

# Working Together to Inspire Change – A Ministry of Health Perspective

Dr Harriette Carr  
Deputy Director of Public Health

Ministry of Health

May 2017

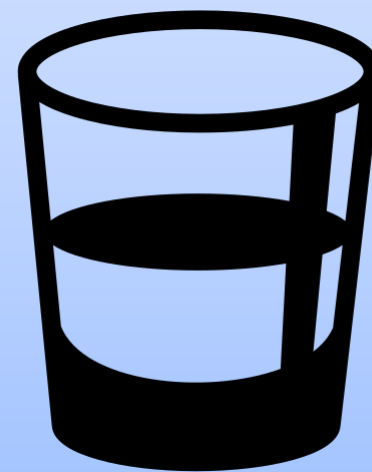
---

## Glass half full, or half empty?

*Over 80% of Maori and Pacific people rated their health in the 2015/16 New Zealand Health Survey as Excellent, Very Good or Good.*

*Three-quarters of Pacific children and 80 percent of Maori children had breakfast at home every day.*

*Almost 9 in 10 children aged 2-14 years were not obese [MOH 2016].*



# Outline

---

- International environment
- Tools for the Toolbox
- Partnerships in Action

# International

Sustainable Development Goals – UN. Set of 17 Global Goals with 169 targets.

*“We don’t have plan B because there is no planet B.”* Ban Ki-moon

## Goal 3: Good health and Well-being

Arguably all of the goals influence or are influenced by the food and activity environment...poverty, hunger, education, gender equality, clean water, energy, work, inequalities, sustainable cities, consumption and production, climate action, animal and plant life, peace and justice and partnerships.

# UN Decade of Nutrition (2016-2025)

- Aim: Implement the commitments made at the Second International Conference on Nutrition, end all forms of malnutrition.
- Country-owned and country driven building on existing efforts
- Promotes alignment among actors and actions.
- Areas include addressing childhood overweight and obesity, sustainable food systems, nutrition education and information, promoting a healthy diet, enabling environments



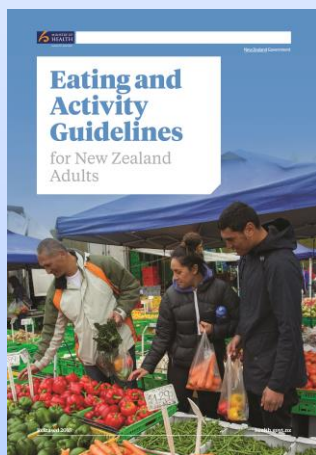
# International

## Draft WHO **global action plan to promote physical activity**:

- 140th session of Executive Board - requested the Director-General to develop a draft global action plan to promote physical activity.
- Open web-based consultation on the first draft (WHO Discussion Paper 1) from mid-July until end of August 2017.
- Draft Global Action Plan considered by 142nd Executive Board in January 2018.
- Final draft considered by Member States at the 71st World Health Assembly in May 2018.

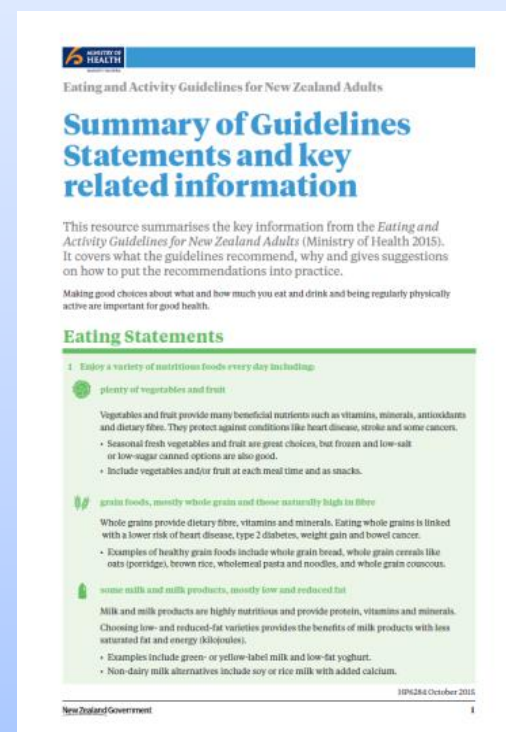
# Tools for the Toolbox

## Eating and Activity Guidelines



For more information visit:

<http://www.health.govt.nz/our-work/eating-and-activity-guidelines>



# How We Eat

A graded review of the evidence on selected food and eating behaviours related to diet and body size (S Gerritsen and C Wall):

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



## Brief Summary

- Avoiding watching TV when eating – people tend to eat more in front of a screen
- The importance of adults providing a good example for children, especially eating fruit and vegetables
- Involving children in preparing meals and eating together as a family
- Eating a variety of foods and flavours when pregnant or breastfeeding (including bitter vegetables like broccoli and cauliflower) can help children accept vegetables in early childhood.



