NUTRITION & PHYSICAL ACTIVITY STRATEGY 2015-2018

November 2015

Population Health

Waikato District Health Board

TABLE OF CONTENTS

This Nutrition and Physical Activity Strategy aims to understand behaviours and outcomes, and sets the scene for Population Health's potential response.

CHAPTER 1
SETTING THE SCENE

Nutrition & Physical Activity

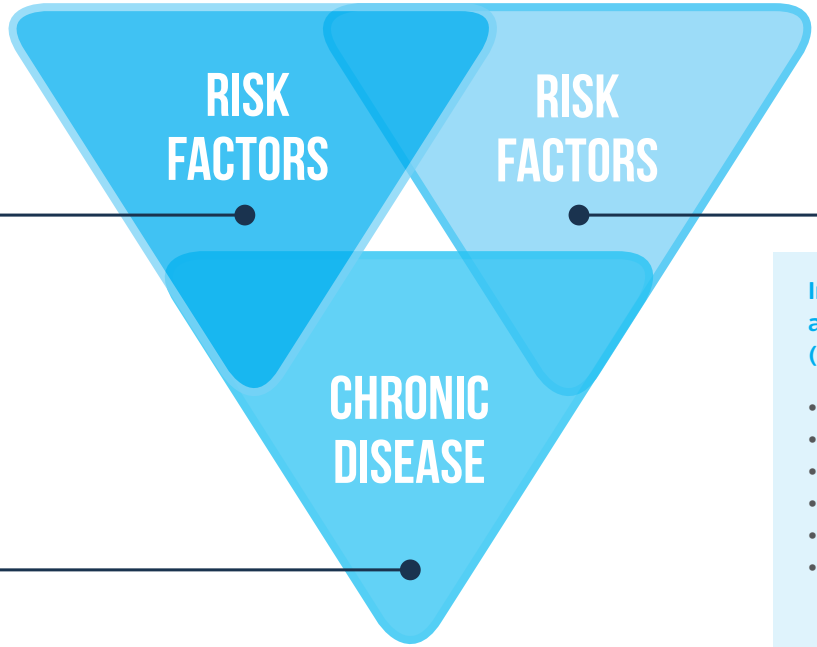
LINKS BETWEEN NUTRITION, PHYSICAL ACTIVITY AND LONG TERM CONDITIONS

Good nutrition, regular physical activity, and a healthy body weight and size are important, across the life-course, in maintaining health and wellbeing, and for preventing health conditions such as cardiovascular disease, diabetes and some cancers.[1]

LIFE COURSE APPROACH

Pre-conception → Child → Adolescent → Adult → Elderly

Unhealthy diet
Physical Inactivity



Overweight / Obesity
High Blood Pressure
High Blood Glucose
Abnormal Blood Lipids

Cardiovascular Diseases
Diabetes
Cancers
+ other conditions

Increasing physical activity and healthy foods have a positive influence on all the dimensions of health (physical, social, psychosocial) with good benefits

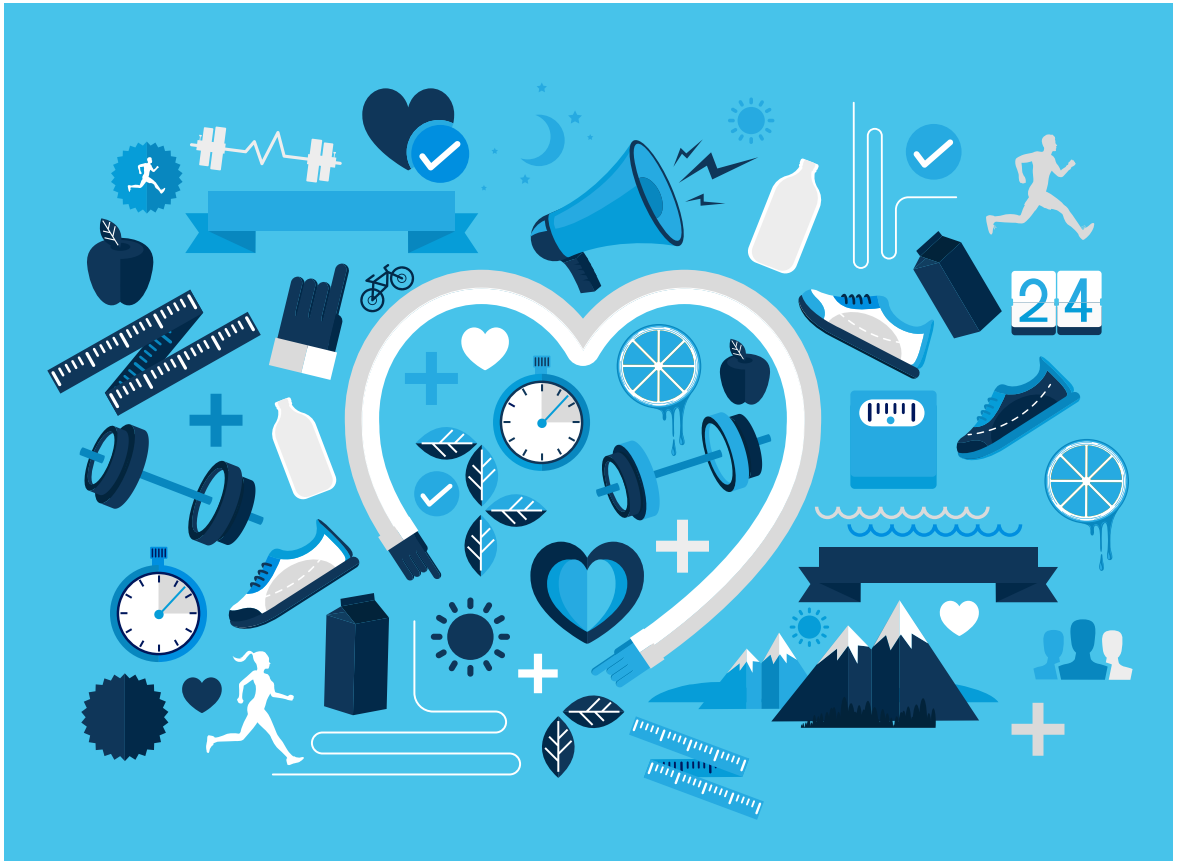
- Enhance mental wellbeing
- Increased brain function
- Prevention and protective factor for some cancers
- Enhance bone health
- Increased injury prevention (e.g. fall prevention)
- Contribute to prevention / risk reduction of diabetes, heart disease, high blood pressure, stroke, parkinsons, dementia, obesity

