Report on the review of the Children’s Code for Advertising Food and the Code for Advertising to Children

September 2016
CHAIRMAN’S STATEMENT

The panel appointed to review the ASA Children’s codes had experience in public health, code interpretation and marketing.

We undertook the review with the knowledge that we were looking at one part of a comprehensive government and community approach to childhood obesity.

We acknowledge and thank submitters for their time and effort taking part in this process.

Roundtable discussions were held with the health sector and industry representatives. We received presentations on nutrient profiling systems and advertising placement and reviewed the 92 submissions. Diverse views were expressed, including maintaining the status quo, a need for government regulation and the introduction of advertising bans.

Most submissions focused on advertising food and beverage products to children, however, we were charged with reviewing both the Children’s Code for Advertising Food and the Code for Advertising to Children.

We accept our recommendations will go too far for some and nowhere near far enough for others. Within the panel itself, there was a view that stronger action was required on the definition of a child and in sponsorship restrictions, than the position we finally reached. There was also concern about the nutrient profile system selected in the interim – from both industry and health representatives.

In making the final recommendations, we recognise the need to find a pathway that is realistic and achievable in the context of the self-regulatory system that manages advertising standards in New Zealand.

We agreed on a purpose statement to focus our deliberations:

_Under the United Nations Convention on the Rights of the Child, the best interests of children are a primary consideration and this is recognised in the current Children’s Advertising Codes. The Review Panel has revised and combined the Codes and recommended other actions to help reduce the impact on children and young people of marketing that may cause physical, mental and moral harm, including the marketing of unhealthy food and beverages._

Our report includes the draft Children and Young People’s Advertising Code and details the panel’s consideration of the issues before it, in light of this statement.
The Panel acknowledges the outstanding contribution of Hilary Souter to our task. Her experience, determination and wisdom were invaluable and she carefully and cheerfully managed the review process to our great benefit.

We recognise that protecting children from physical, mental and moral harm goes far beyond advertising and marketing. This requires government, advertisers, industry associations, media, community organisations, schools, their boards of trustees and the health sector to take action. No one change will be sufficient.

These tighter advertising restrictions could start to help make a meaningful contribution and on behalf of the panel, I encourage the ASA and the wider advertising industry to support and implement them.

Hon. Sir Bruce Robertson
Chair, Children’s Codes Review Panel
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PANEL RECOMMENDATIONS

1. The ASA accept this report.

2. The ASA adopt the draft Children and Young People's Advertising Code (Appendix 1) in place of the Children’s Code for Advertising Food and the Code for Advertising to Children.

3. Advertisers be encouraged to discuss undertakings on matters outside the jurisdiction of the ASA including packaging and commercial sponsorship agreements directly with government and other stakeholders.

4. The ASA to actively promote the complaints process to consumers and report annually on progress.

5. Advertisers and media be encouraged to adopt a pre-vetting process for occasional food and beverage advertising to children and young people to support code compliance.

6. The ASA to work with its members and wider stakeholders to develop robust monitoring of occasional food and beverage advertising compliance.

7. The advertising industry, government and the health sector to work together to identify a fit for purpose nutrient profile system for advertising food and beverages in New Zealand.
Self-regulation of the advertising industry in New Zealand is the mandate of the Advertising Standards Authority.

The Committee of Advertising Practice was established in 1973 by the Newspaper Publishers Association, the New Zealand Broadcasting Commission and the Accredited Advertising Agencies Association. Its name changed to the Advertising Standards Authority and was incorporated in 1990. It has 14 member organisations representing advertisers, agencies and media. The ASA is responsible for oversight of advertising in traditional forms of media such as newspapers, magazines, radio, television, billboards, letterbox delivery and websites and the remit was extended in 2012 to include newer digital forms of advertising, such as social media platforms.

Self-regulation encourages the advertising industry to take responsibility to ensure legal, decent and honest advertising communications to consumers.

The three main objectives are:

1. To seek to maintain at all times and in all media a proper and generally acceptable standard of advertising and to ensure that advertising is not misleading or deceptive by statement or by implication.
2. To establish and promote an effective system of voluntary self-regulation in respect of advertising standards.
3. To establish and fund an Advertising Standards Complaints Board and an appeal board, both of which have a public member chair and a public member majority.

The centrepiece of the ASA’s work is a Code of Ethics and 12 subject codes of practice. The majority of complaints handled by the small management and administration team based in Wellington are related to misleading advertising, social responsibility and offensiveness. The full list of codes and what they cover can be found at www.asa.co.nz.

The subject codes include alcohol, financial, gaming and gambling, therapeutic and health products and services as well as children and food. The codes are reviewed regularly to ensure they are fit for purpose and reflect changing social norms and recognising changing technology and the increasingly diverse options for advertisers to target consumer audiences.

A general review of the codes began in 2015 and including a reduction in the number of codes. To coincide with that, a review was planned for the two codes that specifically cover children – the Code for Advertising to Children and the Children’s Code for Advertising Food.
This current codes review has coincided with an updated definition of “advertisement” agreed by the ASA Codes Committee. This revised definition is intended to move away from the need to list advertising platforms and focus on the intent of the communication. It states:

“Advertising and advertisement(s)” means any message, the content of which is controlled directly or indirectly by the advertiser, expressed in any language and communicated in any medium with the intent to influence the choice, opinion or behaviour of those to whom it is addressed.

This definition does not apply to product packaging, bona fide news, reviews, editorial and broadcast programmes.

Any member of the public can make a complaint about advertising in writing or direct by email or via the ASA website. There is no charge. Complaints are initially assessed by the chair of the complaints board (a public member) and, if accepted, referred to the advertiser and (where appropriate) the media for their response. When these responses are received the complaints are referred to the board which meets twice monthly to consider and decide. The board considers whether the codes have been breached and, if it decides they have been breached, the Advertiser is asked to withdraw the advertisement immediately. There is a high level of compliance with the requirement to remove the advertising and enforcement is supported by ASA media members. Decisions are advised to all parties and released to media.

Complaints board decisions may be appealed and are heard by a three-member appeal board which, like the full complaints board, has a public member majority.

The complaints board and appeal board are the final arbiters of the interpretation of the codes.

The ASA process sits alongside legislation that restricts advertising in some way. The Fair Trading Act, the Medicines Act, the Sale and Supply of Alcohol Act, the Gambling Act, the Food Act and Food Standards Code and the Major Events Management Act, amongst others are of relevance.
Previous Children’s Code Reviews

The Code for Advertising to Children and the Code for Advertising of Food were first reviewed in 2006. As a result of that review a number of changes were made to the codes and specific guidelines introduced for the advertising of food and beverages high in fat, salt, and sugar (HFSS).

In August 2007, Parliament’s Health Select Committee tabled its report on the Inquiry into Obesity and Type 2 Diabetes in New Zealand. The Committee’s recommendations included a range of matters relating to the advertising of foods and drinks high in fat, salt and sugar. In the Government’s response to the Select Committee Report, it encouraged industry consideration of a number of recommendations including revision of the Code for Advertising to Children.

