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**NUTRITION  
ACTION**

Ngā Takawaenga Hāpai Kai Hauora



## Evidence & Action

Thanks to Wellington Volleyball & KiwiSport at Sport Wellington for providing this image

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## STEMMING THE FLOW OF KIDNEY DISEASE



Kidney Health New Zealand is excited to have recently become a member of ANA. The purpose, philosophy and values of ANA are very similar to Kidney

Health New Zealand, particularly the focus on preventable lifestyle diseases such as diabetes, the biggest cause of kidney disease in New Zealand. We see our involvement with ANA benefiting both organisations as we share ideas and information and more importantly a passion for improving the health of New Zealanders.

An example of some of the work Kidney Health New Zealand undertakes includes the promotion of World Kidney Day. World Kidney Day aims to raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.

Chronic kidney disease increases with older age and for those with diabetes the risk is even greater. For those whose kidney disease is severe this leads to end stage kidney failure for which dialysis may be the only available treatment. The enormous health care costs associated with long term dialysis treatment are unsustainable and there remains an unmet demand for kidney transplantation.

Every year Kidney Health New Zealand uses the second week of March to

raise awareness of kidney disease; this also coincides with World Kidney Day which is held on the second Thursday in March. As kidney disease is not seen as "sexy" and therefore difficult to raise awareness, we are always looking for new and innovative ways to get our message across to the general public.

This year Kidney Health New Zealand was fortunate enough to have the support of the Mad Butcher during Kidney Health Week. All Mad Butcher stores in Auckland gave out Kidney Warrant of Fitness packs to customers upon request. There was a radio advertising campaign (featuring the Mad Butcher himself) promoting the week and inviting customers to go to their local store to collect a pack. These were available from the 10-14 March and on request from Kidney Health New Zealand.

The pack included a urine test stick and instructions on how to test for protein in their urine, information about kidney disease, what to do if you are concerned about your kidneys and a card that can be taken to your doctor to help you ask for the right tests to check the health of your kidneys.

Those at increased risk for kidney disease include:

- A family history of kidney disease
- Diabetics
- Māori, Pacific or South Asian heritage
- Over the age of 60
- High blood pressure
- A smoker



Some interesting facts:

- There were 3,993 people receiving renal replacement therapy (RRT) at 31 Dec 2012 in New Zealand
- Of these, 1,524 had a functioning kidney transplant and 2,469 were receiving dialysis treatment
- 513 people commenced RRT in New Zealand in 2012
- 49% of all new patients in 2012 were as a result of diabetes
- The cost of keeping someone on dialysis is approximately \$70,000 per year

- There are more than 600 people waiting for a kidney transplant in New Zealand
- There are around 110 kidney transplants performed every year. 🌱

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## Green Prescription Diabetes Innovation Funding



**Goal: to reduce the number of people with type 2 diabetes or at risk of diabetes.**

Last year's Budget provided new funding of \$500,000 over two years to support Green Prescription (GRx) diabetes innovation and best practice. Tenders were called for proposals to develop initiatives to use this funding to meet the goal. Sport Waikato has been selected to provide the project services. Sport Waikato will sub contract Sport Gisborne Tairāwhiti and Sport Taranaki for these services in their areas.

The purpose of the funding is to:

- target the population group/s most at risk of developing type 2 diabetes
- demonstrate innovation in supporting and achieving the objective of the funding
- address risk factors known to be associated with the development of type 2 diabetes including slowing the progression of pre-diabetes to diabetes
- integrate diabetes prevention services with other health strategies such as diabetes management, long term conditions management and targeted Māori and Pacific health initiatives
- provide value for money
- develop programmes that are transferrable to other settings in New Zealand.

### Sport Waikato-led GRx Project

The Sport Waikato-led project will provide GRx support to general practices enrolled in the 'Energized' programme. GRx Energizers (trained GRx staff working within the three regional sports trusts) will work with clusters of practices that have a high number of patients with diabetes. Energizers will support and guide practice staff to be confident about promoting physical activity and healthy eating. Energizers will also educate practice staff, patients and the community about GRx.

