

MEMORANDUM TO THE BOARD

APRIL 2016

AGENDA ITEM **XX**

WAIKATO DISTRICT HEALTH BOARD: POSITION STATEMENT ON NURITION AND PHYSICAL ACTIVITY

Population Health Waikato DHB has developed a set of position statements on identified public health issues. The purpose of these position statements is to provide high-level documents representing the Waikato DHB's position as an organisation on these issues. Position statements clarify for Waikato DHB staff the position that the organisation takes on certain public health issues. Position statements are reviewed every three years.

This is a new position statement on physical activity and nutrition prepared by Population Health for the Waikato District Health Board.

In assessing their own stance Board members should note that, consistent with a standard public health paradigm, the position statement supports the use of taxation as a mechanism to influence behaviour as one of many responses to our obesogenic environment. That particular aspect of the position that it is recommended the WDHB board adopt differs from the view of the government as it currently stands.

Recommendation

That the Board:

1. Receives the report.
2. Adopts the position statement on Nutrition and Physical Activity.

Mark Spittal

Executive Director Community & Clinical Support

Position Statement on Nutrition and Physical Activity

Date: March 2016

Review Date: March 2018

Introduction

Following is Waikato DHB's position statement on Nutrition and Physical Activity prepared by Population Health for the Waikato District Health Board (Waikato DHB).

The Waikato DHB's position

The Waikato DHB recognises that long-term conditions are the major challenge for health care in New Zealand. They are the leading cause of preventable morbidity, mortality and health inequities, and have a detrimental impact on the individual, family/whanau and community including increased demand for health services and health funding.

Modifiable risk factors for long-term conditions include physical inactivity, obesity and poor nutrition. These are all impacted by environmental influences such as patterns of land use and urban design that affect health and behaviour directly and indirectly.

The Waikato DHB is committed to achieving health equity and improving health for all. Improving nutrition and levels of physical activity across the life course i.e. from early to older life and for priority groups such as Maori, Pacific peoples and people of low socioeconomic status, is now a national priority signalled in the current review of the New Zealand Health Strategy, the Ministry's Childhood Obesity Plan, the Healthy Families NZ initiative, the National District Health Boards Healthy Food and Beverage Environments Policy, and through the Waikato DHB's Sugar Sweetened Beverages Policy.

The Waikato DHB will

- Provide public health leadership with an equity focus
- Place greater emphasis on and response to the social and environmental determinants of health that contribute to our obesogenic environment
- Increase the responsiveness of health services to the needs of people who are obese

- Support a collaborative approach with key stakeholders to explore and address issues impacting poor nutrition and physical inactivity. This will include co-designing interventions with affected communities and groups
- Support submissions on issues impacting nutrition and physical activity at local, regional and national levels such as marketing and taxation of foods and beverages
- Advocate for and initiate collaborative partnerships to make the healthy choice the easy choice.

Key information

- Long-term conditions consume a vast amount of resource and are now the major challenge impacting health care in New Zealand. In 2009 costs across 11 long-term conditions were estimated to be more than \$200 million per condition. This burden is increasing exponentially.
- Obesity or being over-weight is a key factor driving this trend.
- Obesity is a driving factor for avoidable inequities in health. Maori life expectancy at birth is less than six years that of non-Maori and non-Maori will live approximately eight years longer in good health than Maori. The two leading causes of relative health inequity between Maori and non-Maori are diabetes and vascular disorders. Obesity is an important modifiable risk factor for both conditions.
- Good nutrition, regular physical activity, and a healthy body weight and size are important in maintaining health and wellbeing and preventing long term health conditions (Health Promotion Agency, 2015).
- Increasing physical activity and healthy foods has a positive influence on all the dimensions of health (e.g. physical, social, psychosocial) with good benefits such as:
 - Enhanced mental health
 - Increased brain function
 - Prevention and protective factors for some cancers
 - Enhanced bone health
 - Increased injury prevention (e.g. fall prevention)
 - Contributing to the prevention / risk reduction of diabetes, heart disease, high blood pressure, stroke, Parkinsons disease, dementia and obesity.
- There are opportunities across the life course – from pre-conception to childhood, adolescence and into adulthood and older age - to promote, advocate for and make the healthier choice the easy choice. For example, from conception to childhood, parents / caregivers, families and communities directly shape a child's physical and social environment and indirectly influence behaviours, habits, preferences and attitudes (Health Promotion Agency, 2015).
- There are many examples of effective interventions to reduce obesity from New Zealand and internationally. Further effects of short term interventions can last up to 20 years beyond the period of intervention.

