

Evidence Snapshot

November 2018

What Can be Done to Protect Our Children from
Unhealthy Food Marketing?



Executive Summary

Imagine when 'All New Zealanders live, learn, work and grow in environments that support healthy eating and physical activity.'¹ Reducing children's exposure to powerful unhealthy food and beverage marketing is key to meeting this vision, according to health ministers globally.²

New Zealand (NZ) is third in the OECD for childhood obesity³ with a third of NZ children overweight or obese.⁴ While many factors contribute to obesity, we now have strong evidence that the marketing and advertising of high energy food and drink influences children's food choices and consumption. This snapshot provides the latest evidence on the marketing of unhealthy food and drinks to which numerous NZ children are exposed.

The evidence reveals that NZ children live in an obesogenic food marketing environment that promotes obesity as a normal response to their everyday environment.⁵ NZ children are more than twice as likely to be exposed to unhealthy food marketing that is not recommended to be marketed to children⁶ than healthy food marketing. They are exposed multiple times a day across various settings and via multiple media. Māori children appear to have higher exposure to unhealthy food marketing than NZ European children.

In line with the views of children, parents and caregivers and the wisdom of the World Health Assembly (the United Nations meeting of the world's health ministers),² urgent action is required to restrict unhealthy food marketing to which children are exposed. Given the disparities in obesity for Māori, Pacific and low-income children, it is these children who stand to benefit most from effective action.⁴

Key to this is regulatory action by government to ban unhealthy food marketing to which children are exposed. This action would require a comprehensive regulatory code that includes sponsorship, brand only marketing and product packaging, with effective monitoring and real sanctions. Requiring schools to provide only healthy food would greatly assist in reducing the amount of advertising in the school context. There is a critical role for local government to reduce exposure in our communities by restricting unhealthy food marketing on outdoor signs and marketing in council properties. Communities and individuals can take action by replacing unhealthy food marketing at sport, complaining to the Advertising Standards Authority (ASA) and lobbying politicians to make change. Finally, the public health workforce can lead with advocacy in communities, and with central and local governments and internationally.

While the opposition is strong, such actions, as part of a comprehensive strategy as agreed by the World Health Assembly,² would likely make an important contribution. They would assist in improving NZ children's diets, reducing inequities for Māori, Pacific and low-income children and in achieving the vision of the Commission on Ending Childhood Obesity.²

The evidence snapshot has been prepared for Activity and Nutrition Aotearoa and the Auckland Regional Public Health Service by Professor Louise Signal, Dr Michelle Barr and Dr Moira Smith of the Health Promotion & Policy Research Unit, University of Otago, Wellington.

'Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel. For how the children grow, so will be the shape of Aotearoa'.
Dame Whina Cooper



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This snapshot provides the latest evidence on the marketing of unhealthy food and drinks to which numerous NZ children are exposed. It updates the 2013 snapshot⁷ to provide an evidence base for public health action. It draws on Dame Whina Cooper's korero calling on New Zealanders to take care of our children.

Unfortunately, limited progress has been made in NZ to achieve the priority goal from the sector vision, 2024; 'Children are free from exposure to food and beverage marketing messages'.¹

The evidence is clear that NZ must strengthen actions to reduce the exposure of all children to unhealthy food and drink marketing.

What is the problem?

NZ is third in the OECD for childhood obesity³ with a third of NZ children overweight or obese.⁴ While many factors contribute to obesity, we now have strong evidence that the marketing and advertising of high energy food and drink influences children's food choices and consumption.

Childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge'.^{8 p.vi} Over the past three decades the global prevalence of childhood overweight and obesity has increased by 47%.⁹ In NZ there are disparities in obesity for Māori and Pacific children and a clear social gradient by deprivation.⁴ Excess weight during childhood and adolescence is associated with an increased risk of many serious health conditions and has lifetime consequences for children's health, well-being, and productivity.¹⁰⁻¹²

Marketing of unhealthy food and drink contributes to the worldwide increase in childhood obesity¹³ by shaping children's dietary preferences and encouraging the repeated purchase and consumption of foods that do not meet nutritional guidelines.¹⁴⁻¹⁶ Internationally, it is estimated that 60% to 90% of food marketing to children is for pre-sugared breakfast cereals, soft drinks, savoury snacks, confectionery and fast foods.¹⁶

Why focus on children?

Children are an important target market for manufacturers because they wield considerable purchasing power both directly (e.g. with pocket money) and indirectly (e.g. influencing their parents' purchases). They are a future – as well as current – market, and hence manufacturers invest significant money in building positive relationships between children and their brands so that they purchase their products now and into the future.