Energizers will develop and provide a range of practice-led services including:

- 12-week online GRx coaching programme to support doctors and nurses using GRx resources
- Weekly 'Tips and tools for GRx' emailed newsletter
- 'Weight Loss 4 Life' programme trialling of text reminder service for GRx clients.

### Evaluation

Over the fifteen months of the project, Sport Waikato will provide quarterly reports to the Ministry of Health on behalf of the three areas. These will include case studies looking at the outcomes for patients and practice staff. It is expected that at least 5,550 adults will be referred for GRx support during the duration of the project. An external evaluator will evaluate the project so that the experience of participants can be shared.

### Other support for general practices and at-risk patients

The Ministry's cardiovascular disease/diabetes and long term conditions teams' work programme has identified a need to increase support to general practice around nutrition and physical activity for people identified (as a result of their heart and diabetes check) as being at risk of type 2 diabetes.

Three other innovation funding proposals from Bay of Plenty, Auckland and Hawkes Bay will be supported. These will also be evaluated and if successful, could be rolled out nationally.

For more information about GRx visit: [www.health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions](http://www.health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions) 🌱

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# Farewell to ANA Executive Director



## A message from the Executive Board of ANA

It is with considerable sadness that we say goodbye to Nicola Chilcott who left ANA on Friday 30 May. Nikki has been the face and the engine of the organisation since 2003. She has ensured that ANA has continued to provide crucial sector development and networks through a period of huge change for the nutrition and physical activity sectors in New Zealand. We will all miss her commitment and quiet efficiency enormously. Nikki is off to new challenges at the Ministry of Health and will be sadly missed. We wish Nikki all the best in her new role. 🌟

## NEW ZEALAND POPULATION HEALTH CONGRESS

The New Zealand College of Public Health Medicine, the Public Health Association and the Health Promotion Forum are welcoming registrations for the inaugural New Zealand Population Health Congress being held on the 6-8 October 2014 at the Aotea Centre, Auckland.

The Congress will be a major event in New Zealand's population health calendar this year. It is a chance for you to learn, discuss and debate advances in population health thinking and practice in areas such as child health, housing, nutrition, indigenous health and climate change.

The overarching Congress theme is '**Connecting Communities, Science and Policy**' and the programme provides multiple opportunities to achieve this goal.

A range of inspiring and challenging local and international keynote speakers have already been confirmed including:

- Professor Sir Mason Durie (Professor of Māori Studies, Massey University)
- Associate Professor Papaarangi Reid (Tumuaki (Deputy Dean Māori) Faculty of Medical and Health Sciences, University of Auckland; Head of Department, Te Kupenga Hauora Māori)
- Dr Colin Tukuitonga (Secretariat of the Pacific Community Director-General)
- Professor Philippa Howden-Chapman (Professor of Public Health, University of Otago)

### NZ Population Health Congress:

Connecting communities,  
policy and science

**6-8 October 2014**

[pophealthcongress.org.nz](http://pophealthcongress.org.nz)



- Professor Shanthi Ameratunga (Professor of Epidemiology, Auckland University)
- Rod Oram (New Zealand Journalist and social commentator)
- Dr Michael Sparks (President of International Union for Health Promotion and Education)
- Professor Ruth Bonita (Professor Emeritus, University of Auckland)
- Professor Kirk Smith (Professor of Global Environmental Health, University of California)
- Professor Shiriki Kumanyika (President-elect of the American Public Health Association)
- Professor David Stuckler (Oxford-based political economist) 🌟

Early bird registrations are open until **Friday 5 September**. To find out more and to register visit [www.pophealthcongress.org.nz](http://www.pophealthcongress.org.nz)

# SUPPORTING MOTHERS FOR A HEALTHY START TO LIFE

**The recent *Growing Up in New Zealand* research showing only 3% of pregnant women eat the recommended servings of foods across all food groups made headlines – but didn't surprise many. While rates between each food group were quite varied, with 21% meeting the recommendations for meat/eggs, 27% for fruit and vegetable, and 58% for milk products, overall the results were consistent with other earlier studies and the results for non-pregnant women.**

However, the research also showed clear variances between ethnicities, showing the importance of eating patterns and family influences over other socioeconomic characteristics, and in its conclusion, said the results also showed women lack knowledge about “*the specific benefits of a more nutritious diet during pregnancy*” and need more support<sup>1</sup>.