# Clinical Weight Management Guidelines for CYP

## Weight management IN 2-5 YEAR OLDS

### 1 MONITOR

Monitor growth.

Regularly measure height and weight to calculate Body Mass Index (BMI). Use New Zealand – World Health Organization age- and sex-specific growth charts.



If trending towards overweight, or a child is above the 91<sup>st</sup> percentile, provide the family/whānau with brief nutrition and physical activity advice.

Discuss long-term health risks with the family or whānau.

Proceed to stage 2:  
**Assess**



### 2 ASSESS

Take a full history for BMI above 98<sup>th</sup> centile.

#### Consider:

- co-morbidities
- family history of obesity, early cardiovascular disease, or dyslipidaemia
- precipitating events and actions already taken
- usual diet and levels of physical activity and sleep patterns
- current physical and social consequences of body size
- signs of endocrine, genetic or psychological causes
- medications that may contribute to weight gain.

#### Include in a clinical examination:

- blood pressure with appropriate cuff size
- skin: intertrigo, cellulitis, carbuncles, acanthosis nigricans
- hepatomegaly
- enlarged tonsils
- assessment of short stature/poor linear growth
- abnormal gait, flat feet, lower leg bowing or problems with hips or knees
- dysmorphic features.

Consider further investigations for BMI above 98<sup>th</sup> centile:

- lipid profile
- HbA1c
- overnight sleep study, using pulse oximetry if history suggests sleep apnoea.



### 3 MANAGE

Aim to slow weight gain so the child can grow into their weight.

Use the Food, Activity (including sleep) and Behaviour management strategies (FAB) approach to address lifestyle interventions.

- Food/nutritionally balanced diet
- Physical activity and reduce sedentary time
- Sufficient sleep
- Behaviour management strategies.

To support meaningful engagement and improved health outcomes, it is important that a mutually agreed weight management plan takes into account the broader social, environmental and cultural contexts of the child and family/whānau.

Refer to paediatric services if significant co-morbidities are identified or if an endocrine or genetic cause for obesity is suspected.

Agree a plan for review and monitoring.



### 4 MAINTAIN

Maintain contact and support and continue to monitor the child's height and weight (eg, every 6-12 months) to ensure they are adequately supported.

Reinforce healthy eating, physical activity, behavioural strategies and sleep advice.

Identify and promote local support services. Develop collaborative partnerships with Māori health providers, Pacific health providers, Whānau Ora providers and other community-based organisations as appropriate.



**Reassess**  
if progress is not sustained.

## 3 Changes

- a shift in emphasis to regular monitoring and early intervention
- the introduction of a new growth chart for five to eighteen year olds (under development), and
- the inclusion of sufficient sleep as an aspect of weight management.



## Why is sleep important?

Sleep is essential for growth and development

Inadequate good-quality sleep is associated with:

- Weight (2x likely to be overweight or obese)
- School performance
- Driver safety
- Emotional and behavioural difficulties
- Risky behaviour
- Dietary intake



# Sleep problems

## Common

- Up to 1/3 of parents of infants and toddlers report their child has a sleep problem that negatively impacts on the family
- 2/3 of adolescents report their sleep needs not met
- Note that sleep apnoea may be caused by obesity



# Sleep

---

Age group (years)	Recommended hours (rounded down to the nearest hour)	Percentage meeting recommendation (%)
Toddlers (2)	11 to 14	66
Preschoolers (3-4)	10 to 13	84
School-aged children (5-13)	9 to 11	77
Teenagers (14-17)	8 to 10	79
Young adults (18-25)	7 to 9	79

# Sleep deprivation impacts both sides of energy balance equation

---



Less sleep -> feeling more tired -> less physical activity and decreased energy expenditure

Greater time awake -> more time to eat, and affects appetite regulation -> greater energy intake



# Interventions to improve sleep

- Evidence linking sleep to obesity is strong,
- BUT - evidence on effective interventions is limited.
- Promoting sleep hygiene (practices) is recommended approach

### Sleep tips for young children

**Why is sleep important?**  
Sleep is important for restoring energy and for growth and development. There is increasing evidence that not enough, or poor quality, sleep can negatively affect children's behaviour, learning, health, wellbeing and weight.