In 2009, the ASA decided to review the Code for Advertising to Children and the Code for Advertising of Food. The recommendations in the Government response also included the coverage of product placement, sponsorship and sales promotions.

The 2009 review sought to examine the operation and content of the existing Codes; to receive and review submissions on the two Codes; and to recommend any amendments of the Codes. The ASA appointed a panel including three public members and three industry members.

The panel sought and received submissions from public health organisations, industry bodies, academics, advertisers, and representatives of consumer and children’s organisations. The panel asked submitters to comment on a new draft code, the Children’s Code for Advertising Food. This new code was developed by the panel directly in response to the issues raised by submitters which particularly focused on food advertising that impacts on children.

The new and updated codes were published and came into operation in March 2010.
Latest Review - 2016

In 2015 the governance board of the ASA decided that it was timely to once again review the two codes specifically aimed at children. It did so in a climate of increased concern at the growing levels of obesity, including among children and young people, and claims that advertising played an increasingly strong role in the rising consumption of unhealthy food and beverages.

In September 2015 the Government announced its Childhood Obesity Plan and framed this around three objectives:

1. Targeted interventions for those who are obese
2. Increased support for those at risk of becoming obese
3. Broad approaches to make healthier choices easier for all New Zealanders.

The Plan specifically identified that children’s food choices and requests are strongly influenced by advertising and noted the ASA’s objective to review the relevant codes. This review was listed as No. 9 on the obesity plan’s pyramid of 22 initiatives (see Appendix 5) which included proposals around physical activity for children, weight management, families’ access to nutrition programmes, guidelines for gestational diabetes and health star rating system promotion among others.

The panel agreed that while advertising was only one of many initiatives identified to address the health problems, new advertising restrictions could make a meaningful contribution towards tackling an important health issue.
Review Process
The ASA’s governance board appointed a panel to review the codes and make recommendations for any changes. The members are:

Chair: Sir Bruce Robertson, a retired Court of Appeal judge and former president of the New Zealand Law Commission.

Panel members: Dr Fran McGrath, Chief Advisor¹, Long Term Conditions, Ministry of Health; Sally Hughes, Public Health Strategic Adviser, Heart Foundation; Philip Broughton, public member and Deputy Chair, Advertising Standards Complaints Board; Jude Walter, Director, Seen & Heard, marketing and corporate communications specialist, Rob Hoar, General Manager, Think TV and Commercial Approvals Bureau.

The panel directly sought submissions from the public by advertising the review in newspapers, radio and online. It also invited submissions from a range of government agencies, non-government organisations, organisations within the health sector, advertisers, media and other groups.

The panel decided the review would consider the operation and functioning of the general code on advertising to children and also specifically address advertising food to children. In terms of the general code the focus would be on any product or service marketed to children with guidelines about pester power, anti-social behaviour, unsafe depictions, sexual imagery, gaming and gambling. It was recognised that the media environment was undergoing significant and sustained change with more options available, leading to the question of whether the existing codes were robust enough to deal with that change.

Submitters were asked to respond to a list of 13 questions designed to elicit the greatest amount of information and opinion.

The questions were:

1. What are the strengths and weaknesses of the two current children’s codes?
2. What are the strengths and weaknesses of the current complaints process?
3. What changes, if any, are necessary to protect the rights of children and their health/well-being?
4. Please comment on any concerns you have with different media formats in relation to advertising to children (for example, magazines, television, social media, websites)
5. If the content of advertisements is a concern, can you please give examples and/or supporting evidence? A product name and description would be helpful so we can source the advertisements.
6. If the placement of advertisements is a concern, can you please give examples and/or supporting evidence? For broadcast media it would be helpful to have the time/date/channel or programme, for other media a link/publication title/outdoor location would be appreciated.

¹ Dr McGrath replaced Paula Martin as the Ministry of Health nominee in May
7. The Children’s Codes currently define a child as under the age of 14. Do you support or oppose this definition? Why?
8. Is there a role for a nutrient profiling system such as the health star rating system in the Children’s Code? If yes, in what way and which system would you suggest?
9. Do you support or oppose a specific guideline on sponsorship? Why?
10. Do you support or oppose the introduction of independent monitoring and evaluation of the code? How would this work?
11. What is your view of the sanctions imposed by the ASA when a complaint is upheld?
12. Are there environments where you consider it to be inappropriate to advertise to children?
13. Do you support or oppose combining the two codes? Why?
Submissions
A total of 92 submissions were received. Of those 14 were from individuals which included several mothers of young children, one father, a grandmother/caregiver and a teacher. The remaining 78 came from organisations, agencies, groups and companies. A list of submitters is included in Appendix 3 of this report.

Of the 92 there were 53 submissions from organisations and agencies involved in public health and nutrition. These submissions ranged from the Ministry of Health, Heart Foundation, Cancer Society, Medical Association and district health boards to local groups that form part of the Healthy Families network or associated with Maori health concerns.

There were 15 submissions from manufacturers or sellers of food and beverages or member organisations representing the sector, including McDonalds, Griffins, Fonterra and Nestle.

There were submissions from the Communications Agencies Association which represents agencies that create and deliver national or international advertising campaigns, the Association of New Zealand Advertisers, the two major television networks and others involved in advertising and marketing.

The panel wishes to record its appreciation for the time and effort that so many had put in to preparing submissions for consideration. Many of the submissions were comprehensive and provided clear guidance and understanding of the issues involved.

The vast majority of submissions addressed primarily the question of the Children’s Code for Advertising Food. This is understandable considering the strong public focus on childhood obesity and concerns over consumption of high fat, salt, sugar food and beverages (HFSS).

The majority of submissions (and in particular all those related to the health sector) advocated for a much tougher regime on the advertising of food and beverages to children. While the ASA had made it clear that the panel was only reviewing its voluntary children’s codes many of the health sector submitters sought stronger government-enforced regulation or at least partial regulation which was outside the scope of the review.

The submissions can be found at the following link:
http://www.asa.co.nz/submissions-childrens-codes-reviews

The following is a brief summary of the main points presented in the submissions:
General Comments

- The current codes, while acknowledging the United Nations Convention on the Rights of the Child, did not go far enough in protecting children from harmful marketing and advertising, in particular of food and beverages.
- The codes applied to children under the age of 14 but did not define any protections for young people aged 14-17.
- It was proposed that the age definition for the children’s codes be under 18.
- The counter views included the age of 14 was appropriate and that the age could be reduced to 12. At the ages of 15-17 young people were allowed to make decisions about watching restricted rating films, engage in sexual relationships and even marry and should be trusted to make the right choice about foods.
- The codes did not go far enough in that they did not apply to packaging marketing, product placement, signage and sponsorship.
- Some, including a few health sector submitters, acknowledged that the current complaints process was efficient, cost effective and accessible, that it was not a burden on the taxpayer and not bogged down by delays which are inevitable in a judicial process through regulation.
- There was a lack of awareness of the complaints system and the need to provide evidence to support the complaint (in the form of the advertisement or the date/time/place shown) was a hindrance to people making complaints.
- The complaints process was reactive rather than proactive and as a result an advertisement found to be in breach of the codes could remain in the public eye for some weeks before the complaints board had addressed it, made a decision and requested its removal.
- The fact that the system was voluntary and there was a lack of real penalties were weaknesses.
- There was a lack of understanding that if a complaint was upheld that could potentially mean an advertising campaign costing hundreds of thousands of dollars to create and place would be cancelled and that money wasted. Advertisers were also well aware of the potential reputational damage from having a complaint upheld and an advertisement withdrawn.
- Advertising to children during children’s viewing time on television should be extended to cover all early evening primetime television including programmes that children watch such as Home and Away, Shortland Street, My Kitchen Rules etc.
- The children’s codes should cover and recognise the widespread use of social media, websites and phone apps and ensure those media were subjected to the same restrictions.
- New Zealand’s advertising rules should align with those in Australia because so many campaigns emanate from across the Tasman.
- A large number of submissions said that the self-regulatory system would be strengthened by the addition of independent monitoring and evaluation.
Children and Food Comments

