

**Healthy Eating – Healthy Action
Oranga Kai – Oranga Pumau:
Progress on Implementing the
HEHA Strategy 2008**

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MANATŪ HAUORA

Foreword

Last year, the first edition of *Healthy Eating – Healthy Action (HEHA): Progress on implementing the HEHA strategy* was released. The document, known as ‘the Progress document’, is the Ministry of Health’s mechanism to provide information about Healthy Eating – Healthy Action (HEHA). It is designed for a wide range of audiences, from various sectors to the public in general. A key objective of the Progress document is to highlight progress and achievements in the HEHA area. This 2008 edition updates the sector on progress and achievements since April 2007.

Much has happened over the past year. This Progress document highlights the concerted efforts of numerous players across the sector, focused by the Ministry, to deliver the HEHA message to New Zealand communities.

The HEHA work areas remain largely the same as in the 2007 edition. A notable new work area covered in the 2008 edition is the Health Select Committee’s Inquiry into Obesity and Type 2 Diabetes. The Health Select Committee’s Inquiry has been an area of intense interest for the government, private and wider sectors. Recommendations from the Health Select Committee’s Inquiry report have relevance for all sectors. The Ministry is responsible for a majority of these recommendations.

Prior to the Health Select Committee’s Inquiry, it was widely acknowledged that action in the HEHA area is an important investment in the future well-being of New Zealanders. It is imperative that action also be undertaken by organisations and institutions across society, if we are to effectively address the three HEHA objectives which are to:

- improve nutrition
- improve physical activity levels
- reduce obesity.

A HEHA Implementation Plan was launched in 2004. Because the HEHA area is complex, the HEHA Implementation Plan is multi-layered, focuses on populations rather than individuals, and takes into account the wider determinants of health as well as the need to reduce inequalities in health. I should note that work is well advanced in terms of reviewing the HEHA Implementation Plan as part of the Health Select Committee Inquiry Response.

I am pleased to report that of the 87 actions in the Implementation Plan, there are already more than 75 under way. These actions complement the extensive work towards the HEHA goals that is continuing in every part of the country.

There is now secured funding for HEHA actions to improve nutrition, increase physical activity and reduce obesity, investing in the future health of New Zealanders. Also, there is increasing recognition of the need to gather evidence as action occurs, in order to add to understanding of the issues and identify what works. Promoting evidence-based policy and practice is an increasing part of the Ministry’s work.

As part of the evidence-based approach, in 2007 the Minister of Health and I presented a list of ten priority Health Targets for 2007/08. The Targets are designed to help ensure that the health system is contributing to maintaining and improving the health of our communities. Achieving them will involve the Ministry, district health boards, health providers and other key players.

Target 8 is specific to the HEHA work area and relates to increasing breastfeeding rates and improving fruit and vegetable consumption for the New Zealand population. The challenge for us all is to continue to make a concerted effort towards the objectives of Target 8 without losing sight of the importance of progressing the other 9 interconnected Targets.

I would like to acknowledge the work of district health boards, health providers and other key players in terms of the collaborative and innovative ways in which the HEHA area has progressed. These combined efforts have contributed to slowing the obesity rate as evidenced by results from the 2006/07 New Zealand Health Survey and are an indication that we are on the right track.

I look forward to working with you through the challenges and successes that await us.

A handwritten signature in blue ink, appearing to read 'S McKernan', with a large, stylized initial 'S' and 'M'.

Stephen McKernan
Director-General of Health
Ministry of Health

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Introduction

Purpose of this document

Healthy Eating – Healthy Action, or ‘HEHA’ as it is more commonly known, is the Ministry of Health’s strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders.

HEHA’s vision is ‘an environment and society where individuals, families and whānau, and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight’.

This document outlines the HEHA Project Team’s progress, and includes a summary of the main workstreams the Project Team has undertaken since the release of the 2007 edition of this document – and will continue to work on in 2008.

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Issues of poor nutrition, lack of physical activity and obesity

To an extent, the major chronic diseases are a result of what people do, or don’t do, as they go about their daily lives.¹ The health problems resulting from poor nutrition, lack of physical activity and obesity include chronic diseases such as diabetes, cardiovascular disease and cancer (Ministry of Health 2004a). These diseases are a major and increasing cause of preventable illness, disability and death in New Zealand (Ministry of Health 2003b). Sixty percent of deaths globally can be attributed to chronic diseases, and these deaths can be related to changes in global dietary patterns and lifestyles (WHO 2002b).

Energy balance is a notion with which New Zealanders are familiar in terms of ‘what we eat’ and ‘what we do’. Positive energy balance (energy in exceeds energy out) results in weight gain. Negative energy balance (energy out exceeds energy in) results in weight loss. Achieving healthy weight requires attention to energy balance.

It is important to note that energy balance also has to be achieved through eating healthy food. Food is not only a source of energy, it is also a source of essential nutrients. So, in the quest for healthy weight, nutrition and food choice also have to be considered.

Among risk factors for the top 20 causes of death, diet (which includes cholesterol, blood pressure, body mass index and vegetable and fruit consumption) ranks first, with insufficient physical activity also in the top 10.

¹ <http://www.cdc.gov/aging/info.htm>

Poor nutrition, sedentary lifestyles and obesity, and combined effects of all three, have had a phenomenal impact on the global increase in non-communicable diseases. Non-communicable diseases (or chronic diseases) are responsible for 60 percent of world deaths, and these deaths are related to changes in global dietary patterns and lifestyles (WHO 2002b). Dietary patterns and lifestyles are major and increasing causes of preventable disease, disability and death in New Zealand.

Some health consequences of obesity – such as diabetes, cancer and cardiovascular disease – cause major disability and illness, and require costly, long-term treatment and support unless we slow the rate of increase. Projections suggest we are facing a steep increase in obesity in the future (Ministry of Health 2003b).

The Ministry of Health's updated estimates of the direct health-care costs of obesity suggest costs in the order of NZ\$460 million for the year 2004 (ranging from approximately \$400 to \$500 million).² Delay in addressing obesity-related issues at a primary prevention level will lead to further demand for health services in the future (Ministry of Health, 2004a).

Addressing the rising rate of obesity in children, young people and adults is a complex issue towards which substantial funding has been allocated. New Zealand and many countries are currently facing what has been coined the 'obesity epidemic', but evidence is just beginning to accumulate to inform the necessary action.

There are wide ethnic disparities in rates of obesity. Most notably, obesity is more of a problem for Māori and Pacific communities than for other New Zealand groups (Ministry of Health 2004b). The projected increase in obesity rates will have health impacts across the population, with a disproportionate burden falling on Māori and Pacific peoples (Ministry of Health 2003b). This presents an increased risk of chronic diseases such as type 2 diabetes, cardiovascular disease and some cancers for Māori and Pacific peoples.

Health inequalities are greatest between Māori and non-Māori, and between Pacific peoples and non-Pacific, non-Māori people. Reducing these inequalities in health outcomes is a priority for the health sector. The HEHA Strategy acknowledges these disparities and recognises that greater emphasis needs to be placed on approaches that will enable better health outcomes for Māori, Pacific peoples and lower socioeconomic population groups.

The role of 'community action' is increasingly being acknowledged with respect to initiating change and effect with Māori and Pacific communities. Community action will be critical when implementing HEHA for Māori and Pacific communities.

Poor and inappropriate nutrition, sedentary lifestyles and rising obesity rates will not be easy problems to tackle globally. Improving health outcomes requires co-ordinating and integrating efforts to:

- change physical and social environments
- target high-risk population groups

2 These figures are based on applying simple adjustments to the previous 1991 cost analysis (including changes in obesity prevalence and overall levels of health expenditure) and therefore have a number of limitations and provide an indication of costs in 2004 rather than robust or precise costings. In addition, based on international estimates of productivity losses (at around 0.25 percent of GDP), the indirect costs of obesity for 2004 may be in the order of NZ\$370 million. Excerpt from the Government's response to the Health Select Committees recommendations relating to the Inquiry into Obesity and Type 2 Diabetes in New Zealand – http://www.parliament.nz/en-NZ/PB/Presented/Papers/1/4/a/48DBHOH_PAP16044_1-Government-Response-to-Report-of-the-Health-Committee.htm.

- improve the communication of key educational messages
- develop a skilled workforce.

There is compelling evidence that doing something now to address the increasing burden of disease could have significant benefits. For example, it has been predicted that universal adoption of a diet consistent with the Ministry of Health's Food and Nutrition Guidelines could have an impact on disease burden equivalent to the total elimination of smoking (Ministry of Health 1998).

The work to improve nutrition, increase physical activity and reduce obesity is wide-ranging and will require multiple actions by multiple players to make it happen. It is clear that the health and physical activity sectors and a wide range of other sectors have a complex and challenging task. Collaborative and innovative actions and approaches will be integral to achieving the HEHA vision.

With such bleak predictions about the future burden on the New Zealand health system (by obesity, nutrition and physical activity related diseases), it is encouraging that the 2008 New Zealand Health Survey (NZHS) results show an effect on obesity rates by the implementation of the HEHA Strategy. The results from the NZHS show that obesity rates are slowing among adults and levelling out amongst children (Ministry of Health, 2008). However, the NZHS also highlights that more work is still needed. In particular, obesity rates are higher for Māori and Pacific communities than the total population, highlighting the need to remain focused on our efforts to improve health outcomes for these HEHA priority groups.

Background to Healthy Eating – Healthy Action (HEHA)

HEHA is an integrated response to three of the 13 health priorities in the New Zealand Health Strategy. The three health priorities are:

- improving nutrition
- increasing physical activity
- reducing obesity.

In 2003, the *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau* Strategy (the HEHA Strategy) was launched (Ministry of Health 2003b). Consultation and external and international peer review contributed to its development. The HEHA Strategy is an integrated framework to improve the health priorities mentioned, encompassing a whole-of-government approach and a strong intersectoral focus.

The HEHA Strategy is consistent with the World Health Organization's recommendation for governments to take strong action to support improvements in nutrition and physical activity and, consequently, a reduction in obesity and other non-communicable diseases (WHO 2002b).

In 2003, *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: A Background* was also released and provided the scientific support and rationale for the directions proposed in the HEHA Strategy (Ministry of Health 2003a).

Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan: 2004–2010 (the Implementation Plan) was developed to provide direction to the sectors identified in the HEHA Strategy and was launched in 2004.

The HEHA Strategy and Implementation Plan focus on the need for environmental and society-level support to help people eat healthy food, lead physically active lives and attain and maintain a healthy body weight.

While HEHA has a focus on improving both personal and population health, the underlying principles used in developing the HEHA Strategy are those of the Ottawa Charter (WHO et al 1986). It is well recognised in the Ottawa Charter that a comprehensive approach to health requires action from a range of sectors and at a range of levels (WHO et al 1986; Ministry of Health 2003b).

The Implementation Plan has the three priorities identified above, eight objectives based on the Ottawa Charter, 26 outcomes and 87 areas for action. The Plan recognises the wider determinants of health, encourages linkages between different agencies and organisations within the health sector, and encourages networks and links between health and other sectors (WHO et al 1986; Ministry of Health 2004a).

The Implementation Plan acknowledges that prevention requires a mix of tools and interventions that are well co-ordinated, are collaborative in nature, operate at different levels, and promote community action. The Implementation Plan also notes that interventions must:

- be based on evidence or best practice where evidence does not exist
- assist in the development of life skills
- reinforce positive attitudes around health and the prevention of obesity.

