



Cabinet Social Policy Committee

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Summary

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Reducing Childhood Obesity

Portfolio(s)	Health
Purpose	This paper proposes the Childhood Obesity Package of initiatives to prevent and address obesity in children and young people aged up to 18 years.
Previous Consideration	<p>In June 2015, the Cabinet Strategy Committee:</p> <ul style="list-style-type: none"> • noted that rising obesity rates are particularly concerning in children as it is associated with a wide range of health conditions and consequential costs to society; • invited the Minister of Health to report back to the Cabinet Social Policy Committee with recommendations on a proposed package of initiatives to address childhood obesity.

[STR Min (15) 4/1]

In June 2014, the Cabinet Economic Growth and Infrastructure Committee agreed to voluntary participation of the interpretive front-of-pack nutrition labelling Health Star Rating system [EGI Min (14) 12/14].

Summary The causes of obesity are complex (discussed on **page 2**), and a comprehensive package of initiatives across government, the private sector, communities, whānau and families is proposed to make choosing healthy options the norm and drive prevention of obesity.

The Childhood Obesity Package of initiatives (figure 2, **page 5**) combines targeted interventions, increased support for those at risk of becoming obese (**page 7**), and population-based strategies, including a review of the codes governing marketing of unhealthy food to children, and implementing the Health Star Rating labelling system (**page 8**). These interventions are supported by a new health target proposed that 95 percent of four-year old children identified as obese in the Before School Check programme will be offered a referral to a GP or paediatrician.

The proposed initiatives support the existing interventions already being implemented, such as Healthy Families NZ, the Kickstart Breakfast Programme, and a number of regional and local programmes funded by district health boards (Appendix One, **page 16**).

Regulatory Impact Analysis	Not applicable.
Baseline Implications	For the 2015/16 financial year, the package will cost \$3.3 million for Vote Health, and \$3.7 million for Vote Sport and Recreation. All funding, including funding projected to 2019/20, will be reprioritised from within existing baselines.
Legislative Implications	None.
Timing Issues	<p>The Minister of Health intends to publicly announce the childhood obesity package in October 2015, which will signal the beginning of the phased implementation roll-out.</p> <p>The new health target is proposed for implementation 1 July 2016.</p>
Announcement	As noted above, a media statement announcing the new health target and the obesity package will be released in October 2015.
Proactive Release	Not applicable.
Consultation	<p>Paper prepared by the Ministry of Health. The Treasury, Transport, MoE, MSD, MPI, ACC, MPIA, and TPK were consulted. DPMC was informed. The Office of the Children's Commissioner, Health Promotion Agency, Sport New Zealand, New Zealand Transport Agency, and Local Government New Zealand were also consulted.</p> <p>The Minister of Health indicates that the Ministers of Finance, Local Government, Transport, Education, Social Development, Primary Industries, ACC, Pacific Peoples, Food Safety, Women, and Māori Development were consulted.</p> <p>The Minister also indicates that discussion will occur with the government caucus, and that discussion is not required with other parties represented in Parliament.</p>

The Minister of Health recommends that the Committee:

- 1 note that in June 2015, the Cabinet Strategy Committee invited the Minister of Health, in consultation with other Ministers as appropriate, to report back to the Cabinet Social Policy Committee with recommendations on a proposed package of initiatives relating to childhood obesity [STR Min (15) 4/1];
- 2 agree to a childhood obesity health target to increase referrals of four-year olds identified as obese in the Before School Check to 95 percent by December 2017;
- 3 note that the childhood obesity target will replace the heart and diabetes checks target, which is expected to be met this year;
- 4 support the proposed package of initiatives to reduce childhood obesity;

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- 5 note that the Health Promotion Agency is planning a public campaign to raise awareness about obesity, healthy eating and physical activity, which will begin in November 2015;
- 6 note that the indicative cost to Vote Health of the Childhood Obesity Package will be \$3.3 million in 2015/16, and \$3.7 million to Vote Sport and Recreation in 2015/16, with ongoing costs;
- 7 note that any financial implications of the Childhood Obesity Package will be funded by fiscally-neutral adjustments within baselines, with no impact on the operating balance or debt;
- 8 note that the detail of the changes to appropriations will be managed through the baseline update process, which is subject to the approval of the Minister of Finance and the responsible Vote Ministers;
- 9 note that public announcements on the package and the new health target will be made in October 2015.

Jenny Vickers
Committee Secretary

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Office of the Minister of Health

Cabinet Social Policy Committee

REDUCING CHILDHOOD OBESITY

Proposal

1. I seek Cabinet's endorsement of a package of initiatives to both prevent and manage obesity in children and young people aged up to 18 years.
2. The long-term outcomes sought are improved health and better educational performance for all New Zealand population groups, and a reduced burden of public expenditure on health and other social services.