These results re-affirm the direction of the new Gravida Healthy Start Workforce Project that is already under development. For the past six months, in partnership with the NZ College of Midwives, Plunket, Tipu Ora and the Heart Foundation, Gravida has been developing two new education programmes for maternity and child health care professionals. The aim is to increase their confidence in supporting mothers with nutrition knowledge and skills and physical activity advice.

The programmes are intended to extend other successful kaupapa and training opportunities already in place for midwives, Plunket nurses and Well Child Tamariki Ora providers, and are based on evidence from the research field of the Developmental Origins of Health & Disease (DOHaD). Explained in detail at the ANA “It Starts with Us” national conference in May 2013 by Sir Peter Gluckman, DOHaD research notes that nutrition, breastfeeding duration and physical activity all contribute to developmental changes during preconception, pregnancy and infant years, in part through changes in gene activity. These changes can then have a long term impact on a child's later health and non-communicable disease (NCD) risk (i.e. diabetes, heart disease, obesity, allergies).

Godfrey et al.<sup>2</sup> suggest that up to 30% of the risk for developing NCDs in adulthood may originate in a baby's nutritional environment before birth. This level of risk can then be added to in the first infant years. DOHaD research

also emphasises the importance of a new mother's own health, noting that similar risks for later-in-life disease result for her too, from the same factors.

The two new workforce programmes were proposed by Gravida and its partners and awarded funding under a wider RFP called by the Ministry of Health in December 2012. The first programme, known as the *Healthy Start Education Programme*, will cover the new and updated scientific concepts, providing background about “why” people should care about healthy eating and physical activity at this time of their lives, as well as translation of current MOH guidelines.

The second programme acknowledges that simply giving women this information won't work. The information must fit with their cultural or family situation and come from their community or close relationships. Midwives, Plunket and Tamariki Ora nurses hold special, central and trusted relationships with families in this time and can make a huge difference if supported with the right communication tools. The *Healthy Conversations Skills Training Programme*, originally from Southampton<sup>3</sup>, reinforces and supports health practitioners to create more opportunities to listen and discuss health behaviours with mothers and families. Techniques include open discovery questions that lead to better understanding of their cultural or family situation and setting goals that reflect a family's multivariable issues.

“The aim of the project is to create every day knowledge, tools and resources that help our workforces partner with mothers and families to face really difficult subjects, such as a mother's weight during pregnancy, how to eat healthily and utilising food and meals they can afford,” says NZ College of Midwives CE Karen Guilliland. “Helping mothers and families understand the importance of this time and what they can do to contribute to giving their babies a healthy start is hugely rewarding for our workforces. Our relationships mean we're really uniquely placed to offer this help and intervene with the support of other professionals.”

Both programmes will be launched in 2015, with pre-registrations opened later this year. To find out more visit [www.gravida.org.nz/healthystartworkforce](http://www.gravida.org.nz/healthystartworkforce) 📄

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# GARDEN TO TABLE

**It is widely acknowledged that not all children in New Zealand eat well. A disturbing number go to school each day without breakfast and yet a frightening percentage are overweight or obese. We know that poor food choices lead to poor health, and that the obesity/diabetes epidemic is the public health issue of our time.**

Almost as confronting is the cultural deprivation that comes with the loss of familial food experiences. Without access to the shared table, children miss out on this crucial centre point for family life and an opportunity to share, interact and feel cared for.

The good news is that children are as responsive to positive food experiences as they are to negative ones, and that's where the Garden to Table programme comes in, providing limitless opportunities for positive experiences.

Currently running in nineteen schools around the country, it is designed to change the way children approach and think about food. It allows children to enthusiastically get their hands dirty and learn how to grow, harvest, prepare and share fresh, seasonal food.