To ensure that HEHA maintains a focus on Māori and Pacific peoples, the HEHA Strategy and Implementation Plan recognise and make linkages to key Ministry of Health publications such as *He Korowai Oranga: Māori Health Strategy* (Minister of Health and Associate Minister of Health 2002) and the *Pacific Health and Disability Action Plan* (Minister of Health 2002).

HEHA's key population health messages about improving nutrition, increasing physical activity and maintaining a healthy body weight are:

- eat a variety of nutritious foods
- eat less fatty, salty and sugary foods
- eat more vegetables and fruits
- fully breastfeed infants for at least six months
- be active every day for at least 30 minutes in as many ways as possible
- add some vigorous exercise for extra benefit and fitness
- aim to maintain a healthy weight throughout life
- promote and foster the development of environments that support healthy lifestyles (Ministry of Health 2003b).

These key population health messages are not intended to replace the Food and Nutrition Guidelines (Ministry of Health 2003b). The HEHA messages are appropriate at both the population and personal levels, although the specific wording and mode of communication of the messages will vary depending on the audience. Changing overall behaviour requires significant changes to personal behaviours as well as the provision of a supportive environment (Ministry of Health 2003b).

In 2007, the Minister of Health and the Director-General of Health launched the 'Health Targets', a set of 10 measures, for the 2007/08 year. The Health Targets reflect the priorities highlighted in the Ministry's Statement of Intent tabled in Parliament at the beginning of 2007/08. They ensure that the Ministry, District Health Boards, health providers and other key players focus on maintaining and improving the health of our communities. The Ministry and District Health Boards are responsible for reporting against the Health Targets with some added focus on accountability.

The Health Targets are covered in more detail under the 'Monitoring' section of the 'Research, Evaluation and Monitoring' work area in this document.

Healthy Eating – Healthy Action Work Programme

HEHA funding

In March 2005, funding for implementation of the HEHA Implementation Plan was announced as part of a Cancer Control Action Plan (CCAP) funding package for primary prevention. The funding amounted to \$7.2 million (GST exclusive) and funded four work areas: the Fruit in Schools programme, the District Health Board Innovations Fund, the public awareness campaign, and evaluation and research relating to HEHA. An additional \$0.7 million was added to the CCAP funding in 2006.

Further funding of \$19.033 was approved for the 2006/07 financial year for the implementation of HEHA and a significant amount of work was progressed as a result of this funding.

In 2007, an additional \$12.45 million was approved for further implementation of HEHA and included funding for HEHA Community Action Projects, breastfeeding, workforce development, communications and funding for public health units and non-government organisations for nutrition and physical activity services. In 2007/08, the total HEHA budget per annum was \$39.383 million.

It is also important to note that funding for physical activity and nutrition, related to HEHA but not managed by the HEHA Project Team, has increased from \$13.211 million per annum in the 2005/06 financial year to \$17.057 million per annum in the 2007/08 financial year.

The total funding for HEHA and other work related to nutrition and physical activity in 2007/08 amounted to \$56.44 million per annum.

Table 1: Funding for HEHA and other nutrition and physical activity work

2007/08 HEHA and Cancer Control Action Plan funding – \$39.383 million, made up by the following funding allocations:		
Financial year	Amount	Funding stream
2005/06	\$7.2 million	Cancer Control Action Plan (CCAP) funding
2006/07	\$19.033 million \$0.7 million	HEHA funding – general implementation of HEHA and additional CCAP funding
2007/08	\$12.45 million	HEHA funding – general implementation of HEHA

2007/08 General nutrition and physical activity funding (separate to HEHA and CCAP funding – \$17.057 million, made up by the following funding allocations:		
Financial year	Amount	Funding stream
2005/06	\$13.211 million	General nutrition and physical activity funding
2006/07	\$1.697 million	General nutrition and physical activity funding
2007/08	\$2.149 million	General nutrition and physical activity funding

Note: Funding for general nutrition and physical activity funding (separate to HEHA and CCAP funding) was ongoing prior to the 2005/06 financial year but has only been presented from 2005/06 onwards.

Currently, the HEHA work programme covers the following work areas:

- HEHA sector capability and innovation
- school and early childhood education settings
- breastfeeding
- reporting, evaluation and monitoring
- communication
- primary health care
- food industry
- HEHA leadership and implementation.

A dedicated HEHA team was formed in June 2006 of secondees from existing teams within the Ministry of Health and staff on fixed-term contracts. Various specialists joined the team during 2006 and 2007 and a full-time dedicated team was finalised and established during 2007.

The Ministry has progressed more than 75 of the 87 HEHA actions identified in the HEHA Implementation Plan, complementing the extensive work that is continuing in every part of the country where there are programmes designed to pursue the HEHA goals. The implementation of HEHA actions by key players has provided a solid platform for the New Zealand health and wider sector to make further inroads into tackling the issues of nutrition, physical activity and obesity.

Health Select Committee Inquiry into Obesity and Type 2 Diabetes

The Health Select Committee published the Inquiry report on 30 August 2007 with 55 recommendations to Government. The Government tabled the response to these recommendations in Parliament on 27 November 2007.

The Ministry of Health has been asked to lead the implementation of the Government response. Further actions build on existing HEHA initiatives and the funding implications are incremental to the funding already provided in Budgets 2006 and 2007.

The implementation of the Government response includes:

- revising the HEHA Implementation Plan
- setting up and providing administration support to the ministerial committee and HEHA Sector Steering Group
- extending the Fruit in Schools initiative to decile 2 schools
- providing additional funding for social marketing of a breastfeeding campaign at national and district levels
- establishing six new regional industry co-ordinator positions
- funding one-off projects to facilitate industry-led activities for food reformulation, improving quality
- developing a comprehensive obesity and diabetes research strategy and further resource for obesity and diabetes research with joint (50/50) funding from the Ministry of Research, Science and Technology and the Ministry of Health.
- enhanced monitoring programme to measure progress on achieving outcomes identified under HEHA
- increased funding to improve diabetes services.

Review of the HEHA implementation plan 2004–2010

The Government response to the inquiry into obesity and type 2 diabetes agreed to the review of existing the HEHA implementation plan and widening the current scope rather than developing a new national strategy and plan of action for the prevention and control of obesity and type 2 diabetes. The review was decided because there had been significant progress made in implementing HEHA over the past 18 months and new evidence of effective interventions has emerged over the last two years.

The aim of review is to build on existing activities and enhance the valuable momentum gained through HEHA implementation. Many organisations and agencies, both public and private, are involved in delivering the plan and are currently implementing the many interventions.

HEHA review process

There is a comprehensive process for the review of the HEHA Implementation Plan 2004–2010 (the Plan). This process recognises that the HEHA strategy that informs the Plan is unchanged. The review intends to build on existing activities to deliver a HEHA programme to further the goals of improving nutrition, increasing physical activity and reducing obesity.

Improving Māori health and decreasing inequalities are integral to the Plan and the review will also emphasise these issues.

To begin the review, the Ministry of Health has undertaken an analysis of the Plan based on lessons learned from implementation to date and initial input from review of the literature. A comprehensive review of the international scientific and grey literature on successful obesity prevention initiatives is well under way.

Engagement

The review and subsequent implementation of the revised Plan will require strong links and sound working relationships within and between sectors for the desired outcomes to be achieved. Engagement of the sectors involved in the delivery of actions in the Plan is necessary.

The Ministry has engaged with the relevant sectors by establishing and interfacing with a range of interest groups (see bullet points below).

A cross-ministerial committee steers the implementation of HEHA and will ensure strategic synergies are recognised and acted upon. A Sector Steering Group (SSG) has also been established to advise the Ministerial Committee and to assist in gaining traction for and advise on HEHA implementation. The SSG has members from government agencies and District Health Boards, NGOs, Māori and Pacific communities as well as nutrition, physical activity and public health experts and the food industry.

A number of interest groups have been engaged to feed into the review of the Plan. These groups are the:

- Wider Reference Group
- Māori Caucus
- Pacific Caucus
- Research Stakeholders Group
- Food industry

- DHBs
- Youth Advisory Group.

Second meetings with the interest groups mentioned may be needed.

Nutrition, education, health promotion, academic, industry, physical activity and special interest groups are represented on the Wider Reference Group.

The review process seeks to engage with Māori via the establishment of a Māori Caucus. Members on the SSG and Māori Caucus will work to ensure the aspirations of Māori as tangata whenua are accounted for and adequately addressed in the review process. Approaches to action in HEHA will be informed by He Korowai Oranga: The Māori Health Strategy. This will assist with achievement of greater health outcomes for Māori.

The Pacific Caucus seeks to engage with Pacific to address inequalities in health outcomes. Pacific experts in areas such as health, physical activity, research and working with Pacific communities are part of the SSG and Pacific Caucus. The principles of the Pacific Health and Disability Plan will guide the development of actions that have relevance for Pacific peoples.

The Research Stakeholders Group included New Zealand researchers in obesity, nutrition and physical activity related fields. This group has met to identify new areas of action based on their cumulative knowledge and experience.

In May there were a series of meetings with food industry organisations to gain their input to the Plan. The food industry is actively engaged in developing specific actions in the Plan. They are also developing industry actions regarding advertising and marketing to children.

Engagement with District Health Boards will occur through a number of meetings, including a workshop with HEHA project managers. The HEHA youth advisory group, Rise et Tu has been involved with the Plan review.

HEHA sector capability and innovation

Aim: To facilitate a partnership approach and collaboration at district and national levels to implement HEHA.

Leadership and co-ordination

The success of the HEHA Strategy requires strong links and sound working relationships within and between sector groups (see Appendix 2, Implementation structure for HEHA). In recognition of this, the Ministry of Health's Sector Capability and Innovation Directorate formed an Inter-Agency Steering Group on HEHA. Key contributors to the objectives of this group include government agencies, Sport and Recreation New Zealand and District Health Boards. The Ministry has adopted a national co-ordinating role with these contributors and other key stakeholders.

The Government response to the Inquiry into Obesity and Type 2 Diabetes proposed that the Inter-Agency Steering Group be expanded to become the HEHA Sector Steering Group. This group provides expert advice to the new ministerial committee for HEHA led by the Minister of Health. The HEHA Sector Steering Group has been enhanced by membership from a number of relevant government organisations and others. Additional members include representatives of non-government organisations, Agencies for Nutrition Action, the Chronic Diseases Peak Group, members of Māori and Pacific communities, obesity experts and food industry representatives.

Crown funding agreement variations have been in place between the Ministry and the 21 District Health Boards for over a year. The variations include specifying the need for District Health Boards to co-ordinate partnerships for HEHA implementation at both regional and district level. These partnerships include regional sports trusts, the Ministry of Education (through School Support Services) and other relevant sectors.

The District Health Boards' co-ordinating role at a district level has included:

- establishing a project manager to co-ordinate the implementation of the district HEHA plan
- drafting and co-ordinating the development of a Ministry-approved district HEHA plan
- establishing a HEHA group (this group will facilitate and co-ordinate the work of stakeholder agencies in implementing the district HEHA plan, including primary health organisation representatives, Māori and Pacific representatives, education organisations, regional sports trusts, local government and communities)
- establishing a district HEHA education sub-group (this group focuses on schools and early childhood education centres and supports the effective implementation of the Nutrition Fund – see below under 'Actions in School Settings')
- employing a district co-ordinator to support the work in schools and early childhood education services
- developing a communications plan to ensure HEHA messages reach target audiences.