[1] http://www.hpa.org.nz/what-we-do/nutrition-and-physical-activity

SCOPE

To effectively address the issues and explore the opportunities to ensure our communities live a healthy, active life, we acknowledge that a comprehensive approach is required. With a health equity lense, we work across primary prevention to tertiary intervention, government, private sectors and communities, utilising collaborative, responsive, and evidence-based interventions.

This strategy will take a population-level view with a focus on primary prevention – early intervention approaches and strategies, including collaboration, advocacy, and action.



WHAT DO WE MEAN BY...

NUTRITION

We all need a variety of foods to grow, develop and maintain good health and wellbeing[1]

The NZ Food and Nutrition Guidelines encourage us to:

- Eat well by including a variety of nutritious foods from each of the four major food groups each day.
- Eat plenty of vegetables and fruits.
- Eat plenty of breads and cereals, preferably wholegrain.
- Have milk and milk products in your diet, preferably reduced or low-fat options.
- Include lean meat, poultry, seafood, eggs or alternatives.[1]

When we do not have access to enough or the right sorts of foods to provide an adequate, nutritious, well-balanced diet, we become susceptible to undernutrition or malnutrition which leads to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.[2]

PHYSICAL ACTIVITY

Physical activity helps protect against many diseases and illnesses. It is also important for maintaining a healthy weight and preventing and reducing obesity.

When we are not active we are not achieving health enhancing activity and we become susceptible to poor health and Long Term Conditions.

Children must be moderately to vigourously active 60 minutes a day or more, with adults needing 30 minutes a day, five days a week.[3]

[1] http://www.health.govt.nz/our-work/preventative-health-wellness/nutrition/food-and-nutrition-guidelines/nz-food-and-nutrition-guideline-statements-healthy-adults

[2] Ministry of Health (2014) Annual Update of Key Results 2013/2014: New Zealand Health Survey. Wellington: Ministry of Health

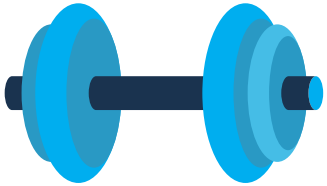
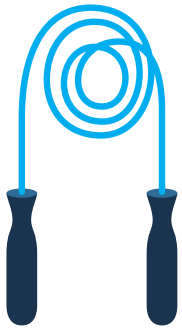
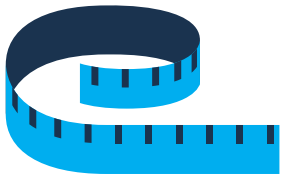
[3] University of Sydney (2015) Exercise and Physical Activity in NCD Prevention – Online programme resources

WHAT IS THE RELATIONSHIP TO BODY SIZE & OBESITY?

- Our body weight or size is determined by the balance of energy in (what we eat) versus energy out (how active we are)
- Increased body size is caused by an energy imbalance – energy in exceeds energy out
- Obesity is caused by a chronic energy imbalance and results in a high amount of body fat in relation to lean body mass

WHAT INFLUENCES NUTRITION & PHYSICAL ACTIVTY?

- Access / Availability / Security | Food and green space
- Price / Cost
- Knowledge and skills
- Confidence
- Motivation


CHAPTER 2
UNDERSTANDING HEALTH BEHAVIOURS & HEALTH OUTCOMES

A Global Perspective

NUTRITION & PHYSICAL ACTIVITY | THE FACTS

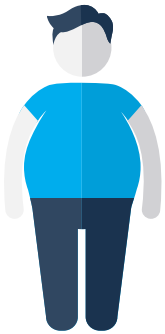
Physical inactivity is a

RISK FACTOR

for non communicable disease

INDEPENDENT

of diet, obesity, smoking and alcohol misuse[1]



Physical inactivity is the

4TH LEADING

cause of

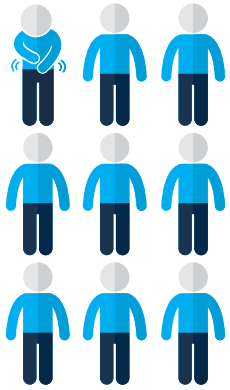
DEATH WORLDWIDE[2]