**How much sleep does my child need in 24 hours?**  
The table below shows the recommended total hours of sleep (including naps) per day for children from birth to 5 years. Some children naturally sleep slightly less or more than the recommended time.

Age	Recommended (hours)
Newborn (0-3 months)	14-17
Infant (4-11 months)	12-15
Toddler (1-2 years)	11-14
Preschool (3-4 years)	10-13
5 year olds	9-11

Adapted from the National Sleep Foundation: How much sleep do we really need?

For more details, go to Sleep Tips for Young Children at [health.govt.nz](http://health.govt.nz)

It is not just the amount of sleep that is important but also the quality of that sleep. The following tips may be helpful.

**How can I improve my child's sleep?**

- Have a regular bedtime routine. This might include a bath, brushing their teeth, a story then bed. Quiet activities are good before bed. Avoid active games, playing outside and screen use (eg, TV, Internet, computer games) in the hour before bedtime.
- Have a regular bedtime and wake up time. It helps your child to understand when it is time to sleep.
- Have a comfortable sleep environment. The place where they sleep should be quiet, warm and dark (though a night light is okay).
- Have no distractions in the place where children sleep, including TV, computer screens and portable devices.
- A meal within 1 to 2 hours of going to sleep is not recommended. However, a light snack may help some children.
- Avoid giving your child food and drinks containing caffeine as this can affect their sleep.
- It is normal for young children to have naps during the day. As they get older, they will need less sleep and fewer naps. If your child has a nap after 4 pm (except for newborns and infants), it may be harder for them to get to sleep at night.
- It is important for children to be active throughout the day. Activity can also help your child to sleep. Time spent in bright sunlight, such as being active outside, can also help children to sleep, but don't forget to be sunsmart! Avoid lots of activity in the hour before bedtime.
- Being unwell can also affect your child's sleep. If your child snores a lot or stops breathing for short periods while asleep, discuss this with your GP.

These tips were adapted from the Australian Sleep Health Foundation's Sleep Tips for Children.

### Helping children (5-12 years old) sleep better

**Why sleep is important**  
Sleep is important for restoring energy and helping children grow and develop. More and more evidence suggests that not enough or poor quality sleep can have a negative effect on a child's behaviour, learning, health, wellbeing and weight.

**How much sleep your child needs in 24 hours**  
The table below shows the recommended total hours of sleep per day for children and young people. Some children naturally sleep slightly less or more than these recommended hours.

Age	Recommended (hours)
School age (5-13 years)	9-11
Teenagers (14-17 years)	8-10
Young adults (18-25 years)	7-9

Adapted from the National Sleep Foundation

It is not just the amount of sleep that is important but also the quality of that sleep. The tips below may be helpful.

**Ways you can improve your child's sleep<sup>1</sup>**

- Have a regular bedtime routine: this might include your child having a shower, brushing their teeth, then going to bed. Quiet activities, like reading, are good before bed.
- Have a regular bedtime and wake up time. This will help your child understand when it is time to sleep.
- If your child is going to bed too late, gradually change this by having them go to bed 30 minutes earlier and get up 30 minutes earlier.
- Avoid active games, playing outside, and screen use (eg, TV, Internet, electronic games, etc) in the hour before bedtime. Try dimming the lights earlier.
- Arrange a comfortable sleeping environment for your child. The place where they sleep should be quiet, warm and dark (although a night light is OK).
- Don't have any distractions within sight or hearing of the area where children sleep, including TV or any kind of computer screen.
- Avoid having your child eat a meal within 1 or 2 hours of going to sleep. However, a light snack or a milky drink may help some children.
- Avoid giving your child food and any drinks that contain caffeine (especially in the afternoon/evening) as this can affect their sleep.
- It is important for children to be active throughout the day. Activity can also help your child sleep. Time spent in bright sunlight, such as being active outside, can also help children to sleep, but don't forget to be sunsmart!
- Illness can affect your child's sleep. If your child snores a lot or stops breathing for short periods while asleep, discuss this with your GP.
- Irregular or insufficient sleep can be a symptom of depression. Discuss this with your GP.

