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Draft Final Report of the Commission on Ending Childhood Obesity
World Health Organisation
Geneva
Switzerland
echo@who.int

Healthy Auckland Together submission to the Draft Final Report of the Commission on Ending Childhood Obesity 2015

Thank you for the opportunity for Healthy Auckland Together to provide a submission to the Draft Final Report of the Commission on Ending Childhood Obesity. Healthy Auckland Together has not provided earlier comment to the Commission, and we welcome the opportunity to provide comment at the Draft Final stage.

The following submission represents the views of the Healthy Auckland Together partners identified at the end of the submission.

The primary contact point for this submission is:

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Once again, thank you for this opportunity to submit on this issue.

Yours sincerely

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Introduction

This submission is made on behalf of Healthy Auckland Together partners, identified at the conclusion of this document. Healthy Auckland Together is a coalition of organisations within the Auckland region that aims to: improve nutrition, increase physical activity and halt rising rates of obesity among Aucklanders. With a broad range of coalition partners - including health, local government, iwi (indigenous tribal affiliations), transport and non-government organisations - Healthy Auckland Together's aim is to encourage change in the regional environment so it contributes to Aucklanders' health and does not impede it.

Auckland is New Zealand's largest city with a population of 1.5 million. Childhood obesity rates in the region, and New Zealand as a whole, are unacceptably high with a third of children being overweight or obese. Similar to other states, New Zealand experiences significant health disparities related to ethnicity and socio economic deprivation. Maori and Pacific populations have higher rates of obesity (16.4 and 27 percent for Maori and Pacific children respectively, compared to 11.5% for all Auckland children)[1].

The Final Draft Report of the Commission on Ending Childhood Obesity (Final Draft Report) presents a valuable opportunity to facilitate meaningful global responses and motivate states to take action to stabilise and reduce childhood obesity.

Healthy Auckland Together welcomes the opportunity to submit to the Commission, and generally supports the approach within the Final Draft Report. In particular, we support the multi-sector focus to change the environments that make healthy choices difficult. We also share the view that no single solution can make a significant difference to childhood obesity, rather multiple actions, by many agencies, are needed.

Questions

1. Are the policy options proposed by the Commission feasible in your setting?

The Final Draft Report includes several regulatory and policy options that aim to modify obesogenic environments – many of these options would require legislative or policy changes in New Zealand. These changes are not able to be enacted at the regional level at which Healthy Auckland Together operates; rather they require national legislation or policy change.

2. If implemented, will these significantly address childhood obesity?

The Draft Final Report includes recommendations for changes to the obesogenic environments that are a significant barrier to a healthy diet and meeting recommended levels of physical activity.[2] Healthy Auckland Together supports this direction. In particular, the Final Draft Report includes three areas that have the potential to make a real difference including limiting marketing of

[1] Note statistics are for children aged 2-14 years. Ministry of Health, New Zealand Health Survey, Auckland figures email communication.

[2] 'Education and encouraging personal responsibility are necessary but not sufficient—restructuring the context that shapes physical activity and nutritional behaviour is a vital part of any obesity program.' McKinsey Global Institute, Overcoming obesity: An initial economic analysis: Discussion Paper, November 2014.

unhealthy food to children, consideration of fiscal policies to reduce the consumption of unhealthy food and creating healthy food environments in schools and early childhood education services.[3] [4] [5]

Location matters, as more deprived neighbourhoods have less-healthy environments than less-deprived neighbourhoods. Policy and regulatory settings that support healthy environments therefore have a positive impact on achieving health equity. Children living in deprived neighbourhoods are:

- 1.5 times more likely to be obese[6]
- three times more likely to have food outlets located close to their schools[7]
- more likely to feel unsafe when walking alone in their neighbourhood day or night, which may impact on likelihood of taking exercise[8].

Our review of the evidence suggests that there are some gaps in the report where further actions can make a difference. The Draft Final Report does not cover:

- Improving the nutritional quality of the food supply - for example agreements with food manufacturers, supermarkets and caterers to reduce the level of sugar and saturated fat in food products and to reduce portion sizes.[9]
- Improving food security – which is linked to the increased consumption of inexpensive energy dense food.[10]
- Changing urban planning to encourage physical activity, such as active transport to school and other services and amenities. Changes in urban environments can reduce inactivity by one-third.[11]
- Engaging families in community initiatives so that any changes in health behaviours spill over into the family setting, where most food choices are made.