Executive Summary

3. In June 2015, Cabinet Strategy Committee invited the Minister of Health, in consultation with other Ministers as appropriate, to report back to the Cabinet Social Policy Committee with recommendations on a proposed package of initiatives relating to childhood obesity [STR Min (15) 4/1 refers].
4. The increasing rate of obesity is a significant issue that no country has successfully reversed. The causes of obesity are complex and the evidence indicates there is no simple solution. However, we do know that a comprehensive suite of interventions across government, the private sector, communities, families and whānau is required. Actions must be coordinated and sustained over time.
5. A package of initiatives to prevent and manage obesity in children and young people up to 18 years of age will be implemented. The proposed package combines targeted interventions for those who are obese, increased support for those at risk of becoming obese, and a broad base of population-based strategies to make healthier choices easier for all New Zealanders.
6. A new health target, to be implemented from 1 July 2016, will support this package of initiatives. The target will be that 95 percent of obese children identified in the Before School Check programme will be offered a referral to a GP or paediatrician.
7. The package, and the target, will be publicly announced in October 2015, and a public awareness-raising campaign will begin in November 2015

Background

Obesity has significant health and societal impacts

8. Obesity rates have increased in all age, sex and ethnic groups over the last three decades, with those born more recently becoming obese at a younger age. By next year, high body mass index (BMI) is expected to overtake tobacco as the leading risk to health in New Zealand.

9. Obesity is more prevalent in some populations. Ten percent of all 2-14 year olds are obese, 15 percent of Māori children and 25 percent of Pacific children are obese. Children living in the most deprived neighbourhoods are more likely to be obese, and there are large regional differences.
10. Most obese adults were not obese as children. Similarly, not all obese children become obese adults, but obese children are far more likely to be obese as adults, and over half of obese children have at least one obese parent. Over half of parents of obese children do not recognise that their children are overweight. Children with obesity may experience health problems, as well as attention problems that impact on their ability to learn¹.
11. There are also life-long consequences of obesity. For example, obesity is a preventable risk factor for diabetes, cardiovascular problems, dementia, some cancers, mental illness, and chronic pain. These conditions significantly impact on loss of quality of life and have substantial ongoing costs to the health system.
12. Obesity also has other social costs, such as lower productivity. Employees with particularly high BMI can be less productive in the work place due to the range of health problems obesity can cause. There is also a relationship between obesity and absenteeism from work for health reasons.²

The causes of obesity are complex

13. Evidence on the causes of obesity is still evolving, but what is known is that:
 - *Energy (kilojoule) intake is key* – the amount of food consumed and its energy density is the single biggest driver of obesity. Helping people to make good food choices and reduce their intake of energy-dense food will have the greatest impact on obesity.
 - *Environmental factors play an important role* – for example, through greater availability and marketing of high-energy, low-nutrient food and beverages and reduced opportunities for physical activity. We need to turn this around.
 - *Parental health, including maternal and infant nutrition is significant* – the World Health Organization's Commission on Ending Childhood Obesity (the WHO Commission), co-chaired by Professor Sir Peter Gluckman, notes that avoiding gestational diabetes, appropriate nutrition during pregnancy and the continuation of breastfeeding for infants are all associated with a reduced risk of obesity in childhood.
 - *Physical activity has health and educational benefits in its own right* – increasing physical activity will help support children and young people to attain and maintain a healthy weight, and can help break the inter-generational cycle of inactivity. Physical activity also supports positive educational outcomes, specifically through improved cognition and behaviour.

Evidence of effectiveness

14. There is a high level of international consensus on the broad approach that is needed to make an impact on obesity. An effective approach needs to:

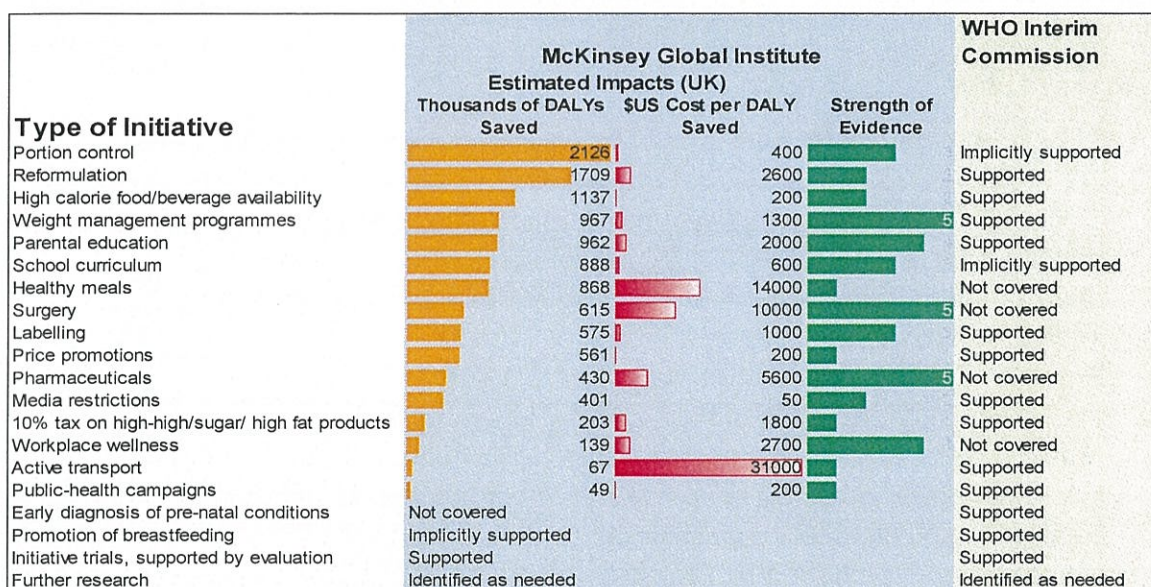
¹ Interim Report of the Commission on Ending Childhood Obesity. World Health Organization. 2014.

