

# New Zealand Consumer Perspectives on Food Allergen Labelling

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# Allergy Awareness Week

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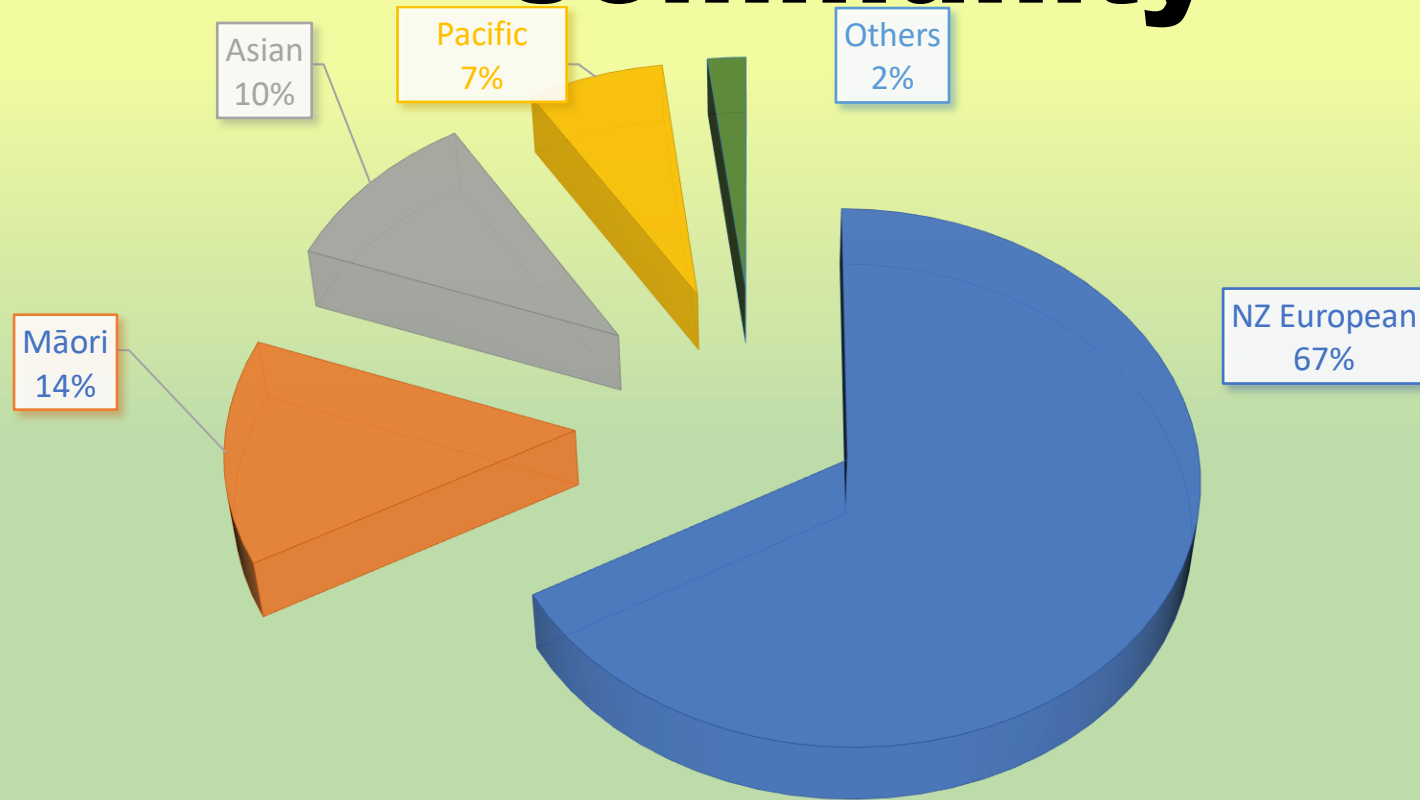
Dedicated to Edyn Rubena-Misilisi who passed away in November 2018.

Sunday Documentary:

<https://www.youtube.com/watch?v=L RmLK77tWtw&feature=share&app=desktop#menu>



# New Zealand is a multi-cultural community



# Indications of potential health disparities

## Adult food-induced anaphylaxis hospital presentations in New Zealand.

- 1.7-fold increase in the 10-year period 2002-2011, mainly attributable to an increase in rates in the Pacific Island population.
- During the period reviewed, rate per 100 000 people rose from 6.0 to 20.6 (more than 3-fold) for Pacific people, compared with 3.5 – 5.2 for New Zealand Europeans.

## Paediatric food-induced anaphylaxis hospital presentations

- 2.8-fold increase in the overall annualised rate for the 10-year period 2006 – 2015
- Admission rates significantly higher among Asian and Pacific children than Maori and NZ European children.

Kool et al. **Adult food-induced anaphylaxis hospital presentations in New Zealand.** Postgrad Med J Published Online First, April 2016.  
Speakman et al. **Paediatric food-induced anaphylaxis hospital presentations in New Zealand.** Journal of Paediatrics and Child Health, 2017.



# What does this mean?

- Significantly higher prevalence in the Pacific Island community?
- Higher level of severity? and/or
- Other factors leading to reduced ability to manage food allergy effectively on a daily basis?

*Research is obviously needed!*

# Possible factors that contribute:



Maori and Pacific children more likely to be living in poverty, including poor housing which contributes to poor health generally e.g. asthma, skin infections.



Poverty contributes to reduced access to health services and to poor health literacy.



Health literacy is defined as ‘the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions’ \*



Over half (56.2%) of adults have low health literacy skills, including older people, Māori, people in Pacific and other ethnic minority groups, and people on low incomes.



Health literacy is also “influenced and defined by culture, not just shaped by cultural differences between patients and providers but also between those who create the health messages and those who use them.”

# **Barriers to health literacy include:**

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Difficulty in reading health materials,

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Difficulty in communicating with health care providers,

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Information overload, and

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Information inconsistency

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Receiving both minimal and contradictory advice and treatment

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Being unsure where to seek effective, affordable and practical advice.

# Families and individuals are less likely to:

- Understand what food allergy means and how to manage it on a daily basis
- Be able to communicate what FA means and how to manage, to extended family
- Be able to enlist the support of extended family and their community
- Be able to advocate effectively for their child e.g. in school, early childhood services.





# Managing Risk

What does this mean for someone with food allergy?

- **The clinical aspect:** allergen, level of sensitivity, form of the food, other e.g. co-morbid asthma –in relation to age/stage of the individual (baby/child/adolescent/adult)
- **The food aspect:** production from paddock to plate; about cross contact; labelling – what is regulated & what is not; what & where to find the information –
- **The environmental/cultural/socio-economic aspect:**

*Low socio-economic status means some families struggle to put food on the table, don't have the resources to find safe food, & and are likely to have low health literacy.*

**Precautionary Allergen Labelling currently requires consumers with food allergy to make risk assessments without the knowledge or resource to do so effectively.**



# Food allergen labelling needs for NZ consumers

- i. Plain English Allergen Labelling needs to be implemented
- ii. Precautionary Allergen Labelling:
  - A technical term which consumers may not understand
  - PAL needs to be regulated
- iii. Find a way to identify allergens more clearly on labels



Thank you!



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