent consumption of various high-sugar/high-fat foods. It also found that students using the canteen were less likely to consume some healthier foods, such as fruits and vegetables, than non-users. The findings in this study are consistent with other New Zealand work that raises concerns about the obesogenic food environment associated with schools^{3,4} and in the local vicinity of schools.⁵ They are also consistent with an Australian study that confirmed the contribution of school canteens in providing less healthy foods and high-sugar drinks.⁶

Utter et al suggest that there is a need for modifying aspects of the food environment in New Zealand schools. In particular, they cite favourable scientific evidence for the following interventions: "school policies, provision of free fruit, promotion of healthy snacks, price reductions on healthy foods, and decreased availability of unhealthy foods."

New Zealand has started to make some small progress in some of these areas with the provision of free fruit/vegetables in a modest number (n=114) of schools (an intervention which is currently being evaluated⁷). Furthermore, a move (albeit only a voluntary one) by two major manufacturers to phase out "full sugar" beverages from New Zealand schools by 2009, is also a step in the right direction.⁸

The *Mission On* campaign also has aspects relating to schools, including work on how best to categorise food and drink for school settings. There have also been moves by individual schools to influence food-related behaviour, such as the Waitemata DHB traffic light beverage project with an Auckland secondary school.

Nevertheless, given the scale of the obesity epidemic in New Zealand (and its adverse impact on health inequalities), much more needs to be done. Priority options that the Health Select Committee should consider include national-level policies on:

- Restricting the type of food that can be sold on school premises, including in food vending machines (e.g. only foods with: under 10% free sugar, under 10% saturated fat, and 0% caffeine). Such policies should be mandatory, as this is likely to be far more effective than the mere "guidelines" currently being proposed by the Government.⁸
- A ban on the sale of all soft drink and other sugary drinks in schools, along with the better supply of fresh water (possibly permitting only the sale of unsugared milk).
- Restrictions on students leaving the school for lunch.

- Limits on the sponsorship of school resources, and other associations that schools can have with various sectors of the food industry. One option is to limit all sponsorship involving schools to that provided by the Health Sponsorship Council or similar health-promoting agencies.

None of these interventions will have significant cost implications to taxpayers. Indeed, they are likely to provide long-term cost savings, given the downstream health costs from obesity, diabetes, heart disease, and certain cancers (i.e. those major conditions associated with poor nutrition).

Improved nutrition at school may even improve school performance⁹ and hence make better use of current taxpayer investment in educational expenditure. The feasibility of positively controlling the school nutritional environment is evident from progressive practices in other countries, notably France, Norway, and Sweden.¹⁰

The other nutrition-related study in this issue of the *Journal*,¹¹ by Ni Mhurchu and Ogra, is the first New Zealand study to compare the costs of a regular food basket with a relatively “healthier” food basket. A particular strength of the study is that it only uses top-selling food items, so that the “healthier” alternative choices would be realistic for many consumers. This study suggests that a modest shift to a healthier diet is likely to involve a relatively small additional cost—at least for the range of food categories studied in this New Zealand context.

Nevertheless, it is important to note that while the “healthier” food basket in this study was fairly realistic in terms of consumer acceptability—it was still somewhat problematic in nutritional terms as the authors have noted. For example, it did not include vegetables and fresh fruit, and some of the “healthier” items were still high in free sugars (e.g. 23% for one breakfast cereal) and in saturated fat (e.g. 18% for one of the cheeses).

Further studies are therefore needed and should include a wider range of “food baskets” including a category for a “very healthy food basket” which may actually be substantially more expensive (e.g. given typical prices for many fruits, vegetables, quality vegetable oils, and nuts). However, some relatively high-protein foods (e.g. lentils and other pulses) may be cheaper than meat/poultry alternatives—as well as being much lower in saturated fat and higher in fibre.

Also needed is the pricing of a “healthy *and* sustainable” food basket, given that there are issues with the unsustainability of New Zealand fisheries and agriculture (e.g. destructive sea bottom trawling; uncosted greenhouse gas emissions; and the taking of water from, and pollution of, waterways).

Ni Mhurchu and Ogra¹¹ suggest various fiscal policy options to make it easier for consumers to make healthy food choices. Of these options, a tax on processed foods (that are energy dense and high in sugar or saturated fat) would appear to be particularly worthwhile—given the importance of food pricing,¹² and substantive international scientific evidence for tobacco and alcohol taxes in protecting public health.

Perhaps a sugar tax should be the first goal for health advocates, since this product is entirely imported into New Zealand and may face less commercial opposition than other food taxes (given that high-saturated-fat foods are a major export commodity).

The provision of vouchers to low-income New Zealanders (e.g. for fruit and vegetable discounts) may also be well worth a pilot study if they can be designed to be discrete and non-stigmatising (e.g. built into an electronic swipe card).

Because of the wider context of food marketing, policies specific to schools and supermarket shopping will need to be only part of a comprehensive healthy nutrition policy. This will need to ensure that all adverse pressures on healthy nutrition are sufficiently limited, including advertising and sponsorship.¹³

Improved food labelling laws¹⁴ are also needed and a mandatory traffic light labelling system has particular potential (e.g. New Zealand already has mandatory symbol labelling for energy efficiency on appliances).

The interventions detailed above will be generally opposed by vested commercial interests, including those who profit from selling and marketing processed foods to children. This highlights the need for those politicians concerned with child health and with the long-term viability of the publicly-funded health system to actively resist such commercial pressures. One argument they will be able to use is that an improved food environment will benefit health, and potentially lower long-term costs to the taxpayer-funded health and education sectors.

Finally, because much of healthy nutrition policy is decided in political and official arenas, a greater emphasis in public health research is required on the gap between the *evidence* for healthy policies, and the formation and implementation of such policies.

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