

PRACTICAL COMMUNITY FOOD AND NUTRITION PROJECTS

Haere mai!

Welcome to New Zealand, or the country originally called Aotearoa, “the land of the long white cloud.” This is a land of majestic snow capped peaks and unexplored rainforest, of pristine lakes and turquoise ocean bays, of glaciers and fiords, geysers and volcanoes. It is a land of kauri forests and kiwi fruit plantations, of modern cosmopolitan cities, backcountry sheep stations and of the flightless kiwi. Most important of all, it is the land of the Maori, the indigenous Polynesian inhabitants who have made these islands their home for at least 12 centuries.



Ruth Balmer
Community Dietitian
June 2008

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The Winston Churchill Memorial Trust offers Fellowships to British Citizens, resident in the United Kingdom to acquire knowledge and experience abroad. I was delighted to have been awarded a fellowship to allow me to travel to New Zealand, to work along side a variety of community food and nutrition projects.

The Fellowship offers a unique opportunity to travel overseas and explore areas of mutual interest. For 2007 there were eleven categories. The category I applied under was, "Diet and Health". The Trust was looking for application from those dealing with obesity, in particular, dietitians.

The aim of my Fellowship was to visit, experience and work alongside a number of practical food and nutrition programmes, within rural communities and especially marginalised groups throughout New Zealand. In my work as a dietitian I can advise on recommended eating patterns but if clients do not have access to the recommended foods or do not know how to prepare these foods then the recommendations cannot be actioned. I wanted further insight into the practical working of a range of innovative food and nutrition projects. I hoped to parallel health and well being in New Zealand and Northern Ireland. Both countries have over half the population either overweight or obese. I planned to bring back experiences of what has worked well in New Zealand on strategies to prevent overweight and obesity.

My initial contacts were with:

1. New Zealand Dietetic Association
2. Agencies for Nutrition Action, New Zealand
3. Ministry of Health, New Zealand

Travels took place in January and February 2008.

The following table lists the main contacts made during this two month period.

The report has been collated using information gained and experiences shared with these contacts.

Timetable:

Date	Contact / Venue
Wednesday 9 th Jan	Barbara Campbell, Maori Diabetes Centre, Tauranga
Thursday 10 th Jan	Wanda Ormsby, Maori Diabetes Centre, Tauranga
Tuesday 15 th Jan	Dietetic Department, Gisborne Hospital
Wednesday 16 th Jan	Ingrid Perrols, Public Health Unit, Hawkes Bay Rhonda Grant, Heart Foundation, Hawkes Bay
Thursday 17 th Jan	Tracey McMillan, Sport Hawkes Bay
Friday 18 th Jan	Andrea Rooderkerk, Diabetes Centre, Hastings
Monday 21 st Jan	Public Holiday
Tuesday 22 nd Jan	Elizabeth Aitken and nutrition team, Ministry of Health, Wellington
Wednesday 23 rd Jan	Elizabeth Aitken and nutrition team, Ministry of Health, Wellington
Thursday 24 th Jan	Elizabeth Aitken and nutrition team, Ministry of Health, Wellington
Friday 25 th Jan	Morning - Elizabeth Aitken and nutrition team, Ministry of Health, Wellington Afternoon – Nikki Chilcott, Agencies for Nutrition Action
Monday 28 th Jan	Morning - Leigh Sturgiss, Obesity Action Coalition, Wellington Afternoon - Michelle Mako, Health Sponsorship Council, HSC
Tuesday 29 th Jan	Morning - Jan Milne, NZ Dietetic Association, Wellington Afternoon - Jenny Reid, NZ Food Safety Authority, Wellington
Wednesday 30 th Jan	Morning - Dalpat Nana, Dept Internal Affairs Afternoon - Shelley Parker, Sport and Recreation New Zealand,
Thursday 31 st Jan	Dean Stockwell, Food Standards Australia NZ, Wellington
Friday 1 st Feb	Nichollette Pomana, Hutt Valley District Health Board
Sunday 3 rd Feb	Nichollette Pomana, Hutt Valley District Health Board
Monday 4 th Feb	Nichollette Pomana, Hutt Valley District Health Board
Tuesday 5 th Feb	Emmeline Haymes / Siloma Masina, Hutt Valley DHB
Wednesday 6 th Feb	Public Holiday
Monday 11 th Feb	Stephanie McLennan and team, Project Energise, Hamilton

Tuesday 12 th Feb	Stephanie McLennan and team, Project Energise, Hamilton
Wednesday 13 th Feb Date	Kate Sladden , Auckland District Health Board Contact / Venue
Thursday 14 th Feb	Iutita Rusk, Janet Chen, Judith Morley-John, The National Heart Foundation of NZ, Auckland
Friday 15 th Feb	Sue Milburn, Freelance dietitian working with Maori provider, Thames
Monday 18 th Feb	Pat Flanagan, Counties Manukau DHB, Auckland Tracey Barron, Let's Beat Diabetes, Auckland
Tuesday 19 th Feb	Chris Cook, Lynne Fergusson, Counties Manukau DHB, Auckland
Wednesday 20 th Feb	Kay Dennison, Rachel Lila, Counties Manukau DHB, Auckland
Thursday 21 st Feb	Gayle Sinclair, Helen Saunders, Counties Manukau DHB, Auckland
Friday 22 nd Feb	Carol Wildermoth, Karlyne Earp, Counties Manukau DHB, Auckland
Monday 25 th Feb	Clíodhna Ni Mhurchu, University Auckland
Tuesday 26 th Feb	Diane Bermingham, Diabetes Project Trust, Auckland
Thursday 28 th Feb	Diane Bermingham, Diabetes Project Trust, Auckland

Some New Zealand fact and figures...