UNDERNUTRITION

contributes to about

1/3 OF CHILD DEATHS

worldwide[3]



1 IN 9

people go to bed

HUNGRY[3]

UNDERNUTRITION

and

OVERWEIGHT

are now problems

AFFECTING

people within the same communities[3]

RAPID RISE

in people who are

OVERWEIGHT

and obese - half a billion who are obese - in poor and rich countries[3]

[1] University of Sydney (2015) Exercise and Physical Activity in NCD Prevention – Online programme resources

[2] WHO Burden of disease – global deaths attributed to 19 leading factors (by country income level, 2004)

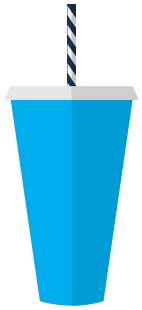
[3] http://www.who.int/mediacentre/events/meetings/2014/international-conference-nutrition/en/

NUTRITION & PHYSICAL ACTIVITY | THE FACTS

1/3 OF FOOD IS WASTED

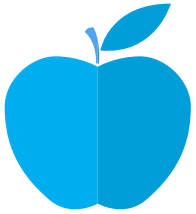
somewhere between

THE FARM & YOUR PLATE[1]



Foods and drinks

HIGH IN FAT, SUGAR AND SALT ARE CHEAP AND READILY AVAILABLE[1]



Many families

CAN'T AFFORD

nutrient rich foods like

FRESH FRUIT

and vegetables, beans, meat and milk[1]

Reducing

SALT INTAKE

has been identified as one of the most

COST-EFFECTIVE

measures for improving Population Health[1]

SUGARY DRINKS,

such as soft drinks, fruit juice, sports drinks and energy drinks can contain

5-7 TEASPOONS OF SUGAR

in a 250ml glass[2]

From conception to childhood, parents/ caregivers, families and communities

DIRECTLY SHAPE

a child's physical and social environment and indirectly influence behaviours, habits, preferences and attitudes[3]

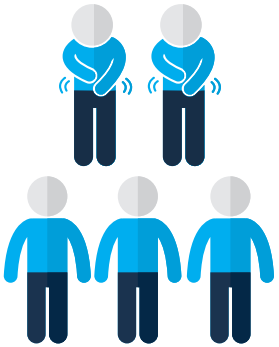
[1] http://www.who.int/mediacentre/events/meetings/2014/international-conference-nutrition/en/
[2] http://www.hpa.org.nz/sites/default/files/images/How%20much%20sugar%20do%20you%20drink_a4.pdf
[3] http://www.health.govt.nz/publication/understanding-excess-body-weight-new-zealand-health-survey

CHAPTER 3
UNDERSTANDING BEHAVIOURS & HEALTH OUTCOMES

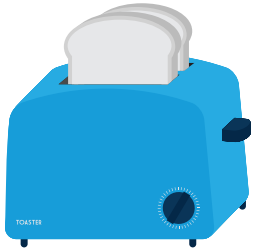
National Perspective

NUTRITION | NZ[3]

ACCESS TO
to sufficient healthy, affordable and safe food
(FOOD SECURITY)
is a basic
HUMAN RIGHT[1]

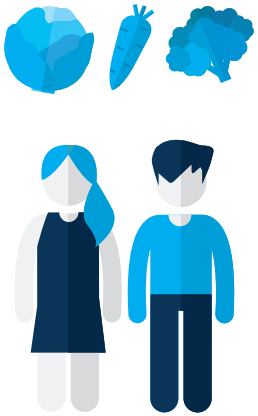


In 2008-2009,
2 OUT OF 5
New Zealand households did not have a food supply they could completely rely on. This means some people were not able to obtain the food they need for a healthy life[1]



In 2013/2014
9 OUT OF 10
children ate breakfast at home.
BREAKFAST
at home everyday - an indicator of a
NUTRITIOUS
diet and healthy eating behaviours[2]

In 2013/2014
WOMEN
were less likely to meet recommendations
FRUIT INTAKE
than in previous years[2]



In 2013/2014
YOUNG PEOPLE
(15-24 years) were less likely to meet recommendations for
VEGETABLE INTAKE[2]

In 2013/2014
ADULTS
in the most deprived areas were
20% LESS LIKELY
to eat the recommended servings of fruit and vegetables per day as adults living in the least deprived areas after adjusting for age, sex and ethnic differences[2]

[1] http://www.ana.org.nz/resources/food-security
[2] http://www.health.govt.nz/publication/annual-update-key-results-2013-14-new-zealand-health-survey
[3] Compared to the overall total for adults

PHYSICAL ACTIVITY & INACTIVITY | NZ

IN 2013/2014[1]

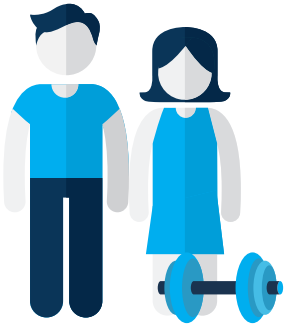
1 IN 2 ADULTS

were physically active and this has remained relatively constant since 2006/07, for both men and women