The fundamental philosophy that underpins the Garden to Table programme, is that by setting good examples and engaging children's curiosity, as well as their energy and their taste buds, we can provide positive and memorable food experiences that will form the basis of positive lifelong eating habits.

By linking Garden to Table to the curriculum, the programme rapidly becomes embedded in the school and forms an important part of the children's learning. It also impacts on students' behaviour, attendance at school, self-confidence and self-esteem.

Where once parents would pass on the skills required to be able to feed oneself, be that growing or cooking food, there is a generation of parents who do not have this basic knowledge. This is not their fault but rather that of generations of processed food giants and their marketers telling people they don't have time to cook and that cooking is a chore rather than something that can bring joy into family life. Alongside this sits a disturbing disconnect from the land whereby children simply do not know that food, rather than coming from a supermarket, actually needs to be grown.

Children learn best through doing, through positive examples, through trial and error. We need to capture their interest, curiosity and energy as well as their appetites! As participants in Garden to Table, students discover the pleasures of hands-on food education, through regular classes in the vegetable garden and the kitchen classroom. Classes are facilitated by part-time garden and kitchen specialists in consultation with the teachers.



**Students at East Tamaki School proudly showing the broccoli they have grown**

Students learn to build and maintain a garden according to organic principles, and to grow and harvest a wide variety of vegetables, fruits and herbs. An abundant vegetable garden is created within the school grounds to provide edible, aromatic resources for the school kitchen. The creation and care of the garden teaches students about the natural world, its wonders and beauty and how to cultivate and care for it.

In the kitchen, students prepare a range of simple, delicious dishes from the seasonal produce they've grown. The finished meal is arranged with pride and care on tables set with flowers from the garden. The shared meal is a time for students, specialists, teachers and volunteers to enjoy the fruits of their labour, and each other's company and conversation.

It's not hard to see that Garden to Table, if available to all children aged seven to ten years, would impact greatly on future generations and their families across multiple aspects of their lives.

Garden to Table currently relies on grants funding, private donations, corporate partnerships and fundraising to fund the growth of the programme. At least seven new schools are scheduled to be enrolled in the programme during 2014.

For more information about Garden to Table contact Anne Barrowclough, Executive Officer at [anne@gardentotable.org.nz](mailto:anne@gardentotable.org.nz)

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# PASIFIKA CHOICE: FAMILY ACTION FOR THE PREVENTION OF OBESITY IN PACIFIC CHILDREN



**Pasifika Choice is a new initiative now underway in the Hutt Valley designed to tackle the prevalent problem of childhood obesity in Pacific communities.**

Candice Apelu, Project Manager for the Pasifika Choice project, says that despite improvement in Pacific children's health over the last 10 years, the recently conducted New Zealand Health Survey 2011/12 highlighted that one in five Pacific children are obese. These rates are higher than the national averages and obesity rates have not changed since 2006/07.

Delivered and led by Pacific Health Service Hutt Valley in partnership with Te Awakairangi Health Network and Family Centre, Pasifika Choice is a three year project funded by the Ministry of Health through the Pacific Innovations Fund.

The overall goal of the project is to reduce the incidence of obesity in Pacific children in the Hutt Valley by working with Pacific families with children aged from 3 to 11 years. Instead of waiting for children to develop the co-morbidities associated with overweight and obesity, project activities will largely focus on early intervention strategies around food choices and physical activity developed in conjunction with the families with an emphasis on changing healthy lifestyle habits rather than weight loss.

The project aims to work with 150 children and their families within the three years. It is a free programme for Pacific families and families can join the project by contacting the team at Pacific Health Service Hutt Valley.



Pasifika Choice team with Project Ambassador Rodney So'oialo

The project offers families the opportunity to work with a Healthy Families Coach within their homes or wherever they feel comfortable in, nutrition interventions, attend cooking sessions and other necessary support and resources at no cost to support any healthy lifestyle changes families want to make. The only requirement from the families is commitment and time.