- The lack of complaints could be a reflection either of the fact that advertisers were aware of and fulfilled their responsibilities and there was high compliance or there was a lack of public use of the complaints process.
- For the Children’s Food Code, fewer than a dozen complaints had been received in the years that it had been applied since 2010, less than one percent of the 4000 complaints received for all codes during that period.
- New Zealand should adopt a much tougher regime by eliminating all forms of marketing to children of food and beverages high in saturated fats, trans-fatty acids, salt and free sugars.
- There should be a ban on advertising unhealthy food and beverages anywhere near places where children congregate, including schools, pre-schools, playgrounds etc.
- Food marketing is one and a very small contributing factor to the childhood obesity issue.

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- A nutrient profiling system that could be used to assess food and beverages won wide support but there was a disparity of views over which system to use in New Zealand.
- Similarly, there was support for a pre-vetting system that would subject food and beverage advertising to the same scrutiny that is applied currently to therapeutic and alcohol advertising.
- There was much criticism of the use of “heroes of the young” in the form of rugby and league players to promote fast food in a way that made those products appealing to children.
- There was an existing conflict in promoting sports activity as being important for good health while accepting money to promote unhealthy food.
- Many health sector submitters said the current system was not effective in protecting children from the power of or exposure to the harms of unhealthy food and beverage advertising.
Panel Deliberations
Following the receipt and consideration of the submissions the panel met on a number of occasions to review the current situation and discuss possible changes to the codes. It agreed on the following statement of purpose:

*Under the United Nations Convention on the Rights of the Child, the best interests of children are a primary consideration and this is recognised in the current Children’s Advertising Codes. The Review Panel has revised and combined the Codes and recommended other actions to help reduce the impact on children and young people of marketing that may cause physical, mental and moral harm, including the marketing of unhealthy food and beverages.*

A representative from the Food Science Group at the Ministry for Primary Industries presented to the panel information on the Health Star Rating system. The head of one of the country’s major advertising agencies provided an overview of the media market and the current environment for advertising to children. There was also discussion on information on children’s media use provided by the Broadcasting Standards Authority following a study published in 2015.

The BSA study, *How our children engage with media today*, reflected the current situation where TV continues to be a leading medium for children but also shows an increasing use and power of online channels such as YouTube. It found that:

- Television is a constant presence, reaching nine out of ten 6-14 year old children each day, and they also give it the most time of any media.
- The internet reaches two-thirds of 6-14 year olds each day, though nearly all (90%) use it at least sometimes.
- Widespread incidence means that traditional media via traditional screens continues to be the main means by which the most children consume media (i.e. TV on a TV screen, internet on a PC/laptop, radio on stereo/radio).
- Tablets and smartphones have quickly become part of many children’s daily lives, and are now significant devices for using the internet and listening to music.
- YouTube is extremely popular among both children and parents; it equals the daily reach of TV2 (32%) as the two most popular sources of any media each day.
- There is a key “tipping point” at 11 years of age when YouTube and Facebook use increases significantly.
- Generally, boys are bigger consumers of the internet, YouTube, cartoons on TV, and gaming, than girls. Girls are bigger consumers of music and radio.
- Parents are the key online content decision-makers for most children until the age of eight when a majority (59%) are finding content for themselves.
- Nearly all 6-14 year olds (85%) find content online mostly or completely by themselves so few parents have control over what their children are exposed to online.
- Just one in three parents have software on devices to prevent access to certain sites.
• Overall, online is a less regulated media. Parents’ main concerns are similar on both TV and online: violence (especially on TV); sexual material (especially online); adult programmes/sites; bad language on TV.
• One in ten 6-14 year old viewers are still watching TV after 8.30pm.

The panel is also aware that in the United Kingdom the Committee of Advertising Practice has been reviewing its rules surrounding the advertising of food and soft drinks to children.

The UK review noted evidence that advertising had a modest effect on children’s food preferences but other factors like parental influence, opportunities for physical exercise, education etc. played greater roles in the causes of and solutions to childhood obesity. However even a relatively small impact from new advertising restrictions could make a meaningful contribution to tackling what was an important health issue.

The UK proposals included using the Department of Health nutrient profiling model – used for TV advertising – to identify HFSS products. Another change was to apply the new rules to advertising in media where more than 25% of the audience are understood to be under 12, or subject to consultation, under 16.

The panel viewed a range of food and beverage advertisements which could be captured by proposed restrictions in terms of both the message and the placement of the advertisements where children gather - for example, dairies within sight of schools, or other education settings, on the back of school buses etc.

**Roundtable Forum**

The panel also conducted a roundtable forum at which it could hear from both health and industry sector representatives in separate sessions.

The panel found these two sessions helpful in clarifying the major considerations while reinforcing the quite clear opinions based on the groups’ expertise. The panel is grateful for the opportunity to discuss these in some detail. A list of submitters that attended the roundtable forum is in Appendix 4 of this report.
Major Considerations

The panel has taken into account the problem of obesity in children and the need for this to be addressed, developments in digital advertising and changes in the media landscape, the changing media habits of children, the effectiveness of the codes and submitters’ views.

With all that in mind the panel was able to identify seven major considerations arising from the consultation and the ongoing discussions.

These were:

1. Matters Outside of the Jurisdiction of the Panel/the Authority

The Advertising Standards Authority has oversight of self-regulation of advertising in New Zealand. As such, its role is limited to developing rules, principles and guidelines for advertisers to ensure they meet the requirements of the advertising codes of practice.

The request for input was in terms of addressing the two children’s codes. The ASA – and the review panel established – have no authority to consider or decide that advertising should be subject to statutory regulation. That is a matter for Government. A number of parties made strong submissions that the current voluntary system only encourages the marketing of unhealthy food products to children, described as “powerful, pervasive and predatory”.

Similarly, the panel was unable to advance other issues such as restricting sponsorship arrangements between schools, teams and events and food and beverage companies.

Packaging and labelling of foods was also outside the remit of the review. The panel accepted that in a self-regulatory process the outcome of a packaging breach would in effect mean a product recall. Enforcement of such recalls across the breadth of the products in the occasional food and beverage categories is not realistic in a voluntary environment.

