



Submission to the Advertising Standards Authority (ASA)

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

13 April 2016

This submission is made on behalf of Pacific Heartbeat, a health promotion programme of the National Heart Foundation of New Zealand (Heart Foundation).

We wish to speak to this submission if the opportunity arises.

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Executive Summary

Pacific Heartbeat a health promotion programme of the Heart Foundation welcomes the opportunity to comment on the ASA's review of the codes on advertising to children and the children's code for advertising food. It is a platform to reduce childhood obesity and thus reduce the risk of developing premature ill health such as cardiovascular disease and Type 2 diabetes.

The current codes relating to the advertising of food to children would greatly improve with the adoption of several changes proposed in this submission. These changes would improve the consistency and interpretation of the codes. One of the key changes proposed include raising the definition for a child from under the age of 14 to 18 and the codes clarifying and clearly defining 'persons or characters well known to children' as other codes do.

The adoption of the proposed changes will greatly contribute to improving child health in New Zealand and investing in the future of our country.

Introduction

1. Pacific Heartbeat is a health promotion programme of the Heart Foundation with a brief to make a difference in Pacific communities by improving heart health of Pacific people in New Zealand. As a Heart Foundation programme, it has a mission to stop all New Zealanders, including Pacific from dying prematurely from heart disease and help people with heart disease to live full and productive lives. Pacific Heartbeat welcomes the opportunity to respond to the Advertising Standards Authority's (ASA) review of the codes on advertising to children and the children's code for advertising food. Pacific Heartbeat views childhood as a very important time to intervene with the view of preventing excessive weight gain and delaying the premature onset of cardiovascular disease including its risk factor of Type 2 diabetes.
2. Pacific Heartbeat recognizes that childhood is a crucial time due to the fact that the Pacific population has a young age structure with about 4 in 10 Pacific peoples under the age of 15 years¹. A young population coupled with its lower socio-economic status² and higher exposure to TV³ lend opportunities to be negatively impacted by food marketing and advertising of food particularly given previous New Zealand studies showing food marketing targeting children through television⁴, internet (under review), magazine⁴, sports⁵, around schools⁶, in schools⁷ and on front of pack of food products⁸ is predominantly for unhealthy food products high in salt, sugar and saturated fat.
3. Similar to the Heart Foundation as its parent organization, Pacific Heartbeat also endorses the full implementation of the WHO's (World Health Organization) '*Global Action Plan for the Prevention and Control of Non-Communicable Diseases*'. For the purpose of this submission, the recommendation that is being advocated for is ensuring that the exposure that children have towards the marketing of foods which are high in saturated fats, trans fat, sugar and salt is greatly reduced⁹.
4. Pacific Heartbeat aims to protect Pacific children from the impacts of these marketing tactics and to grow in a community that encourages healthier food and drink choices to achieve a healthy weight for all. Our children deserve a better start to life. The ASA's review of the codes on advertising to children and the children's code for advertising food is a move in the positive direction to reduce childhood obesity and hence improve child health overall, the future of our country.

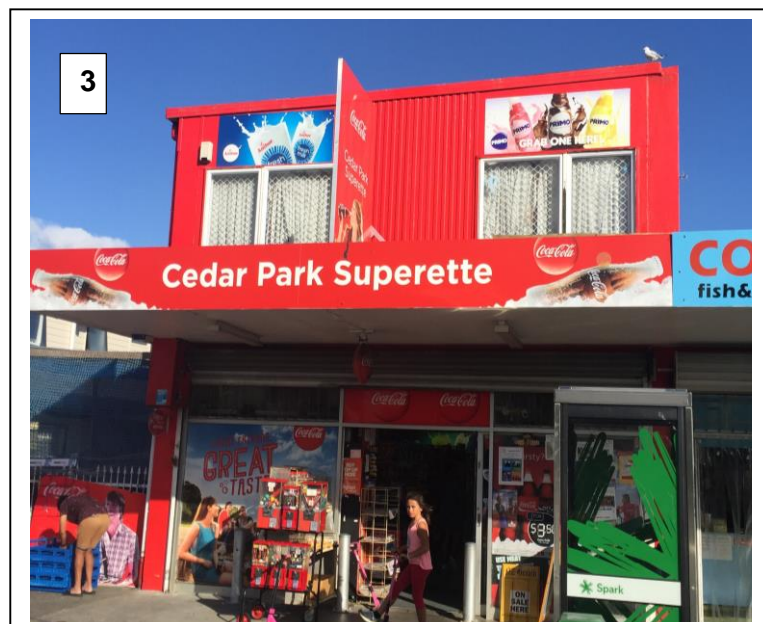
Why is this issue important to Pacific Heartbeat?

