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**Royal Australasian College of Physicians'
submission to the Ministry of Health**

Healthy Food and Drink Guidance Survey

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Ministry of Health's Healthy Food and Drink Guidance (the Guidance).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Key points

The RACP welcomes the development by the Ministry of Health of the Healthy Food and Drink Guidance, and the progress it represents towards improving health in children across Aotearoa New Zealand. We especially commend the use of a traffic light system in classifying foods. However, we believe that the Guidelines could take a considerably stronger approach to improving nutrition in Aotearoa New Zealand.

Issues we have identified include:

- Devolution of responsibility to develop food and drink policy to individual centres
- Inconsistency in policy between early childhood education and schools
- Lack of compliance due to the voluntary nature of the Guidance
- Possible inequities stemming from the resourcing of schools
- Lack of monitoring and accountability systems

Why are Healthy Food and Drink Guidelines important?

The Guidelines are important for a number of reasons, but primarily, they are important because of the prevalence of obesity in Aotearoa New Zealand. Obesity has a number of damaging effects on our society, and on the people directly affected by it, including a loss of between 2-10 years of life expectancy for people with obesity¹. Aotearoa New Zealand has a comparatively high rate of obesity, both in adults and children, with 66.8 per cent of adults in Aotearoa New Zealand overweight or obese at the time of the 2017/18 Health Survey, along with 31.9 per cent of children². This burden is felt most acutely by Māori and Pasifika children and adults, who are disproportionately affected by obesity. This contributes to significantly lower average life expectancy due to the prevalence of cardiovascular disease, stroke, type-2 diabetes and some cancers in these communities in Aotearoa New Zealand³.

The Guidelines have the potential to reduce the prevalence of obesity by increasing the intake of healthy and nutritious foods by children and adolescents. Implementation of the Guidelines and subsequent improvements in diet will also affect other diseases such as dental caries, risk for early-onset diabetes and improved mental health and wellbeing among children in Aotearoa New

¹ Ministry of Health. Understanding Excess Body Weight New Zealand Health Survey. [Internet]. Wellington: Ministry of Health; 2015. Available from: <https://www.health.govt.nz/publication/understanding-excess-body-weight-new-zealand-health-survey>. Accessed 6 November 2019

² Ministry of Health. NZ Health Survey 2017/18 Indicator: Overweight or obese. [Internet]. Wellington: Ministry of Health; 2018. Available from: https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/_w_54c80f0b/#!/explore-indicators. Accessed 6 November 2019

³ Ministry of Social Development. The Social Report 2016 Life expectancy at birth. [Internet]. Wellington: Ministry of Social Development; 2016. Available from: <http://socialreport.msd.govt.nz/health/life-expectancy-at-birth.html>. Accessed 6 November 2019

Zealand⁴. Dental caries is the most common chronic disease in children, and like obesity, impact Māori and Pasifika disproportionately⁵. Policies supporting healthy food and drink, such as water-only schools have been identified as the primary way to influence oral health in New Zealand, thus affecting the rate of dental caries, and this can be accomplished while simultaneously tackling obesity.

Classification of foods

The RACP strongly supports the Guidance's use of a traffic light system in the classification of foods. It has been found that traffic light systems are more effective than other approaches in improving nutritional literacy for marginalised consumers⁶. This is a key concern for the Guidance, as improving access and comprehension of nutritional information to people of lower socioeconomic status may lead to significantly improved outcomes, including gains in health literacy.

Limitations of scope

The Guidance is limited in its scope to food and drinks sold or provided free of charge in educational settings. While these settings are of the utmost importance to improving and establishing foundations for nutrition amongst children and young people in Aotearoa New Zealand, there are also a number of other related settings which are not covered under the MoH Guidance. It has been noted that zoning out the retail of unhealthy foods from places where children commonly gather, such as schools, is important to providing an enabling environment where healthy preferences can be learned⁷. The scope of the Guidance does not extend outside the centre of education itself, and as such does not address other important aspects of constructing a healthier environment for the children of Aotearoa New Zealand.

Even within schools, the Guidance does not address issues such as advertising, the extent of which have been recently revealed by a University of Otago study. This study found that children were exposed to marketing for non-core foods (most commonly sugary drinks, fast food, confectionary and snack foods) an average of 27.3 times a day; a rate over double that of core foods⁸. A significant proportion of this advertising exposure happened at school, alongside the home and public spaces.

The RACP hopes that the development of the Guidance heralds a more comprehensive policy approach to food environments, and that this will be extended outside the school in further tranches of policy in the future. Widespread nutritional change cannot be achieved in isolation, and fully confronting this issue will require addressing the many influences on diet throughout our society.