Total population – approx 4 million - 4,098,300
Over 1 million people live in Auckland – 1,214,600

Some other interesting facts, in New Zealand:

4 million people
40 million sheep
80 million possums!!

New Zealand Population - ethnic composition

	2001 (%)
European	80.1
Maori	14.7
Pacific People	6.5
Chinese	2.9
Indian	1.7

**One of the questions I asked as I went around visiting programmes and meeting with people involved with nutrition activities was,
“What is important for the success of your programme?”**

The following is a summary of the responses:

1. The person leading / delivering the service needs to be well respected and show care and respect.
2. Need motivated, enthusiastic people to lead and deliver the programmes, who are aiming to walk the talk themselves. These leaders need to be role models or the programme is undermined.
3. Get to know people and build relationships. Be encouraging, not criticising. The most successful programmes appear to be run by people who are passionate about their work and their communities. They know their communities and their role is not just a job.
4. Programme managers role is to know the systems and get the mechanisms right.
5. Let people come up with their own solutions.
6. Collaborate, build good networks.
7. Personalise the programme – get local people to market the programme and tell their story. Get local champions to sell the healthy eating, healthy action messages.
8. True partnership working definitely does not include dictating, but neither does it involve consulting. It must incorporate true involvement at all levels.
9. Keep the dietitian involved – protect the role of the dietitian.
10. Clinical and health promotion roles for dietitians should never be combined.
11. Train more Maori and Pacific Island Dietitians. “By Maori for Maori”. “By Pacific for Pacific”.
12. Understand and respect cultural differences in relation to food, nutrition and eating.
13. Develop strong relationships within the Maori and Pacific Island cultures. Get to know what motivates them, what are the barriers to change.
14. Maori and Pacific people are kinesthetic learners so education tools need to be visual and hands on. They want to taste and experience food.
15. Need information on food portion sizes which people understand and relate to, e.g. golf ball size, fist size, palm size.
16. Target children through their environment and food. Have whole school approach. Implementing change as early on in the life cycle as results in healthy eating and healthy action being the accepted option.
17. Keep nutrition and physical activity combined.
18. Healthy choices need to be easy options and accessible.
19. Make sure food at health events reflect the healthy eating message. Important to get good role modeling of healthy food at local festivals / community events, so that healthy eating becomes the norm.
20. Stop the focus on leaflets and literature on healthy eating – do something practical.
21. Important to get buy in from the food industry. Work with the food industry, not against them.
22. Don't just focus on your own agenda. Listen to the “real” issues and deal with these first.
23. Meet people where they are at. Bring the nutrition and physical activity messages to where people are at, e.g. Maori programmes within the marae, Pacific programmes within the church, children programmes within the early childhood centres and schools, employee programmes within the workplace.
24. Cross sector / cross government departmental approach is needed, with everyone speaking the same nutrition and physical activity messages from health, to education, to food industry, to social, leisure and public sectors.
25. Success lies in developing a whole society, whole family, whole life course approach to preventing and managing obesity.

Community Food and Nutrition – New Zealand

The importance of food and nutrition in health is well recognised. Poor nutrition is a modifiable risk factor for a number of major chronic diseases, including cardiovascular disease, diabetes and some cancers.

Many countries are now attempting to reduce the burden of nutrition related chronic disease. In May 2004, the 57th World Health Assembly endorsed the World Health Organisation (WHO) Global Strategy on Diet, Physical Activity and Health (WHO 2004).

In New Zealand, improving nutrition, reducing obesity and increasing physical activity are 3 among the 13 priority health objectives of the New Zealand Health Strategy (Minister of Health 2000). In response to this, the Ministry of Health developed the Healthy Eating – Healthy Action (HEHA) strategic framework (Ministry of Health 2003) and implementation plan (Ministry of Health 2004).

HEHA implementation plan includes eight overarching objectives and lists 26 specific outcomes and 87 actions under these objectives. The plan recognises the wider determinants of health, encourages linkages between the different agencies and organisations within and outside the health sector.

The HEHA objectives are:

1. build healthy public policy
2. create supportive environments
3. strengthen community action
4. develop personal skills
5. reorient the health sector
6. monitor, research and evaluate
7. communication
8. workforce

In New Zealand it has been estimated, every year, two out of every five deaths are due to nutrition related risk factors such as high cholesterol, high blood pressure, overweight and obesity, and inadequate vegetable and fruit intake.

Obesity is a major and growing global public health problem. New Zealand along with many other countries is considered to be in the throes of an obesity epidemic. Data from New Zealand's Health Survey 2002/2003 shows the prevalence of overweight and obesity to be; for adults – 35% overweight and a further 21% obese; for children – 21% overweight and a further 10% obese. The prevalence of overweight was considerably higher in adult males than in females and the prevalence of obesity was slightly higher in adult females than in males. (But obesity in men is almost always abdominal, which is associated with greater health risks). The prevalence of overweight and obesity was slightly higher in girls than in boys. Obesity rates among Maori are higher with 57% adult Maori men and 60% adult Maori women either overweight or obese. Obesity in Pacific populations in New Zealand is very high. An estimated 75% of Pacific people in New Zealand are overweight, with 26% Pacific men and 47% women obese. This increase in obesity rate has health impacts across the population with a disproportionate burden falling on Maori and Pacific peoples. Such health inequalities are being addressed within the HEHA Strategy where emphasis and focus is placed on approaches that enable better health outcomes for Maori, Pacific peoples and lower socioeconomic population groups.