These intersectoral district HEHA co-ordination groups have overseen the development of the first district Ministry-Approved Plans for each district health board. During the latter part of 2008, the Ministry and DHBs are finalising the second DHB Ministry-Approved Plans.

The final draft of the Ministry-Approved Plan planning process has a focus on developing:

- action plans for breastfeeding promotion and support
- community action plans for engagement and involvement with Māori and Pacific communities (the seven district health boards with the highest Pacific populations).

These action plans are designed to support District Health Boards' progress on the breastfeeding and fruit and vegetable consumption Health Target indicators. The plans will be implemented from 2008/09 and beyond.

The Ministry of Health's objectives for the Ministry-approved Plan process and document are to:

- support district health board leadership of the implementation of the HEHA Strategy in regional and district settings
- foster collaboration among all stakeholders
- encourage engagement at a local level to reach all target groups/audiences
- ensure implementation of the HEHA Strategy occurs across the continuum of care
- develop a comprehensive and integrated district plan that is evidence based and involves engagement across the community.

DHB intersectoral plans

DHBs have implemented actions from their first Ministry Approved HEHA Plan (MAP) and during the development of the second MAP have included respective plans for new activity. All DHBs received funding to develop a breastfeeding action plan and a Māori community action plan, and seven DHBs also received funding for development of a Pacific community action plan. The breastfeeding action plans are covered later in the document under 'Breastfeeding'. Community action plans are covered below.

This new activity has resulted in further development of the HEHA governance structure in most DHBs to incorporate a breastfeeding action group and a stronger emphasis on engagement with Māori and Pacific communities. Other key achievements over the past year in DHBs include the appointment of a District Co-ordinator to focus on the Nutrition Fund, completion of Nutrition Fund grants rounds and further successful applications to the DHB Evaluation Fund. In addition, many DHBs have made additional investment into HEHA related initiatives and resources, which is to be commended. Some examples of DHB activities that are HEHA related are covered under 'Examples of District Health Board initiatives that are contributing to the implementation of HEHA'.

HEHA Community Action Project

Community action to address issues or barriers related to nutrition and physical activity for Māori and Pacific peoples is acknowledged as the most effective way to influence change at the community level. Community action is recognised in the Ottawa Charter and has been identified by various government agencies and social scientists in New Zealand and overseas as an important vehicle for creating sustainable social change. Community-based projects are recognised for encouraging collaboration and multi-stakeholder participation, focusing on outcomes, and contributing to reducing inequalities in health and social outcomes.

In 2007 funding was allocated to community-based obesity prevention projects for Māori and Pacific peoples. In response, the Ministry of Health has developed the HEHA Community Action Project which focuses on engaging and mobilising Māori and Pacific communities through district health boards. The main aim is to prevent obesity through improving nutrition and increasing physical activity.

Māori and Pacific stakeholder workshops informed the development of service specifications. The HEHA Community Action Project has adopted a whole of whānau/family approach, acknowledging the role of the immediate and wider family in influencing changes related to nutrition and physical activity at the household and community level. The Ministry, HEHA co-ordinators, District Health Board Māori general managers (or equivalent), and District Health Board Pacific managers (or equivalent) are taking a lead role in co-ordinating the HEHA Community Action Project at a district and national level.

Funding for the HEHA Community Action Project amounted to \$6 million (this included \$1 million for workforce development) and was divided into Māori and Pacific allocations, based on the respective population size factored with a 'rurality' component. Twenty-one District Health Boards were funded for the Māori component and the seven district health boards with the highest Pacific populations were funded for the Pacific component.

The HEHA Community Action Project will contribute to achieving the Ministry's Health Target to improve the daily consumption of fruit and vegetables for priority groups and the wider New Zealand public. A link between the HEHA Community Action Project and the Health Sponsorship Council's 'Feeding our Futures' campaign has been established.

Schools and Early Childhood Education settings

Aim: To improve the nutrition of young New Zealanders.

Fruit in Schools

The Fruit in Schools programme is funded through the Cancer Control Action Plan and the HEHA Implementation Plan. Fruit in Schools is a programme targeting low-decile schools contributing/full primary schools, kura kaupapa Māori and area schools. Students at participating schools are provided with a free piece of fruit each school day.

Schools that sign up to the programme commit to taking a whole school and community approach to creating an environment that supports healthy eating, physical activity, being sunsmart, and being smoke-free. Schools are working in clusters towards self-sustainability in fruit provision over the three years in which they are involved in the programme.

Phase one of Fruit in Schools was rolled out to 60 high-need schools in six DHBs in term four of 2005, and phase two to a further 54 schools over a total of 13 DHBs in term two of 2006. Phase three was rolled out in term four of 2006 to approximately 156 additional schools, covering all of the 21 DHB catchment areas. The total number of schools participating at present is 270, and the total number of children participating in phases one to three is approximately 56,000. Two further phases of Fruit in Schools are being planned for late 2008 and early 2009. These phases will offer the programme to all decile 2 primary and intermediate schools.

Fruit in Schools is being independently evaluated by the New Zealand Council for Educational Research and Health Outcomes International. The evaluation includes formative process and outcome components. The final report is due mid-2009.

Relationship with Mission-On initiatives one and two

The Mission-on campaign targets children and young people from 0–24 years of age. It is a joint programme supported by the Ministries of Health, Education, Youth Development and SPARC. Two of the campaign initiatives (initiatives 1 and 2) are jointly led with the Ministry of Education and Ministry of Health and link with the Healthy Eating – Healthy Action work in schools and early childhood services.

Mission-On initiative 1 – Improving nutrition within the school and early childhood environments

Food and Nutrition Guidelines

The Ministry of Education's *Food and Nutrition Guidelines for Healthy, Confident Kids* to promote a healthy food environment in schools were released in March 2007. These guidelines provide advice on how early childhood education services and schools can make changes to support healthy eating and nutrition. The guidelines and the food and beverage classification system were featured at 179 professional development workshops for schools and early childhood education services over 2007.

Food and Beverage Classification System

To help implement the Ministry of Education Food and Nutrition Guidelines, the Ministry of Health has developed a Food and Beverage Classification System as a tool to help schools and early childhood education services identify foods that contribute to healthy diets. The system classifies food and drinks into three categories for consumption – everyday, sometimes and occasionally.

Each school has received a User Guide and Catering Guidelines and early childhood education services have been given a User Guide and Recipes to help them implement the Food and Beverage Classification System.

Resources have been translated into Te Reo Māori for kura kaupapa and kōhanga reo. Pacific resources are also being developed.

Each District Health Board has been funded to employ a district co-ordinator to work alongside schools and early childhood education services to help implement the Food and Beverages Classification System and access the Nutrition Fund.

A comprehensive support programme has also been developed and implemented by the Healthy Kids Canteen Association.

The Nutrition Fund

The Nutrition Fund is part of the Government's agreement with the Green Party and supports the implementation of the Ministry of Education's Food and Nutrition Guidelines for schools and early childhood education services. The fund is administered by district health boards and schools, and early childhood education centres apply for grants from the fund through District Health Board HEHA project managers.

The fund helps schools and early childhood education services by increasing capacity and capability, and by supporting the development and implementation of nutrition policies and practices within the school and early childhood education service environment. Grants have supported:

- activity such as growing, harvesting and eating vegetables and fruits
- items of food preparation equipment
- access to drinking-water or drinking-water fountains
- breakfast clubs and cooking clubs.

District co-ordinator positions have been created in each District Health Board to support schools and early childhood education services in making changes to improve the food and nutrition environment for children and young people. The district co-ordinators also co-ordinate the Nutrition Fund grants process and assist with intersectoral collaboration in school and early childhood education service settings.

Mission-On Initiative 2 – Fuelled 4 School Pilot

Fuelled 4 School is a pilot programme aimed at encouraging student-led health promotion.

Fifty intermediate and secondary schools are involved in the pilot to combat nutrition issues among their students.

Each pilot school has developed an 'action plan' outlining its student-led health promotion. Throughout 2008, the students will receive funding to put their plans into action.

Online support is being provided at: <http://www.fuelled4school.co.nz> and on Bebo at <http://www.bebo.com/sustainyourbrain>

Breastfeeding

Aim: To encourage New Zealand women to take up breastfeeding, to breastfeed exclusively for the first six months, and to continue breastfeeding beyond six months as well as providing appropriate complementary foods (solids).

There is clear evidence that 'breast is best', and breastfeeding is the biological norm for feeding infants. Breastfeeding contributes significantly to infant, maternal and whānau/family health in both the short and long term. Breastfeeding positively contributes to achieving five of the 13 population health objectives in the New Zealand Health Strategy.

Breastfeeding is identified as one of the key HEHA messages, and it features in the HEHA Strategy and Implementation Plan. An outcome of the Implementation Plan is that breastfeeding is promoted to New Zealand women and their families, particularly Māori and Pacific women, on a national basis and through community-based programmes.

Breastfeeding rates and Health Targets

Breastfeeding rates among Māori and Pacific peoples are lower than among the European/Other group, and the rate for Māori is lower than that for Pacific peoples. The drop-off rate is high during the first three months, with 65 percent fully (including exclusively) breastfeeding at six weeks but only 54 percent by three months (2007 data from Plunket Management Information System).³

Breastfeeding Health Targets for New Zealand were set in 2002 and 2007/08. Appendix 3 compares the breastfeeding rates at six weeks, three months and six months with the breastfeeding Health Targets for 2007/08.

Work has been done by the Ministry of Health on breastfeeding Health Targets to increase the proportion of infants exclusively and fully breastfed at:

- six weeks to 74 percent or greater
- three months to 57 percent or greater
- six months to 27 percent or greater.

The breastfeeding Health Targets are covered also under the 'Monitoring' section of the 'Research, Evaluation and Monitoring' work area in this document.

National Strategic Plan of Action for Breastfeeding

The National Strategic Plan of Action for Breastfeeding (the Plan) is a strategic framework to protect, promote and support breastfeeding in New Zealand. It was developed by the National Breastfeeding Advisory Committee which was set up to provide advice on breastfeeding to the Director-General of Health. The Plan is the guiding document for breastfeeding work undertaken by the HEHA Project Team.

HEHA breastfeeding initiatives

Scoping work was done in 2007 to inform the design of the HEHA breastfeeding initiatives.

The immediate overall goal of the initiatives is to increase environmental support to initiate and maintain breastfeeding. There are three objectives to increase support:⁴

- increase tangible support to help mothers breastfeed (eg, ensure that the mother's physical needs are met so that she can focus on breastfeeding)
- increase emotional support to help mothers breastfeed (eg, ensure mothers receive psycho-social support to maintain motivation and confidence to breastfeed)
- increase informational support to help mothers breastfeed.

The priority groups for HEHA are Māori and Pacific peoples who have lower rates of breastfeeding than the non-Māori and non-Pacific population.

The HEHA Project Team is working on three initiatives to promote and support breastfeeding. These initiatives use the National Strategic Plan of Action for Breastfeeding as a guiding document. An intervention logic for the initiatives has been developed (Appendix 4).

³ This information is not nationally representative.

⁴ The Comprehensive Plan to inform the design of a national breastfeeding promotion campaign (prepared by Quigley and Watts Ltd, July 2007 pg 13).

