

Activity & Nutrition Aotearoa

Kia Hono, Kia Tipu

Connecting people and knowledge



Evidence & Action

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Looking back...

ANA wishes Diana a happy retirement.



Diana O'Neill

It is appropriate to be writing this article during the 7th ANA conference and looking back 12 years to the first conference held in May 2005.

Kaweake Ake te Wero – Call to Action, the inaugural public health nutrition and physical activity conference, held in Christchurch 23-25 May 2005, was attended by approximately 220 people. The conference was funded by the Ministry of Health and Sport and Recreation New Zealand (SPARC), to enhance networking and support workforce development for the public health nutrition and physical activity sector.

There were two international speakers, Professor Abby King, a behaviour change and public health physical activity expert from Stanford University and Associate Professor John Coveney, from Flinders University, whose research interests in food policy and food security fitted well with the conference themes.

The media release stated that, 'Pedometers, apples and Green Prescriptions are just some of the tools for change this country's nutrition and physical activity specialists will be exploring in the week ahead'.

Also back then, the University of Otago's School of Medicine was recruiting over 800 Wellington women for the randomised controlled trial, Women's Lifestyle Study. The study was designed to assess the effectiveness, and cost effectiveness of the Green Prescriptions (GRx) initiative in increasing adherence to physical activity and reducing diabetes and cardiovascular risk among physically inactive women over a two year period.

The research's positive findings helped propel GRx further into the health sector from its sport and recreation beginnings and contributed to 14,543 referrals for support over the 2004-05 year and 20,211 the following year.

So what has changed in 13 years?

ANA has changed its name from Agencies for Nutrition Action to Activity and Nutrition Aotearoa. The conferences are still a highlight and essential for networking and finding out more about this sector we are working in.

In 2015-16 there were almost 50,000 GRx referrals for support and the initiative is now

firmly positioned in the health sector with management and funding devolved to DHBs since 2012.

While it can be tempting to look back, as I move out of the paid workforce I need to look at life through the windscreen, not the rear vision mirror, and remember that if Cinderella had gone back for her shoe, she would never have become a princess!

I have really enjoyed working in the physical activity and health sectors for over 30 years. I feel very proud of all that has been achieved during that time to make a difference in the lives of all New Zealanders.

Diana O'Neill

Senior Advisor, Ministry of Health

There are many hundreds of people who won't know Diana O'Neill's name but who have her to thank for supporting them to turn their lives around and to discover the joys of being healthy and well.

Diana developed Green Prescription (GRx) from its early days in SPARC, and transferred it seamlessly across to the Ministry of Health. She has walked alongside GRx through two decades of bureaucratic change, a challenging task at times.

During these years she has strengthened the model by changing it to better meet the needs of people from different backgrounds and ethnicities. She has gathered evidence of positive change in many people's lives so that now GRx has credibility and a well deserved reputation as an effective approach to weight management. Under Diana's leadership and guidance the GRx family has increased since those early days so that there is now Maternal Green Prescription, Active Families and Before School Active Families as well as the core programme.

Because Diana has had a great understanding of the realities of people's lives as they work towards implementing behaviour change, all members of the GRx family are tailored to meet the needs of different families at different life stages.

Working alongside Diana has been a privilege. I will miss her greatly.

Barbara Lusk

Portfolio Manager, Ministry of Health



Hutt Real Food Challenge Kick Starts Local Food Initiatives



It is amazing what can be achieved when 50 people with a passion for good local food get together over a weekend.

This is what happened for the Hutt Real Food Challenge in February 2017. The Hutt Real Food Challenge is a partnership between Healthy Families Lower Hutt, Hutt City Council and Enspiral, a social enterprise support network.

We want more fresh and affordable food to be available in the Hutt Valley to make healthy choices easier for everyone but for some of our neighbourhoods, access to fresh healthy food is limited. The purpose of the challenge was to get like-minded people together to find and develop innovative and creative solutions to improve our food system.