The Australian Sleep Health Foundation has a range of factbooks on sleep health, including behavioural sleep problems in school-aged children, teenage sleep, understanding and helping poor sleep, and technology and sleep ([www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)).

1. Adapted from the Australian Sleep Health Foundation ([www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)) Sleep Tips for Children

### Helping teenagers sleep better

**Sleep is important for restoring energy and helping you grow and develop.**  
Not enough, or poor quality, sleep can have a negative effect on your behaviour, learning, health, wellbeing and weight.

**How much sleep you need in 24 hours**  
You should be regularly sleeping 8-10 hours each night. However, some people naturally sleep slightly less or more than these recommended hours.

It is not just the amount of sleep that is important but also the quality of that sleep. The tips below may be helpful.

**Ways you can improve your sleep<sup>1</sup>**

- Have a regular bedtime routine: this might include having a shower, brushing your teeth, then heading to bed. Quiet activities, like reading, are good before bed.
- Have a regular bedtime and wake up time, including on the weekends (v. 2 hours). This will make it easier to get up for school on Monday morning!
- If you are going to bed too late, gradually change this by going to bed 30 minutes earlier and getting up 30 minutes earlier.
- Try to do your study earlier in the afternoon/evening.
- Avoid active games, playing outside and screen use (eg, TV, Internet, electronic games, etc) in the hour before bedtime. Try dimming the lights earlier.
- Arrange a comfortable sleeping environment. The place where you sleep should be quiet, warm and dark.
- Don't have any distractions within sight or hearing of the area where you sleep, including TV or any kind of computer screen. Turn off your phone before you go to bed so you are not tempted to keep checking it.
- Try to avoid eating meals within 1 to 2 hours of going to bed.
- Avoid caffeinated drinks like energy drinks, coffee, and tea - especially in the afternoon/evening - as they can affect your sleep.
- Being active throughout the day can help you sleep. Time spent in bright sunlight, such as being active outside, can also help, but don't forget to be sunsmart!
- Illness can affect your sleep. If you discover that you snore a lot or stop breathing for short periods while you're asleep, discuss this with your GP.
- Irregular sleep and insufficient sleep can be a symptom of depression. Discuss this with your GP.

The Australian Sleep Health Foundation has a range of factbooks on sleep health, including behavioural sleep problems in school-aged children, teenage sleep, understanding and helping poor sleep, and technology and sleep ([www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)).

# Sit Less, Move More, Sleep Well

## Physical Activity Guidelines for Children and Young People

**For school-aged children and young people (aged 5 to 17 years) high levels of physical activity, low levels of sedentary behaviour and sufficient sleep each day achieves greater health benefits.**

**A healthy 24 hours includes:**



**quality uninterrupted sleep of 9 to 11 hours per night for those aged 5 to 13 years and 8 to 10 hours per night for those aged 14 to 17 years, with consistent bed and wake-up times**



**an accumulation of at least one hour a day of moderate to vigorous physical activity (incorporate vigorous physical activities and activities that strengthen muscles and bones, at least three days a week)**



**no more than two hours per day of recreational screen time**



**for the remainder of the day:**

- **sitting less, moving more – break up sitting time.**
- **participating in structured and unstructured light physical activities.**

**Preserving sleep, trading indoor time for outdoor time, and replacing sedentary behaviours and light physical activity with additional moderate to vigorous physical activity can provide greater health benefits.**

# Physical Activity Guidelines for Under Fives

---





## Sit Less Guidelines

---



Provide regular activity breaks to limit the amount of time a child spends sitting.



Discourage screen time for under-two-year-olds and limit screen time to less than one hour every day for children aged two years or older – less is best!



Limit time in equipment that restricts free movement.

---

## Move More Guidelines



Provide fun activities that support physical, social, emotional and spiritual growth (at least three hours every day for toddlers and preschoolers, spread throughout the day).



