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The Network was identified as a key part of new sector infrastructure in the Government’s response to the Health Select Committee’s inquiry into Obesity and Type 2 Diabetes, provided in November 2007.

Keep up the hard work.

Kia ora and welcome to the latest edition of the HEHA Project team’s Action Report.

Since our last newsletter, the HEHA team has begun a review of the HEHA Implementation Plan which was launched in 2003.

The review will involve feedback from HEHA stakeholders; a Māori reference group, a Pacific reference group, industry, a sector steering group, Rise E Tuhoe HEHA Project team’s youth advisory group and researchers.

The review will include a number of phases, including a review of the HEHA key messages, an assessment of the gaps within the current implementation plan and a review of the implementation plan’s actions.

We’re hoping the revised HEHA Development Plan will be completed by June next year.

Meanwhile, work is progressing at lightening speed on the development of a HEHA Network.

Synergia Ltd has undertaken a consultation phase to determine what the HEHA Network should look like.

Over 700 HEHA stakeholders completed an online questionnaire to help inform the development of the Network.

It’s anticipated the concept for the HEHA Network will be finalised by the end of June with the network up and running soon after.

The Plan will guide the work of:

- The national breastfeeding social marketing campaign, which is under development
- The Baby Friendly Initiative
- Infant feeding health promotion
- Workforce training and support
- Implementing and monitoring the International Code in New Zealand.

The final version of the Plan will be released in July.

The launch was part of a breastfeeding celebratory morning tea at the end of March, organised by the Ministry of Health, which also doubled as a launch for the revised Baby Friendly Hospital Standards in New Zealand document, prepared by the New Zealand Breastfeeding Authority.

The revised document is designed to ensure every mum receives good information, skilled support and advice to enable them to make an informed decision about breastfeeding and, if the decision is not to breastfeed, to ensure mums get the best possible advice from practitioners about artificial feeding.

The celebratory morning tea also coincided with a visit by Randa Saadeh, an infant feeding specialist from the World Health Organization (WHO).

Whilst in New Zealand, Randa held several breastfeeding seminars in association with the New Zealand Breastfeeding Authority, sharing her learnings about the Baby Friendly Hospital Initiative, which she has successfully led and implemented in her role at WHO.

Randa congratulated New Zealand on launching the National Strategic Plan of Action for Breastfeeding and said it is a positive step in the right direction.

She says, “New Zealand had quite low rates for exclusive breastfeeding at six months but it’s pleasing to know New Zealand is addressing this. I’m anticipating a positive turnaround in the near future.”

“The commitment and decision making regarding breastfeeding I’m seeing in New Zealand is something I haven’t seen in many countries – congratulations New Zealand.”

Randa says, “New Zealand is a perfect reflection of how the WHO Strategy for Infant and Young Child Feeding can be translated at a country level and be implemented successfully.”

Apart from attending the launch of the Plan, Randa also accredited National Women’s Hospital in Auckland as a Baby Friendly Hospital. She said it’s amazing that now 85 per cent of all babies born in New Zealand are born in Baby Friendly Hospitals.

A breastfeeding intervention logic has been developed by the HEHA Project team which outlines breastfeeding initiatives being developed and implemented through HEHA. The draft National Strategic Plan of Action for Breastfeeding has guided the development of the intervention logic.

For further information about the breastfeeding intervention logic, contact Rachael Bayliss in the HEHA Project team, email rachael.bayliss@moh.govt.nz

A copy of the draft National Strategic Plan of Action for Breastfeeding is available on the Ministry of Health website www.moh.govt.nz/health.
FOOD SECURITY AMONG MĀORI IN AOTEAROA

In 2006, Te Hotu Manawa Māori began working with the Obesity Action Coalition to develop a Māori strategic advocacy plan. After four consultation hui with stakeholders across the country, it became clear to Te Hotu Manawa Māori that food security and workforce development were the two clear priorities for Māori that needed addressing.

After the Māori strategic advocacy plan 2006–2009 was developed, Craig Heta, Nutrition and Physical Activity Advisor at Te Hotu Manawa Māori, was charged with developing a food security toolkit, which was published in October.

Craig Heta says one of the actions of the strategic advocacy plan was to develop a toolkit to inform local and regional action on the issue of food security.

So how is food security defined and why is it such an issue for Māori and for New Zealand? The toolkit includes a number of key messages that summarise the articles, research and statistics on food security that Te Hotu Manawa Māori gathered whilst developing the toolkit.

Craig Heta says, “When we were developing the toolkit we realised that food security is an extremely complex issue. It’s not just the responsibility of the health sector. It needs a multi-agency approach, including input from the education, housing and social development sectors.”