Half of all children watched

2+ HOURS OF TV

each day, an indicator of physical inactivity. Māori, Pacific and children from the most deprived areas at least 1.4 times more likely to watch 2+ hours of tv each day



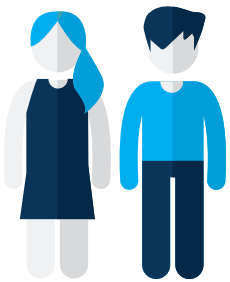
14% OF ADULTS

had done little or no physical activity (less than 30 minutes in total) in the seven days prior to being surveyed: 10% in 2006/07

People living in the most

DEPRIVED AREAS

were 20% less likely to have been physically active than those in the least deprived areas

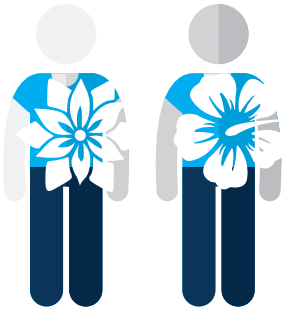


FOR YOUNGER ADULTS

(15-24 years) physical activity levels have

DECLINED

since 2006/07, from 56% to 51%



ASIAN & PACIFIC

adults were less likely to be physically active than non-Asian adults and non-Pacific adults

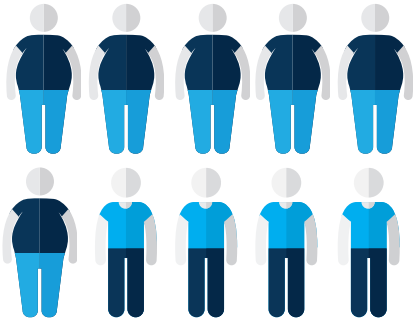
20% &10%

respectively)

[1] http://www.health.govt.nz/publication/annual-update-key-results-2013-14-new-zealand-health-survey

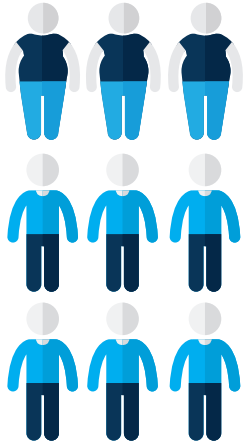
HEALTH OUTCOMES | NZ

IN 2013/2014[1]

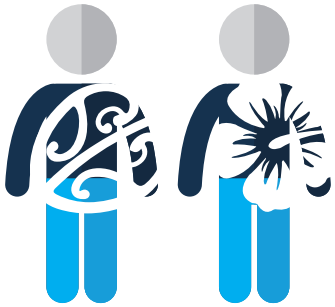


6/10 ADULTS
were obese or overweight

ADULTS
living in the most deprived areas are 4 times more likely to be
EXTREMELY OBESE



3/9 CHILDREN ARE OBESE
or overweight



Children who are
MĀORI
or live in the
MOST DEPRIVED
areas, or
PACIFIC
are more likely to live with obesity (1.9, 2.7, 3.9 times more likely respectively)

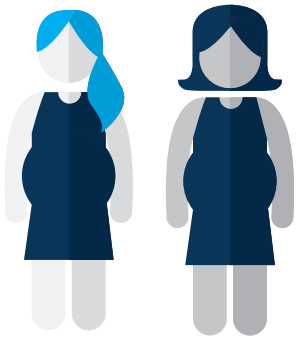
The majority of
PARENTS ARE UNAWARE
that their obese child is
OVERWEIGHT
- this is particularly the case among those living in the most deprived areas and parents of young children.