The World Health Organisation (WHO) has estimated that the cost of obesity for a country is 2-7 % of the annual health budget, which equates to \$303 million in New Zealand (WHO 2000). The challenge is to make it easier for all New Zealanders to eat well and be more active.

The key population health messages for HEHA in terms of improving nutrition, increasing physical activity and maintaining a healthy body weight are to:

- eat a variety of nutritious food
- eat less fatty, salty and sugary food
- eat more fruit and vegetables
- fully breastfeed infants for at least six months
- be active every day for at least 30 minutes
- add some vigorous exercise for extra benefit and fitness
- aim to maintain a healthy weight throughout life
- promote and foster the development of environments that support healthy lifestyles

Indicators of the success of HEHA are according to the following targets:

- Increase the proportion of infants exclusively and fully breastfed at six weeks to 74% or greater; at three months to 57% or greater; and at six months to 27% or greater.
- Increase the proportion of adults (15+ years) eating three or more servings of vegetables per day to 70% or greater.
- Increase the proportion of adults eating two or more servings of fruit per day to 62% or greater.

Important to the roll out of HEHA, the Ministry of Health produce food and nutrition guidelines for population subgroups across the following life cycle stages:

- pregnant and breastfeeding women
- infants and toddlers
- children
- adolescents
- adults
- older people

The food and nutrition guidelines consist of a background paper for health professionals and a pamphlet for the public. For each population subgroup, the recommended number of servings for each of the four food groups is detailed.

Healthy Eating – Healthy Action: Oranga Kai – Orange Pumau

Translating the HEHA Implementation Plan into action began with the approval of funding as part of a funding package for primary prevention announced in March 2005. Annual ongoing funding was approved in April 2006. To enable the progression and effective delivery of HEHA a dedicated HEHA team was formed in 2006. Personnel from existing teams within the Ministry of Health were brought together with various specialists joining throughout 2006. To date more than 50 of the 87 HEHA actions have been progressed. A solid platform has been created for New Zealand health and related sectors to make further inroads into tackling the issues of nutrition, physical activity and obesity.

Interventions currently being progressed under HEHA:

Leadership and co-ordination

- A national HEHA steering group has been set up which is co-ordinated by the Ministry of Health.
- The 21 District Health Boards (DHB's) within New Zealand have recently been funded by the Ministry of Health to provide district leadership and delivery co-ordination for HEHA.

The DHB's co-ordinating role at a district level includes:

- establishing a project manager to co-ordinate the implementation of the district HEHA plan.
- drafting and co-ordinating the development of a district Ministry Approved Plan (MAP).
- establishing a HEHA group including primary health organisation representatives, Maori and Pacific representatives, education organisations, regional sports trusts, local government and communities.
- establishing a district HEHA education sub-group which focuses on schools and early childhood education centres by supporting the effective implementation of the Nutrition Fund.

Actions in school settings

- Fruit in Schools. This is a programme targeting low decile schools, funded through Cancer Control Action Plan and HEHA, where students at participating schools are provided with a free piece of fruit each school day.
- Nutrition guidelines. Ministry of Education have produced food and nutrition guidelines to promote healthy food environment in schools.
- Food and Beverage Classification System. To support the Ministry of Education guidelines the Ministry of Health have developed a food and classification system, as a practical tool to identify foods contributing to healthy diets. Funding has been agreed to support employing a co-ordinator within each DHB to implement the Food and Beverage Classification System. The co-ordinator will 'sit' within the HEHA team.
- The Nutrition Fund. \$5 million per annum. The fund is administered by DHB's to schools and early childhood centres. The fund supports the development of nutrition policies and practices and includes activities such as food growing, breakfast and cooking clubs.

Breastfeeding

- The Baby Friendly Hospital Initiative (BFHI). Over 75% New Zealand maternity facilities have been accredited for the BFHI. Funding is available to provide 50% subsidy for the cost of the initial assessment and accreditation.
- National Breastfeeding Promotion Campaign. Campaign rolled out to improve rates and duration of breastfeeding especially for Maori, Pacific and Asian peoples. Targeted at families to support their mothers to breast feed.

Communication

- HEHA communication strategy prepared along with development of HEHA logo.
- Social marketing programme. The Ministry of Health commissioned the Health Sponsorship Council to develop and deliver a social marketing programme to improve nutrition and promote healthy weight. This programme is called Feeding our Futures. Phase 1 has been completed, targeting the home setting with clear messages for parents and caregivers; “chose milk or water; chose family meals; get kids / family involved with food preparation.” Phase 2 will target schools; “snacks don’t have to come in packets; kids do better when they have fruit and veg; make a meal at least ½ fruit and veg.” Phase 3 will target the wider environment. Tip cards and recipes have been produced to support the campaign messages. There have been television, print and radio components to date.
- Part time communication post funding for each DHB’s HEHA team. Communications toolkit provided to each team to help HEHA project managers communicate effectively with their local media and their local communities.
- Provider web based network. Plans are underway to enable the HEHA sector to communicate with each other via a web based network.
- HEHA News. This bi-monthly newsletter is distributed to a wide stakeholder base.

Primary Health Care

- National evidence based Guidelines for the management of overweight and obesity are to be produced by the Ministry of Health. Primary health care providers will be trained in their implementation.