The project's ambassador is former All Black Rodney So'oialo. "I did not hesitate to give my support and come on board as an Ambassador for Pasifika Choice because as a parent I can identify with what the project is trying to achieve. As parents and role models we can make a huge difference in the way children think and act. When children see us making healthy and better choices, they will do the same" he said.

One of the strengths of this initiative according to Ms Apelu is that it is driven from a research/evidence base that understands traditional Pacific attitudes to food and physical activity and the present realities of Pacific families. The project also offers flexibility for each family to choose the activities and associated benefits they want from the programme to fit around their family routines and other commitments. This ensures a level of local ownership and commitment to the project that is likely to lead to a continuation of being physically active and more nutritionally aware after project support ends.

Since it started in October 2013, the project is now working with the first cohort of families. Some highlights have also included the inaugural Pasifika Choice Family Touch tournament which included over 30 families getting active through the sport of Touch Rugby. 🏉

*"Together as parents, Pacific families and communities we can tackle, ruck and maul this childhood obesity problem out the door. Things like limiting access to fizzy drinks and lollies in the house, and being active together as a family even if you start with a 10-minute walk. Small and subtle changes can reap big health rewards." – Rodney So'oialo*

**For more information about Pasifika Choice contact:**

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# Heart Foundation Tick



The Heart Foundation Tick was introduced 21 years ago. Since then, it has become a trusted, independent symbol helping New Zealanders easily recognise healthier food choices within a specific food category. The Heart Foundation is now proud to introduce Two Ticks as the newest member of the Tick family. Consumers told us they wanted to easily and quickly identify foods that are the healthier products within a category (Tick) and to be able to identify the core foods for a healthy diet (Two Ticks).

Foods with the Tick logo are still a healthier choice within a specific food category. Two Ticks will be on core foods for a healthy diet and, due to its stricter criteria, will be on a limited number of categories. Two Ticks will look more at the foods as a whole (rather than just specific nutrients) but will include a sugar criterion for some categories.

The food categories within Two Ticks align with the NZ Food and Nutrition Guideline Statements for healthy adults and the four major food groups outlined by the Ministry of Health:

- Eat plenty of vegetables and fruits
- Eat plenty of breads and cereals, preferably whole grain

- Have milk and milk products in your diet, preferably reduced or low-fat options
- Include lean meat, poultry seafood, eggs or alternatives (nuts, seeds and legumes).

Two Ticks looks at foods as a whole and does not dictate frequency of consumption. For those categories within Two Ticks that do contain nutrient criteria, the criteria were developed taking the following in to consideration:

- Current Tick programme criteria
- The Australian and New Zealand Food Standards Code
- Food Standards Australia New Zealand
- Current Heart Foundation position statements.

The Tick is a trans-Tasman programme with criteria aligning for the majority of categories. Two Ticks is a New Zealand only initiative so will only be seen on products sold in New Zealand. Consumers will see a transition period and the gradual roll-out of products featuring the Two Ticks logo from mid-May 2014.

## For more information contact:

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### Here are some of the categories you may find Tick approved products...

#### Vegetables and Fruit

Vegetable juice  
Fruit bars  
Dried fruit  
Fruit juice

#### Cereal Products

Bread  
Breakfast cereals  
Pasta & noodles  
Savoury biscuits  
Baked products

#### Dairy & Alternatives

Milk & milk alternatives  
Yoghurt & dairy desserts  
Cheese  
Cream alternatives  
Frozen desserts