² McKinsey Global Institute. 2014.

- *change people's environments* so that healthy choices become the norm
- *take account of the context* of psychosocial, cultural and broader determinants, and target interventions at key points across the life course, from pre-conception to young people who are the next generation of parents
- *engage all sectors of society* at all governance levels
- *focus on prevention strategies for the whole population and weight loss in people who are already overweight or obese* (for children, this will usually mean supporting them to grow into their weight)
- include a *comprehensive package* of initiatives, delivered at scale and sustained over a long period – there is no simple solution
- *be supported by research, monitoring and evaluation.*

15. Figure 1 below summarises the effectiveness and cost-effectiveness of intervention types (across the entire population, rather than just for children), as assessed by the McKinsey Global Institute and the interim report of the WHO Commission on Ending Childhood Obesity. At a population level, the evidence for portion control, reformulation and restricting the availability of high-calorie food and beverages is strongest, as is the evidence for weight management programmes. Overall, however, a combination of activities is recommended.

Figure 1: Summary of effectiveness of intervention types



* Disability-Adjusted Life Years (DALYs) is a widely used measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death

* Note that DALYs are calculated across the whole population – some low-scoring interventions are extremely cost-effective for individuals but apply to only a small number of people.

Activity across government to address obesity

16. A number of initiatives are already underway across government to improve nutrition and physical activity. For example, the Ministry of Health and Sport NZ fund \$82 million per annum on programmes that impact directly and indirectly on obesity across the population (60 percent on prevention; 19 percent on early intervention; and 18 percent on treatment). This includes recent investment in Healthy Families NZ of \$40 million over four years. In addition, there are many regional and local programmes funded by district health boards (DHBs), including no longer selling sugary drinks from their premises. Further examples are set out in Appendix One.

17. More effort is, however, required and the package of initiatives outlined below will build on and extend existing programmes.

A package of interventions to address childhood obesity

18. Implementation of this package will further emphasise the focus on addressing childhood obesity, which is a priority for the Ministry of Health and DHBs, including in the updated New Zealand Health Strategy, which will be consulted upon later this year. The focus on childhood obesity is part of longer-term work to improve diets and lifestyles, change behaviour, and reduce the burden of long-term conditions for all New Zealanders.

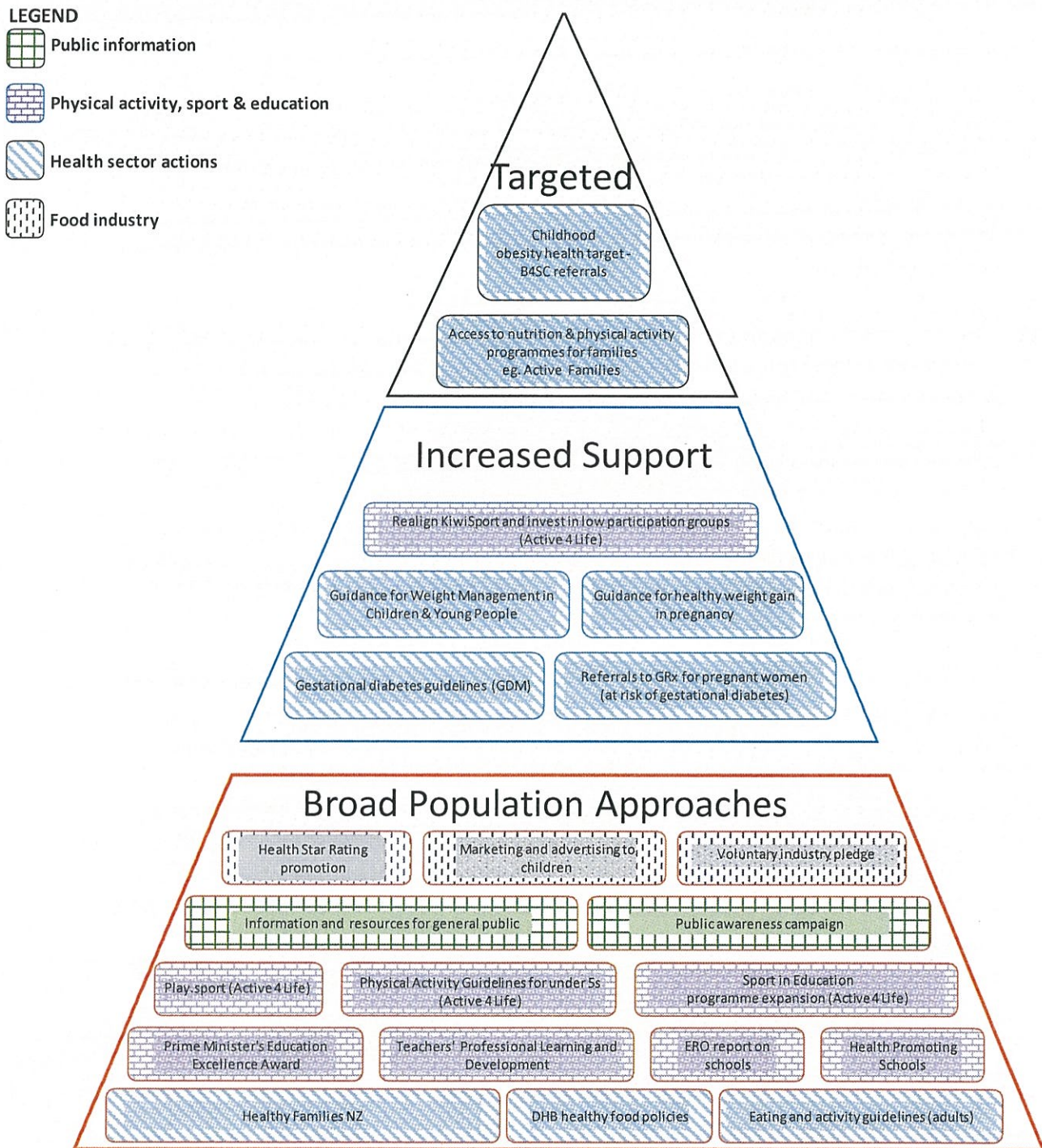
19. The proposed package combines **targeted** interventions for those who are obese, **increased support** for those at risk of becoming obese, and a broad base of **population-based** strategies to make healthier choices easier for all New Zealanders, as set out in Figure 2 below. Some initiatives are new, while others expand on existing programmes.