5. **Pacific children are the most obese in the country** with 29.7 % (14.8% Maori; 10.8% non-Pacific and non-Maori)³. Tukuitonga (2013) reported obesity among young Pacific girls and boys was 55%, whereas the prevalence of obesity among other young New Zealanders was 29%². The increased prevalence of obesity among the younger Pacific population can be attributed to food marketing and advertising targeted at children from high deprivation areas. Considering the associations of marketing of unhealthy foods to children with adverse health outcomes^{10,11,12}, and being part of the childhood obesity problem, this is a very important issue. The WHO report of the Commission on Ending Childhood Obesity 2016, clearly states that there is unequivocal evidence that there is a

strong relationship between the marketing of unhealthy foods to childhood obesity¹³. Pacific Heartbeat aims to improve Pacific health by reducing childhood obesity in Pacific communities.

6. **Pacific people has a young population age structure** with 4 in 10 of Pacific peoples in New Zealand under the age of 15 years¹ lending opportunities for worsening health status to a population group already experiencing poorer health outcomes than other New Zealanders¹⁴. Behavioral risk factors such as unhealthy eating habits and poor physical activity that are learnt during childhood persist into adulthood. Marketing of unhealthy foods to children will worsen the overall health outcomes of Pacific people given that close to half of its population are under the age of 15 years.
7. **Marketing of unhealthy foods to children regardless of socioeconomic status is extremely powerful.** This is because it greatly influences a child's preference to the food they purchase and consume¹⁰. The 2002 National Children's Nutrition Survey found that approximately 6.8% of Pacific male children and 9% of Pacific female children were more likely to purchase meals away from their homes on their way to school in contrast to New Zealand European and other ethnic groups being at only 1.5% for male children and 0.3% for female children¹⁵. This can be very detrimental to a child's health as meals and snacks based on foods prepared away from home are higher in fat and saturated fat, salt, sugar and contain less dietary fiber than food prepared at home. This coupled with well-designed marketing campaigns of unhealthy foods and drinks targeted at children, who are arguably the most vulnerable consumers affected by directed advertising, ultimately leads to increased risk of obesity-related diseases such as cardiovascular disease and Type 2 diabetes.
8. **The prevalence of cardiovascular diseases is much higher for the Pacific population in New Zealand**¹⁶. These findings are not encouraging for Pacific people as it ultimately leads to increased cardiovascular mortality rates which are consistently and significantly higher than for the general population. Sadly, the most worrying issue is the fact that these statistics are significantly decreasing for the overall population; however, it is not being mirrored in the Pacific population (14 percent reduction among Pacific men compared with 63 percent reduction among non-Pacific men)¹⁷. This can be attributed to the many risk factors and social determinants that contribute to this health issue, for instance socio-economic status and the use of social marketing tactics in their communities.
9. **Pacific people are disproportionately represented in the lower socio-economic areas of income, housing, education and employment**¹⁷. They live in low-socio economic suburbs which have higher exposure to food advertising and marketing particularly of unhealthy food and drinks as shown over the following three pages. The higher concentration of fast food outlets in itself lends exposure to marketing of unhealthy food and drinks via its own building decorations e.g. colourful food and drink images. Consequently encouraging unhealthy food and drink choices to worsen the existing poorer health outcomes of Pacific people including children which make up a large proportion of the population^{1,14}

Near Clayton Park Primary School (Decile 3), Manukau, South Auckland:



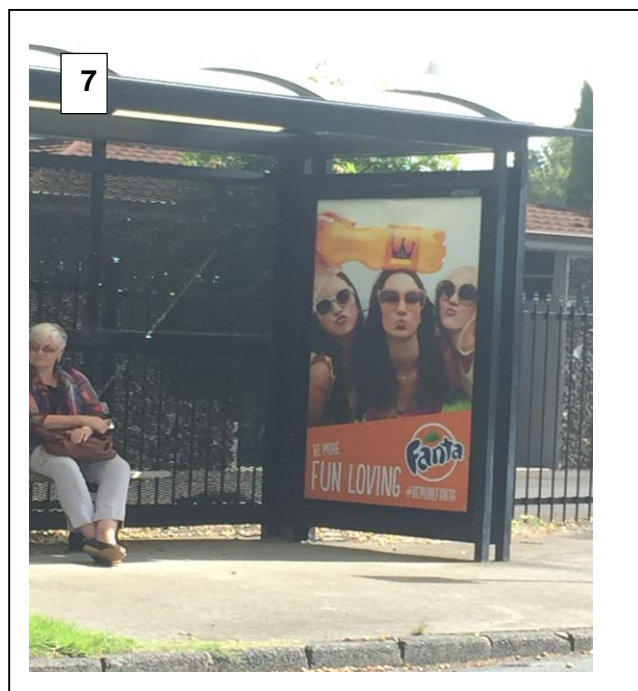
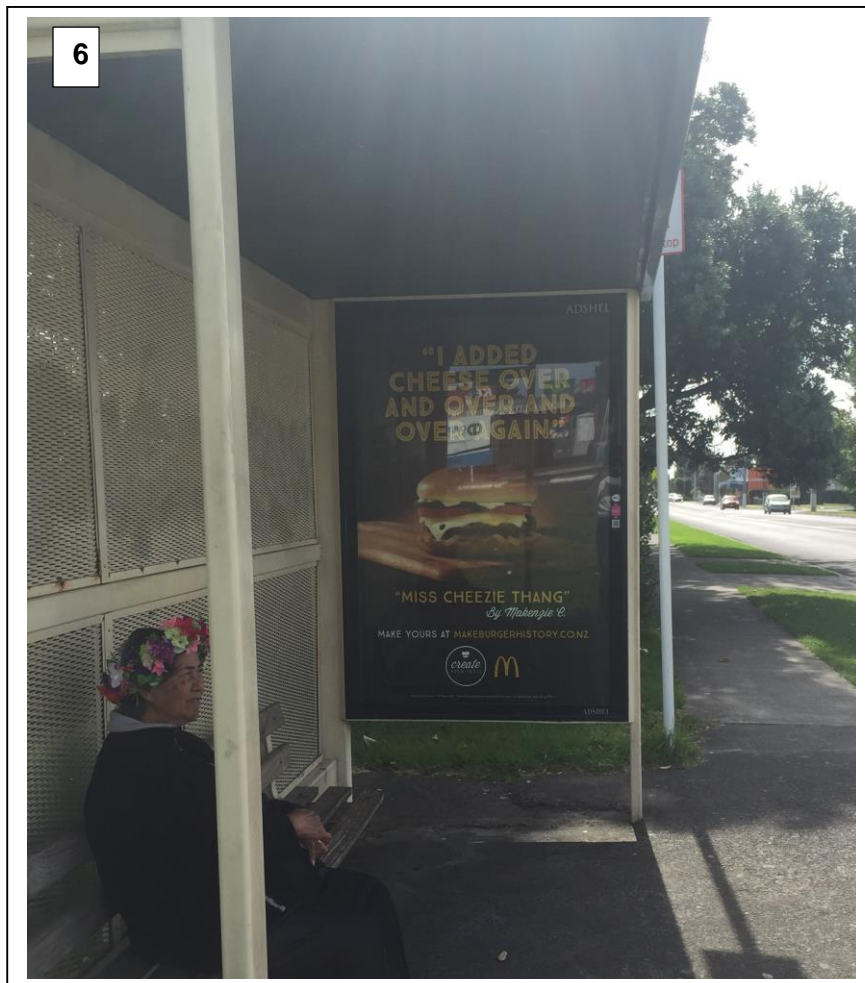
Near Kohiwi Road Playcentre, Manurewa, South Auckland:



Near Elm Primary School, Manukau, South Auckland:



Near Mangere East Primary School, South Auckland:



- 10. The people of the Pacific are visual, colourful & vibrant.** Both adults and children would be drawn to the bright colours and visual stimulus depicted in the advertising of unhealthy foods and drinks.

Responses to the specific questions posed by ASA:

What are the strengths and weaknesses of the two current Children's Codes?

