

# How We Eat

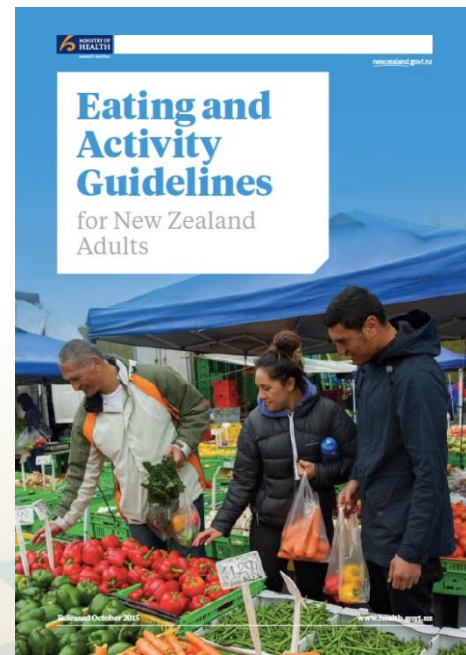
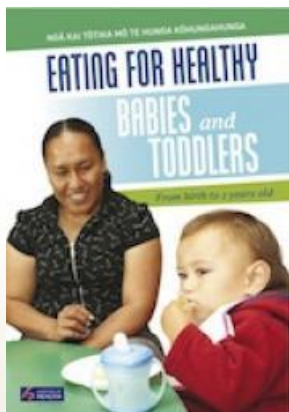
Grading the evidence for population-level advice  
on eating behaviours in New Zealand

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Current nutrition guidelines focus on *what* we eat.



Research shows that *how* we eat is also important.



## Aims of the How We Eat project

- use a systematic method to summarise evidence on eating behaviours related to diet and body size
- assess the relevance of this evidence to the New Zealand population
- provide evidence based statements to inform policy and programmes about the promotion of healthy eating.

Timeframe: Aug 2016 to Feb 2017 (7 months)



## Five aspects to grade the evidence in NHMRC\* process

1. level and quality of the evidence  
(see Figure 1)
2. consistency of the evidence
3. potential impact of the proposed recommendation
4. generalisability of the body of evidence to population
5. applicability of the body of evidence to NZ context.

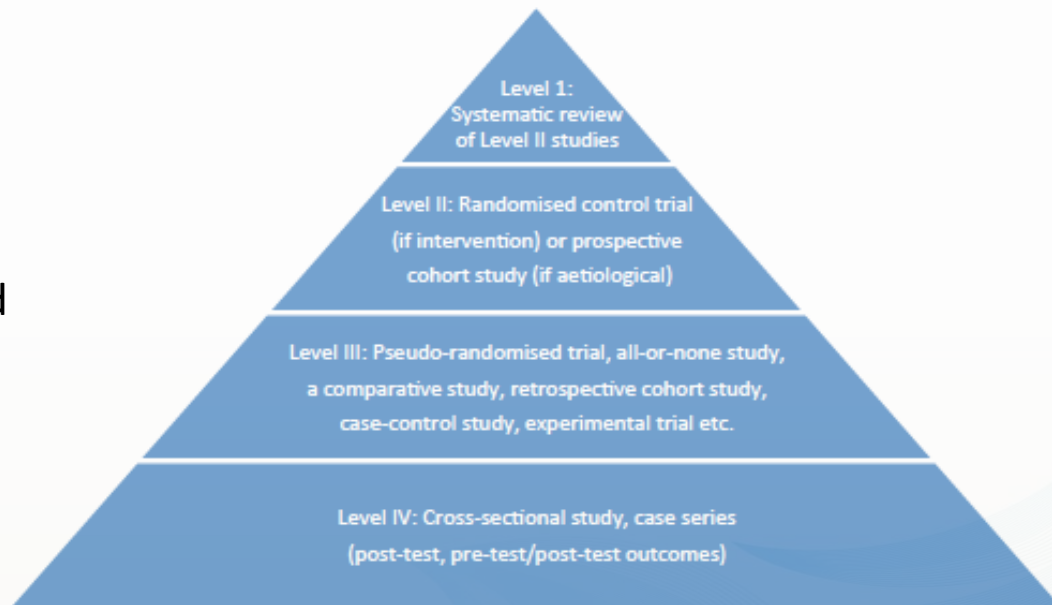


Figure 1: Levels of evidence hierarchy in How We Eat

## Topics in How We Eat

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- Family support for breastfeeding (partner/grandmother)
  - Parenting style and feeding practices
  - Adult role-modeling of healthy eating
  - Mealtimes (frequency, speed, eating together as a family)
  - Responsive eating
  - Food literacy (gardening, food preparation and cooking skills)
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# Responsive eating