After hearing from inspirational speakers and sharing amazing locally grown kai, teams were formed to discuss issues and social enterprise ideas. The teams participated in a five-week business support series to help develop six initiatives:

World Unity Kitchen - a catering enterprise using locally grown produce and the skills of immigrants to produce tasty, healthy plant based catering options for businesses

Quick Kai - quick pre-packed nutritious meal bases that provide an alternative to chocolate fundraising

Petone Neighbourhood Kitchen - a commercially registered community kitchen

On the Verge - community berm gardening of edible foods

Let's Lunch - helping educate, nourish and empower young people through providing pre-packed and delivered healthy school lunches

Kete Food Share - a community destination where families can collect and drop off products they don't usually eat or can't afford to buy.

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The Importance of a Policy

Jill Nicholls shares her experience of working with the contracted catering company at the public swimming pool complex in New Plymouth.

The aim was to change the sugar sweetened beverage (SSB) choices available and make water more attractive.

'I worked closely with the manager of the café and we agreed to small gradual changes in the drinks available so that the consumers wouldn't really notice. As well as reducing the choice and size of the SSB - nothing above 600mls, the placement of bottled water was given more prominence as well as being \$1 cheaper than SSB in both the café and vending machines. Tap

water was made available and free on the counter. A water cooler has since replaced this successful initiative.

Feedback from parents showed they preferred the small containers of frozen slushies which were priced cheaper at \$2.50 for 300mls while the 400ml container remained at \$4.

Unfortunately, the manager of the café changed jobs and immediately the environment reverted. This was due to no hand over and the beverage sales representative being given the task of restocking the fridge.

'To prevent this situation happening again I am now developing a SSB policy for all New Plymouth District Council venues. The aim is get agreement at senior council management level and with councillors of

all three district councils so that it becomes a policy for all council contracted catering companies. Cheaper prices for bottled water and free water is part of the policy.'



For more information please contact:

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7th Activity & Nutrition Aotearoa Conference Key Messages

When we **WORK TOGETHER** we have the power to **INSPIRE CHANGE**; a change that can transform where we live, work, learn and grow into environments that support healthy eating and physical activity. **Together we can make a difference.**

WORKING TOGETHER
7th ACTIVITY & NUTRITION
AOTEAROA CONFERENCE
30 – 31 MAY 2017



INSPIRING CHANGE
TE PAPA
WELLINGTON
NEW ZEALAND

Take home messages

Collaboration across all sectors is vital and health must be built into all policies. Health must engage with a broad range of influencers and decision makers beyond the health sector including education, economic development and tourism and sustainability. Collective impact is vital. Inter-connecting is a new way of describing this.

- * Shift to systems thinking.
- * Put the fun back into physical activity.
- * Sitting is the new smoking.
- * Take a bird's eye view from time to time to ensure you are working with the right sectors and heading in the same direction together.
- * Sufficient sleep is important.
- * Be confident that the current Ministry of Health guidelines are based on a strong body of evidence.

Learn about your customers. Reframe language and imagery to attract your customers, e.g. make people feel safe and comfortable rather than showing photos of fit people wearing lycra bike shorts riding a bike on a busy city street; show a happy family cycling on a safe cycleway.

Most cyclists are men. How do we get a better gender and culture balance?

75% of New Zealanders would like to cycle if it was safe. How can we encourage safe cycling environments?

Cycling is a foreign concept for some children unlike a normal part of growing up for many adults. How do we retrofit cycling into our lifestyles?

Claire Pascoe and Sarah Ulmer

A systems approach is new to health but it is vital to enable a system change. We are still learning how to communicate it, apply it and measure it.

A step to systems thinking is a step change for obesity prevention.

Obesity is an emergent property of a system. We need to align systems' goals with organisational goals.

Organisational argy-bargy is an important sign of systems change and will inevitably happen.

Professor Boyd Swinburn

Keep people at the centre of everything.

Unhealthy and very unhealthy weight are the recommended terms to describe someone overweight or obese.

