

New Zealand's shocking diabetes rates can be reduced – nine urgently needed actions

New Zealand has alarmingly high rates of diabetes and compares very poorly with other OECD countries, as reported in the Lancet in June.[1] Diabetes is a burden borne disproportionately by Māori, Pacific and low-income New Zealanders. Yet, obesity, which alone accounts for more than 80% percent of preventable diabetes in New Zealand,[2] is not being vigorously addressed in this country, despite good evidence about effective interventions. Between 1989 and 1997 the average weight gain in adult New Zealanders was 3.2 kg,[3] and the results of the latest Adult Nutrition Survey, to be released in September, are likely to show that this harmful trend is continuing. The results of the 2006/07 Health Survey showed that 63% of New Zealand adults were either overweight or obese.[4] The direct healthcare costs of obesity are estimated to be between 2-7% of the annual healthcare budget,[5] and this will balloon out of control if New Zealand's weight gain is not reversed. In New Zealand, population approaches to reduce the burden of obesity have been systematically cut in the last three years; for example, the National Healthy Eating Health Action Strategy is no more, Mission On has disappeared, and the requirement for schools to provide healthy food has been abolished. On the other hand bariatric surgery is booming. There is a desperate need for organised, effective action to address obesity. We have identified the following.

First, develop and implement a national nutrition and physical activity strategy as WHO advises.[6]

Second, reinstate the requirement for schools to sell healthy food. While there has been no systematic evaluation of the impact of this requirement, several pieces of information suggest that it was having a positive impact on school food environments and that it enjoyed widespread support.[7, 8]

Third, support the introduction of a simple front-of-pack traffic light nutrition labelling system as recommended in the Review of Food Labelling Law and Policy (the Blewett Report).[9] This would encourage the food industry to reformulate their products[10] and provide labelling easily understood by all New Zealanders.[11] [12]

Fourth, ensure low-income New Zealanders have enough money to purchase a healthy diet. This could include ensuring beneficiaries receive their full and correct benefit entitlements [13] and providing the In-work Tax Credit for families with children regardless of their employment situation, as recently suggested by the Child Poverty Action Group.[14]

Fifth, continue work on promoting physical activity and reducing sedentary behaviour. Since the mid-1990s New Zealand has enjoyed strong national leadership and guidance in physical activity health promotion from SPARC. Now, SPARC has focussed on sport, including high performance sport, leaving no leadership in this area for the vast majority of New Zealanders. This includes the loss of the highly-successful Push Play programme.

Sixth, continue the excellent healthy nutrition social marketing campaigns undertaken by the Health Sponsorship Council and extend them to physical activity.

Seventh, ban the marketing of junk food to children. There is overwhelming public support for such intervention.[15] This should include regulation of the current self-regulatory system governing advertising which has been described by public health experts as ‘wolves guarding the henhouses’.[16]

Eighth, pushing for change in the food and beverage industry, including strengthening national regulation, as recommended for the September United Nations General Assembly high-level meeting on prevention and control of non-communicable diseases worldwide.[17]

Ninth, all these initiatives need to be considered in the light of policies aimed at reducing health inequities in New Zealand, particularly those related to child health.[18]

These actions are urgently needed. Failure to address them and reduce obesity will be; costly to governments because of the immense associated health costs and losses in human productivity; costly to business through failure to maintain a healthy workforce; but ultimately the greatest cost will be to individuals who suffer the burden of poor health and earlier death.

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