“We also need government policies that take the cost of living into account. The cost of food and petrol has gone up in the past year so it’s important that we all need to be addressing food inequalities,” in the past year so it’s important that we all need to be addressing food inequalities,

He says policies need to engage Māori in all steps of the process. “Māori need to be part of the solution to reducing obesity and improving nutrition, not part of the problem.”

There are some amazing interventions underway to address food insecurities. We were blown away at how much was happening, but only a few of the interventions have been externally evaluated. It would be great to see more interventions evaluated to determine their effectiveness.”

Craig says, “The toolkit has been really well received by the sector, and people appreciate having information about food security all in one place – this toolkit profiles food security interventions happening around Aotearoa, as well as New Zealand and international research undertaken surrounding food security.”

The toolkit aims to educate those who are working in the health sector about the current situation, raising awareness of the issues surrounding food security. Copies of the toolkit can be found on the following websites or by contacting OAC’s Executive Director, Leigh Sturgiss, email director@obesityaction.org.nz www.obesityaction.org.nz/docs/foodsecurityweb/pdf www.tehotumanawa.org.nz/documents/File/food_security_web.pdf

### ABOUT THE FOOD SECURITY TOOLKIT

The toolkit profiles local and international food security interventions happening around Aotearoa, as well as New Zealand. It aims to educate those who work in the health sector about the current situation, raising awareness of the issues surrounding food security. The toolkit is available online and in hardcopy.

- **Copies**: Can be obtained by contacting OAC’s Executive Director, Leigh Sturgiss, at director@obesityaction.org.nz

### FOOD SECURITY ISSUES

- Food security refers to the ability of people to acquire appropriate and nutritious food on a regular and reliable basis.
- Māori are more likely to live in socially deprived areas where it is difficult to access healthy food.
- These areas tend to have fewer quality supermarkets and more fast food outlets.
- A good food supply should include a range of choices that encourage the selection of a variety of vegetables and fruit, the staple foods such as pasta, rice, cereals and bread, and protein foods such as fish, meat, eggs and milk.
- Research clearly shows that Māori struggle more than other groups to afford and access healthy food. They are also more likely to seek assistance from food banks and Work and Income.
- Considerable disparity exists in levels of food security between Māori and non-Māori.
- Households that were the least food secure had the highest Body Mass Index (BMI); those who were moderately food secure had a lower BMI; and those living in the most food secure households had the lowest BMI.
- Evidence highlights that there is a link between food insecurity and obesity, as many foods that are high in fat, salt and sugar are cheaper than healthy foods.
- Overweight and obesity have been linked to many medical and psychological problems such as type 2 diabetes, insulin resistance, gallstones, cardiovascular disease, osteoarthritis, low self-esteem, depression and some cancers. Childhood obesity is a major concern because it increases the risk of adult obesity and can predict mortality and morbidity later in life.
- Internationally and in New Zealand food security interventions and programmes are relatively new and their effectiveness is still being evaluated.
- Māori need to learn from the experience of others and develop solutions that are based on a kaupapa Māori approach.

### ABOUT THE OBESITY ACTION COALITION

The Obesity Action Coalition is an advocacy organisation which aims to reduce the prevalence of obesity in New Zealand by promoting environmental changes to make it easier for people to maintain a healthy weight. OAC’s mission statement says OAC will work to change the social, physical and regulatory and legislative environment in New Zealand, to make it more conducive for people to lead physically active lives, maintain a healthy weight and enjoy good health. Visit their website for further information, [www.obesityaction.org.nz](http://www.obesityaction.org.nz).

### FUELLED & SCHOOL PILOT CONTINUES

The 50 led & school pilot programme encourages young people to come up with their own ideas for improving nutrition in their school environments. All action plans were submitted and then received funding to put their plans into action during terms 2 and 3. In term 4, their efforts will be celebrated with a great range of prizes up for grabs.

The pilot schools are also receiving online support via website [www.mission-oninfo.govt.nz](http://www.mission-oninfo.govt.nz) and at Bebo, www.bibks.com/sustainyourbrain

The websites engage all intermediate and secondary school students with interactive information on how to eat well and stay on top of school.

### MISSION-ON.CO.NZ

More than 6,000 children have signed up to the mission-on.co.nz website since it was launched in March. The new interactive Mission-On website aims to give 5-12 year olds opportunities to learn about nutrition and fuel their bodies, as well as exciting ideas about ways to get active at home and school.

Children can personalise their own page and character, earn points and win prizes, receive virtual medals for exciting ideas on how to get active and post pictures into action during terms 2 and 3. In term 4, their efforts will be celebrated with a great range of prizes up for grabs.

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### MISSION-ON.LAUNCHES NEW KIDS GAME – UPBALL

You may have seen the new ad on TV, featuring Mervyn and the Sparcifs, promoting a brand new game called Upball.