#### Meat & Meat Products

Meat  
Poultry  
Small goods  
Seafood  
Plant based meat

#### Legumes, Nuts & Seeds

Legumes  
Nuts & seeds  
Spreads  
Nut & seed bars

#### Fats & Oils

Vegetable oils  
Edible oil spreads  
Bakery fats

#### Condiments

Table sauces  
Salad dressings  
Relishes & chutneys  
Stocks  
Cooking sauces

#### Meals

Meal kits  
Ready meals  
Recipe concentrates  
Sandwiches  
Soups

### And here are the categories that may have a Tick or Two Ticks...

#### Fruit and Vegetables

Fresh & shelf-stable fruit  
Fresh & shelf-stable vegetables

#### Cereal Products

Wholegrain bread, pasta & noodles  
Breakfast cereals  
Whole grains

#### Dairy & Alternatives

Plain, low fat milk & milk alternatives  
Low-fat yoghurt

#### Meat & Meat Products

Plain meat, poultry & seafood

#### Legumes, Nuts & Seeds

Dried & shelf-stable legumes  
Plain nuts & seed

## Placement and promotion strategies to increase sales of healthier products in supermarkets in low-income, ethnically diverse neighbourhoods: a randomised controlled trial

Authors: Foster, Karpyn, Wojtanowski, Davis, Weiss, Breisinger, Tierney, Guo, Brown, Spross, Leuchten, Burns & Glanz

**Summary:** The aim of this study was to evaluate the effectiveness of in-store marketing strategies to promote the purchase of healthier food items by measuring weekly sales. Eight urban supermarkets in low-income high-minority neighbourhoods were selected for this randomised controlled trial. Four stores received a 6-month, in-store marketing intervention that promoted the sales of healthier products from five product categories including milk, ready-to-eat cereal, frozen meals, in-aisle beverages and check-out cooler beverages through placement, signage and product availability strategies. Results showed the intervention stores had significantly greater sales of low-fat milk, water and some frozen meals compared to the control stores. The authors conclude that simple placement and product availability strategies can have a significant influence on healthier items.

### Commentary by Delvina Gorton, National Nutrition Advisor, National Heart Foundation:

Intervening in food stores at the point where food is selected seems logical. This study used placement and promotion of healthier foods and drinks to unconsciously nudge people towards healthier purchases. We know that placement techniques are used by supermarkets to increase sales, for example by placing products at eye level, end-of-aisle and at checkouts.

The study suggests that this approach could help create some shifts in purchasing towards healthier options. However, we also know that price is one of the main drivers of purchasing behaviour. Packaging this into a more comprehensive approach that included price incentives could achieve more meaningful changes. 🍷

Reference: The American Journal of Clinical Nutrition 2014, 99(6), 1359-1368

## Fruit and vegetables on prescription: a brief intervention in primary care

Authors: Buyuktuncer, Kearney, Ryan, Thurston & Ellahi

**Summary:** As a strategy to increase fruit and vegetable consumption, fruit and vegetable voucher schemes have been implemented in the United States and United Kingdom for some time. This study aimed to evaluate the effectiveness of a brief intervention in primary care consultations in an area of high deprivation.

### Commentary by Dr Wilma Waterlander, Research Fellow, National Institute for Health Innovation:

This small scaled pilot study tested the effects of a fruit and vegetable (FV) prescription in the primary care setting. 621 patients received a prescription, which included four FV vouchers (offering a £1 discount for every £3 spent on FV) coupled with five-a-day consumption messages. N=124 (7-14 days after the intervention), n=84 (3-6 weeks) and n=54 (16 weeks) participants provided FV consumption

data (via questionnaires). No change was observed in the number of FV portions consumed. This was not a randomised controlled trial, the dropout rate was very high and the intervention was brief and small. Therefore, no firm conclusions on the effects of FV subsidies can be drawn from this study.

Reference: Journal of Human Nutrition and Dietetics 2014, 28(3), 197-203

## Measuring and influencing physical activity with smartphone technology: a systematic review

Authors: Bort-Roig, Gilson, Puig-Ribera, Contreras & Trost

**Summary:** This review aimed to examine the evidence on smartphones and their viability for measuring and influencing physical activity. A systematic search of six databases found 26 articles which met the reviews inclusion criteria and all studies were from highly economically advantaged countries. The authors reported that smartphone technology can accurately measure physical activity behaviour and by using engaging intervention strategies that smartphones offer could be an effective way to encourage physical activity.