The three initiatives are explained below:

Breastfeeding social marketing campaign

The focus of the social marketing campaign is to increase support. The campaign is particularly targeted at Māori and Pacific peoples. It includes two stages:

- increasing family/whānau support to initiate and maintain breastfeeding
- increasing broader community/environmental support, including workplaces, early childhood education services (child care), recreational areas, other public places, marae, churches and shopping centres.

On Monday 28 July 2008, Turuki Healthcare hosted the community-based launch of the first phase of the breastfeeding social marketing campaign. This phase of the campaign encourages families and whānau to support mums to breastfeed. The campaign includes television and radio commercials and print advertising. The launch occurred just before the start of World Breastfeeding Week 2008 which ran from 1 to 7 August 2008.

District health board breastfeeding action plans

To successfully support and promote breastfeeding, it is crucial that breastfeeding needs are identified and addressed at a district/regional level, and are linked to the Ministry of Health's national breastfeeding promotion campaign. District Health Boards are developing breastfeeding action plans for activities in their regions which include:

- supporting and advocating for the Baby Friendly Initiative
- facilitating and co-ordinating an infant feeding health promotion strategy.

Breastfeeding workforce development

Scoping work carried out to inform the Ministry of Health's national breastfeeding promotion campaign highlighted the need for upskilling and training the workforce (eg, maternity, Well Child and community support). The work also highlighted the need to ensure that training is consistent and addresses common problems and solutions. The Ministry is working to set breastfeeding education and training requirements for health practitioners and health workers to meet the needs of the Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative accreditation. Once this work is completed, training needs will be addressed through enhancement and/or development course(s) based on the new breastfeeding education and training requirements. This work will be targeted at the needs of Māori and Pacific health practitioners and health workers.

Other Ministry breastfeeding initiatives

Other notable breastfeeding work within the Ministry of Health that is not led by the HEHA Project Team includes:

- The Baby Friendly Initiative (BFI)
<http://wmn12/moh.nsf/indexmh/breastfeeding-support-bfi>
- Mother to mother peer support
<http://wmn12/moh.nsf/indexmh/breastfeeding-support-peersupport>
- *The Code in New Zealand (Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand)*
<http://wmn12/moh.nsf/indexmh/breastmilksubstitutemarketingcode>

- *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper*
<http://www.moh.govt.nz/moh.nsf/pagesmh/1274>
- Breastfeeding Friendly workplaces
<http://wmn12/moh.nsf/indexmh/breastfeeding-environments>
- Maternity and Well Child/Tamariki Ora Services
Maternity – http://www.moh.govt.nz/moh.nsf/wpg_index/About-maternity
Well Child – <http://www.moh.govt.nz/wellchild>

Communications

Aim: To engage stakeholders and raise the profile of the HEHA project and key messages (see Appendix 2: Implementation structure for HEHA).

Communication strategy

Work is continuing to promote the HEHA brand and subsequent key messages. A particular focus has been placed on priority audiences, which include Māori, Pacific and low-socioeconomic communities. This will ensure the three overarching aims of the HEHA Strategy are met – to improve nutrition, increase physical activity and reduce obesity.

Social marketing programmes

Feeding our Futures

Feeding our Futures is a three-year campaign featuring television, radio and print advertising. Feeding our Futures is the Ministry of Health’s first healthy-eating social marketing campaign. It was launched in May 2007, targeting parents and caregivers of children aged between eight and twelve years. The campaign is run by the Health Sponsorship Council in partnership with Agencies for Nutrition Action.

Feeding our Futures takes a tips-based approach to improving nutrition and promoting healthy weight as part of the HEHA Strategy. The first three tips of the campaign were:

- make water or milk the first choice, kids don’t need sweet drinks
- get children involved in preparing meals
- eat together as a family as often as you can.

A second suite of advertisements went to air later in 2007 and included the following tips:

- make at least half the meal vegetables
- help kids snack the healthy way, snacks don’t have to come in packets
- kids do better when they eat fruit and vegetables.

According to the National Children’s Nutrition Survey, many New Zealand children are not eating enough fruit and vegetables (Ministry of Health 2003c). The fruit and vegetable tips for parents reinforce the message that fruit and vegetables are important for children’s growth and that children need a variety of fruit and vegetables every day.

Over time, it is intended that the campaign build the knowledge, confidence, motivation and skills necessary to improve nutrition and eating practices for families and children, particularly those from Māori, Pacific and low socioeconomic families (priority groups for HEHA).

For more information on Feeding our Futures, go to the website:
<http://www.feedingourfutures.org.nz>

Breastfeeding social marketing campaign

A breastfeeding social marketing campaign is also under development as part of the Ministry of Health's national breastfeeding promotion campaign.

The immediate overall goal of the social marketing campaign is to increase environmental support to initiate and maintain breastfeeding, and ultimately to increase breastfeeding rates at six weeks, three months and six months.

A mass-media advertising campaign is currently under way featuring television, radio and magazine advertising, encouraging family and friends to support their women to breastfeed for as long as possible.

The campaign is closely linked with the Feeding our Futures brand and is being managed by the HEHA Project Team at the Ministry.

HEHA network

The national HEHA network will improve leadership, communication, learning and development within the HEHA sector. Implementation of the HEHA Strategy involves action across many different sectors. Communication is central to engaging stakeholders across all sectors and providing them with the information they need to effectively implement the strategy. A HEHA network will enable key stakeholders to communicate in an interactive way, share learnings, innovative ideas and emerging evidence, and to explore ways of collaborating and avoiding duplication in the delivery of programmes.

Development of the HEHA network has been informed by a literature review and a consultation process undertaken by Synergia Ltd during March to May 2008. The consultation process involved a national online survey, regional, sectoral and Pacific consultation workshops and a national hui.

An establishment board has been set up for a year to oversee the development of the network. This will involve establishing the network as an organisation, finalising the network's role and function, overseeing the development of the website, and ensuring ongoing engagement with the various sectors involved (see Appendix 5 for a list of the NEB members).

HEHA news

The *HEHA Action Report* is a bi-monthly newsletter aimed at promoting and raising the profile of the HEHA Strategy. It also serves as a key channel for the HEHA Project Team to let the sector know the status of implementation activities, and it provides an opportunity for stakeholders to contribute regional activities and success stories.

Printed electronically and in hard copy, the *HEHA Action Report* is distributed to a wide stakeholder base. This includes representatives from the Government, from the health, education, physical activity and transport sectors, and from industry, local government, non-governmental organisations, tertiary institutions, research bodies and advocacy groups.

To receive a copy of the *HEHA Action Report*, email your contact details to: heha@moh.govt.nz

NZWell@Work

NZWell@Work is the name for the Government's Walking the Talk initiative. It is part of the Mission On campaign and is designed to encourage the state sector to lead by example when it comes to workplace promotion of healthy eating and regular physical activity. NZWell@Work is part of Mission-On and also contributes to the achievement of goals for HEHA.

Every year the cost of illness to New Zealand businesses increases. There is a clear relationship – in both directions – between work and health. Workplaces are determinants of health; they affect the physical, mental, economic and social wellbeing of workers and, in turn, the health of their families and communities. Ill-health has significant impact on productivity and business success (Ministry of Health 2007).

Through NZWell@Work, the Government is encouraging the state sector to make responsible decisions about the work environment and conditions of employment to encourage healthy nutrition and physical activity behaviours by employees. The workplace wellness scheme is free for employers to access, and offers tools that help support the research, development and implementation of a health and wellness policy and related health-promoting activities into an organisation.

There are many benefits of achieving improved health and wellness at work for both employers and employees. Benefits from employees are derived from improved personal health. For employers there are economic benefits, including reduction in absenteeism, injuries and staff turnover, and improved staff retention.

Sport & Recreation New Zealand (SPARC) and the Ministry of Health are working together to develop the Government's Walking the Talk initiative and both organisations piloted programmes in their own workplaces in early 2008.

In early 2008, 716 Ministry of Health staff from 12 worksites around the country took part in the 10,000 Steps® Challenge.

In the 2007/08 year, the Ministry and SPARC have visited and introduced the NZWell@Work initiative to a variety of state-sector organisations. The two organisations plan to continue visiting and supporting more organisations, including working with the 21 DHBs around developing their own NZWell@Work programmes.

The Ministry and SPARC together are supporting these agencies that are encouraging healthy nutrition and physical activity choices amongst employees by providing several tools, resources and guidance around implementing workplace wellness initiatives that have been developed.

Tools to assist employers assess the effectiveness of workplace-wellness schemes include the following.

The Audit Tool

The audit tool allows an organisation to run a critical eye over its work environment to find out how it influences employees' health behaviour. It is an exercise that provides detailed feedback on everything from the content of vending machines and what's on offer in the cafeteria, to whether secure bike racks are provided and whether opportunities are available for mothers to breastfeed. A simple scoring system allows organisations to review their worksite, section by section. The information gathered can then be used to make changes and improvements to existing policies and practices. The overall goal is to gradually develop and adopt a workplace culture that fosters good health in a practical and accessible way.

The Staff Questionnaire

The staff questionnaire is designed to provide more detailed information on people's awareness of healthy nutrition messages, their eating habits, how they travel to and from work and how much exercise they get. It also asks what changes in their work environment would support them in developing healthier lifestyles.

www.NZWellatWork.co.nz Website

The NZWellatWork website is a new site this year that brings together a variety of workplace tools and resources in one place that employers can access for free. The website provides case studies on what's happening in other state-sector organisations around workplace wellness, policy templates and business cases that employers can access to help support the implementation of their project. And by the end of 2008, employers will be able to access a qualified nutrition and physical activity expert through the website who will provide information to employers and ensure that that information is credible. Information on the NZWellatWork website (including associated tools) are below.

The NZWellatWork conference 2009

To ensure that state-sector organisations; are aware of what's currently under way and are sharing ideas with one another, the NZWellatWork conference will take place in early 2009.

Support for this initiative can be found at the following websites.

The Government Walking the Talk website - www.nzwellatwork.co.nz

Mission-On and Initiative Five - <http://www.sparc.org.nz/news/mission-on>

Primary health care

Aim: To develop and implement national guidelines for the management of overweight and obesity and implement the Innovations Fund.

National guidelines for the management of overweight and obesity

The development and implementation of national guidelines for the management of people who are overweight and obese is being funded by the Ministry of Health. There are currently no national guidelines for the management of overweight and obesity as there are for a number of other health conditions, such as cardiovascular disease and type 2 diabetes.

The project will use evidence and be based on other national guidelines adapted to the New Zealand setting. The project includes a plan for implementation of the new New Zealand guidelines, with the focus largely on the primary health care setting.

The development of the guidelines will consider how effectively overweight and obesity are managed, for the groups over-represented in overweight and obesity statistics in New Zealand. These groups include Māori, Pacific peoples, south Asian peoples and those living in more deprived neighbourhoods as well as those on certain medications for mental illness.

The Ministry's Guidelines Steering Group (which includes internal and external experts in a number of health areas) provides oversight for the project. The group's roles will include providing high-level strategic advice and steering the direction of the project.

The Ministry has contracted the Clinical Trials Research Unit (CTRU) of the University of Auckland to develop the guidelines and associated implementation and training plans. The establishment of a Guidelines Technical Advisory Group (GTAG) will be the responsibility of CTRU. The GTAG will consist of members with the necessary clinical skills and sector knowledge to ensure that the guidelines address the target audiences. The GTAG will oversee technical aspects and contribute to the development of the guidelines as well as the associated implementation and training plans.