The panel noted there has been progress in recent years by the food industry to ensure more responsible marketing, including internal company policies on responsible marketing, reformulation of products, healthier choices and engagement with the Heart Foundation tick programme and the Health Star Rating system.

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The challenge is for all parties – government, industry and the community – to work on initiatives that can be embraced by schools, clubs, marae groups and other parties to impose restrictions where the ASA has limited powers to influence. The panel is aware that a number of food and beverage companies have their own policies and pledges in this area.
The panel agreed that the code changes should be framed as what can be achieved in the context of self-regulation – noting the risk that not taking the code changes seriously will strengthen the argument for co-regulation or other regulatory options.

2. Monitoring and The Complaints Process

The panel acknowledged there was a body of opinion that the complaints process was too difficult to access and it is not well-known. There was also criticism of the time it takes to resolve complaints and the lack of financial and other penalties imposed.

While it could be argued that the need for complainants to put complaints in writing to the authority and to provide evidence of the offending advertisements could act as a barrier, little can be done to address complainant’s concerns without complaints being formalised and information about where / when the advertisement was seen being provided for the ASA to pursue.

Industry submitters argued the claim that a lack of awareness of the complaints system resulted in very few complaints being received is at odds with the fact that the ASA received many complaints for other codes it managed, particularly for other subjects that carried similarly high public profiles such as therapeutic/health and misleading or offensive advertising.

The panel acknowledged the criticism that the complaints process was reactive rather than proactive. The panel discussed whether this might be addressed through use of a pre-vetting system. Such pre-vetting works well in assisting advertisers to produce advertising messages that should not breach the appropriate code. The panel noted the Association of New Zealand Advertisers signalled a willingness to trial a pre-vetting process for this code.

The panel noted the current average time to deal with complaints is not lengthy, at 12 working days, with the Complaints Board now meeting fortnightly.

The panel was aware of a view that once a complaint has been made about a food or beverage advertisement then it should be removed instantly from the public eye and ahead of any inquiry or complaints board decision. This would overcome the issue that an advertisement could run its course before the process was completed and any complaint upheld.

However, the panel concluded taking such a strong move would not be in the interests of natural justice. The laying of a single complaint is effectively an allegation or claim that might or might not be supported by the evidence which, of course, would include any explanation or defence provided by the advertiser and any comment by the media involved. The panel noted that the merit of some complaints was not always clear-cut and complaints should be subjected to inquiry.
The panel agreed that the complaints process should be better publicised, including education and an awareness campaign. The panel recommends the ASA put in place a process for this and report annually on progress.

Many submitters raised the idea of external monitoring of compliance with the code. The panel discussed the option of companies reporting on their level of compliance with the advertising codes of practice and the option of a random audit of a company’s advertising. The panel is aware there are a range of compliance monitoring systems used internationally. The panel recommends the ASA work with its members and wider stakeholders to develop robust monitoring of food and beverage advertising compliance.

3. Definition of a Child
The unanimous view of the health sector was that the age for the definition of a child within the advertising codes should be raised from under 14 to under 18. Changing the age group target would be in line with the United Nations Convention definition and the Government’s report on childhood obesity.

It was suggested that while an older child may recognise advertising for what it was that did not mean they could avoid being influenced by it. Older teenagers spent more time away from the influence of their parents/caregivers, they were more independent but received less guidance and were often seen by younger siblings as role models.

It was pointed out that consideration was being given to changing the age at which young people are covered by the Youth Court, increasing it from under 17 to under 19, potentially even higher.

Some industry submitters supported lowering the age to 12 and presented a view of a consensus that by age 12 children are fully aware of the commercial intent in advertising and are able to take a critical approach to it.

Other submitters said cognitive research demonstrated that children cannot effectively recognise the persuasive intent of advertising or apply critical evaluation required to comprehend commercial messages.
Internationally the age definition for a child in the advertising context tends to be 12-13 but is higher in a few countries – Ireland the age is 18 for broadcast advertising and the United Kingdom 16.

Part of the rationale for the current use of under 14 in the children’s codes was because at that age a child is regarded as responsible and mature enough to be home alone and also the age at which they could be prosecuted for criminal offences.

The panel discussed this issue at length and considered a range of arguments relating specifically to food and beverage advertising but also taking account of advertising to children generally.

There is acknowledgement of the argument to provide more protection for young people aged from 14 to under 18 and that this should be addressed within the new code.

The diversity of the entire age group was recognised. Young people are allowed to make significant life choices including leaving school, working in fulltime jobs, serving in the armed forces, flying aircraft and having consensual sex. If the age definition of a child was increased to under 18, a young person could be working at a fast food outlet yet ostensibly not allowed to see advertising by their employer.

Thirteen is the age at which social media (e.g. Facebook) will accept registration – although it is recognised that this restriction is unpoliced and can and is breached.

Strong views were expressed by some panel members in support of moving the definition of a child to under 18, to be consistent with the United Nations Convention on the Rights of the Child, in contrast, there was no support for a change to 12 years.

In order to progress the matter, the majority of the panel agreed a distinction was required for advertisements aimed at children under 14 and those aimed at young people in an older age group.

There are two definitions recommended in the draft code. The definition of a child is to remain at under 14 years. A new definition of ‘young people’ has been introduced to the code for people aged from 14 to under 18 years.
4. **Targeting Children via Advertising Content and Placement**

Many submitters commented on the need for a clearer definition of what constitutes advertising to children.

The panel agreed this should be better defined in the draft code and has included wording to this effect recognising the impact of the dynamic media environment.

The panel said whether an advertisement was targeted to children would depend on the product being advertised and whether the images, wording, colours and themes had strong and evident appeal to children. Advertising placement was also a key factor and in this regard, the panel discussed having a percentage of the audience as a benchmark. The panel decided that amongst other considerations, advertising will be deemed to be targeting children if it is likely that 25 percent or more of the audience is under 14 years of age.

As part of its deliberation, the panel discussed how advertising is targeted on digital platforms. It noted that many children access content on devices that belong to their parents, caregivers or older siblings. As a result, children will therefore become unintentional viewers of the messages intended for adults.

One option for advertising on digital platforms is to target the profile of the device’s owner.

The panel said despite this, if the content accessed was primarily of appeal to children (for example: children’s cartoons, games and movie content) then advertising targeting adults should not be placed in that environment. The panel agreed it is also important to raise awareness of advertising placement for digital platforms with parents and caregivers.

Parents and caregivers must be aware that children become unwitting viewers of adult-targeted advertisements on sites such as YouTube when parents allow their device or profile for access to children’s content.

Under the draft code there will be a requirement to consider programme content along with advertising placement on all media platforms.

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The panel agreed that the following definition of targeting is to be included in the code:

“Targeting” means products or services that have principal appeal to children and / or young people taking into account the nature of the product or service, the theme, language, and images along with the likely audience. An advertisement will be deemed to be targeting children or young people if they are likely to comprise 25% or more of the audience.

The Code also includes guidance to support the rule on targeting which states that settings where children gather must be free from all forms of advertisements for occasional food and
beverage products. Such settings include but are not limited to schools, school grounds and pre-school centres, playgrounds, family and child clinics and paediatric services and during any children’s sporting and cultural events held on these premises.

