Action needed to halt New Zealand's obesity epidemic: Themes from Big Food Symposium

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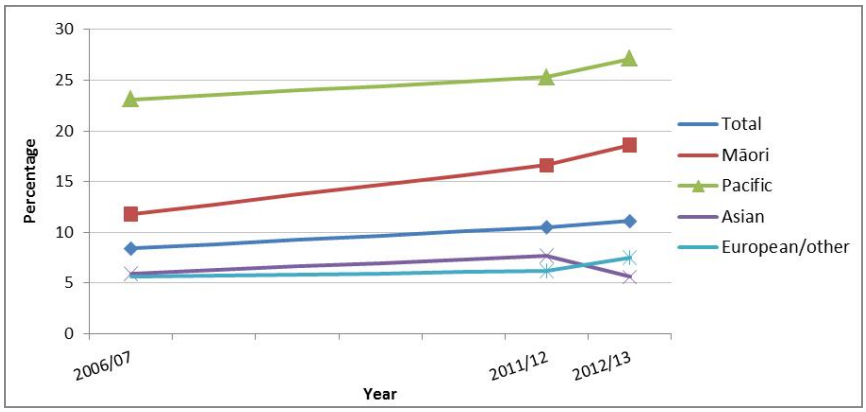
International and national public health experts and delegates met on Monday this week to consider how to address New Zealand's (NZ's) increasing obesity epidemic. While they welcome the new *Healthy Families NZ* community-based initiative recently announced by the Minister of Health, they stress the critical need to focus on upstream policies to prevent obesity as well. Evidence-based policy options identified include: banning junk food marketing to children, introducing a tax on fizzy drinks, introducing easy to understand nutrition labels on foods, and ensuring families can afford to eat a healthy diet. Without supplementing community action with such upstream policy action, the experts at this Big Food Symposium believe obesity rates will stay high and possibly continue to climb. This blog explores some of these issues in more detail.

The cost of overweight and obesity to the nation was estimated at $8 billion over the next decade (compared to a NZ without any overweight or obesity). These preventable costs are a mix of costs to the tax payer funded health system (approximately $6 billion) and lost productivity due to absenteeism and premature death (approximately $2 billion) to business and society more generally. These estimates were based on research undertaken in NZ in 2006 that estimated the annual cost of obesity to be $847 million.(1) Given the 2% increase in obesity since this time,(2) it seems likely the true cost is even higher.

Child obesity rates were highlighted as of particular concern with a third of NZ children having an unhealthy weight, and over 10% being obese (see Figure 1 below). The obesity epidemic is also socially patterned with Pacific, and Māori children and those from the most deprived neighbourhoods disproportionately bearing the burden of obesity. This has significant consequences for NZ's future, with one in four children living in poverty, one in five in extreme poverty(3) and large young populations amongst Māori and Pacific communities.

Experts at the symposium agree there is good evidence that there have been fundamental changes to the world that children are living in in recent decades. Their environment promotes obesity with junk food widely available in communities, no requirements on the healthiness of the food provided in NZ schools, and junk food promoted through sport, on television and the internet.(4-6) Children are living in an obesogenic environment,(7) one that is encouraging them to consume foods high in fat, sugar and salt.

Figure 1: Obesity prevalence New Zealand children 2-14 years old (2006/07 – 2012/13)



Source: Ministry of Health. New Zealand Health Survey (2006/07, 2011/12, 2012 10/13)

Childhood obesity is associated with raised blood pressure, signs of pre-diabetes, abnormal blood lipid levels, actual type 2 diabetes in adolescents, earlier physical maturation and orthopaedic complications.(8-10) The stigma associated with obesity can also harm a child's psychosocial health, with obese children frequently reporting low self-esteem, social isolation and depressive symptoms.(8, 11) Furthermore, the tracking of poor dietary patterns and obesity into adulthood increases the risk of type 2 diabetes, cardiovascular disease and some cancers (e.g., breast and colon) in older ages (8, 12, 13).

Experts speaking at the meeting were agreed on the need for policy intervention to support children, parents and communities to combat obesity. Policy intervention would assist NZers to live in an environment that supported a healthy diet, making the healthy choice the easy choice. Evidence was presented on the value of:

- banning advertising to children under the age of 16
- introduction of a fizzy drink tax in New Zealand, as already in place in countries such as France,
- easy to interpret front-of-pack nutrition labelling in the easily understood traffic light format(14) that England is adopting
- finding ways to ensure that families can afford a healthy diet. This could include multiple policies such as generating employment, regional development schemes, increases in the minimum wage,ensuring benefit levels are sufficient to eat a healthy diet, controls on loan sharks such as a cap on loan rates as in Australia,(15) and providing fruit and vegetable discount vouchers for beneficiaries.

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