Industry

Working with the Food Industry Group (FIG) the Ministry of Health is developing an action plan to implement changes to the marketing and availability of high fat, sugar and salt food to children. The world’s first agreement to voluntarily remove all full sugar drinks and energy drinks from secondary schools by 2009 was signed by the Minister of Health and two of New Zealand’s biggest beverage companies. Separate from the work of FIG, there are also food reformulation projects underway at present, this work includes:

- National Heart Foundation sodium reduction project
- the CHIP group initiative to reduce fat content of hot chips
- the pie group development of an industry standard for a healthier pie

Food Industry Accord. The Accord is an industry initiative that aims to support and complement HEHA. Their mission is to do everything possible to encourage all sectors of the food industry to create commercially successful products that reflect the Ministry of Health’s Food and Nutrition Guidelines.

Monitoring, research and evaluation

- An integrated research, evaluation and monitoring strategy has been agreed. This includes encouraging consistency across data collections, identifying priority research areas, setting realistic / achievable targets and agreeing funding to support evaluation for DHB’s.

Examples of Programmes and Campaigns that are contributing to the Implementation of HEHA

Mission On

Mission On is a package of 10 initiatives aimed at improving the lifestyles of young New Zealanders by targeting improved nutrition and increased physical activity. The campaign was launched in September 2006 and is aimed at children and young people from 0-24 years. Mission On is led by Sport and Recreation New Zealand (SPARC) and a joint group made up of the Ministry of Education, SPARC, the Ministry of Health and the Ministry of Youth Development. \$67 million have been dedicated to this package for four years.

The 10 Mission On initiatives are:

1. Improving health and nutrition within schools and early childhood environments.

The Ministry of Health has developed a Food and Beverage Classification System that can be readily adopted by early childhood centres and schools and understood by the community. The system identifies three categories of food and beverages:

Everyday foods – appropriate for everyday consumption and to be promoted

Sometimes foods – for restricted provision

Occasional foods – limit provision of these foods to about once a term or four times a year

The Food and Beverage Classification System has presented in a clear and simple pack format including recipes and catering guidance.

2. Student health promotion

Involves a series of high profile health promotion events that promote healthy food options and provide opportunities and incentives for students to get active such as; healthy food demonstrations, high energy dance performances, national healthy lunchbox competition. 2008 sees the launch of a new scheme called, 'Fuelled for Schools', whereby 50 schools are selected and given \$1500 to come up with ideas for nutrition programmes.

3. 'Lifestyle' ambassadors

A network of high profile ambassadors has been established to promote healthy choices and to model healthy positive lifestyles, e.g. rugby and netball players, TV personalities. The Ambassadors are well known people who are seen by children and young people as being cool and relevant. The Ambassadors were chosen with input from children and young people. The Ambassadors visit schools, act as 'virtual' buddies and text pals and feature in media campaigns to children.

3. Youth branded websites

Interactive, dynamic and technology savvy websites are being established. This is not about sit down entertainment – these websites actively encourage the audience to move.

4. Government walking the talk

The Government is encouraging the state sector to make responsible decisions about work environment and conditions for employment to encourage healthy nutrition and physical activity amongst employees. This work has commenced with a baseline questionnaire and organisational audit of the Ministry of Health and SPARC in terms of opportunities and barriers to incorporating physical activity and healthy food choices. *Government Walk the Talk* includes the development of resources/toolkits and evaluation tools that other government

agencies can use to implement initiatives to improve the healthy nutrition options and physical activity accessibility for their employees.

The expected benefits of *Government Walk the Talk* are:

- increased employee satisfaction
- improved work productivity
- increased staff retention
- improved health of employees
- employees of government agencies modeling the healthy behaviours to encourage these in the wider community, including at home with their own families
- behaviours extending to private businesses.

5. Television and computer free time

This initiative is about promoting 'screen free' time for children and young people. For example, a campaign called *Movin with Mervyn* – an action pack of activity ideas distributed free through supermarkets and sport facilities.

6. Control of advertising

The advertising industry is being encouraged to take measures to decrease children's exposure to advertising of less healthy foods. The Ministry of Health are working with relevant agencies to develop a Children's Food Rating System based on the food and beverage classification system, to control what food / beverages can be advertised in children's television time as well as working to provide credible balanced healthy food messages which could be used by the media.

7. Use of television and radio to encourage change

For examples; *Studio 2/The Hub* is a daily after school and Saturday morning television show which includes *Mission On* messages; *Activate* is a cooking game show aimed at children 10-14 years.

8. Health impact assessments

Will be used when proposing new policy and legislation in relation to nutrition and physical activity.

9. Expanding Green Prescription programme

In 2004 the Green Prescription programme was extended to better target the needs of young people. The new component is called *Active Families* and includes 6-12 months of patient support including regular meetings with the whole family and individualised physical activity programmes.

Mission On aims to establish healthy behaviours before a child enters school and to embed healthy decision making after young people leave the school and family environments. The package focuses on developing broad healthy behaviours while avoiding stigmatising those with weight issues.

Other New Zealand programmes improving nutrition, reducing obesity and increasing physical activity...



Push Play

Push Play started in 2000 and is SPARC's nationwide social marketing campaign aimed at getting more New Zealanders more active more often. It is designed to inform New Zealanders of the need to be physically active (at least 30 minutes a day of moderate to vigorous activity for five or more days a week) and to motivate them to become active. Promotion in the media of Push Play is through television, radio, print, billboards and bus shelters. The latest campaign – titled "Push Play Nation" – provides ideas about fun ways to be active with programmes from well-known New Zealand personalities.

