

Obesity in New Zealand

Statement by the Council of Medical Colleges in New Zealand

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CMC supports an evidence-based, Government-coordinated approach to addressing obesity at a societal level. CMC considers that reduction of overweight and obesity amongst children needs to be a major focus of any coordinated approach.

The Council of Medical Colleges in New Zealand (CMC) is alarmed by the current and future impact that the high rate of obesity is having on the health and wellbeing of New Zealanders and the health sector. Obesity is defined by the Ministry of Health as an excessively high amount of body fat (adipose tissue) in relation to lean body mass.¹ Obesity is a risk factor for many non-communicable diseases including type 2 diabetes, cardiovascular disease, and many cancers as well as erosion of self-esteem leading to anxiety states, social isolation and serious mood problems.²

New Zealand is experiencing an obesity epidemic, the consequences of which will be far reaching for health and other sectors. In New Zealand, over half of the total adult population (aged 15 and over) are overweight or obese (34% and 31% respectively).³ Obesity/overweight is also increasingly prevalent among New Zealand children with 11% obese and a further 22% overweight.^{3,4} The increase in obesity among children is especially important as there is growing evidence to suggest that children that are obese/overweight will continue to have problems managing their weight and the health conditions associated with obesity throughout their life.⁵ CMC is also particularly concerned by the rates of obesity among Māori and Pasifika populations which are much higher than non-Māori / Pasifika.³

As well as the substantial health risks associated with obesity, the cost to our health system, which is already struggling under fiscal constraints and increasing demand for health services, is unsustainable. A study based on costs in 2006 found that, as a percentage of total healthcare expenditure, the health care costs of overweight and obesity in New Zealand are the highest in the world. There are also social and economic costs associated with obesity such as reduced employment opportunities and productivity, and increased social isolation. The increasing demand for healthcare due to obesity-related, preventable illness is not sustainable. CMC urges health professionals, health sector leaders, and Government, to prioritise actions that will mitigate the rates of obesity, and promote a healthier environment for the whole population. CMC recognises that obesity is primarily a problem of overconsumption, and that increasing physical activity is an adjunct to anti-obesity measures, and not the primary focus.

The cause of obesity on an individual scale (imbalance of calorie expenditure to calorie consumption) has allowed the issue to be framed as that of personal responsibility. However, as a pandemic issue that is straining the Government's health resources, it is time to consider the environmental factors that are contributing to the serious situation, including the marketing and pricing of non-essential, energy dense, nutritionally-deficient food.⁸ Any approach to obesity must be multi-faceted, comprehensive and involve a whole-of-society approach. We must aim to make the healthy choice the easy choice.⁹

The medical professional also has a role to play in addressing the obesity epidemic.^{10, 11} Through the support of the entire medical workforce, and the leadership of the Colleges, there are substantial gains to be made simply through the provision of healthy living advice to patients. **CMC recommends that all health** professionals respond to the obesity epidemic by making a concerted effort to engage with patients and their families on achieving or maintaining a healthy weight and that all professionals support evidence-informed population health strategies that have the potential to have a positive impact.

References and Bibliography

- 1. Ministry of Health website (accessed Feb 2015) http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/obesity-questions-and-answers
- 2. National Obesity Observatory (2015) *Obesity and Mental Health*, NHS and Association of Public Health Observatories
- 3. Ministry of Health (2013) New Zealand Health Survey Annual update of key findings 2012/2013. Wellington: Ministry of Health. Available at: http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13
- 4. OECD (2014). Obesity Update. OECD Directorate for Employment, Labour and Social Affairs. Available at: http://www.oecd.org/els/health-systems/Obesity-Update-2014.pdf
- 5. WHO (2015). Interim Report of the Commission on Ending Childhood Obesity. Geneva, Switzerland. Available at: http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf
- 6. Moodie L, Ashton T., Siahpush M, and Swinburn B (2012) *Health care and lost productivity costs of overweight and obesity in New Zealand*. Australian and New Zealand Journal of Public Health, 36(6), 550-556.
- 7. SUPERU (2015) *The wider economic and social costs of obesity* available at http://www.superu.govt.nz/sites/default/files/downloads/Obesity%20summary%20report%20FINAL.pdf
- 8. Elmslie JL, Sellman JD, Schroder RN, Carter FA. *The NEEDNT Food List: Non-essential, energy-dense, nutritionally-deficient foods.* New Zealand Medical Journal 2012; 125(1350): 84-92.
- 9. NZMA (2014) *Tackling Obesity*. New Zealand Medical Association, Wellington. Available at: http://www.nzma.org.nz/obesity
- Panting A. (2014) Can surgeons slow the obesity wave? Royal Australasian College of Surgeons; 'Cutting Edge No.51, p.3. June 2014. Available at: http://www.surgeons.org/media/20859953/2014 06 30 cutting edge no 51.pdf
- 11. RNZCGP (2014) Tackling the growing obesity epidemic: a general practice perspective. Royal New Zealand College of General Practitioners, Wellington. Available at: https://www.rnzcgp.org.nz/assets/documents/Standards--Policy/16DecFINALPolicyBriefDecember2014.pdf.