SUBMISSION ON:

Advertising Standards Authority Review of the Code for Advertising to Children and the Children's Code for Advertising Food

1. Introduction

1.1. The Waikato District Health Board (Waikato DHB) serves a population of more than 360,270 people within 10 territorial authorities and two regional councils, stretching from the northern tip of Coromandel Peninsula to south of National Park and from Raglan and Awakino in the west to Waihi in the east.

1.2. The Waikato DHB has five hospitals and two continuing care facilities; community services, older persons and rehabilitation service, population health service and mental health and addiction services (collectively known as its provider arm Health Waikato). It directly employs around 6083 doctors, nurses, allied health professionals and support staff.

1.3. The Waikato DHB also funds and monitors (through contracts) a large number of other health and disability services that are delivered by independent providers such as GPs and practice nurses, rest homes, community laboratories, dentists, iwi health services, Pacific peoples' health services, and many other non-government organisations and agencies.

1.4. The Waikato DHB is extensively engaged in providing services in the region both directly through the provider wing of the organisation and indirectly through other providers. These include personal health services and public health or population based health services

1.5. The following submission represents the views of the Population Health Waikato DHB. Population Health provides public health services for the people living within the Waikato DHB region. Population Health is focused on providing early intervention and prevention services that improve, promote and protect the health of population groups within the Waikato DHB region. It works to help ensure all people in the Waikato have opportunities to access services and make choices that enable them to live long and healthy lives.

2. Population Health Waikato DHB position

2.1 Population Health Waikato DHB has a strong focus and emphasis on the determinants of health or more simply, the factors that have the greatest influence on health. Opportunities for good health begin where we live, learn, work, and play and start long before the need for medical care. Population Health actively engages in promoting healthy living and protecting the health of people and communities.

2.2 Reducing childhood obesity is noted as a high priority from Government and across communities in Aotearoa New Zealand. Every avenue for encouraging children towards healthy eating and conversely for discouraging the appeal and consumption of food and beverage products which are high in salt, free sugars, saturated fats and trans-fatty acids (World Health Organisation, 2010) needs to be taken into account (Vandevijvere & Swinburn, 2015). These foods may also be described as unhealthy energy-dense nutrient-poor foods (Pettigrew et.al, 2013).

2.3 There is considerable accepted evidence that associates childhood overweight and obesity with both short and long-term health risks (Howe et.al, 2015).

2.4 To promote access to healthy foods and beverages in DHB settings the National District Health Boards Healthy Food and Beverage Environments Policy has been developed. This policy has been put in place as a strategy to reduce access to food and beverages that contribute to the increasing incidence of obesity which are leading to poor health outcomes for many people.

3. Acknowledgment

3.1 Thank you for the opportunity to comment on the **Advertising Standards Authority Review of the Code for Advertising to Children and the Children's Code for Advertising Food.**

3.2 The Advertising Standards Authority (ASA) Review of the Code for Advertising to Children and the Children's Code for Advertising Food has been reviewed by Population Health and the following comments are provided.

3.3 In line with evidence and this policy Population Health Waikato DHB will address the following questions to the review of the ASA Children's Code for Advertising Food 2010:

3.4 Question 1: What are the strengths and weaknesses of the two current Children's Codes?

The strength of the current code is that it tends to support the rights of companies to advertise food products of their choice with very little restriction on the content and timing of the advertisements.

The weakness of the current code is that it does not appear to have affected a limit on the content, timing and number of food and beverage advertisements that impact on the health and well-being of children. The current code lacks a concise definition of what constitutes food and in particular definitions of foods and beverages that are high in salt, free sugars, saturated fats and trans-fatty acids. A further weakness has been the somewhat inconsistent interpretation of the content of the code (Hoffman, 2014).

3.5 Population Health Waikato DHB, submits that the self-regulatory approach currently adopted by the ASA does not offer adequate protection for children from the effects of unhealthy food marketing.

3.6 Population Health Waikato DHB along with organisations such as the Ministry of Health, New Zealand Medical Association, Health Foundation and Agencies for Nutrition Action recommends that the ASA strengthen the current Advertising to Children and the Children's Code for Advertising Food by:

3.6.1 restricting the **content** of food and beverage advertisements to children to foods that are nutrient-poor and energy dense with a view to banning advertisements for these foods at a future time.

3.6.2 restricting the **number and timing** of food and beverage advertisements at times when children are likely to be accessing media outlets such as television or the internet

3.6.3 restricting the **content and number** of advertisements in printed media the children are likely to access

3.6.4 ensuring that **accurate nutritional content** of food and beverages is provided on all packaged foods and in advertisements for all foods.