Our perception of a healthy weight over time has changed and most people now recognise an average weight child as underweight. We need to use objective measures hence the importance of completing a weight and height measure, as subjectively it's hard to judge correctly.

Professor Hayden McRobbie



The evidence is strong so why are 4/5th of adolescents not active enough? Look at who you network with, who is missing and invite them to be part of your network.

We are doing well with research; we know what works; we have evidence-based guidelines; so why is NZ the 3rd most overweight country in the OECD? Why are 50% of adults not active?

Professor Fiona Bull

Totality of evidence is what we must be using rather than a few pieces of individual research.

The strongest body of nutrition evidence means we all must be giving consistent messages of reducing saturated fat and replacing with polyunsaturated fats while increasing wholegrains.

We must invest in good quality evaluation.

Professor Jim Mann

Social media has a powerful influence on behaviours. People tend to trust advice from friends and family therefore influencing friends and family is critical if we want our messages to be heard, this means we must become savvy with social media platforms so correct information is easy to spread to the main influencers.

Craft careful headlines for stories as sometimes people don't read further than the title.

Niki Bezzant

Presentations are available on the [ANA website](#)

Bike to the future

Did you ride a bike when you were a kid? Do you remember the freedom and fun?



I remember learning to ride a bike at my grandmother's house in Whanganui. I set myself the goal of riding around the house 50 times. I got a growling for making a rut in the lawn, but it was worth it.

Sadly, many New Zealand children miss out on biking. They lose the opportunity to develop fitness, independence, risk management and social skills. They miss out on the fun of exploring their neighbourhood under their own steam.

Cycling Action Network (CAN) says getting kids biking to school is a top priority. How will we achieve this?

Invest in cycling: CAN advocates to the government and councils to fund and build quality cycleways. We talk about the 3 Cs - cycleways need to be convenient, connected and comfortable to ride.

The government and councils are investing \$350 million in 50 cycling projects in 15 cities, with the aim of increasing the number of bike trips by 10 million by 2019. You can expect to see a lot more green paint on the road – or bright pink in the case of Auckland's iconic light path.

Adopt Vision Zero: CAN has called for a fresh approach to road safety. We know that one of the top barriers to cycling is traffic danger. With road deaths increasing again after many years of progress, we say it's time for Vision Zero. This aims to achieve a transport system with no fatalities or serious injuries. This builds on the current Safe System approach, and puts safety at the heart of transport planning. Vision Zero means safer speeds such as 30 km/h in residential streets.

Bikes in Schools: Getting kids biking at school is also part of the solution. Paul McArdle, founder of the Bikes in Schools project, says he has yet to meet a kid who doesn't want to ride a bike. Bikes in Schools has got more than 20,000 kids cycling regularly, by building bike tracks in school grounds, and providing bikes, helmets and instruction.

Expand bike skills instruction: Pedal Ready works in schools and the community, showing kids and adults what they need to know to make more trips by bike.

With two-thirds of urban trips less than 6km, there's massive potential to grow cycling. As we build more cycleways and improve access to bike skills, New Zealand will be a place where we bike to the future.

Patrick Morgan is a Project Manager at Cycling Action Network, New Zealand's network of cycling advocates.

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Introducing Asha



Harmful gambling has become a major public health issue for Asian people in New Zealand, adversely affecting the physical, mental, social and financial wellbeing of individuals and those around them. **This can result in less money available for basic necessities such as food and housing.**

After investigating exclusion data obtained from Sky City Casino over a six-month period, we observed that a high number of Indian males within the 20-29 age bracket had either self-excluded from the casino or were issued exclusion orders by the casino. Our own data showed an increase in South Asians presenting for help, signifying the need for further exploration and understanding about the complex dynamics of harmful gambling within this population group.