Psychological differences between adults and children make children more vulnerable to marketing messages. Adults are more likely to critically evaluate marketing claims whereas children (especially those younger than 12 years) are more likely to accept marketing messages as truthful, accurate and unbiased.^{17 18}

Future food preferences are developed during childhood and track into adulthood, impacting on children's long-term health.¹⁹



This snapshot defines a child as 'every human being below the age of eighteen years' consistent with the definition in the United Nations Convention on the Rights of the Child (UNCRC).^{20, p.2}

What is unhealthy food marketing and how does it work?

- **What is marketing?**

The World Health Organization (WHO) has defined marketing as:

Any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.^{21, p.9}

Marketing focuses on four key elements – product, price, place and promotion.²² That is, the product itself (a sugary drink), its price (the cost to the consumer), the place it is available (dairy, supermarket, vending machine) and promotion (digital media, street signs). In this snapshot, we focus on promotion. Issues of product (e.g. product reformulation), the price (e.g. sugary drinks tax to reduce consumption) and place (e.g. should unhealthy food be sold at school) are outside the scope of the paper. However, brand promotion, as opposed to product promotion, is a common strategy of food marketers and is included here (e.g. promotions are for McDonald's, not cheeseburgers).



- **What is unhealthy food marketing?**

Unhealthy food marketing is the marketing of energy-dense and nutrient-poor food and drinks, i.e., junk food.²

Examples of foods not recommended to be marketed to children include confectionery, sweet snack food, most savoury snacks, sugary breakfast cereals, iced confectionery, and sugar-sweetened drinks including juices.^{6, 23} A range of marketing media methods are used to promote products including advertising, product placement, branding and sponsorship (see Table 1 over page for details).

Table 1: Examples of methods used to market food and non-alcoholic beverages

Advertising	Broadcast: including TV and radio.
	Print media: including newspapers, magazines and comic books.
	Online: including on-search engines, social networking sites, news sites and blogs, as well as television programmes, films and media clips watched online.
	Outdoors: including billboards, posters and moving vehicles.
	Cinemas.
Product placement and branding	Product placement, e.g. in TV, radio, films, computer games.
	Publicity.
	Branded books, e.g. counting books for pre-schoolers.
	Branded toys, e.g. fast food store as a playhouse.
	Branded computer games.
Sponsorship	Interactive websites, e.g. with puzzles and games.
	TV and radio programmes.
	Events: including community and school events and contests.
	Educational materials and equipment.
	Programmes: including public health campaigns and school breakfast or lunch programmes.
Direct marketing	Venues.
	Sport teams.
	Promotional emails.
	Promotional sales by telephone.
	Text messaging to mobile phones.
Product design and packaging	Home catalogues, leafleting and canvassing (also known as “doorstep selling”).
	Contests or sweepstakes.
	“Money off” vouchers.
	Promotion and sampling schemes in schools, e.g. chocolate drives.
	Product design: colours and shapes, e.g. dinosaur-shaped products.
Point-of-sale	Packaging design: imagery, colours, play shapes.
	Product portions: e.g. king size, duo packs.
	In-pack and on-pack promotions: e.g. gifts, puzzles, vouchers.
	On-shelf displays.
	Displays at check-outs, pay-points, end-of-aisles in supermarkets.
Point-of-sale	Special offers and pricing incentives.
	Vending machines in schools and youth clubs.
	Loyalty schemes.
	Free samples and tastings.

Source: **World Health Organization**²¹

• How does marketing work?