There was a view on the panel that this restriction should also cover young people and explicitly include secondary schools, while the final consensus was that the special duty of care required in advertising to young people would provide sufficient protection.

The panel noted that school Boards of Trustees would be responsible for and have a power of veto over any advertising material that is displayed within the school premises.

5. Nutrient Profiling Systems for Advertising
It was acknowledged that, if restrictions are to be placed on the advertising of occasional food and beverage products then the code needs to include an objective, credible and practical nutrient profiling system for identifying such products for the purpose of advertising. Some industry submissions also called for better clarity and definitions in this area.

There were a number of systems used internationally and in New Zealand but issues were raised on each as to whether any were fit for purpose to incorporate in the code without expert technical consultation from both the health sector and industry. Submitters favoured a number of specific systems but there was no consensus on what was most appropriate.

Systems developed by the World Health Organisation, the Health Star Rating system, the Food and Beverage Classification System and Food Standard 1.2.7 each had their supporters and critics; the viewpoints included that they were too lenient and allowed high sugar cereals, for instance, to qualify for regular use, or too harsh in that the only breakfast food that could be promoted was porridge without sugar.

The most comprehensive system was said to be the WHO Europe profiling system which was purpose built to protect children from marketing and developed following wide consultation. Some 13,000 packaged foods have been run through this system – based on it only about a third would be able to be marketed, but again, there were views that it was too restrictive and complex to apply.
The panel decided it lacked the technical expertise to make a sound judgement on what system would be best. The panel recommended that whatever system is chosen needs to be endorsed by all parties. It recommended that government, industry and the health sector develop or adapt a nutrient profiling system that specifically addressed the needs of marketing and advertising in New Zealand. Such a system would need to be easy for advertisers and media to use and interpret, and required support and acceptance from all sectors.

The panel recommended that whatever system is chosen needs to be endorsed by all parties. It recommended that government, industry and the health sector develop or adapt a nutrient profiling system that specifically addressed the needs of marketing and advertising in New Zealand.

In discussing the need to have an interim system in place, most panel members accepted the Food and Beverage Classification System used by the Commercials Approvals Bureau for television and video advertisements since 2008 was an improvement on the current general definition of ‘treat food’ and could be adopted in the interim for all media and a wide range of products, including meals.

In the proposed new code, if the advertisement was for a food or beverage defined as an unhealthy or occasional food or beverage under the Food and Beverage Classification System, it cannot be advertised in media when children comprise 25% or more of the audience. Placement, imagery and language will also be taken into account to ascertain whether children are being targeted. If such a product is being advertised to young people, a special duty of care is required.

6. **Sponsorship**

The panel noted that sponsorship of sport, cultural, school and club activities by food and beverage companies was seen by some submitters as an increasingly common “backdoor” method for advertising and marketing unhealthy products to children.

The panel noted that it was up to schools and clubs (including parents) to determine whether such commercial relationships were acceptable, balancing the need for funding (and the alternatives) with the responsibility to monitor and control certain types of sponsorship. This is not something that the Advertising Standards Authority and its codes have a role in.
Sponsorship can play an important role in the life of the community and many sponsorships contribute positively to the lives of children and young people. However, many submitters were opposed to any sponsorship from occasional food and beverage brands.

The panel agreed that while commercial sponsorship arrangements are outside this review process, the role of sponsorship in marketing to children could be discussed by advertisers directly with government. The panel encourages food and beverage companies to consider their current sponsorship agreements and where possible focus on healthier options, especially if the sponsorship includes celebrities or entities with special appeal to children and young people.

In considering what it could do in relation to sponsorship, the panel confirmed the draft code did apply to sponsorship advertising. In particular, the restriction preventing advertising occasional food and beverage products to children would also capture product sponsorship advertising. A specific principle has been included to manage any occasional food and beverage sponsorship advertising to young people which addressed the concerns of most panel members. However, there was a view that sponsorship advertising restrictions should have been tighter for young people since they are significantly exposed to marketing of unhealthy food and beverages and have a high prevalence of obesity.

7. Non-food Aspects of the Codes
The great majority of feedback considered by the panel addressed aspects of the advertising of food and beverages to children. While the need to comment on non-food aspects was recognised, in fact there were very few comments made about the general Children’s code.

Many submitters were silent on whether the two children’s codes should be merged into one but there was feedback suggesting that any change should not dilute the emphasis on getting workable and effective rules around advertising food and beverages.

A commonly held view was that the current codes protected industry rather than children and did not give children a voice. The panel was urged to consider the United Nations’ General
Assembly Report on Cultural Rights which recommended that all forms of advertising to children under the age of 12 be prohibited.

Advertising had been shown to not only prompt children’s immediate desires and inform brand preferences but also to shape and influence their broader consumption values, including materialism. Advertising was also seen to influence children’s learning of values, beliefs and attitudes, including self-image beliefs, anti-social behaviour and aggression.

However other submitters’ views fell well short of advocating prohibition while recognising the vulnerabilities of children at a young age.

The adoption of several Australian rules in regard to advertising to children was advocated. The principal issues were:

**Sexualisation:** The code should be strengthened to ensure that advertisements did not employ sexual appeal; did not include sexual imagery in contravention of prevailing community standards and should not state or imply children are sexual beings and that ownership or enjoyment of a product would enhance their sexuality.

**Body image:** Building self-esteem is hampered when a child or young person does not feel his/her body meets society’s image of perfection. The code should declare that care should be taken that advertisements directed at children and young people should not provide an unrealistic sense of body image.

**Popular personalities:** The use of popular personalities and celebrities in marketing is contentious. As a result, the code could state clearly that advertising or marketing communications to children must not use popular personalities (live or animated) to endorse, recommend, promote, or advertise or market products or premiums that obscures the distinction between commercial promotions and programme or editorial content.

These considerations have been incorporated into the new draft code.

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The panel agreed that there should be one code which would minimise duplication and ensure a level of consistency.

The panel agreed that there should be one code which would minimise duplication and ensure a level of consistency. It acknowledged it would be important to ensure the specific restrictions relating to food and beverage advertising were emphasised.
International Context

As part of its remit, the panel was asked to take into account international standards and best practice as part of the review.

The panel noted the approach taken in the United Kingdom, (currently under review), and in Australia where the definition of a child is set at 14 and under in one code and 12 and under in another.

It took into account that a number of countries define a child as 12 years and under, while some others use 18 years, although this is generally within a framework of government regulation. In terms of audience composition, the most commonly referred to percentage is 35% audience share to trigger the likelihood of targeting children.

The panel therefore considered its focus on an audience threshold of 25% and a move to define children and young people was a more restrictive approach than many countries operating within a similar self-regulatory framework.
THE PROCESS GOING FORWARD

The panel was appointed by the ASA:

1. To examine the operation and content of the existing Codes
2. To receive and review submissions on the two Codes
3. To take into account international standards and best practice
4. To recommend any amendments of the Codes to the ASA with a view to combining the two codes.