The guidelines and an implementation plan will be published in 2009. Primary health care providers and other providers identified in the implementation plan will be trained to implement the guidelines.

Innovations Fund

The Innovations Fund has been developed to support community action to improve nutrition, increase physical activity and reduce obesity in high-needs groups. The Fund offers opportunities for district health boards and primary health organisations to work within their communities and alongside other providers, implementing innovative public health interventions to progress the goals of HEHA. There are currently 20 'innovative initiatives' from 13 District Health Boards; 16 are funded through the Cancer Control Action Plan and four through HEHA funding.

The Fund also provides a financial incentive for primary health organisations to reorient their activities to include a public health approach. This includes supporting collaborative efforts that bring about changes to the environment in which high-needs population groups live, work and play. The Fund also provides an incentive for increased collaboration and communication between the health sector and agencies in broader social, political, economic and environmental sectors.

Applicant organisations were required to match funding and to include an evaluation component. The proposals selected represent a variety of initiatives that cover a range of geographic areas and high-needs populations.

An evaluation of the HEHA Innovations Fund initiatives is being undertaken in 2008 and 2009 to help inform the future of this Fund.

Industry

Aim: To work with the food and advertising industries to improve the nutrition environment, including production, supply and marketing of food.

The Food Industry Group

During 2007, the Food Industry Group identified seven main areas or projects with associated goals and activities which are designed to:

- help address the obesity issue in New Zealand
- improve the nutritional intake of New Zealanders
- increase New Zealanders' physical activity.

The projects are currently being revised and re-documented for 2008 to 2009. The projects and goals can be referenced to the relevant areas in the HEHA Implementation Plan. The 2007/08 projects can be viewed on <http://www.fig.org.nz>

Children's Food Classification System

On 3 May 2007 the Ministers of Education, Broadcasting and Health agreed with major television broadcasters on a five-point plan to improve food advertising to children. One of the initiatives, the Children's Food Classification System, imposes restrictions on television advertising of foods and beverages during children's programming times.

The Children's Food Classification System has been developed by the New Zealand Television Broadcasters' Council and was implemented in July 2008. It uses the Ministry of Health's Food and Beverage Classification System as the primary basis for determining the eligibility of food or beverages to be advertised in children's programming times.

As the Food and Beverage Classification System was originally developed for food provision within schools and early childhood services, further consideration of foods in a variety of settings was needed. Where appropriate, supporting assessments will also be obtained from the Food Standards Australia New Zealand's nutrient profiling scoring criteria and an independent nutrition expert appointed by the Television Broadcasters' Council. The Children's Food Classification System will be reviewed annually in consultation with a committee of interested third parties including government officials.

Communications Agencies Association of New Zealand

The Communication Agencies Association of New Zealand, the Food Industry Group and the Ministry of Health have developed a presentation about nutrition and obesity for the major advertising agencies. The presentation is being used to educate agency staff about the need to reduce the advertising of high fat, sugar and salt foods to children.

The Communication Agencies Association of New Zealand has included a new category of healthy food advertising in the Advertising Effectiveness Awards (Effie Awards). Called the Healthy Eating Active Lifestyles Award it will encourage advertisers and their agencies to develop advertisements for their healthier products and brands and to promote physical activity.

Health Select Committee Inquiry into Obesity and Type 2 Diabetes Recommendations and Advertising Standards Authority

The Inquiry made a number of recommendations that related to children and food marketing. The Ministry of Health is working in collaboration with the Advertising Standards Authority to address the recommendations. Areas covered will include:

- reviewing the Code for Advertising to Children and the Code for Advertising of Food
- investigating the feasibility of establishing a pre-vetting system for food marketing to children similar to the Liquor Advertising Pre-vetting System administered by the Association of New Zealand Advertisers
- achieving industry-wide agreement to targets for reducing advertising of high fat, sugar and salt foods to children
- strengthening the advertising complaints system.

Food Classification System

Underpinning the work arising from Mission-On and the Government's Response to the Health Select Committee Inquiry into Obesity and Type 2 Diabetes is the need for a food classification system that clearly identifies products that are higher in fat, salt, or sugar.

In order to choose a suitable food classification tool for this work, the Ministry considered the two Government tools currently available: the school-based Food and Beverage Classification System developed by the Ministry and the Nutrient Profile Scoring Criteria developed by Food Standards Australia New Zealand. Both tools have a solid scientific basis, have been widely consulted on, have had significant input from industry, and are publicly available. The Nutrient Profile Scoring Criteria is considered the preferable tool outside the school setting because it is a simple tool using an online calculator that allows any food to be classified. It clearly identifies those foods that are higher in fat, salt or sugar; is transparent; and could be used in diverse food settings.

The Ministry has adapted the Nutrient Profile Scoring Criteria slightly by renaming it the Nutrient Profile System and renaming the classes. The nutrient profile calculator is being trialled for use in a range of settings and used in research into children's exposure to the marketing of high fat, salt, sugar foods. Further modelling work is being done and, once completed, the nutrient profile calculator will be available online for stakeholders to try out how they could use it for their own purposes.

Industry positions

Recommendation 15 of the Government response to the Health Select Committee Inquiry into Obesity and Type 2 Diabetes recommended:

...that the Government and scientific, public health and consumer groups work with the food, beverage, restaurant and marketing industries to meet agreed targets and timeframes regarding the advertising, promotion and marketing of energy dense products, especially to children and young people (Target date for initiating this process is April 2008).

As part of this recommendation the Government agreed to create co-ordination positions to work with industry to achieve change in the food supply.

The aim of these positions is to facilitate change with regionally and locally based food producers, distributors and retailers in relation to a range of initiatives to improve the nutrition environment. This could include product reformulation for improving the nutritional quality of the food supply and also encouraging the food industry to increase the profile of healthier foods through marketing.

Food reformulation

The Ministry of Health is funding a number of projects with the aim of improving the nutrient profile of certain foods. Altering the formulation of high-volume and low-cost foods has the potential to bring about large changes to the food supply, in particular for foods consumed by those people most at risk.

National and international food reformulation programmes have shown that significant improvements can be made within certain key high-volume and low-cost food categories. These include bread, processed meat, breakfast cereals, chips and pies.

The National Heart Foundation is working on several reformulation projects starting with lowering the salt content in bread.

The 'Chip Group' includes food industry representatives and the National Heart Foundation as well as Horticulture New Zealand and the Potato Growers of New Zealand. The group's overall goal is to reduce the fat content of chips by 20 percent. New industry standards have been developed that will help shops serve up tastier and healthier chips to their customers, using recommendations by the National Heart Foundation on best practice frying.

A similar group, also made up of industry and health sector representatives, is looking at the nutrient profile of pies and working towards industry standards that could be adopted by manufacturers as well as local bakeries.

Individual companies are reformulating their product ranges and the Food Industry Group has developed a database to track food industry progress towards a healthier food environment. Changes to pack or portion sizes, and food reformulations to reduce levels of fat, sugar and salt and increase beneficial nutrients, are recorded. These are documented in the Food Industry Group Annual Report 2008 which can be accessed at <http://www.fig.org.nz>

Food retail project

A project to create supportive food retail environments is under way. The aim is to:

- increase the availability, promotion, and purchase of healthier foods (foods low in fat, sugar and salt)
- reduce the availability, promotion, and purchase of less healthy foods (foods high in fat, sugar and salt).

The approach proposed by the Ministry of Health is based on developing a collaborative relationship between the food retail industry and the health sector. A jointly developed framework is planned to guide any future projects.

Meetings have been held with representatives of several retail sectors. Three joint supermarket meetings have been held. The Ministry is now working with the major supermarket companies on the development of in-store initiatives.

Fruit and vegetable promotion

Work towards meeting the Ministry target to increase the consumption of vegetables and fruit will be incorporated in a number of projects including the food retail project.

Research, evaluation and monitoring

Aim: To ensure effective evaluation of the HEHA Strategy and provide robust information to inform further development and improvement.

The Ministry of Health has developed an integrated research, evaluation and monitoring approach to assess the effectiveness of the HEHA Strategy and to build the evidence base. The approach was developed in consultation with Sport and Recreation New Zealand (which is primarily responsible for implementing the physical activity components of the HEHA Strategy) and other key stakeholders.

The approach aims to allow each of the components to complement one another, and to encourage consistency across data collections to maximise the opportunity for data integration and comparability. It uses the overarching intervention logic for the HEHA Strategy as its base (see Appendix 6).

A key component of the research, evaluation and monitoring approach is the provision of results and information to the Ministry, stakeholders and the sector. This supports the further development and/or modification of the research, evaluation and monitoring approach and various initiatives. It is anticipated that a range of means will be used to deliver the information to suit the needs of key audiences, including:

- the HEHA network website, a web-based knowledge library of HEHA-related research and evaluation for reference and use by stakeholders

- a toolbox of HEHA related questionnaires, guides and tools to assist stakeholders to monitor and evaluate their initiatives
- a research and evaluation conference focusing on New Zealand work.

Research

The research component of the research, evaluation and monitoring approach currently comprises a joint venture with the Health Research Council. Two research projects have been contracted through the Health Research Council's partnership programme and are under way. These focus on enhancing food security and physical activity for Māori, Pacific and low income families/whānau. Other areas of research are in the process of being funded while others are being considered for funding.

The Ministry of Health, together with Sport and Recreation New Zealand, is establishing a HEHA Knowledge Library. The Library is a database of New Zealand nutrition, physical activity, sport and recreation related research and evaluation abstracts. The purpose of the HEHA Knowledge Library is to:

- identify important pieces of research
- encourage collaboration and links between research and evaluation projects
- reduce duplication of research and evaluation
- assist in identifying research and evaluation gaps.

It is anticipated that the HEHA Knowledge Library will be launched in November 2008.

To support dissemination of New Zealand research, evaluation, and monitoring, the Ministry of Health with support from Sport and Recreation New Zealand is hosting a HEHA Research, Evaluation and Monitoring Conference in November 2008. The theme for the conference is 'What's happening in our backyard'. The conference will focus on New Zealand evidence. It will provide an opportunity to share the learnings from Ministry-funded research and evaluations along with other New Zealand research in the nutrition and physical activity area. There will be opportunities for networking, collaboration and learning.

Monitoring

The first Food and Nutrition Monitoring Report was published in October 2006 (Ministry of Health 2006a), and two HEHA Targets were established for the 2007/08 year.

The first Target relates to the proportion of infants exclusively and fully breastfed. The target proportion (percentage) of infants exclusively and fully breastfed is as follows:

- 74 percent at six weeks
- 57 percent at three months
- 27 percent at six months.

The second Target relates to the consumption of vegetables and fruit. The projected proportion (percentage) of adults (15-plus years) consuming at least three servings of vegetables per day is 70 percent. The proportion of adults consuming at least two servings of fruit per day is 62 percent.

It is anticipated that regular reporting will be conducted based on the information available from the New Zealand Health Monitor, including surveys and other data sources. The Ministry has initiated development of a continuous monitor to support monitoring of the vegetable and

fruit targets and providing information on a range of outcomes relating to the HEHA Strategy not covered by other surveys. In addition, the Ministry of Health is exploring the use of vegetable- and fruit-purchasing data sources to supplement self-reported consumption information. Sport and Recreation New Zealand is in the process of developing its monitoring strategy for physical activity.