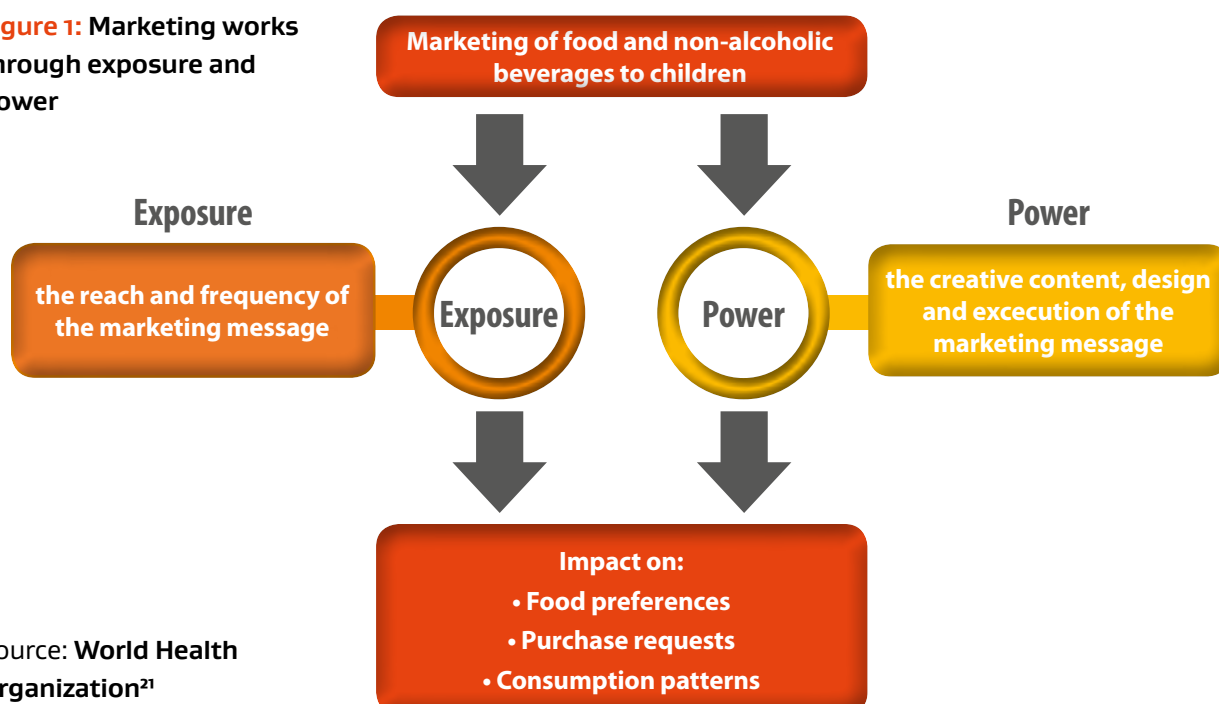
Marketing works by repeatedly exposing people to powerful messages about products and brands using a range of marketing methods. The aim is to reach as many people as possible as frequently as possible to build their product and brand loyalty. The methods use powerful creative content, design and execution to get the message across. It is this combination of exposure and power that drives food preferences, food purchases or requests for food purchase and ultimately consumption (as explained in Figure 1).

The power of marketing is such that the term 'pester power' has been coined to describe children's frequent purchasing requests.



The most common persuasive techniques used, for example, to promote unhealthy food to children on television are the use of premium offers, promotional characters, nutrition and health-related claims, the theme of taste, and the emotional appeal of fun.²⁴

Figure 1: Marketing works through exposure and power



Source: World Health Organization²¹

What is the evidence in New Zealand?

- **NZ children see unhealthy food marketing in many places throughout their day**

NZ children are exposed to unhealthy food marketing over 27 times a day across multiple settings, excluding screens and food stores.²⁵ This exposure is more than twice their average exposure to healthy food marketing. World-leading NZ research – Kids’Cam, recorded the food marketing in the everyday lives of 168 12 year old children. The study included near equal numbers of Māori, Pacific and NZ European children and thus has equal explanatory power for each ethnic group. Study participants wore automatic cameras that took photos every seven seconds of the world in which they live,²⁶ thus enabling the first ever study of the food marketing present in children’s daily lives. Previously, research has relied on children’s memory of what they see and audits of the advertising in their community.

The overall findings of Kids’Cam are consistent with previous studies that found unhealthy food marketing is ubiquitous in children’s environments.^{14 27-32} Kids’Cam data showed most unhealthy exposures occurred at home, in public spaces and at school. Food packaging was the predominant marketing medium, followed by signs (e.g. billboards, posters on shop fronts, sandwich boards on the street). Sugary drinks, fast food, confectionary and snack foods were the most commonly encountered unhealthy foods marketed,²⁵ a finding consistent with previous research.^{27 30 33-36}

The recently released INFORMAS assessment of NZ food environments 2014–2017 found that the level of implementation of policies to restrict unhealthy food marketing in NZ was low across marketing media. Experts consulted in the INFORMAS assessment called for regulation of unhealthy marketing to children in all media as a national priority.³² Specific research from INFORMAS is reported below.

- **Product packaging**

Product packaging was the predominant marketing medium to which children were exposed in the Kids’Cam research. Product packaging is a particularly effective marketing medium as it is commonly used to attract attention, provide information about product attributes and to encourage point-of-sale purchases.³⁷ On-pack promotions including the use of cartoon and movie characters, celebrity endorsements, colour, and typography, are all widely used to target children and their parents.³⁷⁻³⁹ Further, photographs of the product,



premiums and competitions, and nutrient and health claims are also widely used on product packaging. Evidence suggests that promotions appear more frequently on product packaging for unhealthy foods than on healthier food products, thus making unhealthy foods more appealing.³⁹



- **Outdoor advertising**

Overall, children in the Kids'Cam research were exposed to 8.3 food advertisements for every hour they spent in outdoor settings, seven times the rate of healthy food advertising. Outdoor food advertising exposures occurred primarily at shop fronts and on the street, (see Figure 2 for an example). The most frequent exposures were for fast food, sugary drinks, ice cream, cookies, and confectionery. Interestingly, advertisements for diet drinks, snack foods, and high sugar low fibre breakfast cereals were seldom captured in the category of outdoor advertising.⁴⁰