20. Population-based strategies are important for us to get ahead of the problem by reducing the numbers of children becoming overweight and obese. In parallel, we need to provide targeted support to those who are already obese or at risk of becoming obese.

21. The package targets multiple settings that influence nutrient intake and physical activity. It takes a life-course approach, with a strong focus on intervening in the early life stages, to ensure positive, sustained effects on health. Specifically:

- pregnant women will be screened for gestational diabetes; Lead Maternity Carers will monitor weight gain during pregnancy and refer at risk women to the Green Prescriptions programme
- children will be assessed before they start school and referred to the services they need to support healthy eating and activity
- the capacity of programmes that support families to make healthier choices about food and physical activity will be increased
- physical activity and sport opportunities in communities will be directed to those who need it most
- school communities will be further supported in the provision of physical education and sport
- we will focus on making school environments healthier, including through improving physical activity at school
- parents and caregivers will easily be able to access good quality, reliable information, so they feel more confident in their parenting decisions
- we will work with industry groups to improve advertising and marketing to children.

Figure 2: A package of initiatives to address childhood obesity



Targeted initiatives

22. The childhood obesity package will be supported by a target. There are choices about which type of target to set, for example, a high-level aspirational target (such as Smokefree 2025), an intermediate outcome target (such as the Better Public Service targets), or an activity target. There is strong evidence about what makes a good target. It should be measurable, motivational, plausible and robust. At this point an activity target is most appropriate.

23. A new childhood obesity health target for DHBs will be introduced from 1 July 2016. The target, which is clear, but achievable will be:

- By December 2017, 95 percent of four-year-old children identified as obese in the Before School Check will be offered a referral to an appropriate health provider (a GP or paediatrician) for follow up.

24. The Before School Check is a free health and development check for four year olds. A nurse checks the child’s health and wellbeing, including height and weight. The check also provides an opportunity for parents to raise any concerns they have. If any issues are identified, the child and their family are referred for specialist support.

25. The target will increase the number of children assessed as obese who are referred to GPs and paediatricians from approximately 1,432 in 2014/15 to 4,342 once fully implemented. It is important that children who are extremely obese are under the care of a health professional because some health conditions are common in these children. For example, obstructive sleep apnoea affects children’s learning and behaviour and needs oversight and treatment by a health professional. It is also important because clinical oversight is a key gateway for referral to other programmes.

26. The referral rate has been increasing, but introducing a target will drive this faster and send a clear signal about the importance of effective management of obesity in children.

27. It is important to keep the health targets focused on a small number of high priorities. The childhood obesity target will replace the existing heart and diabetes checks target, which is expected to be met this financial year. Heart and diabetes checks will remain as an accountability measure for DHBs to ensure gains made through the health target are not lost.