To help regional and district providers evaluate and monitor their programmes and initiatives, the Ministry has contracted a provider to assemble useful, valid and reliable evaluation, monitoring and measurement tools for nutrition, physical activity and obesity. The tools will also help provide consistency of measurement and will be web-based for easy access.

Evaluation

The HEHA evaluation approach and measurement framework was developed in 2007. The key aims of the HEHA evaluation approach and measurement framework are to:

- provide a framework for evaluating the HEHA Strategy, which will assess whether it is achieving its objectives and providing value for money
- provide a basis to ensure evaluation activities across stakeholder groups and national and regional levels are consistent and complementary
- focus evaluations on key questions, issues and measurement domains
- facilitate the development of an evidence base of what works in the New Zealand context.

The Ministry of Health has also established a \$1.6 million per year HEHA District Health Board Evaluation Fund to:

- support evaluation of current and planned regional, district and local programmes that have potential and appear to be making a positive difference towards implementing HEHA but have not been formally evaluated, or assist evaluations already in place that need extra financial support
- develop the evidence base of what works (and what doesn't) to support improved nutrition, increased physical activity and reduced obesity
- further develop District Health Boards' (DHBs) evaluation capacity
- help DHBs find out whether their regions' programmes and initiatives really are making a positive difference for their communities.

The fund is only available to DHBs. Initiatives to be evaluated do not necessarily need to be district health board-led, but DHBs would need to lead or manage the evaluation. In the past 18 months, three funding rounds were held for the HEHA DHB Evaluation Fund. This has resulted in 45 evaluations being funded.

The first evaluation report for Fruit in Schools was disseminated in 2007 and second evaluation report will be disseminated later in 2008. Evaluations of other initiatives focusing on improving the food and nutrition environments in schools and early childhood education services are also underway. The food and nutrition environment study included a baseline survey of schools and early childhood education services that was completed in 2007. The results of the survey will be available by October 2008.

During 2007, a scoping of the HEHA Strategy evaluation was conducted by a consortium of researchers. This was followed by the development of a detailed methods plan as part of the initial implementation of the Strategy. The implementation of the methods plan is now under way.

Examples of Campaigns that are Contributing to the Implementation of HEHA

Mission-On

Mission-On's aim is to improve young New Zealanders' lifestyles through improved nutrition and increased physical activity. Mission-On aims to do this in a range of ways, including:

- improving nutrition within schools and early childhood environments
- encouraging and enabling student-led health promotion
- appointing 'lifestyle ambassadors' to act as positive youth role models
- developing youth websites which effectively promote health messages
- working with government agencies to encourage their staff to 'walk the talk' in terms of leading healthy lifestyles
- encouraging young people to spend more time away from screens (ie, computer screens and television screens)
- working with the advertising industry to reduce young people's exposure to marketing of unhealthy food and drink
- using television and radio to encourage behaviour change
- considering the impact of any proposed legislation on the health of young people
- expanding the Government's Green Prescription programme.

For more information about the Mission-On campaign go to: <http://www.mission-oninfo.govt.nz>

Some of the highlights of Mission-On so far include the following.

Mission-on.co.nz

The new interactive Mission-On website aims to give 5–12-year-olds opportunities to learn about nutrition and fuelling their bodies, as well as exciting ideas about ways to get active at home and outdoors.

More than 6000 children have signed up to the website since it was launched in early 2008. Children can personalise their own page and character, earn points and win prizes, receive virtual medals for mastering new skills, and post pictures and videos showing how they have put what they have learnt online into practice in their day-to-day lives.

Mission-On Upball

Upball is a Mission-On initiative aimed at getting 5–12-year-olds away from television and computer screens and getting them active.

The rules of the game are simple – keep the ball in the air and don't let it touch the ground.

The Mission-On team produced 100,000 Upballs which come in a pack containing an Upball and a book of Upball games. Around 10,000 of these have been produced in Te Reo Māori.

Push Play

Push Play, which started in 1999, is Sport and Recreation New Zealand's national social marketing campaign aimed at getting more New Zealanders more active more often. The key message is that adults should aim to do at least 30 minutes of moderate-intensity physical activity on most days of the week. The campaign is supported by the 17 Regional Sports Trusts around New Zealand, many in partnership with local authorities. More information about Push Play is available at <http://www.sparc.org.nz/pushplay/overview>

The campaign includes the following.

Push Play Parents

This popular campaign demonstrates why children should move and how parents can help them. Physical activity guidelines for 5–18-year-olds released in November 2007 recommend that children do at least 60 minutes of moderate to vigorous physical activity each day. The 60 minutes can be completed all at once or in chunks throughout the day. This can include:

- playing games
- walking, running or riding a bike to get from place to place
- playing sport or taking part in recreation activities
- participating in cultural activities like kapa haka
- jobs
- dance.

The Push Play Parents campaign also encourages parents to limit their children's time spent in front of the television or playing electronic games to two hours a day (out of school time).

A mass media advertising campaign is under way to inform parents of the new recommended physical activity guidelines for children. Beyond this the guidelines will be incorporated into the overall Push Play campaign and supporting resources.

Push Play Nation

Push Play Nation is in its third year and will run between 28 September and 7 November 2008. The campaign uses well-known celebrities and real New Zealanders to show different ways of being active. It encourages people to get into a routine of regular physical activity by providing them with programmes and a 12-month diary.

National Push Play Day

National Push Play Day is held on the first Friday in November each year to celebrate those who are or have become more active, and to serve as a prompt for those who could benefit from a more active lifestyle.

Feeding our Futures

The 'Feeding our Futures' campaign is discussed above in the section titled 'Healthy Eating – Healthy Action (HEHA) work programme'.

Examples of District Health Board Initiatives that are Contributing to the Implementation of HEHA

Mangere Healthy Kai

The Mangere Healthy Kai programme to improve the food environment, lead by Auckland Regional Public Health Service, began in 2003.

Mangere Healthy Kai promotes ready-to-eat healthy choices in Auckland's Mangere town centre to help combat obesity, type 2 diabetes and cardiovascular disease. Eleven eligible food retailers in Mangere town centre joined the programme at the start and 14 are now participating.

Mangere Healthy Kai is supported by a number of organisations and includes Mangere Community Health Trust, National Heart Foundation of New Zealand, Bader Drive Healthcare, Te Kupenga O Hoturoa, Procure Network Manukau, Manukau City Council and Otara Health Incorporated.

One of the successes of Healthy Kai has been the relationship the working group has had with Mangere retailers and the Mangere Town Centre Management. More than 90 percent of the retailers in Mangere Town Centre are of Chinese descent. Kai Hong Tan, a registered nutritionist in the Health Outcome Team at the Auckland Regional Public Health Service who speaks fluent Mandarin and Cantonese, has been able to build a supportive working relationship with Mangere retailers.

Mangere Healthy Kai has been successful in changing shoppers' eating habits. More shoppers are purchasing sandwiches and filled rolls, and wholegrain bread options are increasingly popular. In contrast, pie sales have not increased.

Success stories illustrate the impact Mangere Healthy Kai is having on the Mangere community. For example, the local Mangere greengrocer has reported a 35 percent increase in the sale of fruit and vegetables at his shop since the programme was implemented in 2003.

Mangere Healthy Kai won the Supreme Award at the 2007 New Zealand Health Innovation Awards. The Health Innovation Awards are a longstanding initiative of the Ministry of Health and ACC, celebrating innovative thinking in the health sector.

The Healthy Kai programme is now operating in Otara, Glen Eden and Glen Innes and is expected to expand further.

For more information go to: <http://www.moh.govt.nz/moh.nsf/indexmh/heha-newsletter-issue6>

Ngati & Healthy

Communities in the East Coast Ngati Porou rohe (region) are seeing positive benefits of healthy eating and healthy action, following the continuing success of 'Ngati & Healthy'.

Ngati & Healthy began in 2003 as a partnership between Ngati Porou Hauora and the University of Otago's Edgar National Centre for Diabetes Research. The initial focus was on preventing diabetes in the Ngati Porou rohe.

Ngati & Healthy has used a three-pronged approach including a community education and monitoring programme, a health promotion strategy, and a structural strategy.

Communities in Gisborne, Matakaoa, Ruatoria, Tokomaru Bay and Tolaga Bay are supported by Ngati & Healthy kaiawhina to develop exercise and nutrition learning opportunities that are conducive with, and strengthen, the healthy lifestyles of Ngati Porou whānau and hapū.

The project has steadily gained momentum with the focus broadening to chronic disease prevention and an increased range of regular activities such as:

- Rubba Luvin’
- circuit classes
- Kaumatua Sit Fit
- Tae Bo, a ‘12 weeks, no excuses’ programme which rewards participation.

Tairāwhiti District Health Board is also helping resource whānau-friendly aerobics classes in Gisborne, Ruatoria and Matakaoa through its HEHA funding.

A community member summed up Ngati & Healthy’s simple and positive healthy lifestyle messages: ‘It’s simple, get out and exercise and stop eating rubbish!’

Ngati & Healthy is building an evidence base of its lessons so far. In 2007 its first process evaluation report found that community participants’ diet and exercise levels had improved, and participants were now more likely to pass on the HEHA message to their wider whānau.

In April 2008 the second diabetes prevalence survey results were released and indicate that the many community-wide initiatives are beginning to have an impact on the health of the Ngati Porou rohe. Such improvements have included a halt in the rise of obesity and diabetes, particularly among young women and mothers.

Young women and mothers as influencers within their whānau continue to be a key focus for Ngati & Healthy. Te Puni Kokiri is also helping Ngati & Healthy encourage more Ngati Porou men into sustainable healthy lifestyles. The men have identified that making the most of the East Coast landscape through mahinga kai (food gathering activities) is a key part of their total wellbeing aspirations – and that hunting and fishing embody healthy eating and healthy action.

More information is available from: <http://www.otago.ac.nz/diabetes/research/ngati.html>

One Heart Many Lives

One Heart Many Lives is a cardiovascular disease primary prevention programme, developed by PHARMAC. The PHARMAC One Heart Many Lives team has worked alongside DHBs, PHOs and Māori Health Providers to develop local solutions under the One Heart Many Lives campaign umbrella.

The programme started as a national awareness-raising campaign encouraging men to eat better, move more and get to their GP for a check.

Using a blend of partnerships, social marketing training, direct marketing and provider development, regional campaigns have been undertaken in Porirua and Gisborne, the Hawkes Bay, Northland, Auckland, Lakes District and parts of the Bay of Plenty.

One Heart Many Lives focuses on men aged 35 and over and aims to:

- raise their awareness of cardiovascular disease
- decrease their level of cardiovascular risk by reducing risk factors through community-based primary prevention (nutrition and weight control, physical activity and smoking cessation).

The programme has an emphasis on Māori and Pacific men, who have the highest rates of cardiovascular disease and a relatively low uptake of interventions to reduce risk, such as medication and surgery.

For further information on One Heart Many Lives and regional campaigns go to:
<http://www.oneheartmanylives.co.nz>

Oranga Tu Tonu

In 2007, as Lakes District Health Board was in the process of developing a HEHA Implementation Plan for the Lakes District, a project to engage local Māori throughout the Tuwharetoa and Te Arawa rohe began.

The project presented and promoted HEHA to Māori individuals, organisations and communities. A comprehensive list of stakeholders was developed as well as a summary of barriers to Māori and gaps in support for healthy eating and healthy action.