[1]MoH, 2015, Understanding Excess Body Weight: NZ Health Survey; MoH

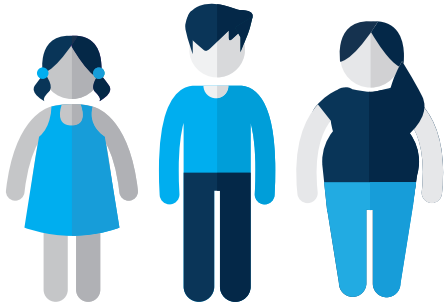
PRIORITY GROUPS | NZ

HAPŪ MAMA

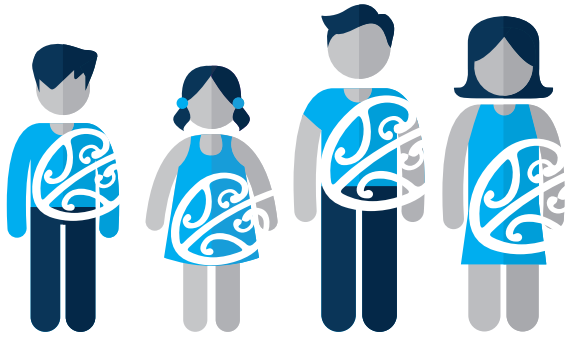
women of child bearing age



CHILDREN

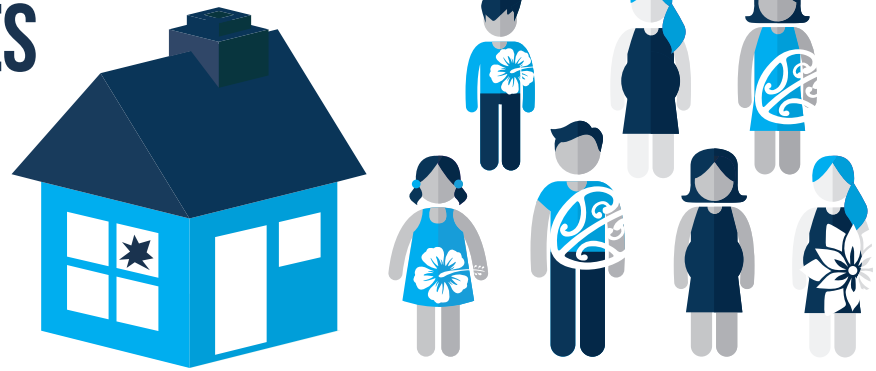


MĀORI



PACIFIC

COMMUNITIES IN MOST DEPRIVED AREAS



CHAPTER 4
UNDERSTANDING BEHAVIOURS & HEALTH OUTCOMES

Waikato DHB

KEY STATS I ADULTS I WAIKATO DHB

A summary of key stats for nutrition, physical activity and Health Outcomes for adults in the Waikato DHB area.

		Age-standardised Prevalence (%)				Māori vs Non-Māori
		Māori		Non-Māori		
	Indicator for adults aged 15 years and over	**2011/14 (%)**	**Time trends since 2006/07**	**2011/14 (%)**	**Time trends since 2006/07**	**Rate ratio 2011/14**
Nutrition	Meets vegetable intake guidelines	58	≈ No change	66	↓ Decrease	0.88
Nutrition	Meets fruit intake guidelines	48	↓ Decrease	60	≈ No change	0.80
PA	Physically active	53	↓ Decrease	45	↓ Decrease	1.18
Health Outcome	Obesity	50	↑ Increase	31	↑ Increase	1.61
Health Outcome	Overweight	30	n/a	34	≈ No change	-

Notes: Percentages are rounded to nearest whole number. Time trends are standardised for age. n/a = value not available for comparison. Arrows show statistically significant differences over time ($p<0.05$). Only significant rate ratios are shown. A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Source: 2006/07, 2011/12, 2012/13, and 2013/14 New Zealand Health Survey: The Health of Māori adults and Children 2011-2013 (2014).

HEALTH OUTCOMES I ADULTS I WAIKATO DHB

Admissions for Long Term Conditions associated with Nutrional and Physical Activity reveal significant disparity in outcomes, which requires further exploration of determinants of health.

Maori 45-64 years		Maori 65+ years	
Long Term Condition	*** Times more likely to be admitted than Non-Māori**	**Long Term Condition**	*** Times more likely to be admitted than Non-Māori**
Heart failure	8.05	**COPD**	3.61
Diabetes	8.05	**Diabetes (II)**	3.29
COPD	3.9	**Heart Failure**	2.63
CVA	3.03	**CVA**	1.39
Breast Cancer	1.65	**Musculoskeletal**	1.23
Musculoskeletal	1.54	**IHD**	0.89
IHD	1.31	**Bowel Cancer**	0.79
Bowel Cancer	0.88		

KEY STATS | CHILDREN | WAIKATO DHB

A summary of key stats for nutrition, physical activity, and associated Health Outcomes for children in the Waikato DHB.

		Unadjusted Prevalence (%)		Rate Ratio
		Māori	Non-Māori	Māori vs Non-Māori
	Indicator for children aged 15 years and under	2011/14		
Nutrition	Ate fast food 3+ times in past week	6	7	-
Nutrition	Had fizzy drink 3+ times in past week	22	14	1.52
Nutrition	Breakfast at home every day in past week	80	93	0.86
Nutrition	Meets age-specific vegetable intake guidelines	51	61	0.84
Nutrition	Meets fruit intake guidelines (2+ servings per day)	70	72	-
PA	Usually watched two or more hours of television each day	60	55	1.08
Health Outcome	Obesity	16	5	3.19
Health Outcome	Overweight	32	22	1.42

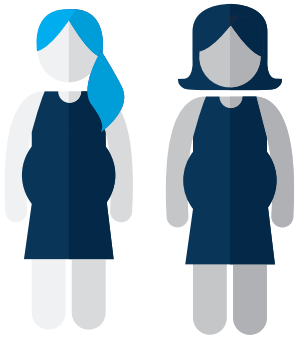
	Unadjusted Rates (2010-2014)		Rate Ratio
Dental Caries (0-14 years)	1277	781	1.64

Notes: Percentages are rounded to nearest whole number. Only significant rate ratios are shown. A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Red indicates a poorer result than green. Source: 2011/12, 2012/13, and 2013/14 New Zealand Health Survey: The Health of Māori Adults and Children 2011-2013 (2014).