28. The following proposed initiative will support the target:

Initiative	Description
<p>Extend access to programmes for families with obese children</p>	<p>Enhanced support for families with obese children through extending access to nutrition and physical activity programmes. This will provide further options for health providers to refer families for nutrition and physical activity support. A significant part of this initiative will be expanding <i>Active Families</i> or similar programmes.</p> <p><i>Active Families</i> provides goal setting and support for referred children and their families to improve nutrition and increase physical activity. Families motivated to make lifestyle changes can be supported for up to 12 months.</p> <p>There is international evidence that programmes like <i>Active Families</i> achieve short and medium-term weight loss. Evaluations of <i>Active Families</i> are promising.</p>

Increased support

29. For those who are at risk of obesity and require increased support, one part of this package supports those with lower physical activity participation rates to become more active. *Active4Life* has been developed by Sport NZ, with input from the Ministry of Health, and is a dedicated package to increase physical activity, physical education and sport in schools and the wider community.

Initiative	Description
Realign KiwiSport investment (<i>Active4Life</i>)	Target part of the KiwiSport Regional Partnership Fund to at-risk populations, especially girls, Māori and Pasifika.
Investment in low-participation groups (<i>Active4Life</i>)	Increase investment into Auckland low-participation groups, especially Samoan and Indian populations, in partnership with Auckland City Council and Aktive Auckland.

30. This package also focuses on improved guidance to enable health professionals to support pregnant women with, or at risk of, diabetes (whose babies have a higher risk of obesity), as well as support for families to help their children obtain a healthy weight. Support for mothers and children (including pre-natal) is identified as a priority in the interim WHO Commission report.

Initiative	Description
Implement Gestational Diabetes Mellitus (GDM) Management Guidelines	GDM Management Guidelines will be fully implemented in all DHBs by 30 June 2016 to better diagnose and manage gestational diabetes nationally. Pregnant women will be offered a test at the start of their pregnancy to screen for undiagnosed diabetes.
Guidance for Healthy Weight Gain in Pregnancy	Promote <i>Guidance for Healthy Weight Gain in Pregnancy</i> , particularly in conjunction with the GDM Management Guidelines. Expand development of an online tool for all Lead Maternity Carers to use for tracking weight gain in pregnant women.
Referrals to Green Prescriptions for pregnant women with, or at risk of, gestational diabetes	Introduce referrals by Lead Maternity Carers of women with, or at risk of, gestational diabetes to the Green Prescriptions programme. A Green Prescription is a health professional's written advice to a patient to become more active and improve their nutrition. This is forwarded to a support person who provides encouragement to the patient.
Clinical Guidelines for Weight Management for Children and Young People	Refresh and implement the Clinical Guidelines for Weight Management for Children and Young People.

Broad population approaches

31. A range of factors play an important role in obesity, including the availability and marketing of high-energy food and beverages and reduced opportunities for physical activity. Tackling the obesogenic environment and changing social norms is a key component to addressing childhood obesity.

Partnership with the food industry

32. Action is needed across society, and the food and beverage industry has an important role to play as part of the solution. At this stage, partnership is preferred over regulation. Industry, through decisions about the voluntary restriction of advertising of unhealthy food, formulation of food and beverages and portion size,

has a strong degree of influence over what New Zealanders eat and drink. It is, therefore, important that the Government partners with the private sector to influence the composition and size of food products.

33. Industry leaders are very positive about working with the Government to reduce childhood obesity. They must return value to shareholders, but do recognise their ethical responsibilities and are responsive to demands for healthier options.
34. There have been a number of positive discussions between officials and industry representatives during the development of this package, including a forum hosted by the Ministry of Health. At this forum, packaged food industry representatives presented a wide range of initiatives they are already undertaking to help address childhood obesity and indicated a willingness to work with the Government on further initiatives. This includes marketing to children.
35. The Advertising Standards Authority (ASA) will prioritise a review of the codes governing marketing of unhealthy food to children. Compliance with the existing codes is high with few complaints about food advertising to children (over the last five years). However, the codes need to be updated and can be strengthened to further restrict the marketing of unhealthy foods to children and incorporate linkages to the Health Star Rating (HSR) labelling system. It is timely to review them.
36. In June 2014, Cabinet agreed to introduce the voluntary HSR labelling system in New Zealand [CAB Min (14) 21/13 refers]. The HSR is a front-of-pack labelling system which will make it easier for consumers to make healthier choices. It is driving a considerable amount of reformulation as companies strive to improve the number of health stars on their products. A promotional campaign is being planned and the Ministry will be working with industry and the Ministry for Primary Industries to further expand the range of products that display a HSR. The ASA review of its codes will also consider incorporating the HSR system into its guidance.
37. Preliminary discussions have been held with industry leaders around the development of voluntary industry pledges. These could include, for example, uptake of the Health Star Rating and reductions in portion sizes. As an early contribution towards this pledge the Food and Grocery Council (FGC) has agreed to:
 - provide the Ministry of Health with information on what its members are already doing to restrict advertising (starting with television) of unhealthy food to children
 - work with the Ministry of Health on what further steps the FGC and its members could take to restrict advertising (starting with television) to children
 - work with the Ministry of Health on arrangements for independent monitoring of unhealthy food advertising to children.