The most consistently identified barriers to Māori related to food security and nutrition information.

A Māori steering group Oranga Tu Tonu (Let Healthy Living Remain Forever) was established early on in the project, made up of a range of stakeholders who could influence nutrition and physical activity for whānau in the Lakes District.

Oranga Tu Tonu provide valuable guidance and advice and have influenced the development of a Māori HEHA Plan.

The steering group met monthly throughout the consultation project and over five meetings provided:

- a broad range of stakeholders who could have an influence on improving nutrition, increasing physical activity and reducing obesity for Māori – within and beyond the health sector
- recommendations to the Lakes District Health Board on how to engage with stakeholders to communicate the HEHA message
- information on how the HEHA project linked with the steering group's work and organisational objectives and how the HEHA project might benefit whānau, hapu and iwi
- support for the writing of the draft Oranga Kai – Oranga Pumau Māori HEHA Plan.

The steering group continues to provide essential support to the Lakes District Health Board in the implementation of the HEHA Implementation Plan.

For more information about Oranga Tu Tonu or to read the Māori HEHA Report please go to:
<http://www.lakesdhb.govt.nz/Article.aspx?ID=7465>

Shake It, Beat It, Learn It

Shake It, Beat It, Learn It is a Pacific initiative developed in response to the Pacific communities' call for an improvement in the health of Pacific people and their environment. It is a Pacific health initiative funded by Capital and Coast District Health Board and delivered by the New Zealand Institute of Sport. Shake It, Beat It, Learn It was launched in 2006.

It is envisaged that Shake It, Beat It, Learn It will inspire Pacific communities and Pacific peoples and show them how exercise can easily fit into their everyday lives. This includes using activities such as music and dance, which are already a significant part of Pacific culture, to increase exercise levels. Participants are encouraged to make the programme their own and take responsibility for their own health and wellbeing.

The programme has four main aims:

- to improve Pacific peoples' access to exercise programmes
- to improve Pacific peoples' access to health services
- to improve health monitoring of the Pacific population in the district
- to provide health promotion and education programmes for Pacific peoples.

The programme works by training people to take exercise sessions for their own community. These people are mentored by trainees from the New Zealand Institute of Sport until they are sufficiently confident. Promoting healthy food is also integral to the programme.

The programme started with a few Pacific groups (the Tuvalu community in Porirua, the Pacific Island Presbyterian Church in Newtown, youth in the Pacific Island Presbyterian Church in Porirua, and the Lupe Fa'alele community in Newtown and will be extended to others. An after-school programme is also being developed.

An evaluation is under way to assess the effectiveness of health outcomes for participants. The evaluation is expected to be completed by the end of 2008.

The programme fits with Capital and Coast District Health Board's strategic direction which includes:

- promoting healthy lifestyles
- reducing inequalities
- taking a whole-community approach to health care.

Tongan Community Action Programme

In Christchurch, the Tongan community represents approximately 11 percent of the total Pacific population (9465) – there are 1071 Tongan residents in the city. It is an extremely young community with 42 percent of the Tongan population aged under 15 years. These youthful demographics highlight the importance of proactive health promotion and community engagement.

For the Tongan community in Canterbury aged 15 years and over, the median income is close to \$20,000 per year. This highlights a significant financial barrier and some of the challenges the members of this community have in changing or maintaining their lifestyles.

A Project Advisory Group was established which, together with the Christchurch Pacific Community Reference Group, endorsed the selection of the Tongan Community for assistance as it was identified as the Pasifika community with:

- high incidence of cardiovascular disease and obesity
- the most barriers to community health development, including workforce capacity
- the lowest engagement with current Pacific service providers in Christchurch.

The Tongan Community Action Programme began in October 2006 in Rowley, Christchurch. The goal of the programme is to reduce health inequalities of Tongan people living in Christchurch. The objectives are to reduce obesity and associated long-term health problems by improving diet, increasing physical activity levels and reducing the levels of smoking among the participants. The Partnership Health Canterbury primary health organisation is supporting the project through SIA funding so participants are linked to their GPs.

The planned long-term outcomes for the Tongan Community Action Programme are to:

- increase the health of the Tongan community in Christchurch
- reduce health inequalities
- sustain change
- increase community awareness.

Early in 2007, a request was made by the Free Church of Tonga to explore the expansion of the Tongan Community Action Programme for its church congregation. The minister in charge of the congregation proved to be a primary driver in the expansion of the programme, implementing activities which began in July 2007 and ran for 12 weeks to the end of September. The Heart Foundation funded shared breakfasts and group exercise sessions on Saturday mornings.

An 'edible gardens' project was also established last year, running in conjunction with a larger edible garden at the nearby Rowley Community Centre involving participation by children from Rowley Primary School. By October 2007, 50 Tongan families had edible gardens growing at their homes.

The Tongan Community Action Programme aims to develop capacity within the community to ensure sustainability and less reliance on external support.

For more information contact Anne Trappit, Regional Heart Health Manager, National Heart Foundation.

Conclusion

Since the release of 'Progress on implementing the HEHA strategy' (Progress document) in March 2007, considerable progress has been made in implementing the HEHA Strategy through Healthy Eating – Healthy Action: Oranga Kai – Oranga Pūmau: Implementation Plan: 2004–2010.

As mentioned earlier, over 75 of 87 actions in the Implementation Plan are underway, with these actions complementing the extensive HEHA-related work that is continuing throughout the country. Some new and exciting work areas progressed since the release of the last Progress document include:

- the Government response to the Health Select Committee's Inquiry into Obesity and Type 2 Diabetes in New Zealand report
- working with the food and advertising industries to improve the nutrition environment, including production, supply and marketing of food
- the development of Māori and Pacific community action projects by district health boards
- the development and progression of the National Breastfeeding Promotion Campaign
- extending the Fruit in Schools programme to decile 2 schools
- Nutrition in schools
- HEHA knowledge library.

New work during 2008

For the remainder of 2007 and for 2008 onwards, emerging work areas include:

- finalising the District Health Board Ministry-approved plan mechanism
- further development of the HEHA Network
- revising the HEHA Implementation Plan.

The revised HEHA implementation plan will build on existing activities and enhance the valuable momentum gained through HEHA implementation thus far. Many organisations and agencies, both public and private, involved in delivering the plan will be engaged during the revision process.

The HEHA Project Team and its collaborating partners will continue to progress the HEHA work programme during 2008 and beyond, with key areas of focus being:

- community action
- communication
- collaboration within and across sectors
- encouraging innovation in the health sector.

Based on the work under way throughout the wider health sector, the Ministry is encouraged and confident that the implementation of HEHA is having and will have a major impact on improving nutrition, increasing physical activity and reducing obesity.

Appendix 1: Further Resources

Ministry of Health

- Ministry website: <http://www.moh.govt.nz>
- HEHA web page: <http://www.moh.govt.nz/healthyeatinghealthyaction>
- Food and Nutrition Guidelines web page: <http://www.moh.govt.nz/foodandnutrition>
- Health education resources: <http://www.healthed.govt.nz/>
- He Korowai Oranga: Māori Health Strategy: Minister of Health and Associate Minister of Health. 2002. He Korowai Oranga: Māori Health Strategy. Wellington: Ministry of Health. URL: <http://www.Māorihealth.govt.nz>
- The Pacific Health and Disability Action Plan: Minister of Health. 2002. Pacific Health and Disability Action Plan. Wellington: Ministry of Health. URL: <http://www.moh.govt.nz/pacific>
- Health Select Committee (HSC) Inquiry Report – http://www.parliament.nz/NR/rdonlyres/47F52D0D-0132-42EF-A297-6AB08980C0EA/61821/DBSCH_SCR_3868_5335.pdf
- Government response to the HSC Inquiry Report – http://www.parliament.nz/en-NZ/PB/Presented/Papers/1/4/a/48DBHOH_PAP16044_1-Government-Response-to-Report-of-the-Health-Committee.htm

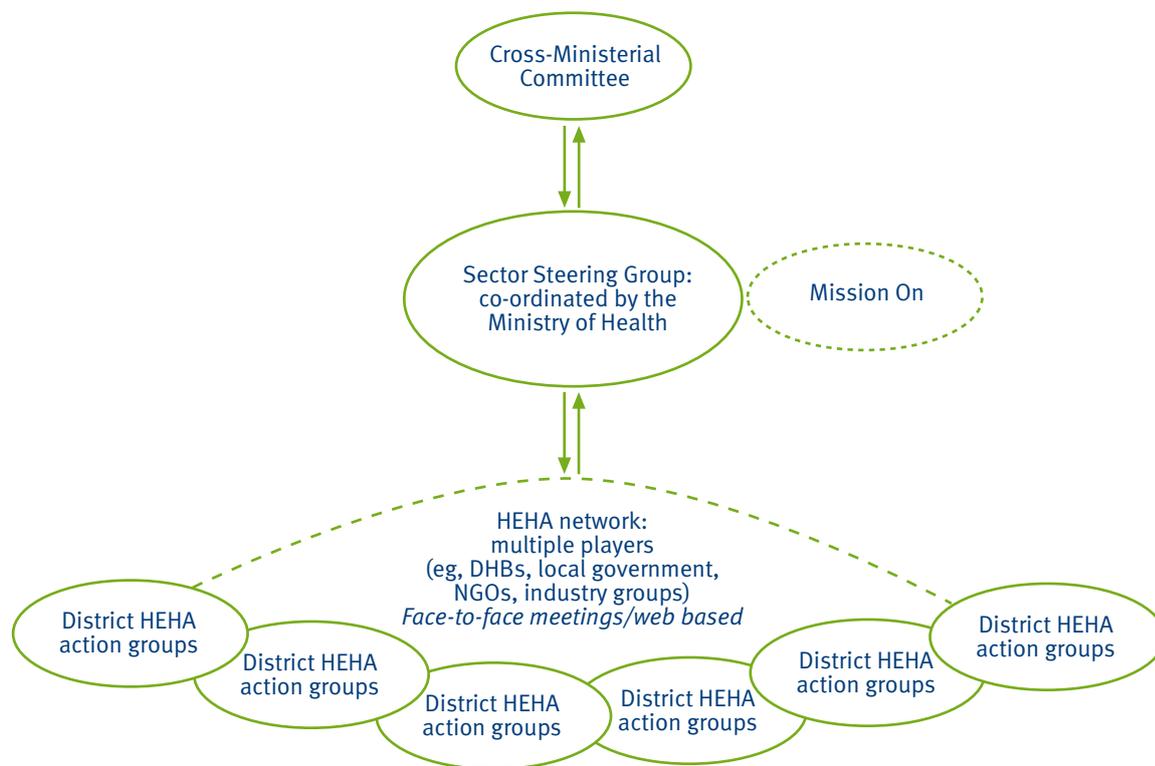
Ministry of Education

- Ministry website: <http://www.moe.govt.nz>
- Te Kete Ipurangi – the Online Learning Centre website: <http://www.tki.org.nz/>

Sport and Recreation New Zealand (SPARC)

- SPARC website: <http://www.sparc.org.nz/>
- Mission-On website: <http://www.sparc.org.nz/news/mission-on>

Appendix 2: Implementation Structure for HEHA



The figure above depicts some of the players involved in implementing HEHA. A **Cross-Ministerial committee** steers the implementation of HEHA and will ensure strategic synergies are recognised and acted upon. A **Sector Steering Group (SSG)** has also been established to advise the Ministerial Committee and to assist in gaining traction for and advise on HEHA implementation. The SSG has members from the Ministry of Education, Ministry of Youth Development, Sport and Recreation New Zealand (which leads the **Mission On** campaign), a number of other government agencies, District Health Boards, NGOs, Māori and Pacific communities as well as nutrition, physical activity and public health experts and the food industry.