⁴ World Health Organisation. Health topics – Diet. [Internet]. Available from: <https://www.who.int/topics/diet/en/>. Accessed 6 November 2019

⁵ Aung, Y M, Tin S T, Jelleyman T, Ameratunga S. Dental caries and previous hospitalisations among preschool children: findings from a population-based study in New Zealand. [Internet]. *N Z Med J*. 2019; 132(1493): 44-53. Available from: <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2019/vol-132-no-1493-12-april-2019/7856>. Accessed 6 November 2019

⁶ Pettigrew S, Pescud M, Donovan R J. Traffic light food labelling in schools and beyond. [Internet]. *Health Educ J*. 2011; 71(6): 746-753. Available from: <https://journals.sagepub.com/doi/abs/10.1177/0017896911424659>. Accessed 6 November 2019

⁷ Hawkes C, Smith T G, Jewell J, Wardle J, Hammond R A, Friel S, Thow A M, Kain J. Smart food policies for obesity prevention. [Internet]. *The Lancet*. Available from: <https://www.otago.ac.nz/economics/otago090366.pdf> Accessed 6 November 2019

⁸ Signal L N, Stanley J, Smith M, Barr M B, Chambers T J, Zhou J, Duane A, Gurrin C, Smeaton AD, McKerchar C, Pearson A L, Hoek J, Senkin G L S, Mhurchu C N. Children's everyday exposure to food marketing: an objective analysis using wearable cameras. [Internet]. *Int J Behav Nutr Phys Act*. 2017; 14(137) Available from: <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-017-0570-3>. Accessed 6 November 2019

Consistency of guidance between ECE and schools

The Guidance provided for early childhood centres and schools does not entirely align, especially with the presence of a statement in the ECE policy surrounding encouragement of parents to provide lunchboxes in line with the Guidance. Despite this, the RACP strongly supports the light approach taken with regard to parent provided lunchboxes, as lunchbox policing can be distressing for both children and parents/caregivers⁹. Food insecurity is an ever-present concern in New Zealand, with 19% of children facing moderate to severe food insecurity, and as such strict requirements on the contents of lunchboxes could exacerbate problems for whānau who do not have access to healthy and nutritious foods¹⁰.

Issues with voluntary guidance

It is most concerning that the Guidance is of a voluntary nature. This will both limit its impact, and introduce possibilities for inequity. More well-resourced schools in higher deciles will be more likely to be able to dedicate time to the development of effective healthy food and drink policies based around the MoH guidelines, whereas less well-resourced schools may not be able to. Furthermore, it has been shown that sustained, long term nutrition programmes have the greatest effect on improving dietary intake¹¹. Programmes such as this rely on stability of funding and support, which may not be available in lower decile schools. This runs the risk of further exacerbated existing inequities with regard to health and wellbeing outcomes. Assistance could be provided in a number of forms to avoid this, such as by providing a direct contact point at the Ministry which schools could use to develop healthy food and drink policy, or by establishing funding streams accessible to schools that are dedicated to the development of policy in this area. In the absence of direct means such as this, resources on the design and implementation of the Guidelines will be important in guiding schools towards achieving healthy food environments. This should include monitoring and accountability systems which are capable of giving feedback to schools on their work in this area.

In addition to equity issues, voluntary guidance has significantly lower impact than mandatory requirements overall, and particularly so in comparison to those backed by the means to implement their constituent requirements. This is exemplified by previous Ministry of Health Food and Nutrition Guidelines. Despite the presence of these Ministry-developed guidelines, a cross-sectional survey found that many food, nutrition and wellness policies of childcare services did not refer to their existence, and lacked practical information on how to promote healthy eating environments¹². It is likely that the same trend will apply to the newly updated Healthy Food and Drink Guidance if it remains voluntary, as proposed.

This will further perpetuate the current, non-standardised approach to nutrition throughout Aotearoa New Zealand, and may be interpreted in a number of different ways by different institutions.

⁹ Harman V, Cappellini B. Mothers on Display: Lunchboxes, Social Class and Moral Accountability. [Internet]. *Sociology*. 2015; 49(4): 764-781. Available from: <https://journals.sagepub.com/doi/abs/10.1177/0038038514559322?journalCode=soca>. Accessed 6 November 2019

¹⁰ Ministry of Health. Household Food Insecurity Among Children: New Zealand Health Survey. [Internet]. Wellington: Ministry of Health. Available from: <https://www.health.govt.nz/publication/household-food-insecurity-among-children-new-zealand-health-survey>. Accessed 6 November 2019

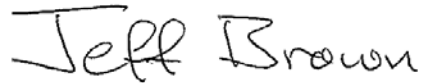
¹¹ Black A P, D'Onise K, McDermott R, Vally H, O'Dea K. How effective are family-based and institutional nutrition interventions in improving childrens diet and health? A systematic review. [Internet]. *BMC Public Health*. 2017; 17(1). Available from: <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-017-4795-5>. Accessed 6 November 2019

¹² Canterbury District Health Board. Health promotion in early childhood education settings - Rapid evidence review. [Internet]. Available from: <https://www.cph.co.nz/wp-content/uploads/HPinECESettingsReview.pdf>. Accessed 6 November 2019

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on the Guidance. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

A handwritten signature in black ink that reads "Jeff Brown". The signature is written in a cursive, slightly slanted style.

Dr Jeff Brown
New Zealand President
The Royal Australasian College of Physicians