11. A strength of the code is that it recognises the 'duty of care to protect children pursuant to the United Nation's Convention on the Rights of the Child ("Convention")' ¹⁸.
12. Another strength of the code is that it defines advertisement as 'any form of advertising or marketing communication' ¹⁸.
13. A weakness of the Children's Code for Advertising Food is the ambiguity of Principle 3. Principle 3(b) states, *"Persons or characters well known to children should not be used to endorse food high in fat, salt and/or sugar"*. This standard has less clarity than the equivalent code for advertising and promotion of alcohol. Pacific Heartbeat recommends adopting the Guidance Notes that are to be read in conjunction with the Code for Advertising and Promotion of Alcohol: Heroes of the Young (Principle 3), Clause V which states: *"A number of teams in particular have been identified as heroes of the young. They include the All Blacks, the Kiwi League team, the Warriors League team, the Black Caps cricket team and the Silver Ferns netball team. This identification applies to the teams and high profile individuals that are current team members. Other representative sports teams may also be heroes of the young, for example Super 15 Rugby franchises have been identified as such"*.

What are the strengths and weaknesses of the current complaints process?

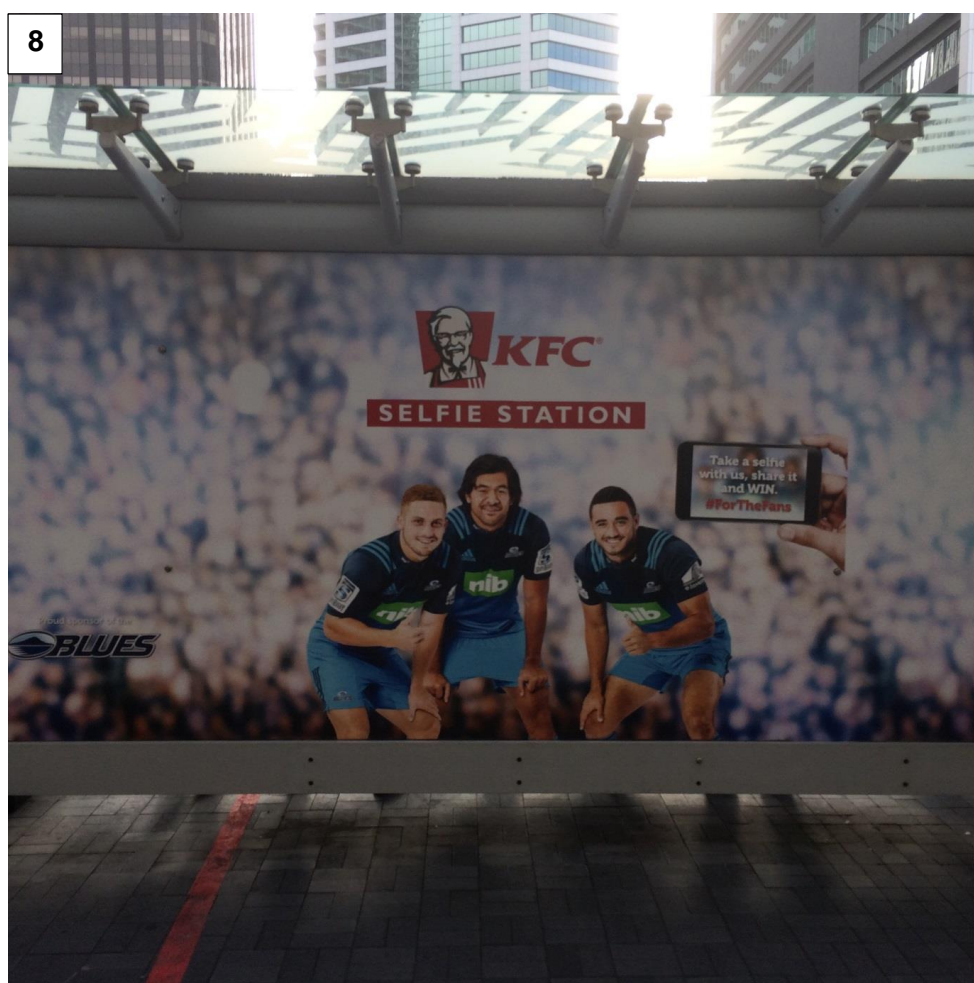
14. A weakness of the current complaint process is evidenced by the well documented 'Wicked Campers' situation. It exposed the limitations of a self-regulatory, voluntary compliance approach. As complainant Wendy Palmer noted [*New Zealand Herald*, 20 March, 2016]: "I'd like to see the ASA have more teeth," says Palmer. The current system "relies on [the advertiser] being a good corporate citizen". The article also mentions, 'working through the bureaucratic detail of lodging a formal complaint'.
15. Pacific Heartbeat supports the Heart Foundation's view that the public are insufficiently aware of the complaints process and it should be advertised in a similar way to the Broadcasting Authority's complaint process.

What change, if any, are necessary to protect the rights of children and their health / wellbeing?