Include plenty of opportunities for active play:



that develop movement competence and confidence



challenges - build resilience and encourage creativity through exploration



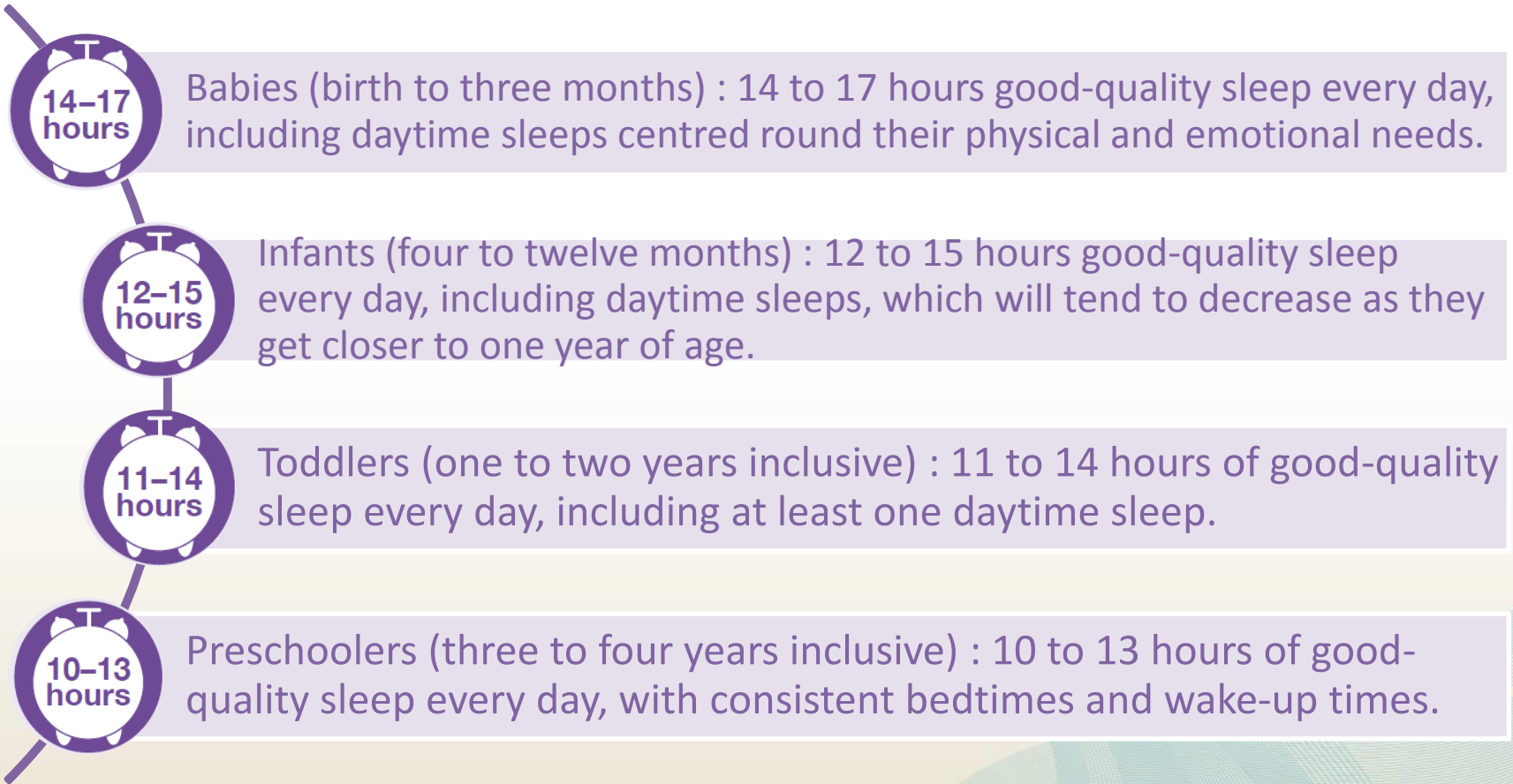
By themselves and with others



indoor and outdoor activities, in nature

# Sleep Well Guidelines

---



# National Healthy Food and Drink Policy and Organisational Policy

- Developed by all DHBs collectively
- Incorporates Eating and Activity Guidelines and Health Star Rating,
- Traffic light categories for foods
  - **Green** – no restrictions
  - **Amber** – reduced portion sizes
  - **Red** – to be phased out

## National Healthy Food and Drink Policy

### Healthy food and drink environments

This policy is to ensure DHBs and their contracted health service providers (with a healthy food and drink contract clause) promote an environment that consistently offers and promotes healthy food and drink options. Refer to the nutrient criteria table (page 9) for greater clarity on how the Policy can be implemented.