Initiative	Description
Voluntary industry pledges	Work with industry groups to develop voluntary pledges, for example, on food reformulation, HSR labelling system uptake and portion size.
Marketing and advertising to children	Advertising Standards Authority to prioritise a review of the Code for Advertising to Children and the Code for Advertising Food to Children. Industry groups to pledge to review how advertising and marketing of unhealthy foods to children can be further minimised.
Health Star Rating promotion (HSR)	A promotional campaign to support the roll out of the HSR. The Ministry of Health will work with industry and the Ministry of Primary industries to further expand the range of products that display a HSR).

Public information

38. The Health Promotion Agency, Sport NZ and the Ministry of Health are developing a media campaign to be launched in November. It will be fronted by high-profile sporting ambassadors. It will raise awareness of, and be the first step in, the package.
39. The media campaign will be backed up by the provision of authoritative, accessible, and easily understood information to support families to make healthy food and physical activity choices.

Initiative	Description
Public awareness campaign	Media campaign with high-profile sporting personalities expected to run for 6-8 weeks from November to raise awareness.
Information resources for the general public	Easily accessible information to support people to make healthy choices about eating and physical activity, to support the public awareness campaign and the overall package.

Physical activity, sport and education sector action

40. As children and young people spend approximately a third of their waking hours during the school term at school, education settings are an important environment for influencing their physical activity and food choices.
41. The New Zealand Curriculum has eight learning areas that schools are expect to cover in years 1-10. The Health and Physical Education learning area has the underlying concepts of:
 - Hauora (health and wellbeing)
 - Attitudes and values – positive, responsible attitude to own wellbeing, care and concern, respect for others and environment, sense of social justice
 - Socio-ecological perspective
 - Health promotion.
42. This learning area makes a significant contribution to well being beyond the classroom, particularly when supported by school policies and procedures and by the actions of all people in the community. Two education actions are an Education Review Office (ERO) national report on the current status of food, nutrition, and physical activity in schools and ECE services and a health and physical education pilot as part of the professional learning and development (PLD) model. These will provide evidence of effective ways to deliver this learning area of the curriculum in all schools. The Ministry of Education will convene a process to take recommendations from the ERO national report and the PLD pilot and inform a curriculum response.
43. Healthy school environments are important for reinforcing positive activity and food messages to children. The Health Promoting Schools programme supports schools to identify, prioritise, and action their health and wellbeing needs. As of July 2015, 364 decile 1-4 schools (around 50 percent of Health Promoting Schools) had priorities related to obesity prevention. This is a key programme for supporting schools to develop healthier environments. It also helps to build strong supports between the health and education sectors. It will be expanded into more decile 1-4 schools.

44. Having the skills to be active and choosing to be active (physical literacy) is fundamental to ensuring life course participation in physical activity. Improving physical literacy will also help break the inter-generational cycle of inactivity.
45. *Play.sport* is the flagship initiative of *Active4Life*. It will be funded initially in two sites, but will also look to incorporate other programmes (eg, *Project Energize*, *Skills4Life* and *Sport Start*) in communities such as in Waikato, Northland, New Plymouth, Canterbury and Otago.
46. *Play.sport* is also aligned with recent global recommendations from UNESCO and WHO on best practice for achieving quality physical education and physical activity. This will provide strong support for the initiatives proposed in the education sector.
47. Improving school environments will be supported through the development of a national report on food, nutrition and physical activity in schools, as well as acknowledging and celebrating excellence in teaching.

Initiative	Description
Health Promoting schools	Increase the uptake of the Health Promoting Schools programme to more decile 1-4 schools. The Ministry of Education and the Ministry of Health will work together to support schools to take up the Health Promoting Schools programme.
Education Review Office national report	An ERO national report will assess the current status of food, nutrition, and physical activity in schools and ECE services. It will also report on findings about the Health Promoting Schools included in the sample.
Teachers' Professional Learning and Development (PLD)	Implement a health and physical education pilot in 2016 as part of the implementation of the proposed new model for the delivery of PLD.
Prime Minister's Educational Excellence Award	Include a new category on health, sport and nutrition in the PM's Education Excellence Awards.
<i>Sport in Education</i> Programme expansion (<i>Active4Life</i>)	Expand the <i>Sport in Education</i> Programme from 8 to 32 secondary schools to raise academic achievement in at-risk classes through sports as a context for learning (it has also raised participation in physical activity and sport).
<i>Play.sport</i> (<i>Active4Life</i>)	Implement a new initiative <i>Play.sport</i> in school communities, with an emphasis on primary school-aged children. Two sites will begin in January 2016 – in part of Waitakere and Wainuiomata.
Physical activity guidelines for under-fives (<i>Active4Life</i>)	Review physical activity guidelines for under-fives and review <i>Active Movement</i> resources for parents, caregivers and early childhood providers, and update if necessary.

Health sector action

48. Health sector agencies and professionals have an important role to play by demonstrating leadership and by promoting healthy environments.
49. Central to the Government's efforts to address obesity and prevent chronic disease at the local level is Healthy Families NZ – a large scale initiative being rolled out in 10 communities, with the potential to impact on the lives of over one million New Zealanders.
50. In each location, dedicated prevention teams are partnering with local leaders and key organisations across different sectors and settings to identify, design and implement changes that help people to make healthier choices and live healthier lives.

