Concurrent Session 2: Obesity

Fatness and fitness
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Background – Among ethnic groups for the same body mass index (BMI) there are marked differences in body fat and distribution. For an individual it is difficult to predict for a given BMI; body fat, central body fatness or metabolic and physical fitness. Increasing BMI and waist circumference are associated with an increase in the prevalence of health risks and morbidity.

Objectives - To discuss the relationships of body fat to form and function in relation to ethnicity.


Outcomes – Across the lifespan measurement of body fatness by dual X-ray absorptiometry (DXA) and bioelectrical impedance analysis (BIA) in New Zealand shows marked ethnic differences in the relationship between BMI and body fat. Two groups, Asian Indian and Pacific have high risk for metabolic syndrome and type 2 diabetes but for the same BMI Asian Indian have 10% more body fat than Pacific, with European and Maori intermediate. In 3485 Maori the determination of a waist cut-off for metabolic risk is unclear and physical fitness is negatively related to both waist and dysglycaemia, P<0.0001.

Conclusion – As the ethnic diversity of New Zealand continues to change, and body fatness to increase it is important to develop useful screening measures of form and function to help predict risk.

The Health Select Committee of Inquiry into Obesity and Type 2 Diabetes in New Zealand
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Background – FOE (Fight the Obesity Epidemic) was formed in 2001 with the initial aim of raising the awareness of obesity as a health issue. The group believes that strategies based on changing individual behaviour through education and information provision will not be successful and that its vision can only be realised by changing the current “obesogenic” environment. FOE called for an enquiry into obesity as part of its strategy for several years and in 2005 the organization launched a petition that called for an enquiry as one of its three demands. This was announced in December of that year with terms of reference that were derived from FOE’s request with the addition of type two diabetes as an additional focus. In all there were 312 submissions. FOE’s submission was substantive and the organization provided support and encouragement to many groups including public health units in the preparation of their material. Those from the health sector were most numerous (141) and there were 21 from industry – both the food and advertising industries. The final result in terms of a report will be an integration of the written and oral presentations but will be influenced – inevitably – by the additional lobbying of the committee members and their pre-formed opinions. The same influences will apply to those charged with the actual compilation. FOE was keen that the content of the submissions was not lost as a result of these external influences and with the help of the Clerk of the House obtained copies of all submissions early in 2007 and we performed our own analysis

Design – The 312 submissions were interrogated for evidence of comment on a series of key issues such as whether the effort to reducing obesity was better put into changing individual behaviour as well as specific questions relating to regulation of the marketing environment.

Results – Our analysis showing dramatic discordance between the recommendations of submissions from the health sector and those from industry. What is more, the behaviour of government is more closely aligned with the industry stance. This analysis will be presented and compared with those of the official report which will be released later in 2007. What the government chooses to do with the recommendations arising from inquiry will be of even greater interest and will be closely scrutinized by FOE and other stake-holders.