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[3] Note that these policies were identified for a cost effectiveness analysis at the Harvard T.H. Chan School of Public Health. Gortmaker SL, Long MW, Resch SC, Ward ZJ, Cradock AL, Barrett JL, Wright DR, Sonneville KR, Giles CM, Carter RC, Moodie ML, Sacks G, Swinburn BA, Hsiao A, Vine S, Barendregt J, Vos T, Wang YC. *Cost Effectiveness of Childhood Obesity Interventions: Evidence and Methods for CHOICES*, *Am J Prev Med*. 2015 Jul; 49(1):102-11 http://choicesproject.org/publications/choices-evidence-methods-summary/ .
Cochrane Database of Systematic Reviews 2011, Issue 12 identified schools as an important setting for preventing childhood obesity.

[4] Included in McKinsey Global Institute, *Overcoming obesity: An initial economic analysis: Discussion Paper*, November 2014.

[5] Cochrane Database of Systematic Reviews 2011, Issue 12 identified schools as an important setting for preventing childhood obesity.

[6] Social Policy Evaluation and Research Unit, Fact Sheet January 2015, *The wider economic and social costs of obesity: A discussion of the non-health impacts of obesity in New Zealand*, http://www.superu.govt.nz/sites/default/files/Obesity_fact_sheet.pdf

[7] Day, L. and Pearce, J. (2011) *Obesity-Promoting Food Environments and the Spatial Clustering of Food Outlets Around Schools*, American Journal of Preventive Medicine, (40) 2, pp 113–121.

[8] New Zealand Police (2014) *Actual and Perceived Safety from Crime in Auckland: A Review,* Available at: https://www.police.govt.nz/district/aucklandcity/perceptions-of-public-safety-in-auckland.pdf

[9] Cochrane Review suggests reducing portion sizes has effect on dietary intake between 12-16%, Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, Higgins JPT, Ogilvie D. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. Cochrane Database of Systematic Reviews 2015, Issue 9.

[10] Burns, C, Kritjansson B, Harris G, Armstrong R, Cummins S, Black A, Lawrence M, *Community Level Interventions to Improve Food Security in Developed Countries,* Cochrane Collaboration, 2010.

[11] Pruss-Ustun A and Corvalan C (2006) Preventing disease through healthy environments: towards an estimate of the environment burden of disease. Geneva, WHO.

- Including the importance of other community settings – for example in Auckland there has been some success in changing the food environments in some Pacific churches, which are important community settings for the Pacific community. Faith based settings are also a common place for engagement around health in other jurisdictions[12].
- Placing greater emphasis on reducing inequity – as noted earlier, obesity rates are higher for those living in higher deprivation. Any response to obesity should aim to redress this inequity.

3. What are the important enablers and potential barriers for the implementation of these proposed policy options?

In New Zealand there are a number of potential enablers:

- the growing awareness and willingness for action within and across organisations, as evidenced by Healthy Auckland Together collaborators
- changing public opinion of the importance for national action, for example in New Zealand 78 percent favour the Government requiring schools and early childhood educations service to implement healthy food policy[13]
- Healthy Families NZ, a Government initiative that aims to make system changes and interventions in localised settings, such as schools and workplaces.

4. How can governments and other actors be held to account for implementing these policy options?

Governments and other actors can be held to account by monitoring progress against these policy actions at a global level. This enables comparisons across countries as well as potential for evaluation of the benefits of the policy actions that have been implemented. For example the WHO could develop a simple framework by which to assess implementation of the policies, the framework would be aligned with the Global Monitoring Framework for NCDs and informed by the International Network for Obesity/NCD Research, Monitoring and Support (INFORMAS).[14]

Such a reporting framework for childhood obesity would assess progress against the three levels (as described on p29 of the Draft Final Report):

- national strategic leadership
- supportive laws and policies (as specified in the document)
- programmes, investments and activities.

Healthy Auckland Together signatories to this submission

The following Healthy Auckland Together partners are signatories to this submission.

- Aktive Auckland – Sport and Recreation
- Auckland Council

[12] E.g. Kaplan, S, Calman, NS, Golub, M, Ruddock, C, Billings, J. The Role of Faith-Based Institutions in Addressing Health Disparities: A Case Study of an Initiative in the Southwest Bronx. Journal of Health Care for the Poor and Underserved (2006) 17: 9–19

[13] https://www.auckland.ac.nz/en/about/news-events-and-notices/news/news-2015/09/public-support-for-healthy-food-in-schools.html

[14] https://www.fmhs.auckland.ac.nz/en/soph/global-health/projects/informas.html

- Auckland District Health Board
- Auckland Regional Public Health Service
- Auckland Transport
- Auckland University - School of Population Health
- Counties Manukau Health Alliance
- Hapai te Hauora Tapui
- Heart Foundation
- Mana Whenua i Tamaki Makaurau
- National Institute for Health Innovation
- Pacific Heartbeat
- Primary Health Organisations
- Te Runanga o Ngati Whatua
- The Asian Network.