The outcome was the establishment of the Asha programme. Asha, meaning 'hope' in Hindi, (editor highlight this) is the name of Asian Family Services' new support service for South Asians living in Auckland. This programme will focus on public health initiatives and clinical work, both having an emphasis on South Asian populations. The public health work will focus on raising awareness about the stigma attached to a gambling problem that could prevent someone from reaching out and aims to normalise help-seeking behaviour. Asha offers free, confidential, professional counselling and support services that are linguistically and culturally appropriate for the South Asian population. This service is available for people experiencing harmful gambling including family members, relatives, friends and work colleagues affected by someone else's gambling.

Asha

P: 0800 862 342 **E:** help@asianfamilyservices.nz

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The Starlight Research

Professor Cliona Ni Mhurchu, University of Auckland, shared her latest research on nutrition labels at a webinar hosted by Toi Tangata recently. Cliona states 'nutrition labels aren't a silver bullet; however, they are one useful tool in the public health toolbox.'



The health star rating is a voluntary front-of-pack nutrition labelling system that rates food products from ½ to 5 stars based on their nutrient profile or 'healthiness'.

The Starlight research studied the shopping habits of over 1,300 New Zealanders (18% Māori, 6% Pacific) to see if different kinds of labels change the healthiness of foods that shoppers buy. The research showed no significant differences in purchasing behaviour between traffic light labels, health star rating labels and the current back-of-pack nutrition information panels. However, there was a significant preference for traffic light labels and health star rating labels compared with the more complex nutrition information panel.

The Starlight research showed that overall people don't use labels a lot; however, there was a small group (about three in ten shoppers) who read labels more often and the study showed that traffic light labels and health star rating labels led to significantly healthier food purchases by that very motivated group of shoppers.

Do front-of-pack nutrition labels help shoppers to make healthier food choices?

The answer is not noticeably at an overall population level. However front-of-pack nutrition labels do influence the food industry to reformulate products to make them healthier. This has been seen with manufacturers decreasing salt, increasing fibre and reducing total energy contents to enable improved star ratings for certain foods. The health star rating system therefore helps improve the healthiness of the food supply and it won't be long before we see budget brands displaying star ratings with both Foodstuffs and Progressive committing to using this voluntary system on their private label product ranges. Currently about 10% of packaged foods in New Zealand display health star ratings and we should see this number

increase in coming years as new product packaging is phased in. Cliona says 'we need greater uptake of the health star rating system across the whole food supply to improve population diets.' If that doesn't happen within the next few years, then she suggests we need to move from voluntary to mandatory labelling.

What do these findings mean for those working in public health?

Nutrition labels are only one tool in the toolkit and we will gain greater improvements to population diets if we continue to advocate for complementary policy changes like healthy food policies in schools and hospitals, and reducing marketing of unhealthy foods to children. Such policies can build on the health star rating system by promoting foods with more than 3.5 stars.

Cliona acknowledges certain products are controversial as they have a high star rating despite a high sugar content. She encourages all those working in public health to stand up and be heard, provide feedback and have input into the health star rating **system public submission which is now open and closes on 20 July 2017.** 'We should all contribute our views to make the health star rating system more effective in supporting healthy diets.'

Dr Rachael McLean, Senior Lecturer Public Health, Department of Preventive & Social Medicine, University of Otago comments on the Starlight Research.

Testing consumers' purchasing behaviours in response to different nutrition label formats in real world settings is difficult. Ni Mhurchu and colleagues have simulated this in a randomised controlled trial by using a smartphone app to provide participants with access to one of two formats of front of pack label: the traffic light label (widely used on food products in the UK) and the health star rating currently being rolled out in NZ and Australia. The nutrition information panel was used as a control group.

This is an important piece of research, as the health star rating was implemented with little independent research in its support. Although the study found no difference between the three groups with respect to healthfulness of food purchases (according to specified nutrient criteria), frequent users of the app with access to either the traffic light or health star labels did purchase healthier food, and participants found them easy to understand compared to the nutrient information panel.

These results provide support for the implementation of front of pack indicative nutrition labels such as the health star rating and traffic light label systems.

The Health Promotion Agency: What to look for on a food label

This free teaching toolkit contains several re-usable resources providing information on reading New Zealand food labels and includes suggested teaching points and two exemplar labels to help compare similar products.