Māori children were exposed to unhealthy outdoor advertising 1.5 times that of NZ European participants and to fast food advertising at almost double the rate of NZ European children. Results of a recent NZ survey of food retail outlets reported a higher density of outlets in the areas of high socioeconomic deprivation (NZDep2013 deciles 9 and 10).⁴¹ The findings of this and previous NZ research suggest that outdoor food advertising is primarily found on, or at, retail outlets.^{42 43} The higher number of unhealthy food advertising exposures among Māori participants may be partially explained by a higher density of food retail outlets in higher deprivation neighbourhoods in which Māori are overrepresented.⁴⁰



Figure 2: Examples of outdoor food advertising found on, or at, retailer outlets

The Kids'Cam research suggests children were exposed to approximately seven unhealthy outdoor food advertisements on their way to or from school each week, not including advertisements in food outlets.⁴⁰



• Television

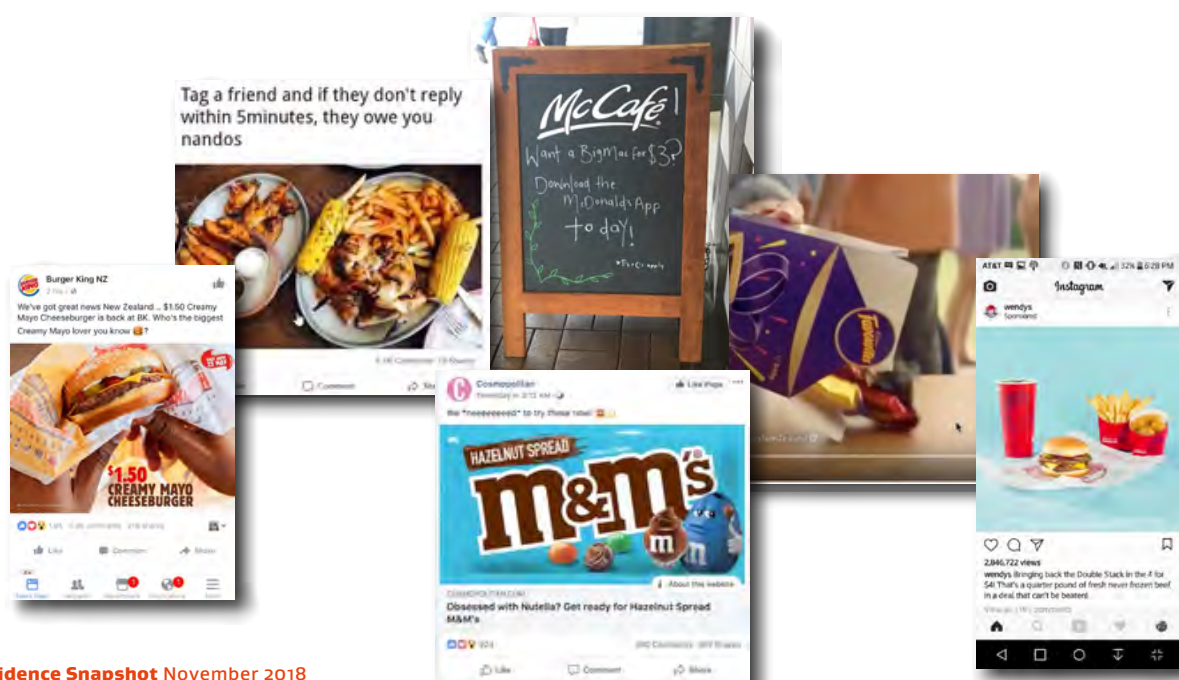
Television has been a dominant marketing medium but is waning with the use of digital media and the on-demand nature of television viewing. Total daily television audience reach reduced from 83% to 66% between 2014 and 2018. At the same time, streaming video online increased from 6% to 37%.⁴⁴ A 2014 national survey of NZ children aged 6-14 found 88% watch television each day, 44% of whom watch more than an hour a day.⁴⁵ NZ research reveals that children are exposed to nine unhealthy food advertisements for every hour they watch television.⁴⁶



• Digital marketing

Digital marketing, including for HFSS (high fat, salt and sugar) foods, is reported by brands and marketers themselves not only to be very successful but also to further amplify the effects of HFSS food marketing in 'traditional' media, enhancing advertisement attention and recall, brand awareness, attitudes and purchase intent and product sales.^{47, p.1}

Increasingly life is lived online. It is where we work and play, interact and socialise, and create our identities.⁴⁸ Food marketing online (digital marketing) may have an even greater impact than traditional media⁴⁹ and is increasingly targeting children who are less able to recognise its persuasive intent.^{16 50 51} NZ children engage with the internet frequently, with 66% accessing it daily.⁴⁵ Online advertising occurs through several different channels, including promotions on websites, social media, email, and marketing via mobile devices through text messages, applications (apps), and branded games 'advergames' (advertising or brands incorporated into a game).