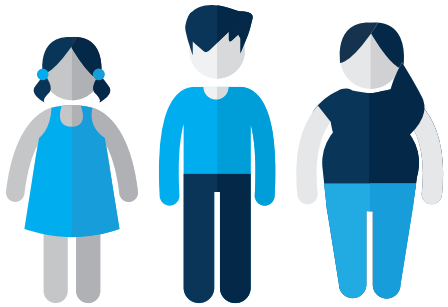
PRIORITY GROUPS | WAIKATO DHB

HAPŪ MAMA

women of child bearing age



CHILDREN

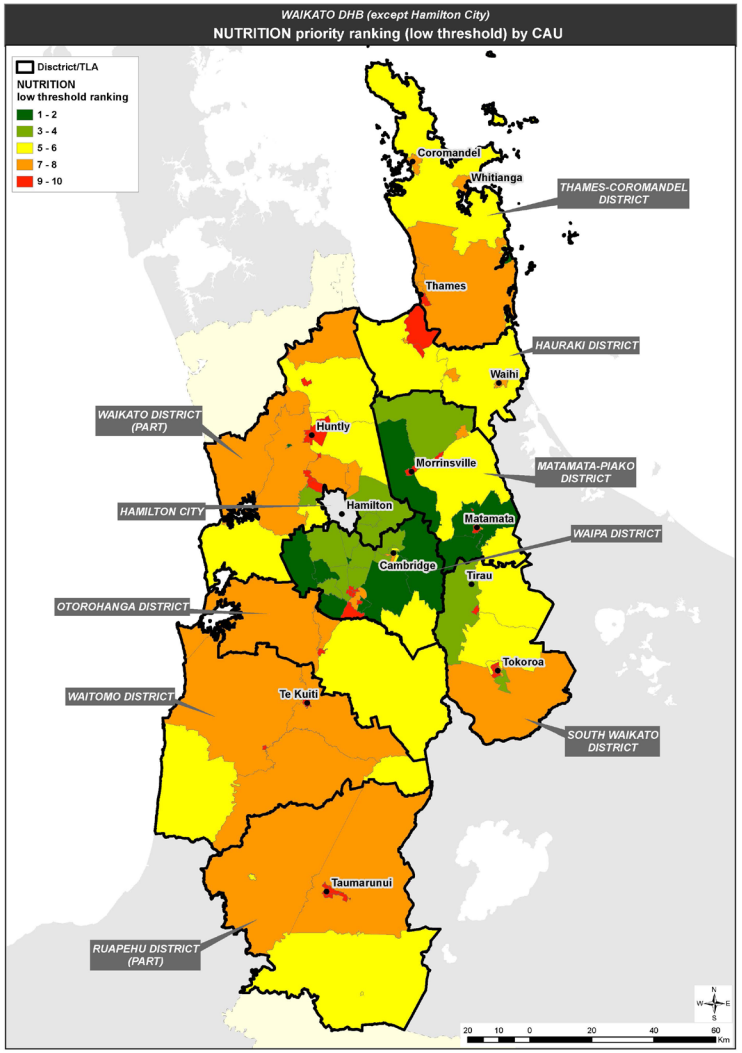


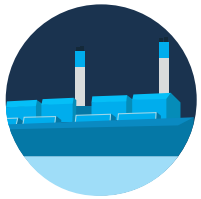
MĀORI

PACIFIC

COMMUNITIES IN MOST DEPRIVED AREAS

PRIORITY AREAS | WAIKATO DHB





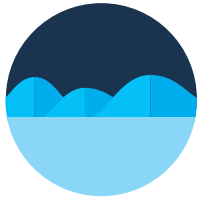
HUNTLY

THAMES

TOKOROA

HAMILTON

TE KUITI



TAUMARUNUI

CHAPTER 5
RESPONSE TO POOR NUTRITION & PHYSICAL INACTIVITY

Policy, Implementation, Response

POLICIES | GLOBAL AND NATIONAL

There is a broad global and national policy response to address Nutrition, Physical Activity and associated health outcomes. The following table provides an overview of policy responses that link to Nutrition and Physical Activity

Global Policy Response	National Policy Response
WHO Global Action Plan for the Prevention and Control of Non-Communicable Disease 2013-2020 http://www.who.int/nmh/publications/ncd-action-plan/en/	**Ministry of Health Statement of Intent 2015-2019** http://www.health.govt.nz/publication/statement-intent-2015-2019
WHO Global Strategy on Diet, Physical Activity and Health 2004 http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf	**NZ Health Strategy 2000** http://www.health.govt.nz/publication/new-zealand-health-strategy
	Ministry of Health. Childhood Obesity Plan 2015 http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan
WHO Commission on Ending Childhood Obesity (ECHO): Interim Report 2015 http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf	**NZ College of Public Health Medicine: Prescription for a Healthier New Zealand 2014** http://www.nzcphm.org.nz/media/80019/2014_09_24_nzcphm_bim_prescription_for_a_healthier_new_zealand.pdf
The Toronto Charter for Physical Activity: A Call for Action 2010 http://www.interamericanheart.org/images/PHYSICALACTIVITY/TorontoCharterPhysicalActivityENG.pdf	**NZ Public Health Nutrition and Physical Activity Sector Vision 2024: Healthy Communities, Healthy Lives 2014** http://www.ana.org.nz/sites/default/files/Healthy%20Communities%20Healthy%20Lives%20FINAL.pdf
WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children 2010 http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf	**NZ Medical Association Policy Briefing: Tackling Obesity 2014** https://www.nzma.org.nz/__data/assets/pdf_file/0015/32082/NZMA-Policy-Briefing-2014_Tackling-Obesity.pdf