3.7 Population Health Waikato DHB has drawn on the following evidence to support this recommendation:

3.7.1 Obesity and advertising

The most recent New Zealand Health Survey indicates that 31% of all adults (48% of Maori and 68% of Pacific adults) and 11% of all children aged 2–14 years (19% of Maori and 27% of Pacific children) are obese (Ministry of Health, 2013).

There are well established correlations between the consumption of foods and beverages high in saturated fats, trans-fatty acids, free sugars, or salt and low in food value and the considerable rise in obesity rates for both adults and children in NZ.

To break the cycles of over-consumption of unhealthy foods a comprehensive approach that includes government regulation and efforts from industry and civil society is required rather than interventions which focus on individuals or their environments in isolation.

3.7.2 Exposure and power of advertising

Advertisements are designed to give maximum exposure to products and have the power to influence consumers and society (World Health Organisation, 2010). The World Health Organisation (WHO) recommends that both the exposure of children to, and the power of, marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt be reduced.

3.7.3 Advertising and marketing of unhealthy foods to children

In 2007 the amount of advertising spent on healthy food was the equivalent of $1.44 per person while in the same year fast food companies spent $12.94 per person on advertising (Population Health paper, November 2011). The advertising of soft drinks, chocolate products and breakfast cereals high in sugar, for example, further compounds the weight of emphasis away from healthy foods.

The role of parents in educating children to have a balanced diet and to be healthy individuals may well be compromised by the collective impact of the advertising of unhealthy energy-dense nutrient-poor foods. While each individual advertisement for a high sugar, fat or salt food product may not contribute significantly to an 'unhealthy food environment' the collective effect of these advertisements does.

3.7.4 Social responsibility and food advertising

A broad perspective of a social responsibility would suggest that any advertisements that allude to or explicitly encourage the purchase of products that are known to have harmful effects should be highly regulated. There is little if any evidence to suggest that self-regulation leads to socially responsible advertising practices (Kunkel, Castonguay, & Filer, 2015), although they report that the American companies that signed up to self-regulatory practices did conform to the agreed guidelines. They conclude that "other policy actions are needed to effectively reduce children's exposure to obesogenic food advertising" (Kunkel, Castonguay, & Filer, 2015, p.181).

Often when considering who is responsible for rising obesity rates there is a debate between individuals being responsible for the choices they make and the systemic focus on environmental and social factors which tends to emphasise Governments' role in taking care of public health.

However, recent research by Roberta, et.al, (2015) indicates that it may be more constructive to focus on the reciprocal relationship between an individual and their environment which in turn impacts on the food choices people make. The environment created by the volume of marketing through all forms of media and the availability of unhealthy energy-dense nutrient-poor foods has the impact of normalising these food products. "Today's food environments exploit people's biological, psychological, social, and economic vulnerabilities, making it easier for them to eat unhealthy foods" (Roberta, et.al, 2015, p.2400).

A further role for ASA would be to assume leadership in promoting the advertising of healthy foods and beverages that are of high nutritional value and are energy-light.

3.7.5 Marketing misleads

"The marketing of unhealthy food products to children is powerful, pervasive and predatory" (Vandevijvere & Swinburn, 2015, p.36). Food marketing targeted at children is predominantly for unhealthy food products high in salt, sugar, and saturated fat. The effect of this marketing is likely to both mislead and deceive children in relation to understanding the nutritional qualities of food and to add to an unhealthy food environment.

3.7.6 Marketing exploits

Advertisements for energy-dense nutrient-poor foods both on television and the internet were studied for the impact they had on both parents and children by a group of Australian researchers (Pettigrew et.al, 2013). Their findings indicate that parents after exposure to advertisements evaluated the food products more favourably, had a greater desire to consume the products and thought the product could be consumed more frequently than those parents who were not exposed to the advertising. These findings raise considerable concern as most efforts to reduce childhood obesity rely on parents to mediate the effects of food advertising.

3.8 Population Health Waikato DHB supports the introduction of a regulatory approach by Government to the advertising of food to children in order to protect them from being targeted by the sophisticated marketing techniques currently being practiced by the food industry (Vandevijvere & Swinburn, 2015, Gorton, 2011, Lyon, 2013).

There is a need for Regulatory bodies such as the Advertising Standards Authority to develop advertising and marketing guidelines that include clear policy goals and performance targets for the food industry to meet. A system for monitoring food industry marketing needs to be put in place and if measurable improvements in voluntary performance are not achieved then further forms of direct regulation may need to be introduced. The quasi-regulatory approach was successful in a campaign to reduce sodium in processed foods in the United Kingdom (He, Brinsden, & MacGreggor, 2013) and in Australia for implementing the voluntary Health Star Rating front-of-pack labelling (Vandevijvere & Swinburn, 2015).