Social media platforms (e.g. Facebook) and other virtual environments (e.g. online games, content streaming) are commercial entities designed to generate revenue through marketing. They sell users' information to third parties,⁵² e.g. Cambridge Analytica's use of Facebook data. As a result companies can target and tailor their marketing specifically to users based on their previous interactions with a brand to maximise marketing impact.⁴⁹ Further, the interactive nature of these advertisements facilitates repeated and extended exposure to branding and food products, building brand loyalty and influencing children's purchases and purchase requests.^{31 38 50 53} The introduction of smartphones and related technology has substantially increased the amount of time children spend engaging with the internet and different forms of digital media.³¹ 'Social media is an important medium for food marketers in NZ, and promotional strategies and premium offers are frequently used', according to recent NZ research.^{54, p.22}

• Sports Sponsorship

Unhealthy food and beverage brands and companies sponsor popular televised sport with large audiences, e.g. Gatorade sponsorship of the All Blacks and KFC sponsorship of Super Rugby www.forthefans.co.nz. The few companies that use additional marketing activities, including merchandise, create repeat exposure for their brands, many of which target children, e.g. McDonald's' player-of-the-day certificates. However, there is limited food marketing of less televised sport and sport at lower levels. These findings suggest that policies that restrict sponsorship of sports by unhealthy food and beverage manufacturers will limit children's exposure to unhealthy food marketing within NZ sports settings.



What are the views of children, parents and caregivers?

A qualitative study from Kids'Cam found children were knowledgeable about food marketing, although most were not aware of the extent to which they were exposed. Children did not distinguish 'marketing to children' from other marketing. According to the children, they were frequently exposed to food marketing and persuaded against their better judgement to purchase food they knew to be harmful to their health. This finding suggests children's exposure to unhealthy food marketing may be physically, mentally and morally harmful, in direct contradiction of the NZ self-regulatory code for marketing,⁵⁶ as discussed below.

Many children agreed that unhealthy food should not be marketed to children. Their view aligns with the World Health Assembly's recent decision to endorse initiatives to end childhood obesity, including restricting marketing of unhealthy foods.²

Two national surveys in 2007 suggest the vast majority of parents and caregivers were concerned about the impact of unhealthy food marketing on their children, and supported measures to restrict it, such as banning advertising on TV and other forms of media.^{57 58} Given the significant increase in overweight and obesity in NZ children in the past decade,⁵⁹ it is likely that this concern, and support for action, will have only strengthened.