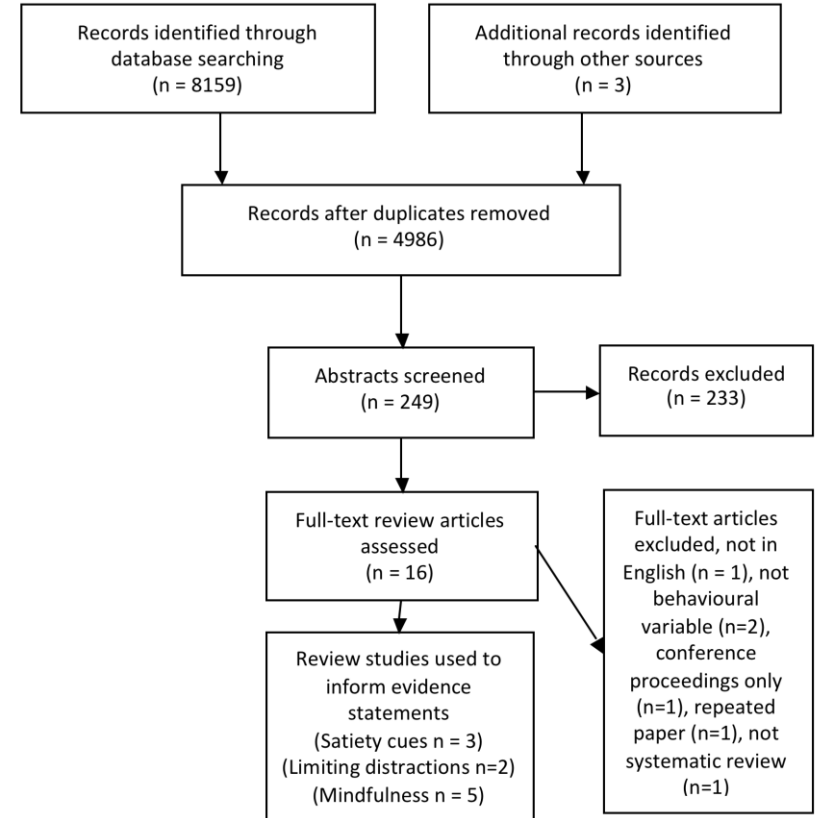
- Responsive feeding of infants and young children
- Limiting distractions while eating (screen use)
- Responsive eating techniques for adults (mindfulness, intuitive eating, non-diet approaches to weight loss)

Identification

Screening

Eligibility

Included



## Does limiting distraction while eating improve diet and/or body size?



ABC's "Modern Family" sitcom

# Does limiting distraction while eating improve diet and/or body size?

<b>Evidence statement</b>		Watching TV while eating increases food intake in children, adolescents and adults, even in the absence of food advertisements. This effect may also be present with other screens (e.g. computers, phones).
<b>Grade</b>		A
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Good	Two Level-I SR. See Appendix 2 Table 4b for details of the studies used to inform this evidence statement
Consistency	Excellent	
Impact	Excellent	
Generalisability	Good	
Applicability	Excellent	Eating in front of the television is a common behaviour in New Zealand families



## Population health promotion advice (draft)

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Avoid watching TV while eating. Children, young people and adults all tend to eat more while watching TV. The same effect may also happen with other screens (for example, computers, phones).



## Summary of project

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Method is robust and necessary process for evidence-informed public health, but it is time consuming and still has an element of bias/subjectivity

Literature searches yielded 18,393 records

Reviewed 1631 abstracts, summarised 76 systematic reviews plus 50 NZ research articles/reports

Produced 23 evidence-based statements to inform nutrition policy and health promotion programmes

How We Eat report released today [www.moh.govt.nz](http://www.moh.govt.nz)

### How We Eat

Reviews of the evidence on food and eating behaviours related to diet and body size

A report commissioned by the Ministry of Health

Written by Sarah Gerritsen and Clare Wall

February 2017

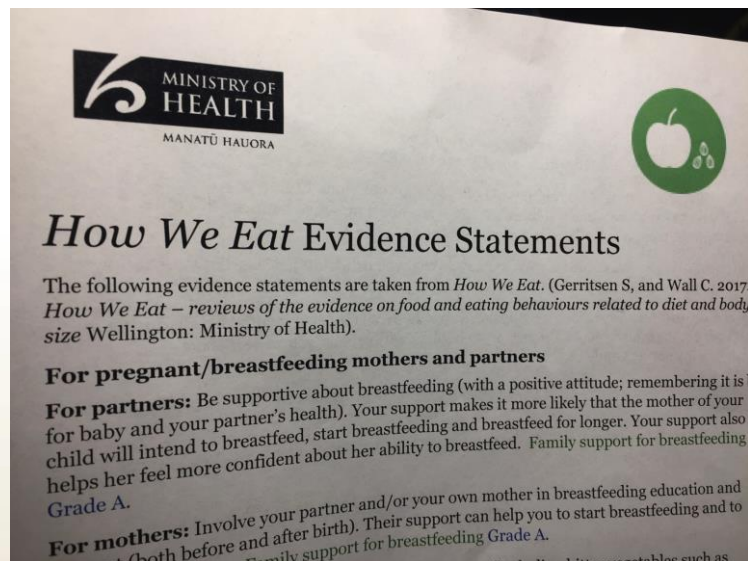
# Workshop discussion

## Interpretation

Which recommendations seem difficult to interpret or understand? Could some be misinterpreted or lead to unintended/adverse consequences?