3.9 Restrictions on the advertising of energy-dense nutrient-poor foods has been shown to effect household food choices in Quebec, Canada (Chandon, & Wansink, 2012; Galbraith-Emami, & Lobstein, 2013; Harris, Pomeranz, Lobstein, & Brownell, 2009). A ban on television advertising of unhealthy foods aimed at children under the age of 13 was trialled on French-speaking television networks in Quebec. The advertising ban is reported to have reduced the quantity of children's cereals in the homes of French-speaking children. Significantly the ban also reduced the amount of fast-food consumption by French-speaking families compared with English-speaking children and families who continued to be exposed to the same amount of television advertising from food advertisements through US television stations.

4. Concluding comments

4.1 To create an environment where healthy food choices and eating habits are promoted so that children thrive, grow, live and learn to be the best people they can, requires support from all sectors of society. Currently the efforts by parents, educators, and health professionals to enable a healthy food environment is being overwhelmed and undermined by the marketing of nutrient-poor energy-dense foods.

4.2 To assist in the introduction of a regulatory approach to food marketing, a robust nutrition profiling system to determine the nutrient and energy values of foods needs to instituted (Gorton, 2011). The nutrient and energy values of foods are labelled on all food packaging and in the marketing of foods and beverages.

5. Contact address

Any comments on this submission or requests for further information should be addressed to:

Dr Felicity Dumble
Public Health Medicine Specialist/ Medical Officer of Health
Waikato DHB Population Health
Private Bag 3200
Hamilton 3400
E: felicity.dumble@waikatodhb.health.nz

6. References:

Chandon P, Wansink B. (2012). Does food marketing need to make us fat? A review and solutions. *Nutrition reviews. 70(10):571-93*.

Galbraith-Emami S, Lobstein T. (2013). The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obesity Reviews. 14(12):960-74.*

Gorton D (2011). Advertising Food to Children: Background Paper. Auckland: The National Heart Foundation of New Zealand. Retreived 24.3.2016 from http://www.heartfoundation.org.nz/uploads/Advertising%20to%20children_Background%20paper_Feb%202011(4).pdf

Harris JL, Pomeranz JL, Lobstein T, Brownell KD. (2009). A crisis in the marketplace: how food marketing contributes to childhood obesity and what can be done. *Annual review of public health. 30:211-25.*

He, FJ., Brinsden, HC., & MacGreggor, GA. (2013). Salt reduction in the United Kingdom: a successful experiment in public health. *J Hum Hypertens, 28(6):345-52*.

Hoffman, S. (2014). *Regulation of Food Advertising to Children in New Zealand.* Dissertation, B.Law, Hons. Dunedin:University of Otago

Howe, L.D., Ellison-Loschmann, L., Pearce, N., Douwes, J., Jeffreys, M. & Firestone, R. (2015). Ethnic differences in risk factors for obesity in New Zealand infants*. J Epidemiol Community Health 2015;0: 1-7*. Doi:10.1136/jech-2014-204464

Kunkel, D.L., Castonguay, J.S., & Filer, C.R. (2015). Evaluatingindustry self-regulation of food marketing to children. (Am J Prev Med 2015;49(2):181–187) & 2015 American Journal of Preventive Medicine. Retrieved 21.3.16 https://www.clinicalkey.com.au/service/content/pdf/watermarked/1-s2.0-S0749379715000951?locale=en_AU

Lyon, J. (September 2013). Food and beverage marketing to children. Agencies for Nutrition Action. Retrieved.24.3.2016

http://www.ana.org.nz/sites/default/files/Final%20snapshot%20of%20F%20B%20marketing.pdf

Ministry of Health. (2013). New Zealand Health Survey: Annual update of key findings 2012/13. Wellington:Ministry of Health.

New Zealand Medical Association (NZMA) (2014). NZMA Policy Briefing:Tackling Obesity. Retrieved 21.3.16 from: www.nzma.org.nz

Population Health (2011). *Obesity, diabetes and fast food – the impact of marketing to children.* Internal document.

Roberto, CA., Swinburn, B., Hawkes, C., Huang, T T-K., Costa, SA., Ashe, M., Zwicker, L., Cawley, JH., & Brownell, KD. (2015). Obesity 1 Patchy Progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. *Lancet, 385, June 13*, pp.2400-09.

Vandevijvere, S, & Swinburn, B. (2015). Getting serious about protecting children against unhealthy food marketing. *NZMJ 3 July, Vol 128, No 141,* pp.36-40.

World Health Organisation (2010). *Set of recommendations on the marketing of foods and non-alcoholoic beverages to children*. Geneva:WHO Press. NML classification: WS 130.