51. This involves working with early childhood education services, schools, workplaces, food outlets, sports clubs, marae, businesses, places of worship, local government, health professionals and more to create healthier environments for all.
52. Healthy Families NZ has a significant role to play in changing environments and social norms, and will link with many of the elements of this package.
53. Healthy Families NZ has a strong emphasis on achieving measurable results. National evaluation will help to determine the contribution Healthy Families NZ has made over the longer term to risk factors for chronic disease, such as obesity, smoking and harmful alcohol use.

Initiative	Description
Healthy Families NZ	Continued implementation of Healthy Families NZ to make good health easier and more accessible for people, by creating health promoting environments where people live, learn, work and play. Healthy Families NZ provides a prevention platform for this package to build on, to support a coordinated, systematic and large-scale effort at a local, regional and national level.
DHB healthy food policies	DHBs will show leadership by no longer selling sugar-sweetened beverages from their premises by 30 September 2015 and publishing their healthy food policies on their websites by 30 December 2015.
Eating and Activity Guidelines (adults)	Roll out new Eating and Activity Guidelines for use by health professionals – these will support advice to parents and inform updates to public resources and any new resources that are developed.

Implementation

Phasing

54. Implementing the childhood obesity package will be phased as follows –

- October 2015:
 - public announcement of the package, including the childhood obesity health target
 - begin promoting *Guidance for Healthy Weight Gain in Pregnancy*
 - commence referral of women with, or at risk of, gestational diabetes to the Green Prescriptions programme
 - launch and begin implementation of the new *Eating and Activity Guidelines (for adults)*
 - DHBs will no longer sell sugary drinks from their premises
 - commence promoting the Health Star Rating labelling system
- November 2015:
 - media campaign to raise awareness about childhood obesity will commence
 - release the first phase of the media campaign's supporting resources and website
 - encourage schools to adopt healthier school environments, including increasing the uptake of the Health Promoting Schools programme
 - review physical activity guidelines for under-fives (*Active4Life*)

- December 2015:
 - release refreshed *Clinical Guidelines for Weight Management for Children and Young People*
 - begin reviewing the industry codes for marketing food to children
 - DHBs will publish their healthy food policies
- February 2016:
 - implement *Play.sport* in Term 1 (*Active4Life*)
 - invest in Auckland's communities which have low participation in physical activity (*Active4Life*)
 - expand *Sport in Education* programme from eight to 32 secondary schools (*Active4Life*)
- March 2016:
 - commence advertising for the Health Star Rating labelling system
 - define and scope the pilot new category of Teachers' Professional Learning and Development (food, nutrition and physical activity)
- June 2016:
 - health target for childhood obesity starts
 - Prime Minister's Excellence Award given
 - extend access to programmes for families with obese children (eg, to Active Families or other evidence-based programmes)
 - all pregnant women who see a GP or Lead Maternity Carer in their first trimester have a test for undiagnosed diabetes
 - ERO national report on nutrition, food and physical activity in schools complete.

Research, monitoring and evaluation

55. The evidence for effective interventions to address obesity is often inconclusive and we need more effective ways to create, foster and share new ideas.
56. The Ministry of Health has established the Weight Management website (<http://weightmanagement.hiirc.org.nz>) to encourage the sharing of local knowledge, research, experience and resources. The website provides a platform for researchers, evaluators, policy makers and service providers to collaborate.
57. The Ministry of Health is following international research on addressing childhood obesity, including that of the WHO Commission, co-chaired by Professor Sir Peter Gluckman. The final report of the Commission is due to be released next year.
58. Long-term trends in childhood obesity will be monitored through the New Zealand Health Survey. Every year the survey measures body size (from the age of 2 years) and collects data on selected nutrition and physical activity behaviours. Development work is underway to determine the best way to collect more detailed information on nutrition and physical activity.

Consultation

59. The following departments and agencies were consulted on this paper: the Ministries of Education, Social Development, Pacific Island Affairs, Transport and Primary Industries, Te Puni Kōkiri, the Office of the Children's Commissioner, the Health Promotion Agency, Sport NZ, ACC, NZ Transport Agency, and the Treasury. Local Government New Zealand has also been consulted on this paper. The Department of the Prime Minister and Cabinet has been informed.

Financial Implications

60. The indicative cost of the initiatives in this package in 2015/16 is \$3.3 million for Vote: Health and \$3.7 million for Vote: Sport and Recreation, with ongoing costs shown in the following tables:

	\$m - increase/ (decrease)				2019/20 & Outyears
	2015/16	2016/17	2017/18	2018/19	
Vote: Health - Indicative Costs of Childhood Obesity Package					
Target Champion B4SC referrals	0.075	0.150	0.150	0.150	0.150
Expansion of Referral Pathways for Obese Children	0.000	1.261	2.186	3.435	3.435
Guidance for Healthy Weight Gain in Pregnancy	0.010	0.010	0.000	0.000	0.000
Public Awareness Campaign	2.000	0.000	0.000	0.000	0.000
Promotion of Health Star Ratings	0.700	0.700	0.700	0.000	0.000
Information Resources for the Public on Eating and Activity	0.550	0.150	0.150	0.150	0.150
Total	3.335	2.271	3.186	3.735	3.735

