

Government's childhood obesity plan flawed

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The Government's childhood obesity plan is based on outdated evidence, shows the Government values corporate profit over public good and is unlikely to solve the New Zealand obesity crisis, according to a new critique.

In an editorial just published in the *New Zealand Medical Journal* today, the authors say the plan is based on an out-dated paradigm of energy density and does not address what they believe to be the greatest cause of the epidemic: excess sugar intake.

"The Government's plan lacks meaningful regulation of food and drink containing concentrated sugar, instead listing soft initiatives that are unlikely to be beneficial," says lead author, Dr Gerhard Sundborn, an epidemiologist from the University of Auckland. "The New Zealand public is becoming increasingly vocal in support of a tax on sugar-sweetened drinks and frustrated with the complacent attitude of decision makers tasked with addressing New Zealand's growing [obesity crisis](#)," he says.

"The introduction of this tax is an important step toward addressing obesity and will make a strong statement that New Zealand, as a society, values health over corporate profits.

"We call for the Minister of Health and the government to seize this opportunity to reduce New Zealand's worsening [obesity epidemic](#) by adopting such a step," he says, along with co-authors; epidemiologist, Dr Simon Thornley, marketing lecturer Dr Bodo Lang, and chair of the NZ

Dental Association, Dr Rob Beaglehole.

In February 2015 the Minister of Health Dr Jonathan Coleman led the development of a comprehensive plan to address New Zealand's obesity crisis.

In October the Child Obesity Plan (ChOP) was delivered with 22 initiatives, only nine of which were new. It aimed to target obese individuals and those at risk of developing obesity and create broad opportunities to make healthier choices easier.

"The majority of the ChOP initiatives are 'business as usual' and are unlikely to make a difference to NZ's obesity crisis," says Dr Sundborn. "Evidence shows that we cannot educate or exercise our way out of the obesity epidemic."

"Identification and treatment of obese pre-schoolers and pregnant mothers does not address the causes of obesity," he says. "It is the ambulance at the bottom of the cliff."

Dr Sundborn says the use of a food labelling system offered promise, but the Government adopted the most industry-friendly labelling system.

"The current health star labelling system is flawed, because it is voluntary, confusing, and rates many foods with high concentrations of sugar as healthy," he says.

Another major criticism of the ChOP was its focus on energy density rather than sugar.

"The greatest determinant of [energy density](#) is fat content, making a low-energy focus a low-fat approach," says Dr Sundborn. "But trials of low-fat approaches are not effective for weight loss in individuals and are

unlikely to be successful for populations.

"New trial and observational evidence has highlighted the unique role of sugar (concentrated fructose) in the development of unhealthy weight gain, type2 diabetes, gout, cardiovascular disease and dental caries," he says. "Considering this new evidence, sugar restriction needs to be prioritised."

Dr Sundborn says an initiative not included in the ChOP - despite being called for by many authorities - was a sugar-sweetened beverage tax (SSB tax).

"A SSB tax is the second recommendation made by the World Health Organisation (WHO) Ending Childhood Obesity Commission and was recommended by the Technical Advisory Group (a group of New Zealand experts in the field of [obesity](#) prevention established by the Ministry of Health).

"But it was not supported by the Industry Forum Group that contributed to the development of the ChOP," he says. "Other organisations that also recommend a SSB Tax include the New Zealand Medical Association and the NZ Beverage Guidance Panel."

"Our Minister of Health and Government remain unconvinced about an SSB tax, stating instead that they are awaiting 'definitive evidence' before they consider action," says Dr Sundborn.

Provided by University of Auckland

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