The panel will forward this report to the ASA including the draft single code with recommendations that the code and other actions be taken to support the panel's statement of purpose outlined in the Chairman's Statement.
Introduction

Advertising to children and young people shall adhere to the laws of New Zealand and the Principles and Rules set out in this Code where applicable. All advertising must also comply with the ASA Code of Ethics.

This Code recognises the need to protect children pursuant to the United Nation's Convention on the Rights of the Child (“Convention”) particularly Article 3 of the Convention, which states, “the best interests of the child shall be a primary consideration” and Article 17(e) calls for “appropriate Rules for the protection of the child from information and material injurious to his or her well-being.”

Code Application

This Code applies to all advertisements that influence and target children and young people, whether contained in children’s or young people’s media or otherwise. In determining whether this Code is applicable, the Complaints Board will make an evaluation based on placement as well as the theme, images and language used in the advertisement along with the product, brand or service being promoted.

This Code does not apply to product packaging, bona fide news, reviews, editorial and broadcast programmes.

This Code defines children as persons below the age of 14 years, and requires a special duty of care to be taken in advertising to young people, defined as persons from the age of 14 years to under 18 years.

Care should be taken to ensure that the product and style of advertisement are appropriate for the intended audience. The way in which children and young people perceive and react to advertising is influenced by their age, experience and the context in which the message is delivered.

The likely audience (including the media that advertisements are broadcast, printed, or displayed in) is a key factor in determining code compliance.

In interpreting the Code, emphasis will be placed on compliance with both the principles and the spirit and intention of the Code. The rules are examples, by no means exhaustive, of how the principles are to be interpreted and applied. It is possible for advertising to be in breach of the Code without being in breach of a specific rule. The Complaints Board will have regard to all relevant matters, including the overall impression conveyed, context and target market.
Definitions

“Advertising and advertisement(s)” are any message, the content of which is controlled directly or indirectly by the advertiser, expressed in any language and communicated in any medium with the intent to influence the choice, opinion or behaviour of those to whom it is addressed.

“Children” means all persons below the age of 14 years.

“Young People” means all persons 14 years and under 18 years.

“Occasional food and beverage products” are food and beverage products high in fat, salt or sugar intended for occasional consumption as defined under the Food and Beverage Classification System.

“Social Responsibility” is embodied in the principles and Rules of the Code and is integral to the consideration of the Complaints Board. Previous decisions of the Complaints Board also guide its determinations, as do generally prevailing community standards.

“Special duty of care” is a responsibility to ensure advertising particularly targeted to young people is not likely to result in physical, mental or moral harm.

“Targeting” means products or services that have principal appeal to children and/or young people taking into account the nature of the product or service, the theme, language, and images along with the likely audience. An advertisement will be deemed to be targeting children or young people if they comprise 25% or more of the audience.

Principle 1

Advertisements targeted at children or young people must not contain anything that is likely to result in their physical, mental or moral harm and must observe a high standard of social responsibility.

<table>
<thead>
<tr>
<th>Rules – all advertising</th>
<th>Guidance notes for interpretation</th>
</tr>
</thead>
</table>
| Rule 1(a)  
Advertisements must not urge children and young people to ask their parents, guardians or caregivers to buy particular products for them. | • Advertisements that promote a product or service and invite consumers to buy that product or service via a direct response mechanism must not be targeted directly at children. Direct-response mechanisms are those that allow consumers to place orders without face-to-face contact with the supplier. |

Rule 1(b)  
Advertisements must not condone, encourage or unreasonably feature behaviour that could be dangerous to copy, unless the purpose of the advertisement is to discourage such behaviour. | • Children must not be encouraged to enter into unsafe situations or strange places or talk to strangers, including, for example, for the purpose of making collections or accumulating labels, wrappers or coupons.  
• Children must not be shown using or in close proximity to dangerous substances or equipment without direct adult |
supervision. Examples include matches, petrol, gas, medicines and potentially dangerous household substances and electrical appliances and machinery.

Rule 1(c)
Advertisements must not condone, encourage or unreasonably feature anti-social behaviour, for example vindictiveness or bullying, unless the purpose of the advertisement is to discourage such behaviour.

- This would also include violence, aggression, bullying or horrific elements that may disturb children and young people.

Rule 1(d)
Advertisements must not suggest inferiority or lack of acceptance for not having the advertised product.

Rule 1(e)
Advertising must not provide an unrealistic sense of body image or promote an unhealthy lifestyle.

- This includes denigration of healthy diets or lifestyles.

Rule 1(f)
Advertising to children must not employ sexual appeal nor include sexual imagery.

- Children must not be portrayed as sexual beings nor that ownership or enjoyment of a product will enhance their sexuality.

Rule 1(g)
Advertising must not promote gambling.

- Responsible use of sales promotions schemes to children and young people is permitted.

Rules – Food and Beverage advertisements

Rule 1(h)
Occasional Food and Beverage Product advertisements must not be screened, broadcast, published or displayed in any media or setting where more than 25% of the expected audience are children.

- Audience measurement methodology differs between media but the onus is on the advertiser to be able to prove the audience composition.

- Advertising in digital media must take into account the content being viewed. The age of the profile owner will not in isolation be sufficient to prove the age of the viewer.

- Settings where children gather must be free from all forms of occasional food and beverage product advertisements. Such settings include but are not limited to schools, school grounds and pre-school centres, playgrounds, family and child clinics and paediatric services and during any children’s sporting and cultural events.

- This restriction also applies to the use of licensed characters (excluding proprietary
<table>
<thead>
<tr>
<th>Rule 1(i)</th>
<th>A special duty of care must be applied to occasional food and beverage advertising to young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Licensed characters and celebrities popular with children or young people may present factual statements about nutrition, physical activity, safety, education or similar.</td>
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<tr>
<td>• Advertisements must not state or imply that such products are suitable for frequent or daily consumption.</td>
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<tr>
<td>• Where possible healthy or better-for-you options should be promoted.</td>
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<tr>
<td>• Care must be taken with the use of licensed characters (excluding proprietary characters) and celebrities popular with young people in occasional food and beverage advertisements.</td>
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<tr>
<th>Rule 1(j)</th>
<th>The quantity of the food in the advertisement should not exceed portion sizes that would be appropriate for consumption on one occasion by a person or persons of the age depicted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refer to the Ministry of Health Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18 years).</td>
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</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Rule 1(k)</th>
<th>Advertisements featuring a promotional offer linked to food and beverage products of interest to children or young people must avoid creating a sense of urgency or encouraging the purchase of an excessive quantity for irresponsible consumption.</th>
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</thead>
<tbody>
<tr>
<td>• Advertising for collection-based promotions must not seem to urge children, young people or their parents to buy excessive quantities of food.</td>
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</table>

| Principle 2 | Advertisements must not by implication, omission, ambiguity or exaggerated claim mislead or deceive or be likely to mislead or deceive children or young people, abuse the trust of or exploit their lack of knowledge. |