- At a DHB level, there needs to be a balance between individually focused interventions which may have a large impact on few, and population based interventions which may have a small impact on many.
- The Eating and Activity Guidelines for New Zealand Adults provides a number of guidelines to support adults to make good choices about what and how much you eat and drink and being physically active (Ministry of Health, 2015e, p. 6-7). There is also a range of food, nutrition and physical activity guidelines for children and young people highlighting how good nutritional and physical activity behaviours and outcomes can begin from pre-conception (Ministry of Health, 2015d).
- The 2014/2015 New Zealand Health Survey Annual Report, reports that poor nutrition and physical inactivity contributes to the burden of ill health, and long term health conditions such as overweight and obesity, among others:
 - 3 in 10 adults are obese¹, with a further 3 in 10 adults overweight.
 - 5% of children are extremely obese (Ministry of Health, 2015f)
 - the majority of parents are unaware that their obese child is overweight – this is particularly the case among those living in the most deprived areas and parents of young children (Ministry of Health, 2015c, p. 31-34)
- There is significant inequity in health outcomes with the burden experienced by Māori, Pacific and those living in the most deprived areas:
 - Two thirds of Pacific adults and nearly half of Māori adults are obese (Ministry of Health, 2015f)
 - 1 in 5 children (21.1%) living in most deprived areas are obese; five times more likely than children living in the least deprived areas (2 in 100 or 2.1%) (Ministry of Health, 2015d, p. 49).
- In the Waikato DHB region, our obesity statistics are similar to the national profile, and our inequity profile is just as significant and concerning (Waikato DHB, 2015, p.18-19).
- The causes of obesity and many other long-term health conditions are complex systems of risk factors such as inactivity and poor nutrition and educational, economic, environmental, cultural, historical and social determinants of health. (Waikato DHB, 2015b, p.2). A comprehensive suite of interventions and innovative approaches should be designed, implemented and evaluated (Ministry of Health, 2015f).
- Designing and implementing a systems approach to address the health outcomes associated with poor nutrition and physical activity means that we must consider a range of factors and potential priority areas (Waikato DHB, 2015a, p.26 and 2015b).

¹ Obese = BMI greater than or equal to 30. Overweight = BMI between 22-29.

Factors
Equity focus – design and implement a blend of universal and targeted approaches to eliminate the gap between those that are the most and least healthy
Applying a life course approach (that is, understanding and addressing health outcomes from pre-conception to elder life)
Focus on health with an emphasis on prevention in addition to management and treatment
Collaborate across sectors – from health, education to Māori development and local government, to work with communities and relevant local agencies to make the healthy choice, the easy choice

Priority Areas
<u>Equity focus</u> . Ensuring that interventions are designed to address obesity for groups with the highest levels of obesity and need
<u>Leadership</u> : Building leadership to champion making the healthy choice easier at all levels across multiple sectors
<u>Food Security</u> : Ensure sufficient access to healthy foods that are affordable and safe to eat
<u>Obesogenic environments</u> : Reducing or removing the supply of unhealthy foods i.e. those that are high in sugar, sodium, saturated fat, and are energy dense.
<u>Health Literacy</u> : Empower and equip individuals to make the healthy choice.
<u>Marketing</u> : Children are free from exposure to food and beverage industry marketing messages.
<u>Taxation</u> : Use taxation or other fiscal instruments to influence supply and consumption.
<u>Government and other relevant agencies</u> : Work with Government agencies such as NZ Transport Agency, local authorities and Sport Waikato, to ensure safe, active transport environments are developed or enhanced to encourage physical activity. Further, to work with relevant agencies to better understand current licencing requirements for food outlets that specialise in selling energy-dense nutrition-poor foods, and the impact of these outlets in communities; with the view to advocating for change.
<u>Sedentary Behaviour</u> : Reduce sitting time and increase awareness that being sedentary negatively affects health. Increase opportunities for exercise.
<u>Prevention Strategies</u> : Co-create health and nutrition promoting environments where people live, learn, work and play.
<u>Monitoring and Evaluation</u> : Design and implement monitoring and evaluation processes to ensure achievement of desired outcomes. Ensure reporting is equity focussed, including reporting by demographic group and on the gap between groups.

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