Green Prescription

SPARC's Green Prescription initiative (part funded by Pharmac*), involves a general practitioner or practice nurse writing a physical activity prescription for sedentary patients who suffer from a health risk, who have a disease, who are safe to exercise and who would benefit from increased physical activity. The prescription is sent to a Regional Sports Trust which contacts the participant and gives them the choice of either:

- phone based physical activity counselling over period of 3-4 months
- face to face individual support to get active
- entry into activity groups for green prescription participants

Green Prescription had nation wide roll out in 1998, with 1960 patients supported in that year. The programme has grown to 20211 patients supported in 2006/2007, with 17 area managers placed in the regional sports trusts.

Active Families is a component of the green prescription programme targeting the needs of young people (5-18 years of age) and their families. This includes 6-12 months of participant support, including regular meetings with the whole family, developing individual physical activity programmes for children, nutritional advice and lifestyle goals for families.

Active Movement is a resource produced to promote quality physical movement with 0-5 year olds.

Active Schools aims to improve physical activity opportunities and experiences in primary schools by:

- providing schools with a quality teaching resource outlining co-curricula and cross-curricula physical activity opportunities for kids throughout the school day. This is in the form of an Active Schools Tool Kit and The KiwiDex programme

which promotes safe, daily exercise for young people. Fun, informal activities are used, encouraging kids to be spontaneous and creative.

- working with teachers to help them get the most from the Active Schools teaching resource
- supporting collaborative school and community-wide physical activity planning.

Active Communities aims to create opportunities for New Zealanders to get up and moving through sport and recreation – for example, active leisure, active transport, active living. SPARC invests in any organisation involved in sport and recreation. Successful applicants get both financial and service support for programmes that contribute to SPARC's vision of:

- New Zealand being the most active nation
- New Zealand having the most effective sport and recreation systems

*(Pharmac is a pharmaceutical company which has Crown Agency responsibility for managing pharmaceutical expenditure in the community and hospital sectors)

Let's Beat Diabetes

Led by Counties Manukau DHB, Let's Beat Diabetes is a five year district wide plan aimed at long term sustainable change to prevent or delay the onset of type 2 diabetes, slow the disease's progression and increase the quality of life for people with diabetes in Counties Manukau. The plan is a whole society, whole life course, whole family approach to preventing and managing diabetes. Let's Beat Diabetes is the means by which Counties Manukau delivers HEHA. Activities to date include a successful and comprehensive "Swap2Win" social marketing campaign to encourage positive behaviour change throughout the community. "Swap2Win" uses photos of people who live / belong to the area on the leaflets / posters, etc. Also, implementing nutrition and physical activity modules as part of training within Pacific churches (Lotu Moui Programme) and administration of the nutrition fund in schools and early childhood education centres. The key issue for the programme now is not funding but human resource capacity, especially for trainers. Let's Beat Diabetes also works with the food industry and were the first county to get agreement for diet drinks to be offered for sale as the default choice. Work is carried out with the Ministry of Social Development, providing food parcels and food bank cookbook for vulnerable families.

Project Energise

Project Energise is delivered in primary schools in Waikato to improve children's physical activity, nutrition and overall health. Waikato DHB funds Sport Waikato to lead the project. Team energise staff are available to assist schools provide information on healthier choices for lunches and snacks, help teachers to provide varied and quality daily exercise activities and encourage children to choose more active play options at home. Team energise staff offer a three session programme to schools which includes 1 hour nutrition and ½ hour physical activity. The first nutrition session looks at sugary drinks, the second – importance of breakfast and how to read food labels, the third session – healthy snacks and lunches based on the four food groups. Similar programmes are offered to parents but these include a supermarket tour. Each "Energiser" is in a school approximately fortnightly. Team energise staff consider the strength of the programme is building relations within the schools. The Project Energise motto says it all, "Eat Healthy, Be Active, Have Fun".

Bodywise

Delivered by Sport Waikato, Bodywise is similar to Active Families and provides families of overweight children support for up to one year. The programme is open for children 95th centile and above. It is an intensive programme which includes one to one support, monthly home family visits, a series of 6 week group sessions, with input from nurse, dietitian and psychologist. The focus is on the family and not the child. 81% success rate has been recorded at the end of the year.

Further Government support to reduce incidence of overweight and obesity...

A Select Committee Report on an inquiry into obesity and type 2 diabetes in New Zealand was presented in 2006. The objectives are to create an environment in New Zealand that encourages and maintains healthy eating and physical activity patterns, especially amongst children and young people; and to develop and implement a coordinated national cross-sectoral response to address the risk factors that impact on the development of non-communicable diseases, including type 2 diabetes. The Select Committee pointed out the need for a concerted whole of government response to the issues and the need for an urgent, sustained response that is integrated and comprehensive. Most importantly, the need to address the obesogenic environment is vital if progress is to be made in reducing obesity. The report fully embraced the work of HEHA. It was welcomed by the New Zealand Government who proposed the following new actions to address the Report's recommendations:

- enhancing leadership and coordination, nationally and locally
- establishing a cross-sectoral ministerial committee (the Committee) and a supporting implementation advisory group
- provision of oversight of the revision and enhancement of the HEHA implementation plan by the Committee
- the setting of outcome and process targets by the Committee
- directing the Ministry of Health to work with the food and advertising industries to set agreed targets for marketing to children and to make changes to improve the nutrient profiles of their food products to be agreed by the Committee
- investing in workforce to build Maori and Pacific capability and capacity and to enhance the diabetes workforce. The Government will provide 50 scholarships with a focus on Maori and Pacific needs to increase the number of dietitians in the health workforce
- establishing regional District Health Board (DHB) based food industry coordinator positions. The Government will establish six new regional food industry coordinator positions. These coordinators will be based in selected DHBs and be responsible for facilitating change with regionally and locally based food producers, distributors and retailers in relation to product reformulation for improving the nutritional quality of the food supply. The coordinators will also encourage the food industry to increase the profile of healthy foods through marketing

Other food and nutrition initiatives:



The Food Industry...