## Dissemination

What are the best ways to engage the public with these messages? What will lead to behaviour change?





# Thank you

Any further questions or comments?

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## Do responsive eating techniques affect diet and/or body size?

<b>Evidence statement</b>		Being mindful and paying attention to food while eating, then stopping eating when feeling full, helps to regulate eating patterns and improve unhealthy weight control behaviours in adults. It is unclear if these techniques have an effect on weight loss and weight maintenance.
<b>Grade</b>		B
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Excellent	See Appendix 2 Table 4c for details of the studies used to inform this evidence statement
Consistency	Good	
Impact	Good	
Generalisability	Excellent	
Applicability	Good	At least for NZ women. Unknown in men.

# Do coercive feeding practices affect child diet and/or body size?

Evidence statement		Parental restriction of a child's intake (when they appear to eat too much) or pressuring a child to eat (when they appear to eat too little) are counterproductive, as these coercive practices can lead to poor dietary behaviours and increased body weight.
Grade		A
Evidence statement		Setting limits on energy-dense foods and drinks in early childhood (up to the age of 10 years) may protect against poor dietary intake and increased body weight. This is best done covertly, by limiting access to, or restricting portion size of, these foods and drinks so that the child is unaware.
Grade		A
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Excellent	Six Level-I SR. 1 additional Level-IV SR focused on fathers. See Appendix 2 Table 2b for details of the studies
Consistency	Good	
Impact	Excellent	
Generalisability	Excellent	
Applicability	Excellent	Many NZ parents do not monitor (note or ask about) their child's dietary intake, especially outside of home. Families often have food rules which are randomly enforced and sometimes undermined by parents' behaviours.

## Does parenting style affect child diet and/or body size?

Evidence statement		A nurturing and supportive parenting style helps children to maintain a healthy diet and body size.
Grade		A
Evidence statement		Parents should avoid strict food rules, and also, conversely, they should not give children the complete freedom to choose their food.
Grade		A
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Excellent	Four Level-1 SR and two Level-IV SR. 1 additional Level-IV SR on effect of style on behaviours. See Appendix 2 Table 2c for details of the studies.
Consistency	Good	
Impact	Excellent	
Generalisability	Good	
Applicability	Excellent	Differences in parenting style by socioeconomic status, permissive parenting more prevalent and more strongly linked with poor diet and overweight in high income families. One-third of NZ parents authoritative re food; more likely to have permissive style especially regarding snacks outside home.

# Does parental role modeling affect child diet and/or body size?

Evidence statement		Parental role modelling of fruit and vegetable consumption improves children's intake of fruit and vegetables.
Grade		B
Evidence statement		Young children's sugar-sweetened beverage intake is influenced by parental role modelling.
Grade		B
Evidence statement		Adolescents are influenced by parental role modelling of eating breakfast.
Grade		B
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Good	Two Level-I SR and 5 Level-IV SR and two recent Level-II RCTs. See Appendix 2 Table 3a for details of the studies.
Consistency	Good	
Impact	Satisfactory	A large proportion of NZ parents report that they do not role model healthy eating.
Generalisability	Good	
Applicability	Excellent	



# Does the number eating occasions a day affect diet and/or body size?

Evidence statement		Regular frequency of eating (three or more times a day) may be related to lower body size in children and adolescents.
Grade		A
Evidence statement		Adults who are concerned about weight maintenance or weight loss should focus on energy intake over the day rather than eating frequency, as there does not appear to be an association with body size. However, a greater number of eating occasions can result in higher energy intake.
Grade		A
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Excellent	5 Level-I studies assessed body size. See Appendix 2 Table 5b for details of the studies used to inform this evidence statement.
Consistency	Good	
Impact	Good	
Generalisability	Good	
Applicability	Excellent	Specifically for Pacific children and adolescents

## Do family mealtimes (eating together) affect diet and/or body size?

<b>Evidence statement</b>		Eating together as a family may improve child and adolescent diet quality and nutrition-related behaviours. There does not appear to be an effect on body size.
<b>Grade</b>		B
<b>Component</b>	<b>Rating</b>	<b>Notes</b>
Evidence base	Excellent	4 SR on body size. 4 SR on diet quality. See Appendix 2 Table 5c for details of the studies used to inform this evidence statement
Consistency	Good	
Impact	Satisfactory	NZ evidence that this is already a relatively common behaviour in families with younger children, so the advice would be more relevant for families with adolescents.
Generalisability	Good	The 1 RCT and most of the PCS are from the USA.
Applicability	Good	For some families this has been found to be practically difficult.