<table>
<thead>
<tr>
<th>Rules – all advertising</th>
<th>Guidance notes for interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 2(a)</td>
<td>It must be clear to children and young people the advertising is a commercial communication rather than programme content, editorial comment or other non-commercial communication.</td>
</tr>
<tr>
<td>• Licensed characters and celebrities popular with children or young people (live or animated) must not obscure the distinction between commercial promotions and programme or editorial content.</td>
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</tr>
</tbody>
</table>
| Rule 2(b) If price is referred to, the complete price must be clear, including the cost of the main item and additional items that must be purchased separately. | • Prices must be accurately presented in a way which can be clearly understood by children and must not be minimised by words such as “only” or “just”.  
• Advertising must not imply the product being promoted is immediately within the reach of every family budget.  
• Any disclaimers, qualifiers or asterisked or footnoted information must be conspicuously displayed and clearly explained. |
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<tbody>
<tr>
<td>Rule 2(c) Advertisements must clearly indicate if assembly or extra items are required to use the advertised product.</td>
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</tbody>
</table>
| Rule 2(d) Extreme care must be taken in requesting or recording the names, addresses and other personal details of children and young people to ensure their privacy rights are fully protected and the information is not used in an inappropriate manner. | • If advertising indicates that personal information about a child will be collected, or is likely to be collected, then it must include a statement that a parent or guardian’s verifiable consent is required.  
• Advertisers must not require a child to disclose more personal information than is reasonably necessary to participate in an activity (e.g. play a game, enter a contest, etc.). |
| Rule 2(e) Where reference is made to a competition the rules must be clear and the value of prizes and the chances of winning must not be exaggerated. | |
| Rules – Food and Beverage advertisements | Guidance notes for interpretation |
| Rule 2(f) Advertisements must not mislead as to the potential benefits from consumption of the product physically, socially or mentally. | • Advertisements must not mislead as to the nutritional value of any food or beverage. This includes products high in fat claiming to be low in sugar or sugar free and products high in sugar claiming to be low fat or fat free.  
• Occasional food and beverage advertisements especially those marketed to and/or favoured by young people, should not be portrayed in any way that suggests they are beneficial to health. |
**Principle 3**

Sponsorship advertisements addressed to, targeted directly at, or predominantly featuring children must not promote an occasional food or beverage product. A special duty of care must be exercised for sponsorship advertising that has strong and evident appeal to young people.

<table>
<thead>
<tr>
<th>Rules – Food and Beverage advertisements</th>
<th>Guidance notes for interpretation</th>
</tr>
</thead>
</table>
| **Rule 3(a)**  
Sponsorship advertisements must not show a product or product packaging or consumption. | • Companies can sponsor teams / events / individuals and activities. |
| **Rule 3(b)**  
Sponsorship advertisements must not imitate or use any parts of product advertisements from any media. | • A clear sponsorship association should be made in sponsorship advertising (e.g. proud sponsor of x).  
• The focus of a sponsorship advertisement should be on the activity, the team or the sponsored individual. |
## Appendix 2 – Summary of Code Comparisons

<table>
<thead>
<tr>
<th>2010</th>
<th>2016 (Draft Code)</th>
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</thead>
<tbody>
<tr>
<td>Two separate codes: Children’s Code for Advertising Food and Code for Advertising to Children</td>
<td>One combined code: Children and Young People’s Advertising Code</td>
</tr>
<tr>
<td>Child defined as under 14, minor reference to young people</td>
<td>Child defined as under 14 Young person defined as 14 to under 18 years</td>
</tr>
<tr>
<td>Definition of advertisement linked to media channels</td>
<td>New definition – all advertising content within advertiser’s control, including sponsorship advertising.</td>
</tr>
<tr>
<td>Definition of treat food generally referred to food high in fat / salt / sugar</td>
<td>Definition of occasional food and beverages now linked to the Food and Beverage Classification System as interim nutrient profiling system (NPS).</td>
</tr>
<tr>
<td>Codes applied to advertising that ‘influence children’ (not defined)</td>
<td>Definition of ‘Targeting’ includes the nature of the product or service, the theme, language, and images along with audience. An ad will also be targeting children or young people if they comprise 25% or more of the audience.</td>
</tr>
<tr>
<td>Restrictions on sexual imagery and implication that products would enhance sexuality</td>
<td>Wording added to restrict providing a sense of unrealistic body image.</td>
</tr>
<tr>
<td>Focus on ensuring advertising to children did not promote excessive consumption of treat food.</td>
<td>Rules about portion size in advertising, pester power and social acceptance. New restriction. Occasional food and beverage advertisements must not be screened, broadcast, published or displayed in any media or setting where more than 25% of the expected audience are children. Restriction on advertising in settings where children gather.</td>
</tr>
<tr>
<td>No specific rules on advertising to young people.</td>
<td>Special care required for occasional food and beverage advertising to young people. Advertisements must not state or imply such products are suitable for frequent consumption and where-ever possible, healthy or better-for-you options should be promoted.</td>
</tr>
<tr>
<td>Care required in collecting data from children.</td>
<td>More explicit guidance about the type of data that can be collected and the permissions required</td>
</tr>
<tr>
<td>Care required to not mislead as to the nutritive value of food.</td>
<td>Advertisements must not mislead as to the potential benefits from consumption of the product physically, socially or mentally.</td>
</tr>
<tr>
<td>Guidance about the use of characters and well-known personalities</td>
<td>Occasional food and beverage sponsorship advertising to children prohibited. Rules for sponsorship advertising to young people.</td>
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</tbody>
</table>
# Appendix 3 – List of Submissions