The **HEHA network** comprises groups or organisations that have an interest in HEHA and are committed to making a contribution to the implementation of HEHA at either the national or the district level. The co-ordination and development of the HEHA network website and ongoing engagement with the various sectors is well under way. The HEHA network website will be finalised before the end of 2008 with the key objectives of: enabling key stakeholders to communicate in an interactive way; the sharing of learnings, innovative ideas and emerging evidence; and to explore ways of collaborating and avoiding duplication in the delivery of programmes.

The **district HEHA action groups** (of which there are 21, one for each district health board) have a leadership and co-ordination role in developing and implementing the respective district HEHA plans.

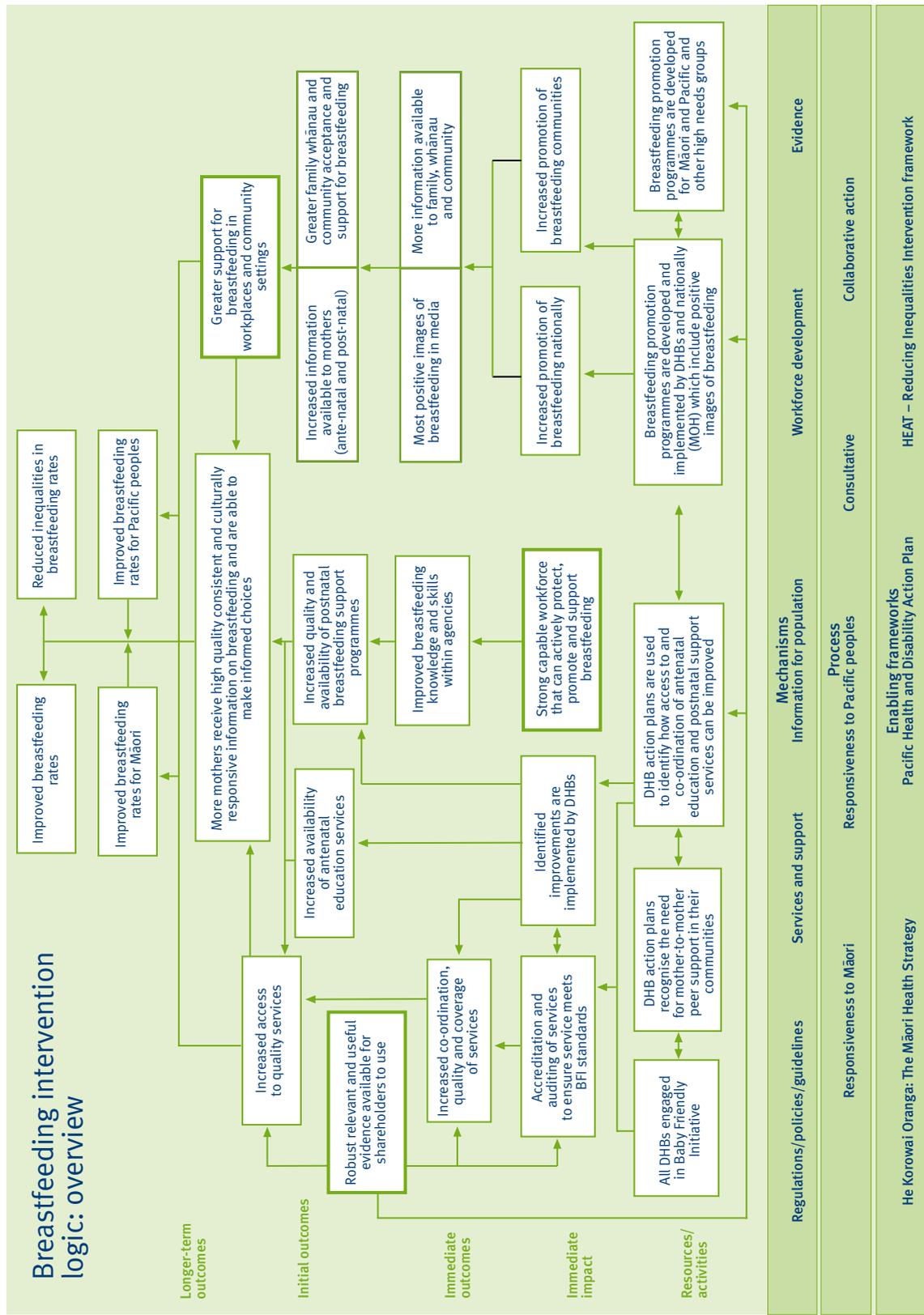
Appendix 3: Breastfeeding rates (percent) by ethnicity at six weeks, three months and six months, 1997–2006 and targets for 2007/08

Actual (all ethnicity) and target breastfeeding rates at six weeks, three months and six months

	Exclusive and full breastfeeding at six weeks	Exclusive and full breastfeeding at three months	Exclusive and full breastfeeding at six months
Breastfeeding rates %			
2000	65	50	18
2001	65	51	19
2002	66	55	23
2003	67	55	23
2004	67	56	24
2005	66	56	25
2006	66	55	25
2007	65	54	26
Breastfeeding targets % from BFAFTA			
2005	74	57	21
2010	90	70	27
Breastfeeding targets % for Statement of Intent			
2007/2008	74	57	27

Source: Plunket data – not nationally representative

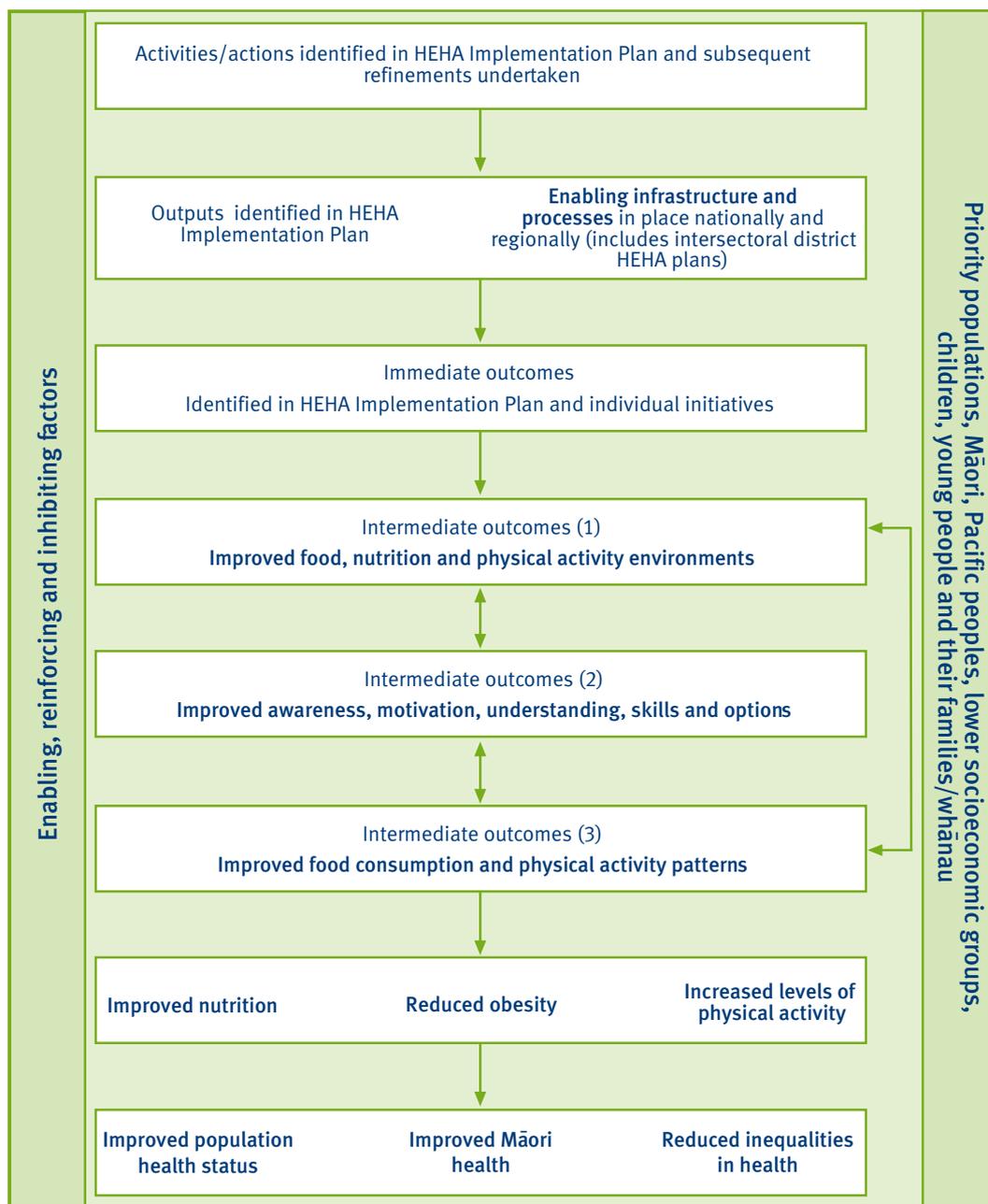
Appendix 4: Intervention logic overview of HEHA initiatives under way to promote and support breastfeeding



Appendix 5: National HEHA ‘Network Establishment Board’ (NEB)

Person	Position	Organisation	Perspective
Iain Potter	CEO	Health Sponsorship Council	Social marketing/ national strategy
Chris Mules	General Manager Planning and Funding/ Ministry of Health special project long term sector strategy	Counties Manukau District Health Board/Ministry of Health	DHB/sector strategy/national infrastructure/Māori and Pacific community service delivery
Lynda Cooper	Councillor	Waitakere City Council	Health background/local government/political/ physical activity interest
Industry position	Currently vacant		
Nicola Chilcott	Executive Director	Agencies for Nutrition Action	National network/advocacy for supportive environments/ non-government organisations
Dr Debbie Ryan	Health/policy consultant	Pacific Perspectives	Pacific community/Pacific provider, workforce and leadership development/ medical/national policy
Shane Kawenata Bradbrook	Director	Te Reo Mārama	Māori communities/networks/ advocacy/non-government organisations
Gareth Moore-Jones	Recreation consultant NZRA Board member	New Zealand Recreational Association	Recreation and community planning/physical activity

Appendix 6: HEHA Strategy Overarching Intervention Logic



The figure above provides a simplified overview of the HEHA Strategy intervention logic. The intervention logic is underpinned by the Ottawa Charter principles and He Korowai Oranga (pathways for change). This high-level outcome hierarchy delineates the broad steps for creating change outlined in the HEHA Strategy and Implementation Plan. These steps include actions through to outputs then immediate, intermediate and longer-term outcomes. The arrows between the outcome levels indicate that the direction of change is not necessarily linear and interaction occurs. This high-level outcomes hierarchy has been supplemented by several more specific outcome hierarchies relating to the outcomes anticipated in relation to ‘the HEHA implementation process’, ‘food and nutrition’, and ‘physical activity’. These more detailed hierarchies are available from the Ministry of Health HEHA Project Team.

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