[Click here to order the free toolkit.](#)

Breastfeeding Friendly Pharmacies in Otago and Southland

Pharmacists are often the most accessible medication expert for breastfeeding women and it is known that they are frequently asked for breastfeeding related advice due to their highly visible role in the community.

Unfortunately, many women cease breastfeeding unnecessarily due to fear of harm from drugs being excreted into breastmilk, and pharmacists are in the prime position to help women to continue to breastfeed even if they need to take medications. Unnecessary cessation of breastfeeding not only deprives a child of the best conditions for health and nutrition, but may negatively affect the psychological wellbeing of the mother.



Shweta Prasad, one of the directors at Green Island Boutique Pharmacy in Dunedin

The health promotion team at WellSouth has been working on a Breastfeeding Friendly Pharmacy project, a settings-based approach to cultivating pharmacies as a community environment supportive of breastfeeding. This approach accords with the complexity of promoting breastfeeding practices, as it shifts the gaze away from the individual to the need for intervention into social and organisational systems if sustainable health-promoting change in the community is to occur. 45 pharmacies have signed up to the project and are on their way to becoming accredited.

To become a Breastfeeding Friendly Pharmacy in Otago and Southland, a pharmacy has to:

- ✳ **Adopt and implement workplace policies to ensure staff protect, promote and support breastfeeding**
- ✳ **Put signage on display encouraging women and whānau to tell pharmacy staff they are pregnant or breastfeeding**
- ✳ **Have staff who complete breastfeeding professional development**
- ✳ **Promote community breastfeeding services.**

Check out our recent publication in the **Australian & New Zealand Journal of Public Health**

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ANA Survey Results

Results of the 2017 ANA website, eUpdate and quarterly newsletter survey indicate these three items are important tools for the physical activity and nutrition workforce in New Zealand.

To keep up with the digital world the content of the quarterly newsletter will now be shared in a more timely manner and will be incorporated into the ANA eUpdate sent directly to your inbox by email fortnightly.

ANA is grateful to the over 150 people who completed the survey and congratulates Gaynor Omeri from Hillmorton High School who won the Nadia Lim Cookbook.



88% report the website meets the needs of the nutrition and physical activity public health sector



91% read the eUpdate most of the time



88% report the eUpdate and newsletter provide new knowledge and useful information

New From the Journals

Research: Support for Healthy Breastfeeding Mothers with Healthy Term Babies

Authors: *McFadden et al.*

This review analysed data from 73 trials from 29 countries and involved 74,656 women. The researchers looked at whether providing extra organised support for breastfeeding mothers would help mothers to continue to breastfeed when compared with standard maternity care.

All forms of extra organised support analysed showed an increase in the length of time women continued to breastfeed, either with or without introducing any other types of liquids or foods. This meant that fewer women stopped any breastfeeding or exclusively breastfeeding before four to six weeks and before six months. Both trained volunteers and doctors and nurses had a positive impact on breastfeeding.

Factors that may have contributed to the success for women who exclusively breastfed were face-to-face contact (rather than contact by telephone), volunteer support, a specific schedule of four to eight contacts. Support is likely to be more effective in settings with high initiation rates.

What does this mean?

Providing women with extra organised support helps them breastfeed their babies for longer. Breastfeeding support may be more helpful if it is predictable, scheduled, and includes ongoing visits with trained health professionals including midwives, nurses and doctors, or with trained volunteers. Different kinds of

support may be needed in different geographical locations to meet the needs of the people within that location.

Jane Cartwright, New Zealand Breastfeeding Alliance Executive Officer comments on this research: The evidence from World Health Organization (WHO) is that babies have better outcomes over their lifetime if they are breastfed preferably or receive breastmilk exclusively for six months then continue to be breastfed along with complimentary foods for at least two years (one year NZ Ministry of Health). There is also evidence that breastfeeding a baby contributes to better health and wellbeing for mothers.