GLOBAL POLICIES

Global Policy	Vision	Goal
WHO Global Action Plan for the Prevention and Control of Non-Communicable Disease 2013-2020 http://www.who.int/nmh/publications/ncd-action-plan/en/	A world free of the avoidable burden of disease	Reduce the burden of NCDs so populations attain the highest standards of health and productivity and NCDs are no longer a barrier to wellbeing or socioeconomic development
WHO Global Strategy on Diet, Physical Activity and Health 2004 http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf	Develop a strategy for substantially reducing deaths and disease worldwide by improving diet and promoting physical activity	Effective interventions to enable people to live longer and healthier lives and reduce inequities
WHO Commission on Ending Childhood Obesity (ECHO): Interim Report 2015 http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf	End Childhood Obesity	No increase in childhood overweight by 2025
The Toronto Charter for Physical Activity: A Call for Action 2010 http://www.interamericanheart.org/images/PHYSICALACTIVITY/TorontoCharterPhysicalActivityENG.pdf	• Target populations • Reduce inequities • Address, environmental, social, and individual determinants • Work in partnerships and across sectors • Build research and policy capacity	• Use a life course approach • Use advocacy to gain commitment and resources • Adapt strategies for cultural and contextual fit • Make the active choice the easy choice
WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children 2010 http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf	• Reduce the impact on children of unhealthy food and beverages.	• Reduce both exposure of children to and power of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt.

NATIONAL POLICIES

Policy	Vision	Goals
MoH Statement of Intent 2015-2019 △	New Zealanders live longer, healthier and more independent lives The health system is cost-effective and supports a productive economy	• New Zealanders are healthier and more independent • Improve health equity • Reduce child poverty rates and improve child health
New Zealand Health Strategy △ 2000	All New Zealanders live well, stay well, get well.	• Improved health and equity for all populations • Better experience of care • More sustainable use of resources
Childhood Obesity Plan △ 2015	Prevent and manage obesity in children and young people up to 18 years of age.	• Implement targeted interventions for those who are obese • Increase support for those at risk of becoming obese • Implement broad approaches to make healthier choices easier for all
Prescription for a healthier NZ □ 2014	Healthier New Zealand	• Improve the quality and quantity of New Zealand's housing stock • Increase physical activity and improve nutrition • Make New Zealand Smokefree by 2025 • Reduce harm- from alcohol consumption
Healthy Communities, Healthy Lives ∗ 2014	Healthy Communities, Healthy Lives	• Healthy, safe, affordable food • Restrict marketing messages • Less sitting (sedentary behaviour)
Tackling Obesity ○ 2014	Tackling obesity	• Countering the obesogenic environment • Improving health literacy

△ Ministry of Health
□ NZ College of Public Health Medicine
∗ Agencies for Nutrition Action
○ NZ Medical Association

APPROACHES FOR CHANGE

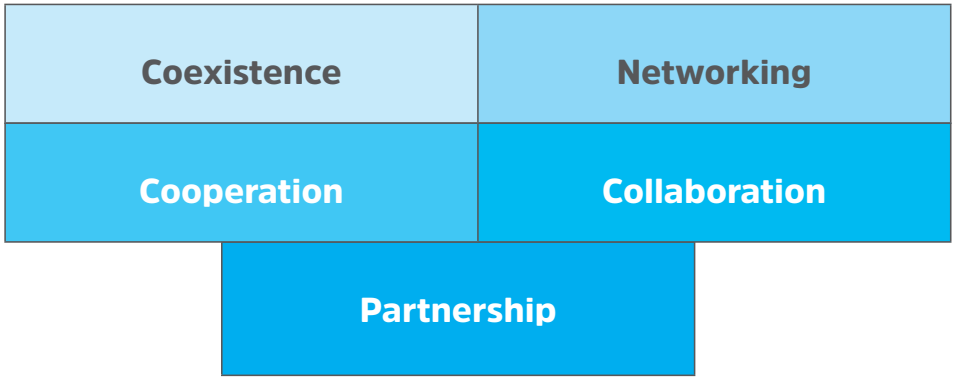
A number of key approaches for change have been identified to address poor nutrition and physical inactivity.

Core function	Approaches for addressing the challenge of nutrition and physical activity change	
Health promotion	Leadership & Advocacy	Advocate for and develop leadership within and outside the health/ government sector to progress a comprehensive approach to obesity prevention
	Marketing	• Reduce exposure of children to the marketing of unhealthy food and non-alcoholic beverages • Advocate for increased exposure of children to the marketing of healthy food and food options
	Taxation	Advocate for stronger fiscal measures such as taxation to shift and influence consumer purchasing behaviours
	Health literacy	Advocate for and action measures that support nutritional literacy to make it easier for individuals to make healthier choices more often
	Food security	Advocate for and action improving access to affordability, availability and quality of healthy food
	Physical inactivity	Reduce sedentary behaviours by advocating for and promoting healthy living through physical activity
Public Health capacity development	Monitoring and evaluation	Design and implement monitoring and evaluation processes to ensure achievement of desired outcomes
NB: approaches and combinations of interventions above have been adapted from the World Health Organisation's Interim Report of the Commission on Ending Childhood Obesity 2015		

LINKS TO WIDER PUBLIC HEALTH ISSUES

LOCAL GOVERNMENT

Local government is one of the most important and powerful influences on the health and wellbeing of communities and populations. The decisions local government makes affect the determinants of health. As such, local government has the ability to improve population health and reduce inequalities in New Zealand.