The Heart Foundation Tick Programme

The Tick Programme has been improving the foods New Zealanders eat for ten years. The Tick is a public health programme whose goal is to improve the New Zealand food supply, by encouraging manufacturers to formulate healthier foods and by signposting healthier choices for shoppers in more than 50 types of food.

The Heart Foundation Tick Programme categorises Tick foods as either 'everyday' or 'occasional', highlighting which Tick foods can be eaten everyday as part of a balanced diet and which Tick foods should be eaten occasionally and limited in the diet. The Tick Programme uses a skilled panel of professional including the National Heart Foundation dietitians as well as a group of external advisors.

The Tick Programme is responsible for some big improvements to the foods New Zealanders eat by removing many tonnes of fat, salt and sugar from the food supply. For example, over a one year period the Tick removed a small mountain of salt (33 tonnes) from some common foods. This was achieved by influencing food manufacturers to reformulate products to meet the Heart Foundation standards in the breakfast cereal, bread and margarine categories.

Food companies work hard to earn the Tick and they often need to reformulate existing products or develop new products to meet the standards for the food category. Each product that applies for the Tick is independently tested to prove it meets the standard and random testing is regularly carried out by the Heart Foundation to make sure Tick products continue to comply with the standards. The Heart Foundation is currently reviewing all its nutrition standards and introducing tougher new ones to make Tick products even healthier.

The Heart Foundation Tick programme is self-funded and not for profit. All revenue is invested back into the programme. Food manufacturers pay a licence fee to the Heart Foundation based on sales of their Tick products.

The Chip Group – Tips on Chips

A major source of total fat and saturated fat in the New Zealand diet is deep-fried foods, particularly hot chips. The majority of chips are cooked in beef tallow, which is high in saturated fat. Fish and chips are the most popular takeaway in New Zealand. New Zealanders eat 120,000 tonnes of chips each year. It is not realistic to expect many New Zealanders to stop eating deep fried foods. Therefore structural changes to the food environment are necessary to bring about a small reduction in the amount of fat in deep-fried foods which would contribute to a reduction in fat consumption for a large number of people.

The Chip Group was started over twelve years ago as a group of companies, in conjunction with the Heart Foundation, who wanted to improve the standard of chips.

Development of industry standards, “Tips on Chips”, were launched 7th March 2008:

Chip Size	Use thick straight cut chips at least 13 mm .
Portion Size	Serve a recommended scoop size. 1 scoop = approximately 330g (3 serves per kg).
Cooking	Cook chips at a temperature of 175 - 180°C for between 3 - 4 minutes . Use a thermometer to check the accuracy of the oil temperature.
Draining	Bang or shake the basket vigorously twice then hang it for at least 20 seconds .
Frying medium	Maintain frying medium in good quality. <ul style="list-style-type: none">• keep the fryer topped up with fresh oil• filter oil as required• cool oil and cover fryer when not in use• discard oil when it shows signs of degradation
Adding salt	Rather than salt the chips, provide salt sachets .

Use a frying oil that meets the National Heart Foundation's criteria:

- Saturated fat equal to, or less than, 20%
- Trans fat equal to, or less than, 1%
- Linolenic acid equal to, or less than, 3%

The types of oils that may meet these recommendations include: **high-oleic sunflower oil and high oleic, low linolenic canola oil and some blends**.

The Heart Foundation is in the process of developing an interactive training website consisting of 8 short modules. This is aimed at the chip shop operators, mainly Chinese staff. The Heart Foundation is keen to address inequalities in health by targeting low cost foods.

Food Standards Australia New Zealand (FSANZ) New Zealand Food Safety Authority (NZFSA)

FSANZ is part of a bi-national government agency, representing a partnership between the Australian Government, the States and Territories of Australia and the New Zealand Government. The role is to ensure safe food by developing effective food standards in Australia and New Zealand. Food Standards Australia New Zealand (FSANZ) write the food standards code. New Zealand Food Safety Authority (NZFSA) is the ‘enforcer’ of the code. NZFSA has responsibility for the protection of New Zealanders’ health and safety and the facilitation of international market access.

FSANZ have responsibility within New Zealand to:

- develop and review standards for food manufacturing, labelling and processing (this includes nutrition and health claims)
- provide information to consumers to enable better consumer choice
- pre-market assessment of novel foods
- undertake dietary exposure modelling and scientific risk assessments (currently – lutein, calcium, folic acid, iodine)

NZFSA have responsibility within New Zealand to:

- development and implementation of food regulations for food safety, primary production and maximum residue levels for agricultural and veterinary chemicals
- input into the development of food composition and labelling standards
- regulate import and export of food

Programmes for Pacific Island People



Pacific Islands Heartbeat

Pacific Islands Heartbeat (PIHB) is a community health promotion initiative of The National Heart Foundation of New Zealand. Pacific people experience high rates of cardiovascular disease, such as stroke and heart attacks, in comparison to non-Pacific New Zealanders. PIHB aims to make a difference to these statistics by encouraging and supporting individuals and community groups to make positive lifestyle changes.

PIHB offers a range of services in Auckland and Wellington, including the Health Promoting Churches programme, and regularly runs nutrition and smoking cessation training in centres throughout New Zealand. Pacific Islands Heartbeat is supported by The National Heart Foundation of New Zealand and the Ministry of Health.