This research confirms what the growing evidence in New Zealand is suggesting. Mothers who access good antenatal breastfeeding education and attend breastfeeding support services in the postnatal period are more likely to breastfeed exclusively for six months, with continued breastfeeding once solids are introduced.

It is important to encourage mothers and whānau to attend antenatal classes so that they feel comfortable should they need further assistance once baby is born.

Support group information is given to mothers by their lead maternity carer (LMC) or on discharge after the baby is born.

New Zealand Breastfeeding Alliance has further information on www.babyfriendly.org.nz or on the [NZBA Facebook page](#).

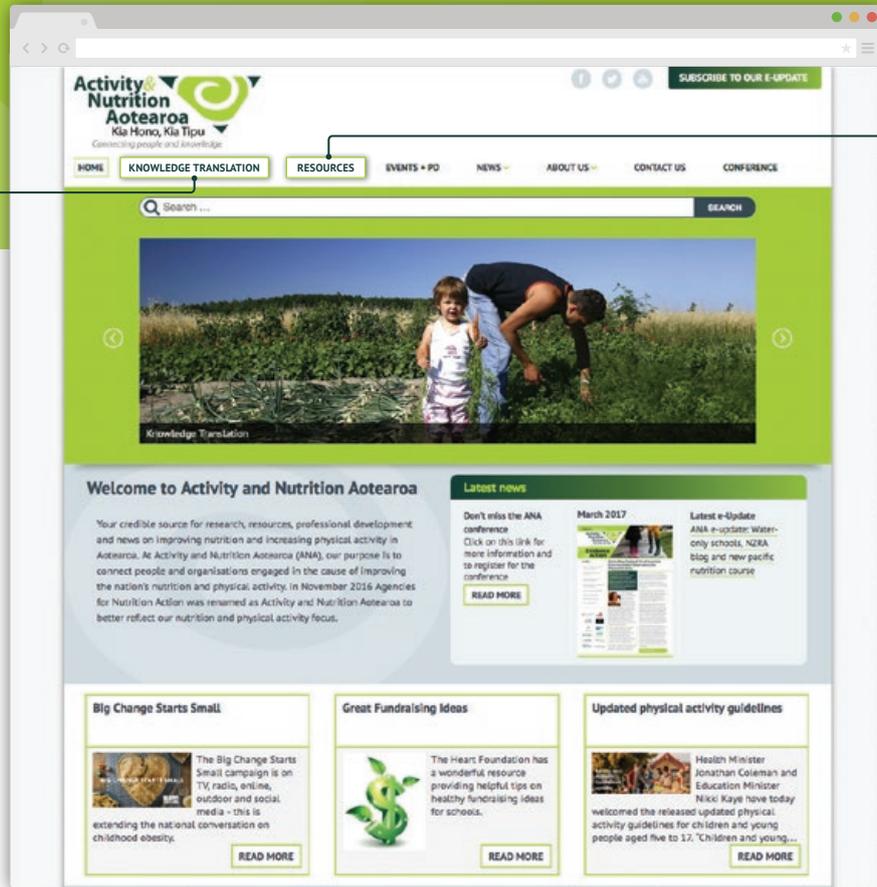
Cochrane Library, 28 February 2017

DOI: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub5/full>



Website Showcase

Visit www.ana.org.nz



ANA connects people and organisations engaged in the cause of improving the nation's nutrition and physical activity.

Activity & Nutrition Aotearoa
Kia Hono, Kia Tipu
Connecting people and knowledge

Want to stay up to date with coming events and what's new? Sign up for our fortnightly eUpdates at www.ana.org.nz

Editors Note: Views expressed in this newsletter do not necessarily represent the views of Activity and Nutrition Aotearoa, its member organisations or its funders. This newsletter is possible with the support from the Ministry of Health. This newsletter was produced by: Activity and Nutrition Aotearoa, PO Box 5680, WELLINGTON 6140. Please direct any queries regarding this newsletter to alison@ana.org.nz