

Submission to Ministry of Education on Healthy Food and Drinks in Schools

This submission has been prepared by Heather Verry, CEO and Marsha Mackie, Youth and Project Manager of Diabetes NZ.

Introduction

1. Diabetes New Zealand is the leading national organisation supporting people with all types of diabetes and pre-diabetes. Our role is to lead initiatives and advocate for people with diabetes and their whānau, to improve their health and well-being. We do this by increasing access to, and effectiveness of, information and resources to provide support, promote better understanding and enhance self-management to reduce long-term health complications.

Good nutrition, particularly in the early years of life is fundamental to health. A healthy diet during childhood and adolescence promotes optimal health, growth and cognitive development and may contribute to prevention of disease later in life. Children's health and wellbeing have also been shown to influence a child's 'opportunity to learn' and achieve optimal education outcomes¹.

Health Outcomes and Sugar Sweetened Beverages (SSB's)

- 2. Understanding the importance of eating healthy food and limiting sugar intake is pivotal to improving health outcomes in our community, reducing the risk of obesity, type 2 diabetes and ultimately the long-term complications that can develop later in life. Education in our primary and secondary schools/kura is often where these life-long lessons begin and schools/kura are an important setting for nutrition intervention as they have the power to influence children's knowledge and behaviour. Tamariki spend a significant portion of their day in the school/kura environment. It is therefore essential that the schools/kura reflect the positive health messages they espouse with their actions. Teaching the benefits of eating healthy food in the classroom, whilst selling unhealthy food and SSBs on school grounds confuses and undermines the message.
- 3. The New Zealand Health Survey 2018/2019 found that approximately 1 in 9 children (ages 2-14) were obese (11.3%). These obesity statistics put many of our tamariki at risk of developing type 2 diabetes, with an overrepresentation in Māori and Pasifika communities. Further, younger people diagnosed with type 2 diabetes (before 40) have a higher risk of early mortality, cardiovascular disease, chronic kidney disease and retinopathy. Limited access to health food and/or a lack of school-based physical education programmes will be contributing to this problem in New Zealand.² Recent international guidelines for the management of type 2 diabetes in children and adolescent clearly state that there is a need to "eliminate sugar-sweetened beverages, reduce calorie-dense

¹ healthy-food-schools-factsheet.pdf (heartfoundation.org.nz)

² The Economic and Social Cost of Type 2 Diabetes

and nutrient-poor foods" as well as "aim for at least 60 min/day of moderate to vigorous physical activity to improve body composition, glucose management and insulin sensitivity³."

Obesity is symptomatic with unhealthy diets and lack of exercise.

- In New Zealand, we consume on average about 37 teaspoons of sugar per day in the food we eat and in what we drink. Children should ideally consume no more than about three to four teaspoons per day.⁴
- A 600ml bottle of soft drink contains approximately 16 teaspoons of sugar. A 375ml can of soft drink contains approximately 10 teaspoons of sugar⁵.
- Children who consume one sugary drink or more per day are 50% 60% more likely to be overweight or obese than children who do
 not. Having one or two sugary drinks per day may increase the risk of
 developing type 2 diabetes by 26%. The high sugar content and acidity
 of many sugary drinks can cause tooth decay.⁶
- 4. The research and evidence espousing the benefits of removing unhealthy foods and SSB's from school canteens is irrefutable from a child's health and well-being perspective. Diabetes NZ supports the removal of SSB's in primary schools but feels the proposed changes to the legislation do not go far enough.

High Schools and Healthy Food

5. Diabetes NZ strongly encourages the Ministry of Education to consider applying the same legislative change to High Schools and adopting a healthy food only stance as well.

There is a concerning trend of children and young people developing type 2 diabetes in New Zealand and certain ethnicities are at greater risk. Māori, Pacific and Asian people are more likely to develop type 2 diabetes than other ethnicities, and often at a younger age. Circumstantial factors can also increase risk such as people living in socio-economically deprived areas. These areas often have retailers near schools promoting cheap unhealthy food which the teens buy because their money goes further. Foods such as SSBs and hot pies and deep fried chips are full of saturated fat.

If the Ministry of Education legislated against unhealthy food and SSB's in schools, the risk for some of our children developing type 2 diabetes may be reduced, as evidenced by a review commissioned by the Heart Foundation and authored by Ni Mhurchu (2011) which showed that nutrition policies/guidelines are effective in improving the school food environment and student's dietary

³ <u>Screening, assessment and management of type 2 diabetes mellitus in children and adolescents: Australasian Paediatric Endocrine Group guidelines — Charles Darwin University (cdu.edu.au)</u>

⁴ https://toiteora.govt.nz/public/sugary-drinks

⁵ Taxes on sugary drinks: Why do it?

⁶ https://toiteora.govt.nz/public/sugary-drinks

⁷ The Economic and Social Cost of Type 2 Diabetes

intake at school. The review found that to be effective these policies must relate to all food consumed on school premises and have the support of school parents and administration.⁸

⁸ Ni Mhurchu, C. (2011) Effects of Healthier Food Choices in the School Setting on Children's Health, Education and Nutrition. A Summary of Evidence. Prepared for the Heart Foundation of New Zealand. Clinical Trials Research Unit, School of Population Health. University of Auckland. 1-44.