Health Promoting Churches Background

The Health Promoting Church Project (HPC) is a community based/community action initiative aimed at promoting healthier lifestyles in the church setting.

Project components include:

- heart health education programmes focusing on nutrition/cooking demonstrations, physical activity, and awareness of heart disease

- Providing resources
- Training and support of church health workers

Twenty five churches in Auckland and five churches in Wellington are involved in the HPC Project to date. These groups are maintaining their healthy lifestyle activities under the leadership of their church ministers and trained team (Komiti) members. PIHB provides support through regular contact and ongoing training opportunities for Komiti members.

Certificate in Pacific Nutrition

The course is primarily for Pacific workers, but is open to anyone with an interest in working with Pacific people. The Certificate is best suited to those already working in their community (paid and voluntary), who are able to advise and support others in making healthy food choices.

Aims:

- To reduce the incidence of food-related disorders by providing scientifically-based, relevant and practical nutrition information.
- To increase awareness of the value and importance of good nutrition for individuals, their family and community.

Benefits:

- The course enhances the skills and confidence of community workers to be able to disseminate accurate nutrition information to their communities.
- Successful graduates are awarded the Certificate in Pacific Nutrition.

Course contents:

Food and Nutrition Guidelines for Pacific People; Nutrition Guidelines; Cooking Skills; Food Safety; Food Costs; Promoting healthy Lifestyles; Healthy Eating Guidelines for pregnant and breastfeeding women and children under five years.

Course is run in 3 x 3 day blocks.

LotuMoui

The Pasefika LotuMoui Health Programme is an initiative of the Counties Manukau District Health Board (CMDHB) in partnership with Pacific churches in the Counties Manukau District. LotuMoui represents a significant landmark in terms of commitment, and process of collaboration between a DHB and the Pacific church community. There are more than 100 Pacific churches in the Counties Manukau District with congregations ranging from 30 members into the thousands. These organisations are sources of guidance, advice and solace for many Pacific people and have become a structure that is deeply imbedded within Pacific communities in New Zealand. The church is seen as being a place where Pacific peoples congregate, fellowship, share and receive information, and also as a place where relationships are maintained and connections are preserved with family members, Pacific languages, culture and traditions.

Definition of LotuMoui

'Lotu' means "church" or "prayer" in most Pacific languages, while "Moui" is a Tongan and Niuean term that generally means good health that encompasses mind, body and soul. The 'mind, body, spirit' approach to health is holistic and inclusive. Importantly, it is consistent with Pacific people's concepts of health and wellbeing.

The first LotuMoui Health Symposium was held in 2004. Now 60 Pacific churches are implementing healthy lifestyle activities with their congregations.

The following milestones have been achieved:

- § LotuMoui Grants Scheme established, grants of \$3000 - \$5000
- § Smoke-Free Health Promotion training for LotuMoui Churches along with toolkits
- § Health committee's forum established (meets every quarter)
- § Pacific church ministers' forum established (bimonthly meetings)
- § Nutrition Education Module and toolkit delivered to LotuMoui Churches
- § 'Let's Beat Diabetes' Education Module and toolkit delivered to Ministers

Programmes for Maori People

Maori beliefs

"If you plait one at a time the ends will fragment. If you weave together it will hold."

Maori health has four cornerstones:

- | | |
|-----------------|---------------------|
| 1. Te Wairu | The Spiritual |
| 2. Te Hinengaro | The Emotional |
| 3. Te Tinana | The body as a whole |
| 4. Te Whanua | The family |

Maori are a deeply spiritual people who value nature and life. They concentrate on "we" not "I". Success of health and community services are based on a strong relationship with the iwi (tribe) and hapu (sub tribe). The elders / leaders of the iwi must be involved in decision making. Maori culture is very much family orientated. "It takes a village to raise a child". It is important to relate health messages in terms of benefits for the children.

What motivates Maori people? – :

- being a positive role model for the whanau (family)
- having a healthy whanau
- living a long and happy life
- passing on Maori traditions and knowledge
- being with mokopuna (grandchildren)

An attitude exists within the Maori culture that being overweight is "ok". It is seen to be a Western idea that slim is beautiful. Maori men like their women big is an attitude which exists. The perception is that healthy kai (food) is what the pakeha (non Maori / Europeans) eat. Success in changing such attitudes lies in having trained Maori staff delivering health messages. There are very few Maori dietitians – only seven working throughout New Zealand. White, non maori dietitians are considered aloof, professional and tell you what not to eat. For the Maori convenience food is too convenient and too cheap!

Successful Maori nutrition programmes have used community health workers to find champions within the Maori community to drive the programmes and take ownership. The programmes are personalised, e.g. use photos of local people, of local areas, have local people discuss and promote the programmes on local radio. Most programmes are very practical in they show how to make the most of the food you have; how to grow your own food, how to cook healthier meals on a budget; how to make food taste good with herbs and spices rather than relying as traditional Maori fare does on fat and salt for flavour. They do not want to bring home lots of leaflets – they want to taste and experience food. Success lies in getting to know people, building relationships, encouraging and not criticising.

Te Hotu Manawa Maori

Te Hotu Manawa Maori has been an independent national organisation since 1997. The word "hotu" refers to a particular sob or cry that characterised traditional Maori singing. "Manawa" refers to Te Hotu Manawa Maori's focus - Maori heart health.

Te Hotu Manawa Maori delivers health services "by Maori for Maori", providing solutions tailored to meet the needs of Maori.