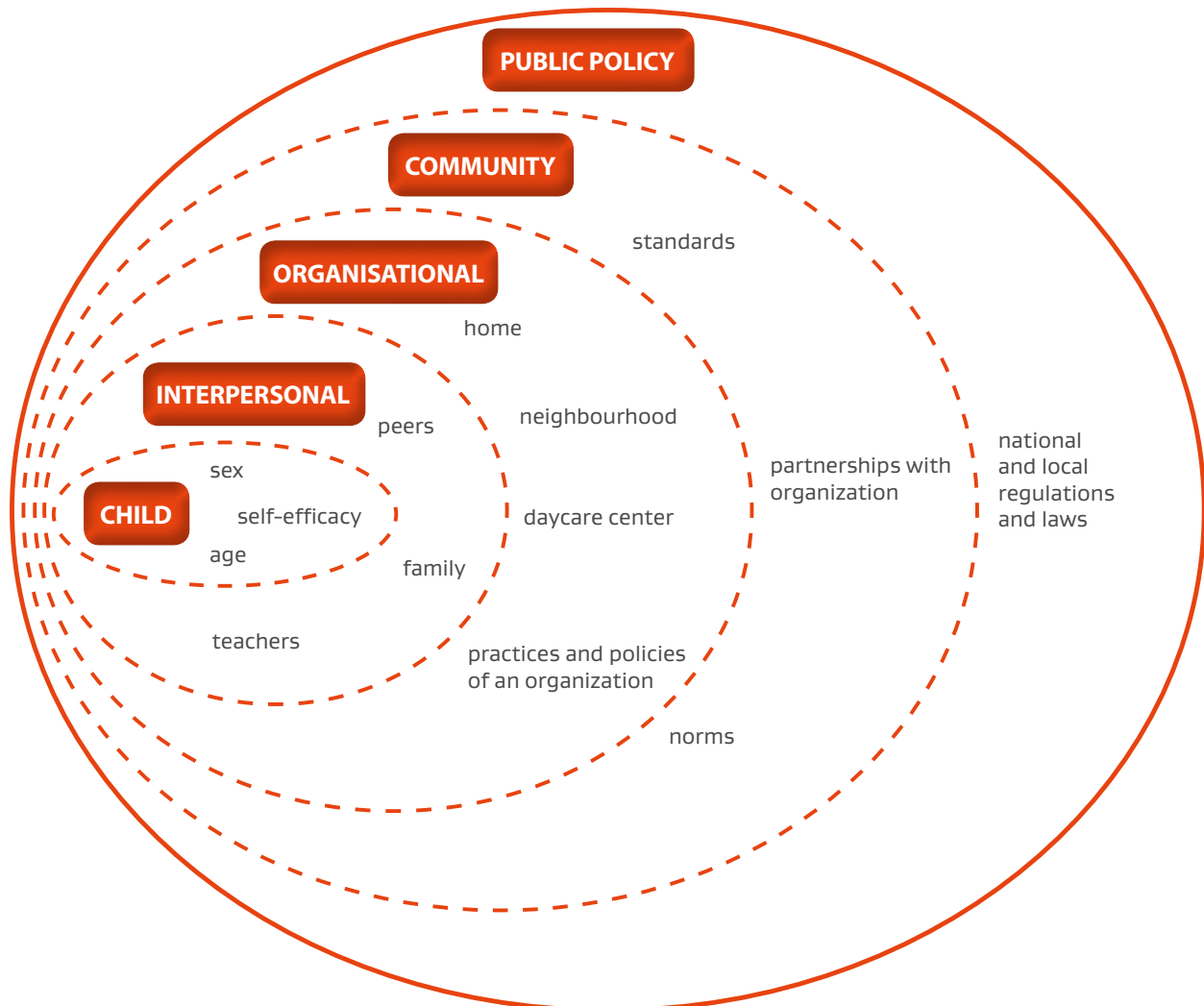
What action is needed?

Action to restrict children's exposure to unhealthy food marketing is needed at multiple levels of society.

In the context of an obesity pandemic, ecological models provide a useful framework for understanding the multiple and interacting factors that influence food choice, food intake, and physical activity levels.^{60 61} One model presented in Figure 3 illustrates the need for a systems approach to action to address childhood obesity across a range of levels - public policy, community, organisational, interpersonal and individual. Increasingly, as our world becomes more global, community and public policy initiatives go beyond nations.

Figure 3: Ecological Model of Health

Source: Mehtälä et al.⁵⁹



What principles should guide action?

The 2017 World Health Assembly supports a number of key guiding principles that could usefully underpin action in NZ.² These include:

- **The child's right to health** – children have the right in international law to be able to attain the highest standards of health and to be protected from the adverse health effects of marketing of unhealthy products.
- **Government commitment and leadership** – governments need to accept responsibility on behalf of the children they are ethically bound to protect.

- **A whole-of-society approach** – government, civil society, the private sector, parents and carers all have a role to play.
- **Equity** – action is needed to address the equity gaps in childhood obesity, particularly for Māori, Pacific and low-income children.
- **Accountability** – robust monitoring is needed to ensure equitable progress.

In NZ we have a further principle:

- **To honour te Tiriti o Waitangi** – to ensure Māori are afforded at least equal protection with non-Māori. Te Tiriti o Waitangi is broadly related to health. One of the aims of te Tiriti was to give tangata whenua royal protection from the deleterious consequences of colonisation.⁶² Article 1 of te Tiriti gave the Crown the right to govern and therefore to provide good governance for its citizens.⁶³ An emphasis in government nutrition policy towards individual self-management rather than a broader environmental approach, including robust policy to restrict unhealthy food marketing to children, has been viewed by Māori commentators as the Crown discharging its Treaty responsibilities.⁶⁴

What is the opposition?

Calls for food marketing restrictions continue to be met with strong opposition from the food industry.⁶⁵ Industry has implemented voluntary codes for restricting food marketing to children.⁶⁵ However, evidence suggests that these measures have been widely unsuccessful and fail to protect children.^{66 67 68} Margaret Chan, previous Director-General of the WHO, speaks of the opposition by industry to public health interventions.

It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. These industries fear regulation and protect themselves by using the same tactics. Research has documented these tactics well. They include front groups, lobbies, and promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt. Tactics also include gifts, grants, and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public. They include arguments that place the responsibility for harm to health on individuals and portray government actions as interference in personal liberties and free choice.

This is formidable opposition. Market power readily translates into political power. Few governments prioritize health over big business. As we learned from experience with the tobacco industry, a powerful corporation can sell the public just about anything.

Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business.

Margaret Chan, Director-General World Health Organization 2013⁶⁹

What global action has been agreed?

Governments throughout the world have called for global action. At the 2017 World Health Assembly, delegates agreed governments should 'adopt and implement effective measures, such as legislation or regulation, to restrict the marketing of food and non-alcoholic beverages to children and thereby reduce the exposure of children and adolescents to such marketing'.^{2, p. 11} Recommendations included ensuring places children gather are free from unhealthy food marketing; inter-governmental cooperation to reduce the impact of cross-border marketing; and enforcement mechanisms with clear sanctions and monitoring.^{2 70} This call is supported by the World Health Organization and the World Cancer Research Fund.^{8 71}

What has been achieved internationally?

Despite these calls for action and the overwhelming evidence of need, governments have failed to implement effective policy recommendations to restrict food marketing to children.¹³ Industry self-regulation remains a favoured policy approach by many governments including NZ, Australia, the US, Canada and Germany.⁷² However, these measures have been ineffective in substantially reducing the extent of children's exposure to food and non-alcoholic beverage marketing.⁷³ There are a number of countries including, the United Kingdom, Ireland, South Korea, Brazil and Chile that have introduced statutory regulations.^{71 72} These initiatives provide international examples of best practice. There is an emerging body of evidence that shows that statutory restrictions work.⁷¹ To-date, no government has implemented comprehensive, mandatory legislative restrictions.^{71 72}

What is the NZ regulatory framework for food marketing?

Currently, in NZ, food marketing is self-regulated under voluntary codes developed by an industry body, the ASA.⁵⁶

Since the previous snapshot⁷ and the Kids'Cam research,²⁵ the ASA have revised their codes for marketing to children as part of the government 22 point Childhood Obesity Plan.⁷⁴ A new code - The Children and Young People's Advertising Code replaced the Code for Advertising to Children and the Children's Code for Advertising Food. However, despite this, the revised code does not go far enough and still fails to protect children according to over 70 NZ health professors in a letter published in the NZ Medical Journal.⁷⁵ This includes failure to address children's right to health as outlined in the United Nations Convention on the Rights of the Child⁷⁶ and the proposed principles for action.²

The revised code requires that: **'advertisements targeted at children or young people must not contain anything that is likely to result in their physical, mental or moral harm and must observe a high standard of social responsibility'**.^{77, p. 3} However, the revised code only applies to advertising where the 'expected average audience at the time or place the advertisement appears includes a significant proportion of children or young people'.^{77, p. 2} This decision is inconsistent with the current media environment, including social media and on-demand television viewing. The code does not include product packaging, brand advertising or sponsorship in general, all key marketing techniques. Further, enforcement of the Code is reliant on people making complaints to the ASA about breaches of the Code. There is no independent monitoring of its implementation, inconsistent with the proposed principle of accountability.²

Due to the lack of substantive reform in the NZ voluntary ASA code⁷⁵ and the failure of industry-controlled, voluntary codes to effectively protect children from unhealthy food advertising globally,⁶⁶ it seems likely the current code will do little more than the previous codes to protect NZ children from these harms. **The group of health professors concluded that 'government regulation is urgently needed to create a policy framework which privileges children's health and well-being above commercial interests'**.^{75, p. 98} This recommendation is consistent with the key principle of government leadership.²

What action is recommended?

Based on the evidence a comprehensive whole-of-society approach to addressing unhealthy food marketing in NZ is recommended. This needs to take place at multiple levels of society.

This is consistent with the World Health Assembly agreement,² the principles for action² and with the ecological model of health outlined above.⁶¹ It also has the potential to reduce inequities by ensuring change to the context within which children live their lives. This is likely to benefit those who suffer most from the burden of childhood obesity – Māori, Pacific and low-income children.



Public policy – national

Comprehensive government regulation of food marketing to which children are exposed (including digital marketing, product packaging, brand advertising and sponsorship) with robust monitoring to ensure effective and equitable outcomes is recommended.

Associating healthy sport with unhealthy food is an anomaly which makes good sense to rectify. National policy could assist sporting bodies by replacing unhealthy food sponsorship with healthy sponsorship. Effective models for this already exist, given the successful replacement of tobacco sponsorship with health sponsorship following the introduction of the 1990 NZ Smoke-free Environments Act.^{55, p. 6}

Given that over two-thirds of marketing is in the form of food packaging, consideration should be given to plain packaging in some specific cases (e.g. sugar-sweetened beverages) as a highly effective intervention in this arena.⁷⁸ Currently, government leadership on plain packaging of tobacco provides an excellent precedent.

Because action in this area is ultimately dependant on government leadership, actions predominately involve advocacy.