	\$m - increase/ (decrease)				2019/20 & Outyears
	2015/16	2016/17	2017/18	2018/19	
Vote: Sport and Recreation - Indicative Costs of Childhood Obesity Package					
Play.sport	2.000	2.000	2.000	2.000	2.000
Sport in Education	0.300	0.300	0.300	0.300	0.300
Investment in Auckland low-participation groups	1.400	1.400	1.400	1.400	1.400
Total	3.700	3.700	3.700	3.700	3.700

61. All of this funding will come from reprioritisation within existing baselines, with no net impact on the operating balance or debt. The detail of the initiatives and their costings are still being worked through, and any required appropriation changes will need to be subsequently agreed by the Minister of Finance and the responsible vote Ministers.

Human Rights

62. The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990, the Human Rights Act 1993 and the United Nations Convention on the Rights of the Child.

Legislative Implications

63. There are no legislative implications from this paper.

Regulatory Impact Analysis

64. The regulatory impact analysis requirements do not apply to this paper.

Gender implications

65. There are no gender implications associated with this paper.

Disability Perspective

66. Children with a disability may be at increased risk of obesity. Some of the adverse health outcomes, such as obesity, affecting people with disabilities are caused by genetic and biological factors. However, broader factors such as access to resources are also important contributors to obesity amongst children with disabilities.

67. Improving access to referral pathways and providing information and support in appropriate ways for obese children with disabilities may help to support these children and their families.

Publicity

68. A media statement announcing the target and the childhood obesity package will be released in October 2015.

Recommendations

69. The Minister of Health recommends that the Committee:

1. **note** that in June 2015, Cabinet Strategy Committee invited the Minister of Health, in consultation with other Ministers as appropriate, to report back to the Cabinet Social Policy Committee in due course with recommendations on a proposed package of initiatives relating to childhood obesity [STR Min (15) 4/1 refers]
2. **agree** to a childhood obesity health target to increase referrals of four year olds identified as obese in the Before School Check to 95 percent by December 2017
3. **note** that the childhood obesity target will replace the heart and diabetes checks target, which is expected to be met this year
4. **support** the proposed package of initiatives to reduce childhood obesity
5. **note** that the Health Promotion Agency is planning a public campaign to raise awareness about obesity, healthy eating and physical activity, which will begin in November 2015
6. **note** that the indicative cost to Vote: Health of the Childhood Obesity Package will be \$3.3 million in 2015/16 and \$3.7 million to Vote: Sport and Recreation in 2015/16, with ongoing costs
7. **note** that any financial implications of the Childhood Obesity Package will be funded by fiscally-neutral adjustments within baselines, with no impact on the operating balance or debt
8. **note** that the detail of the changes to appropriations will be managed through the baseline update process, which is subject to the approval of joint Ministers
9. **note** that public announcements on the package and the new health target will be made in October of this year.

Hon Dr Jonathan Coleman
Minister of Health

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Appendix One: Examples of existing initiatives to address obesity

- DHBs and the Ministry of Health have implemented regional and local initiatives, such as Project Energize and Under Five Energize, WAVE, and Healthy Auckland Together.
 - Project Energize: 27 'Energizers' and a dietitian provide support to all primary schools in Waikato through activity, nutrition, and school-based policies and procedures. A 2011 evaluation suggests that the programme may have a positive impact on body mass index and fitness. An extension to early childhood education services (Under Five Energize) is being trialled.
 - WAVE (Wellbeing and Vitality in Education), South Canterbury, adapts the Health Promoting Schools framework with a strong focus on intersectoral collaboration to support children and young people to learn well and be well.
 - Auckland DHBs are supporting a region-wide Healthy Auckland Together plan involving a range of community and regional government providers to improve nutrition and physical activity in Auckland.
- The food industry is responding to consumer demand for healthier food through reformulation, providing healthy options, adopting the Health Star Rating labelling system, and a voluntary accord not to supply sugary drinks to schools.
- Education curriculum resources on healthy eating and physical activity are available for schools and early childhood education services (ECEs). There are also some innovative programmes for healthy eating and physical activity in schools (eg, Regional Sports Trust programmes, like Sport Start and Skills4Life). However, many are variable and uncoordinated and Play.sport will look to align these.
- The Kickstart Breakfast Programme is available in schools, along with a Framework for Food in Schools (Office of the Children's Commissioner). Fruit in Schools is also available.
- In a recent voluntary survey, fifty percent of schools reported that they had a healthy eating policy.
- Kiwisport funding is available through Sport NZ and the Ministry of Education to support sport opportunities for school-aged children in schools and communities.
- The Government, along with the New Zealand Transport Agency and local government, is investing in safer urban cycling infrastructure to increase the number of urban trips taken by bike.
- An increase in funding for walking, through the National Land Transport Fund.
- ACC injury prevention programmes support quality participation in sport and recreation.
- Education curriculum resources on healthy eating and physical activity