### Commentary from Dr Ralph Maddison, Associate Professor, National Institute for Health Innovation, University of Auckland:

Mobile phone ownership, in particular smart phones is increasing across New Zealand offering important new opportunities to measure and promote physical activity. Advantages of mobile phones are (1) they are carried by most people, most of the time; (2) interventions can be delivered anywhere at any time and for extended periods, facilitating regular communication and maintenance of behaviour; (3) they can be designed to send content (e.g. messages) in a time-sensitive manner that fits with the individual's lifestyle; (4) they are proactive and do not require prompting by the user before support is offered; (5) they can be personalised and tailored to suit specific demographic, and health needs; (6) they increase access (e.g. less travel); (7) allows cheaper provision of services than face-to-face contacts and (8) they provide a way of reducing inequalities due to their widespread adoption by all cultural and socioeconomic groups.

This review of literature highlighted the potential of this technology for both these purposes. Native features of many new phones include accelerometers, gyroscopes and global positioning system capability, which can all be harnessed to measure physical activity. The studies reviewed showed that typical methods for assessing physical activity (e.g. accelerometers) smartphones has average-to-excellent levels of measurement accuracy, when the mobile phone was placed mainly in the waist-to-hip area.

Research to date has shown that smart phone features can engage people to make changes to behaviour; however much of the research has involved pilot studies with small numbers of participants and of short duration. This is a quickly developing area of interest and while there appears to be potential for mobile phones to measure and promote physical activity, more robust and rigorously designed research is needed. 🍷

Reference: Sports Medicine 2014, 44(5), 671-686

# Coming Events

## JUNE 2014

**32nd International Symposium on Diabetes and Nutrition:** 25-27 June, 2014, *Reykjavik, Iceland*.  
[Read more here](#)

## AUGUST 2014

**4th International Critical Dietetics Conference:** 14-17 August, 2014, *Chicago*. More information [available here](#)

**Nutrition Society of New Zealand Annual Conference:** 28-29 August, 2014, *Queenstown*. [Read more here](#)

## OCTOBER 2014

**La Leche League 50th Anniversary Conference:** 3-5 October, 2014, *Auckland*. [More information available here](#)

**New Zealand Population Health Congress, Connecting Communities, Science and Policy:** 6-8 October, 2014, *Aotea Centre, Auckland*.  
[Read more here](#)

**Be Active 2014 Conference:** 15-18 October, 2014, *Canberra*. Follow this link for [more details here](#)

**International Congress on Children's Physical Activity and Sport:** 17-18 October, 2014, *Liege, Belgium*.  
[Read more here](#)

**Walk21 XV International Conference on Walking and Liveable Communities:** 21-23 October, 2014, *Sydney*. More information [available here](#)

**2 Walk and Cycle Conference:** 29-31 October, 2014, *Nelson*. Follow this link for [more details here](#)

## NOVEMBER 2014

**FAO/WHO Second International Conference on Nutrition:** 19-21 November, 2014, *Rome, Italy*.  
[Read more here](#)

## FEBRUARY 2015

**14th World Congress on Public Health:** 11-15 February, 2015, *Kolkata, India*. More information [available here](#)

## MAY 2015

**ANA National Conference:** 6-7 May, 2015, *Auckland*. Keep an eye on the [ANA website](#) for further information

# What's new

## How much sugar do you drink?

Did you know that drinking a 600ml bottle of soft drink every day is the same as having 480 teaspoons of sugar every month, which equals 2kg of sugar?



This new infographic showing the amount of sugar in common New Zealand drinks and promoting water as the best choice. This can be used by health professionals wanting to encourage others to choose low or no sugar drink options.

This new infographic can be viewed online or displayed as a poster. If you would like to order A3 copies of the poster, please email: [admin@breakfasteaters.org.nz](mailto:admin@breakfasteaters.org.nz)

To download the infographic [click here](#)



## Behind the hype: Sports drinks

Are you confused about who needs sports drinks and when? The Health Promotion Agency's new 'Behind the hype' information update helps take some of the mystery out of using these beverages. You may be surprised to learn that very few people do enough exercise (duration or intensity) to need a sports drink. Water provides adequate hydration and it's much cheaper (and sugar free!).

To download the fact sheet [click here](#)

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