Public policy – local

Local government has a key role to play in restricting unhealthy food marketing in communities including on outdoor signs and marketing in council properties such as recreation centres and parks.

The French city of Grenoble is an example of a city without outdoor advertising.

[View to learn more](#) or read below.

In 2014, the French city of Grenoble banned all outdoor advertising via billboards and signs in favour of creating spaces and opportunities for public expression, and the planting of 50 additional trees to replace former advertising structures. The rationale for this ban was to reclaim the city's identity, to improve the aesthetics of the city, and to provide greater opportunity for citizen expression. The ban sought to protect children and young people from unnecessary exposure to commercial promotion, noting that children are often the target of advertising and that young children are particularly vulnerable to the effects of advertising. Further, the City of Grenoble chose to protect its citizens from multinational corporate interests which dominated the outdoor advertising scene. To achieve this ban, the City of Grenoble did not renew its longstanding contract with out of home advertising giant JC Decaux. This contract ended on the 31st of January 2014 and resulted in the removal of 326 outdoor advertisements and a reduction of over 2,000m² of advertising space throughout the city.⁷⁹

Organisational

Particularly concerning is the amount of unhealthy food marketing exposure in schools, an environment where children's health is protected under NZ law,⁸⁰ and which the Commission on Ending Childhood Obesity states should be free of such marketing.⁸ Central government leadership on this would create a level playing field for all children. However, it is also something that schools can and do lead on themselves.

Community action

Communities and individuals can take action by replacing unhealthy food marketing at sport, complaining to the ASA and lobbying politicians to make change.



Public health workforce

The public health workforce is diverse in experience, skills, networks and opportunities. The public health workforce can lead with advocacy in communities, and with central and local governments and at the international level. Actions may include:

- linking with like-minded organisations such as: Activity and Nutrition Aotearoa: <https://ana.org.nz/> and Healthy Auckland Together: <http://www.healthyaucklandtogether.org.nz/>
- utilising the wording and references used in this snapshot for media, submissions and other relevant activities
- working with sports clubs and organisations to find healthy sponsorship
- advocating to local government staff and politicians
- advocating to central government officials and politicians
- working with local schools and boards of trustees
- making complaints to the ASA.

Conclusion

The evidence presented here reveals that children live in an obesogenic food marketing environment that promotes obesity as a normal response to their everyday environment.⁵ NZ children are more than twice as likely to be exposed to unhealthy food marketing, not recommended to be marketed to children,⁶ than healthy food marketing, and to be exposed multiple times a day across various settings and via multiple media. Māori children appear to have higher exposure to unhealthy food marketing than NZ European children.²⁵

In line with the views of children, parents and caregivers and the wisdom of the World Health Assembly,² urgent action is required to restrict unhealthy food marketing to which children are exposed. Given the disparities in obesity for Māori, Pacific and low-income children, it is these children who stand to benefit most from effective action.⁴ Key to this is regulatory action by government to ban unhealthy food marketing to which children are exposed. This action would require the replacement of the voluntary code with a comprehensive regulatory one (that includes sponsorship, brand only marketing and product packaging) with effective monitoring and real sanctions. There is also a critical role for local government to reduce exposure in our communities. Requiring schools to provide only healthy food would greatly assist in reducing the amount of advertising in the school context. Communities and individuals can take action by replacing unhealthy food marketing at sport, complaining to the ASA and lobbying politicians to make change. Finally, the public health workforce can lead with advocacy in communities, and with central and local governments and internationally. While the opposition is strong, such actions, as part of a comprehensive strategy as agreed by the World Health Assembly,² would likely make an important contribution to improving NZ children's diets, reducing inequities and to achieving the vision of the Commission on Ending Childhood Obesity.²

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Resources:

For a short video explanation of the Kids'Cam study see <https://youtu.be/RREG2QUGGIU>

Keep up-to-date with global action on food marketing here <https://www.wcrf.org/int/policy/nourishing-database>

For the Advertising Standards Authority codes and complaints process see <http://www.asa.co.nz/>

For more resources to help you take action see <http://www.healthyaucklandtogether.org.nz/take-action/food-environments-and-marketing/resources/>

Post any bad ads to instagram and tag us #dumpthejunknz

Thank you to the eight experts who reviewed the content for this evidence snapshot.

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- advocate for a comprehensive environmental approach to prevent obesity and encourage healthy eating and physical activity
- increase the development of evidence to inform policies, programmes and services in the New Zealand nutrition and physical activity sector through our knowledge translation and exchange projects (the dissemination of this knowledge is through the website, eUpdates and newsletters which are funded by the Ministry, in addition to conference and webinars)
- influence policy development and practice that improves nutrition and physical activity through advocacy at national, regional and community levels.