VISION

Kia tino rangatira ai te hauora o te ao Maori.

Maori determine for themselves their health and wellbeing.

Te Hotu Manawa Maori provides a training course in food, nutrition and physical activity, two to three times per year in different areas throughout the country. The course runs for a total of 9 days, usually delivered in 3, 3-day blocks over a two - three month period. This 'train-the-trainer' course has been designed for people working with Maori communities committed to promoting healthy lifestyle changes who will use the knowledge and skills they gain to influence change within their whanau, hapu and Iwi. The majority of past course participants have been Maori Health Workers who were able to incorporate nutrition and physical activity promotion into their work.

A wide range of topics are covered:

Food and nutrition guidelines, digestion, nutrients, food labels, nutrition through the life cycle, heart health, diabetes, cancer, food safety, nutrition and budgeting, physical activity and behaviour, effective exercise, weight management.

A range of nutrition and physical activity resources have been developed specifically for Maori, including posters, pamphlets, booklets and other resources.

The New Zealand Dietetic Association

The New Zealand Dietetic Association (NZDA) is the national professional association of registered dietitians and associated nutrition professionals, and has been in existence for over 60 years. With a membership of approximately 570 dietitians and 67 associates (qualified nutritionists), NZDA represents the largest group of fully trained food and nutrition professionals in New Zealand.

The NZDA aims to ensure that members are recognised as the most credible source of food and nutrition knowledge within New Zealand, and to promote good health through appropriate food and nutrition, using evidence based scientific research.

NZDA activities include

Organisation of an annual national conference

- Production of numerous publications including a bimonthly newsletter
- Support of Nutrition & Dietetics, The Journal of the Dietitians Association of Australia including the Journal of the New Zealand Dietetic Association
- Providing membership services to enhance dietitians professional performance and profile as the food and nutrition experts in New Zealand
- Promotion of good nutrition through the media and the NZDA website

Current issues for dietitians in New Zealand:

- a shortage of dietitians
- very few maori or pacific island dietitians
- dietetic student training only available in South Island (Dunedin)
- registration board has changed guidelines to prevent dietitians from overseas working as dietitians in New Zealand unless have passed specific New Zealand dietetic exams. A greater emphasis in New Zealand on food service appears to be the difference with UK registration. (Overseas dietitians can work as nutritionists without having to sit separate exams).

"Dietitians offer the unique skill of translating nutritional science into practical food".

Agencies for Nutrition Action (ANA)

Agencies for Nutrition Action (ANA), is an incorporated society established in 1992, consisting of, the Heart Foundation, Cancer Society, Te Hotu Manawa Maori, National Diabetes Forum, New Zealand Dietetic Association, New Zealand Nutrition Foundation, Pacific Island Food and Nutrition Action Group, New Zealand Recreation Association and the Home Economic and Technology Teachers Association of New Zealand. Sport and Recreation New Zealand and the Ministry of Health are observer members of ANA.

ANA's mission is to work cooperatively to support New Zealanders achieve and maintain a healthy weight throughout life through good nutrition and physical activity. The promotion of consistent messages about the importance of healthy eating and physical activity for length and quality of life is a key objective of ANA. ANA supports cooperation through regional forums, monthly Board meetings, regular newsletters and website.

ANA is funded through subscriptions from its member organisations. Specific ANA projects are funded through contracts from the Ministry of Health and Sport and Recreation New Zealand (SPARC). Currently ANA staff consist of two full time executive staff, both dietitians and one part time admin support.

Obesity Action Coalition

During a meeting of legislators, a congressperson asked the question – “Who represents patients who are affected by obesity?” It was then that a legislator pointed out a serious need – a group whose only focus is on those affected by obesity. With this, the Obesity Action Coalition (OAC) was born with the goal of building a national coalition of those who are living with and/or affected by obesity.

The OAC is a non profit education and advocacy organization dedicated to serving the individuals most affected by obesity – patients! It is not only the OAC's goal to represent patients, but to also provide balanced and comprehensive obesity educational materials and encourage and teach active advocacy participation.

OAC wants to see a change in the obesigenic environment. OAC acknowledges there is ‘lots of talk, but little walk’. They want to see real change and real government action, e.g. strict regulation of food advertising, simple and effective food labeling, action on food security, removal of GST (12 ½ %) on all primary foods.

OAC is fully funded by the Ministry of Health.

Personal Reflections

Lessons to be learnt...

1. Structure and foundations have been firmly laid for nutrition and physical activity programmes. Sound basis and backing for nutrition activities from government level.
2. Interesting approach by the New Zealand government with Healthy Eating Healthy Action Action, in providing monies for programmes without a rigid set plan on how to deliver. Not a true community development approach, instead the government has taken a community action approach.
3. Development of nutrition into programmes led by the New Zealand Sport's Trusts presents great potential for nutrition messages to be incorporated into well structured and practical activities. In this way nutrition has moved from the health agenda to the physical activity / lifestyle agenda which allows it to be presented to the public in what is likely to be viewed as a more positive method.
4. 'Lack of dietitians at the coal face.'
Posts delivering the nutrition messages at a grass roots level are not necessarily filled by people with nutrition or dietetic qualifications. Benefit has been shown by keeping the dietitian involved. Dietitians offer the skill of translating nutritional science into practical food advice. If a dietitian / nutritionist is not involved there is a need for co-ordinated / standardized nutrition training for staff. There is a need for nutrition and physical activity training for relevant health workers, teachers and food industry employees. Supporting and mentoring these staff is also essential.