16. The proposed code needs to adopt the same teams identified as 'heroes of the young', as per [Principle 3] from the Guidance Notes of the Code for Advertising and Promotion of Alcohol for inclusion as a clear definition of those teams and individuals that "should not be used to endorse food and drinks high in fat, salt and/or sugar".
17. The code should prohibit sponsorship by companies advertising unhealthy food and drinks.
18. Marketing of unhealthy food and drinks are not to be associated with cartoons and movie characters popular with children.
19. Replicate Principle 3, Guideline (i) of the alcohol code into the children's code with the words 'an alcohol brand' with 'an unhealthy food or drink product'.

Please comment on any concerns you have with different media formats in relation to advertising to children (for example: magazines, television, social media, websites).

20. New formats for advertising e.g. installation and experiential advertising rely on user interaction as part of 'going about their daily business' rather than as a 'consumer' of media. For example this bus stop cross-promotion for KFC endorsed by easily identifiable Super Rugby players:



21. In addition, Pacific Heartbeat supports points 37 to 40 in the Healthy Auckland Together submission.

If the content of advertisements is a concern, can you please give examples and / or supporting evidence? A product name and ad description would be helpful so we can source the advertisements.

22. The promotion of food falling in to the Ministry of Health's 'occasional' category - high fat, sugar and salt (HFSS) foods and drinks:

e.g. 'New Zealand Warriors – Wendy burgers'

<https://www.youtube.com/watch?v=8IX-9xeJIYw>

'Super Rugby KFC'

<https://www.youtube.com/watch?v=WMY28ZOI3jc>

Both examples feature an overwhelming majority of Pacific sportspeople. In both cases the use of Pacific performers extends to the fans of the sports teams appearing in advertising also. For instance, All Black and Blues loose forward Steven Luatua is advocating the KFC brand on the Selfie Station advertisement and Vodafone Warriors players Mason Lino and Ali Lautiti can be seen promoting the Wendy's brand. This contributes to the higher risk of obesity among Pacific children.

If the placement of advertisements is a concern, can you please give examples and / or supporting evidence? For broadcast media it would be helpful to have the time / date / channel or programme, for other media, a link / publication title / outdoor location would be appreciated.

23. As shown earlier with images 1 to 7. Placement of advertisements near schools and playcentre as well as in lower socio-economic demographic areas.

The Children's Codes currently define a child as under the age of 14. Do you support or oppose this definition? Why?

24. Oppose. The definition of a child under age 14 is inconsistent and flawed. The Youth Court of New Zealand deals with young people up to the age of 16 ¹⁹. There is a current proposal before Cabinet that could see this further extended to 17 ²⁰. Additionally, the Children's Commissioner Act 2003 defines a child as 'a person under the age of 18 years'.

Is there a role for a nutrient profiling system such as the health star rating system in the Children's Codes? If yes, in what way and which system would you suggest?

25. Pacific Heartbeat supports points 14 and 15 of the Heart Foundation submission.

Do you support or oppose a specific guideline on sponsorship? Why?

26. As in point 20 (bus stop - promotion KFC/Super Rugby) lines are blurred between advertising, promotion and sponsorship (including endorsement). As a result sponsorship is rarely, if ever, a standalone exercise from advertising and marketing.

Do you support or oppose the introduction of independent monitoring and evaluation of the codes? How would this work?

27. We support the introduction of independent monitoring and evaluation of the codes AND the implementation of greater enforcement powers, including imposing increased fines for infringement, and being able to have enforceable sanctions for those who fail to engage with the complaints process.

What is your view of the sanctions imposed by the ASA when a complaint is upheld?

28. The common perception is that the sanctions are inadequate, amounting to little more than 'noting' that a code has been breached. Advertisers are largely apathetic about any sanctions, as often campaigns have long since ended when a complaint is heard or decided upon.

Are there environments where you consider it to be inappropriate to advertise to children?

29. Yes. We should consider all environments where children gather to be free from the marketing of unhealthy foods and drinks. In addition to the environments named in points 24 and 26 of the Heart Foundation submission, churches, community halls, funeral halls should be free from the marketing of unhealthy foods and drinks including the branding of sports uniforms.

30. Pacific Heartbeat supports point 25 of the Heart Foundation submission.

Do you support or oppose combining the two current codes? Why?

31. Yes. There is no need for a 'sub code' for food, as long as the principles relating to children in the current codes are incorporated in to the new code, and further strengthened.

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