Consistent with the *Eating and Activity Guidelines for New Zealand Adults*, messages and practices relating to food and drinks in the DHB will reflect the following principles.

### Healthy food and drink policy principles

Offer a variety of healthy foods from the four food groups.

This means:

- plenty of vegetables and fruit
- grain foods, mostly wholegrain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed.

Food should be mostly prepared with or contain minimal saturated fat, salt (sodium) and added sugar, and should be mostly whole or less processed.

This means:

- some foods containing moderate amounts of saturated fat, salt and/or added sugar may be available in small portions (eg, some baked or frozen goods)
- no deep-fried foods
- no or limited confectionery (eg, sweets and chocolate).<sup>3</sup>

Water and unflavoured milk will be the predominant cold drink options.

This means:

- the availability and portion sizes of drinks containing 'intense' sweeteners,<sup>4</sup> and no-added-sugar juices, are limited
  - no sugar-sweetened drinks.<sup>5</sup>
- Healthy food and drink choices (including vegetarian and some vegan items) appropriate to a wide variety of people should be available, with consideration given to cultural preferences, religious beliefs and special dietary requirements such as gluten free.

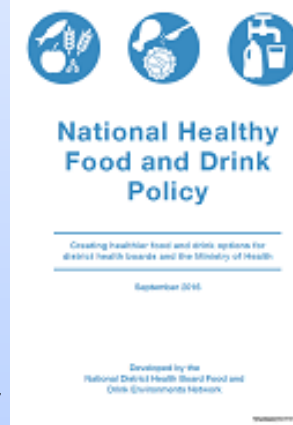
<sup>3</sup> The Network has chosen to adopt a no confectionery policy within DHBs and the Ministry. Confectionery will be phased out over a two-year period.

<sup>4</sup> Intense sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.

<sup>5</sup> Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, iced teas/coffees and energy/sports drinks.

## Digesting progress

- Ministry of Health has adopted the policy – cafeteria, caterers
- Six DHBs have conditionally adopted the Policy, others working towards it
- Generic policy developed for other organisations
- Self-Monitoring Tool developed
- Local Councils – some have made first step by removing SSBs
- Other agencies actively considering adopting the generic policy



[www.health.govt.nz/publication/national-healthy-food-and-drink-policy](http://www.health.govt.nz/publication/national-healthy-food-and-drink-policy)



# Healthy Food and Drink Policy for Organisations

Consider promoting the Healthy Food and Drink Policy within your organisation

Encourage other organisations to improve their food and drink environment.



## Other Actions

- Health Target
- Green Prescriptions
- Guidance for Healthy Weight Gain in Pregnancy
- Healthy Families New Zealand
- Industry Pledges
- Serving Size Work
- NRVs (Aust)
- WHO Code of Breastmilk Substitutes

## Cross Agency work



### **Education:**

Water-only Schools, Health Promoting Schools, ERO report actions



### **Sport NZ:**

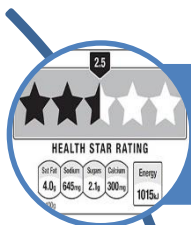
MOU, Play.Sport, PA Guidelines



### **Transport and ACC:**

Cycling

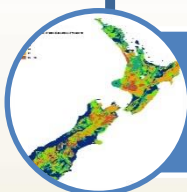
## Other Cross-Agency Work



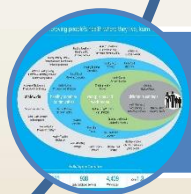
**MPI: Health Star Rating**



**HPA: Big Change Starts Small, Nutrition and PA promotion**



**Conservation: Healthy Parks, Healthy Places**



**Other: Healthy Families NZ, Healthy Auckland Together**

## Want to keep up to date?

Keep up to date with the latest research on nutrition, physical activity and obesity, and weight management

[www.weightmanagement.hiirc.org.nz](http://www.weightmanagement.hiirc.org.nz)



## So is your glass half full or half empty?

- What size is the glass?
- What is it full of?
- What are you having with it?
- And who is at the table?