Two key areas where local authorities can promote an increase in physical activity and active transport choices, is through good land use planning and universal access design principles.

ORAL HEALTH[1]

- Food and beverage consumption have a major impact on an individual's experience of caries, both in childhood and in adulthood. High sugar intake increase the amount of bacteria in the mouth, which in turn increases the chance of destruction of teeth.

- Apart from the overall amount of sugar consumption, other dietary risk factors include the timing of consumption. Caries in infants and toddlers are associated with frequent night time bottle feeding with milk or sugary drinks, and snacking in between meal times. The New Zealand Ministry of Health suggests that many children will need a 'mid-morning' and 'mid-afternoon' snack, however, the timing and composition of these snacks is important both nutritionally and in relation to reducing dental caries (Ministry of Health, 2012).

[1] Health Promotion Agency. (2010). A literature review on Oral Health in Preschoolers http://www.hpa.org.nz/sites/default/files/Literature%20review%20oral%20health.pdf

CHAPTER 6
POPULATION HEALTH RESPONSE TO ENHANCE NUTRITION AND PHYSICAL ACTIVITY OPPORTUNITIES

POPULATION HEALTH RESPONSE

- The primary goal of Population Health is to promote, improve and protect health with a focus on achieving health equity for people living in the Waikato DHB area.
- Population Health also aligns to the strategic outcomes of the Waikato DHB which are to improve the health of its population and reduce or eliminate health inequities between segments of the population.
- To achieve their goal, Population Health will further enhance its approach by working in line with key strategic drivers of public health outcomes.

Population Health Strategic Approach	
Health Equity	Elevate the attention given to the determinates of health, and increase engagement with the many drivers of inequity and inequitable outcomes, particularly for vulnerable populations
Universal and targeted approaches	Respond to improving health equity via a combination of universal and targeted evidence-based approaches
Target key risk factors	Prioritise and focus service delivery on key drivers of poor health and inequitable outcomes
Leadership & Partnerships	Grow and sustain genuine internal and external partnerships and leadership
Strengthen public health practice	Continue to embed practice models to ensure quality outcomes
Strengthen public health evidence base	Collaborate to develop a mechanism to learn and share practice-based evidence with the wider public health sector

POPULATION HEALTH RESPONSE

Looking across the global and national guidance to address poor nutrition and physical inactivity, the following has been developed to highlight the critical principles to act to combat the burden and prevalence of Long Term Conditions.

Principles	
Leadership | All partners, Government to Community, are accountable for framing policies and implementing programmes	**Comprehensive** Policy and action, collaborative, multi-sectorial, multi-disciplinary, long-term perspective, consistent with the Ottawa Charter and Te Pae Mahutonga
Strategies based on best available evidence that supports healthy lifestyles	**Priority given to identified population groups and communities to ensure significant positive impact**
Life course perspective	**Strategies are culturally appropriate**
Recognise the complexity between personal choice, social norms, economic and environmental factors	**Community-based action with strong government intervention and oversight**

POPULATION HEALTH | KEY PARTNERS

POPULATION HEALTH CAN POTENTIALLY RESPOND ACROSS VARIOUS SETTINGS WITHIN OUR COMMUNITIES, IN COLLABORATION WITH KEY PARTNERS

POTENTIAL POPULATION HEALTH RESPONSE TO NUTRITION AND PHYSICAL ACTIVITY

The following matrix demonstrates how Population Health can potentially respond to Nutrition & Physical Activity (NPA) across the various settings within our communities

	Collaboration	Advocacy	Action
Pre-school Setting	Work with ECE providers to enable children and their families to learn about healthy active living	Advocate for the implementation of the WHO recommendations on marketing of foods and non-alcoholic beverages to children and Ending Childhood Obesity strategy	Explore community need for the Nutrition and Physical Activity programmes within ECEs
Primary School Setting	Work with Project Energise to enhance delivery		Implement Health Promoting Schools across the Waikato region
Secondary School Setting	Work with Secondary Schools to understand how healthy active living can be supported		Utilise Health Promoting Schools to engage secondary schools in healthy active living
Community Setting	Work with community to understand their healthy active living environments	Work with local councils to understand fast food density and advocate for a sinking lid on fast food outlets	Work with community to implement a healthy active living campaign (social marketing, skills and knowledge, confidence, collective approach)

POTENTIAL POPULATION HEALTH RESPONSE TO NUTRITION AND PHYSICAL ACTIVITY

The following matrix demonstrates how Population Health can potentially respond to Nutrition & Physical Activity (NPA) across the various settings within our communities

	Collaboration	Advocacy	Action
Marae setting	Develop partnerships with marae, hapū and iwi	Explore with marae, hapū and iwi the range of supports Population Health can provide	Engage marae, hapū and iwi in marae development via range of population health services (drinking water, healthy kai, active living)
Workplace setting	Work with Waikato DHB to develop a healthy active living position statement and sugar sweetened beverages policy	Advocate for Waikato DHB to implement a work well programme	Engage workplaces to implement the Work Well programme
Sports setting	Work with Sport Waikato to ensure a sports for all approach is successful	Advocate for a closer working relationship between Sport Waikato and Population Health	Work with local sports clubs to implement healthy food policies in their clubs