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
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<tbody>
<tr>
<td>1</td>
<td>H. Sushames</td>
</tr>
<tr>
<td>2</td>
<td>Agencies for Nutrition Action</td>
</tr>
<tr>
<td>3</td>
<td>Healthy Families Far North</td>
</tr>
<tr>
<td>4</td>
<td>McDonalds Restaurants (New Zealand) Limited</td>
</tr>
<tr>
<td>5</td>
<td>Canterbury District Health Board</td>
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<td>6</td>
<td>M. Dukes</td>
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<tr>
<td>7</td>
<td>WellSouth</td>
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<tr>
<td>8</td>
<td>T. Evans</td>
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<td>9</td>
<td>Food Standards Australia New Zealand</td>
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<tr>
<td>10</td>
<td>Waikato District Health Board</td>
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<tr>
<td>11</td>
<td>Dietitians NZ</td>
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<tr>
<td>12</td>
<td>Hawke’s Bay District Health Board</td>
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<td>13</td>
<td>R. Holland</td>
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<tr>
<td>14</td>
<td>B. Smith</td>
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<tr>
<td>15</td>
<td>K. Norris</td>
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<tr>
<td>16</td>
<td>New Zealand Medical Association</td>
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<tr>
<td>17</td>
<td>Royal Australian and NZ College of Psychiatrists</td>
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<td>18</td>
<td>Raukura Hauora O Tainui</td>
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<tr>
<td>19</td>
<td>The Royal New Zealand College of General Practitioners</td>
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<td>20</td>
<td>Cancer Society of New Zealand</td>
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<td>21</td>
<td>New Zealand Nurses Organisation</td>
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<td>22</td>
<td>A. M. Penkar</td>
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<tr>
<td>23</td>
<td>Physical Activity and Nutrition Network, Bay of Plenty</td>
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<tr>
<td>24</td>
<td>Physical Activity and Nutrition Otago</td>
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<tr>
<td>25</td>
<td>HTG Limited</td>
</tr>
<tr>
<td>26</td>
<td>K. Todd</td>
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<tr>
<td>27</td>
<td>New Zealand Dental Association</td>
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<td>28</td>
<td>New Zealand Football</td>
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<td>29</td>
<td>Sport Waikato</td>
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<tr>
<td>30</td>
<td>Healthy Families East Cape</td>
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<td>31</td>
<td>K. McKenzie</td>
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<td>32</td>
<td>Healthy Auckland Together</td>
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<td>33</td>
<td>Ministry of Health</td>
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<td>34</td>
<td>Professor Elaine Rush</td>
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<tr>
<td>35</td>
<td>Healthy Families Spreydon-Heathcote</td>
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<td>36</td>
<td>Consumer New Zealand</td>
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<tr>
<td>37</td>
<td>Children and Media Research Group, University of Otago</td>
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<td>38</td>
<td>Regional Public Health</td>
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<td>39</td>
<td>Pegasus Health</td>
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<td>40</td>
<td>Griffin’s Foods Limited</td>
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<td>41</td>
<td>MidCentral District Health Board</td>
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<td>42</td>
<td>Compass Health</td>
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<td>43</td>
<td>Communication Agencies Association of New Zealand (CAANZ)</td>
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<td>44</td>
<td>Nelson Marlborough District Health Board</td>
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<td>45</td>
<td>Royal Australasian College of Physicians</td>
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<td>46</td>
<td>Morgan Foundation</td>
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<td>47</td>
<td>D. Johnson</td>
</tr>
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<td>48</td>
<td>Association of New Zealand Advertisers</td>
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<tr>
<td>49</td>
<td>Foodstuffs (NZ) Ltd</td>
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<td>50</td>
<td>Kim</td>
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<td>51</td>
<td>Healthy Families Rotorua</td>
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<td>52</td>
<td>Television New Zealand Limited</td>
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<tr>
<td>53</td>
<td>Otahuhu Steering Group</td>
</tr>
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<td>54</td>
<td>Australian Association of National Advertisers</td>
</tr>
<tr>
<td>55</td>
<td>New Zealand Sponsorship Association</td>
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<td>56</td>
<td>Frucor Beverages Ltd</td>
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<td>57</td>
<td>Te Ao Hou Trust</td>
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<td>58</td>
<td>Southern District Health Board</td>
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<td>59</td>
<td>New Zealand College of Public Health Medicine</td>
</tr>
<tr>
<td>60</td>
<td>Fonterra Brands (New Zealand) Ltd</td>
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<tr>
<td>61</td>
<td>Northland Primary Health Organisations</td>
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<tr>
<td>62</td>
<td>Foundation for Advertising Research</td>
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<tr>
<td>63</td>
<td>Nestle New Zealand Limited</td>
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<tr>
<td>64</td>
<td>Healthy Families Invercargill</td>
</tr>
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<td>65</td>
<td>Healthy Families Manukau Manurewa-Papakura</td>
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<td>66</td>
<td>Te Runanga o Ngati Whatua</td>
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<td>67</td>
<td>Healthy Families Lower Hutt</td>
</tr>
<tr>
<td>68</td>
<td>Pacific Heartbeat, Heart Foundation</td>
</tr>
<tr>
<td>69</td>
<td>Toi Te Ora Public Health Service Bay of Plenty and Lakes District Health Board</td>
</tr>
<tr>
<td>70</td>
<td>Retail NZ</td>
</tr>
<tr>
<td>71</td>
<td>Restaurants Brands New Zealand Ltd</td>
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<td>72</td>
<td>MediaWorks</td>
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<td>73</td>
<td>Sanitarium Health and Wellbeing</td>
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<td>74</td>
<td>Heart Foundation</td>
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<td>75</td>
<td>Royal New Zealand Plunket Society Inc.</td>
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<td>Hāpai Te Hauora</td>
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<td>South Canterbury District Health Board</td>
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<td>78</td>
<td>Healthy Eating, Active Living Tai Tokerau Network</td>
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<td>79</td>
<td>Population Health Scientists, University of Auckland</td>
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<td>80</td>
<td>Healthy Families Waitakere</td>
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<td>New Zealand Food and Grocery Council</td>
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<td>Mondelez International</td>
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<td>R. Culliford</td>
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<td>85</td>
<td>Northland District Health Board</td>
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<td>86</td>
<td>Professor Boyd Swinburn on behalf of 73 Health Professors</td>
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<td>87</td>
<td>Health Promotion and Policy Research Unit, University of Otago</td>
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<td>88</td>
<td>Donna Wynd on behalf of Health Promoting Schools facilitators</td>
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<td>89</td>
<td>R. Martin</td>
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<td>90</td>
<td>New Zealand School Trustees Association</td>
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<td>91</td>
<td>ActionStation</td>
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<td>92</td>
<td>Child Obesity and Type 2 Diabetes Prevention Network</td>
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Appendix 4 – Roundtable Discussion

4 July 2016

The Health Sector Representatives were:
Professor Cliona Ni Mhurchu, Professor of Population Nutrition at the University of Auckland.
Dr Michael Hale, Public Health Specialist, Healthy Auckland Together
Dr Moira Smith, Deputy Director of the Health Promotion and Policy Research Unit, Otago University
Claire Trainor, Policy Analyst, Royal New Zealand Plunket Society
Papatuanuku Nahi, Kaiwhakahaere, Maori Public Health, Hapai Te Hauora
Dr Deepa Hughes, NZDA-Colgate Senior Health Educator and Project Manager, NZ Dental Association

The Industry Sector Representatives were:
Lindsay Mouat, Chief Executive, Association of New Zealand Advertisers
Paul Head, Chief Executive, Communications Agencies Association of NZ
Katherine Rich, Chief Executive, NZ Food and Grocery Council
Veronique Cremades, Chief Executive, Nestle New Zealand
Simon Kenny, Head of Marketing, McDonalds NZ
James Walker, General Manager Corporate Affairs, Progressive Enterprises
Craig Irwin, Managing Director, Frucor Beverages
Appendix 5 – Ministry of Health Childhood Obesity Plan

The childhood obesity plan

**Targeted initiatives**

1. Childhood obesity health target – DASG referrals
2. Access to nutrition and physical activity programmes for families e.g., Active Families

**Increased support**

3. KiwiSport will have a greater focus on low participation groups
4. Guidance for weight management in children and young people
5. Guidance for healthy weight gain in pregnancy
6. Gestational diabetes guideline
7. Referrals to GRx for pregnant women at risk of gestational diabetes

**Broad population approaches**

6. Health star rating promotion
9. Marketing and advertising to children
10. Partnership with industry
11. Information and resources for general public
12. Public awareness campaign
13. Pātiko
14. Physical activity guidelines for under 5s
15. Sport in education programme expansion
16. Prime Minister’s Education Excellence Award
17. Teachers’ professional learning and development
18. ERO report on schools
19. Health promoting schools
20. Healthy Families NZ
21. DHB healthy food policies
22. Eating and activity guidelines (adults)