Upball is a Mission-On initiative aimed at 5-12 year olds, to get them away from the TV and computer screens and getting 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 150,000 Upballs. They 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.

Children can call 0800 UPBALL to receive a free Upball. Regional Sports Trusts are also promoting Upball and ensuring that children at low decile schools become involved.

Launched at the beginning of April, the campaign will restart at the end of May, with another 50,000 Upballs being distributed.

### MISSION-ON米SSI 오타토 마누아 MĀORI

Te Hotu Manawa Māori is committed to providing leadership in promoting healthy lifestyles and healthy environments to achieve heart health for Māori. Te Hotu Manawa Māori delivers health services “by Māori for Māori” and has been an independent national organisation since 1997. Visit their website for more information, [www.tehotumanawa.org.nz](http://www.tehotumanawa.org.nz).
All food companies that are members of the Food Industry Group have been undertaking extensive reformulations to reduce fat, sugar and salt from the food supply – and to increase fibre. Here are just a very few snippets from some of these companies which help give an insight into what is happening to create a healthier food environment.

These examples and many more are given in the Food Industry Group’s Annual Report which is on the website www.fig.org.nz

Nestlé’s new 2-minute Noodle Range
There has been a 68 per cent reduction in saturated fat across the range, a change to using natural colours and flavours and the ability to feature a low GI rating.

Mars’ Kan Tong Product Range
Sodium has been reduced by an average of 25 per cent across the total range; sugar has been reduced by an average of 15 per cent; there is a widespread use of ginger, garlic and chilli puree instead of dehydrated ginger, garlic and chilli and a major push to ensure the removal of all unnecessary additives and flavours.

Tasti’s Cereal Bars
Reformulation of the company’s most popular products (Weight Watchers Fruit Cereal Bars and Tasti Muffins) has yielded a reduction of approximately 4 tonnes of sodium and an increase in fibre of 160 tonnes per annum.

Arnott’s Salada Range
The company has reduced the saturated fat content by over 60 per cent.

Fonterra’s Yoghurts
There has been a complete removal of added sugar from Anlene plain yoghurt and a 29 per cent reduction of sugar in fruited Anlene yoghurts; there has been a 7.5 per cent reduction in added sugar in Fresh’n Fruity Yoghurts, Anchor CalciYum dairy food and Anchor Custard.

Kellogg’s Sodium Reduction Programme
Kellogg’s has had a sodium reduction programme in place since 1997. Over that time sodium has been reduced in 12 major brands by an average of 40 per cent.

Goodman Fielder’s Flavoured Milk Range
The company has reduced the fat percentage of its flavoured milk from 2 per cent down to 1.7 per cent, which has resulted in approximately 24,800 kgs of fat being removed from the food supply per annum. It has also taken the fat in its dairy food range down from 2.1 per cent to 1 per cent, resulting in approximately 14,000 kgs of fat being taken out of the food supply.

Hubbard’s Muesli Range
The result of the Muesli range alone being reformulated has resulted in a reduction of 32.8 tonnes of fat, 5.3 tonnes of saturated fat, 41.8 tonnes of sugar and 0.5 tonnes of sodium. It has also resulted in the addition of 18.9 tonnes of fibre.

HEALTHIER CHIPS

NUTRITIONAL VALUE OF A KIWI FAVOURITE SET TO IMPROVE

A new set of industry standards to improve the fat content of hot chips has been launched by the Chip Group.

Made up of industry representatives and nutrition experts, including the National Heart Foundation, the Chip Group has an overall goal to reduce the fat content of chips by 20 per cent.

Chairperson of the Chip Group, Glenda Gourley says The New Zealand Standards for Deep Fried Chips in Independent Fast Food Outlets are a world first.

“The standards were able to be developed after the Ministry of Health granted funding last year to implement a three-year programme focused on improving the nutritional profile of chips.”

Glenda Gourley says the Standards are based on robust scientific data and Heart Foundation recommendations, as well as consultation with key industry groups and chip shop operators.

“These are voluntary standards and chip shop owners are being asked to encourage staff to use them as part of their daily work.”

“We hope to be able to help shops serve up tastier and healthier chips to their customers and, at the same time, improve the cost efficiency of their business,” says Glenda Gourley.

Kiwis currently gobble 7 million serves of chips each week so chips lower in fat and salt could have a big impact on people’s health.

And National Programme Manager for HEHA Cynthia Maling agrees.

“The Chip Group’s industry standards are a world first and I want to acknowledge the important work going on, which is contributing to the overall goals of the HEHA Strategy. The strategy aims to improve nutrition, increase physical activity and reduce obesity.”

Cynthia Maling says, “Once the Industry Standards are fully rolled out across the country, we anticipate they will play a valuable part in improving food environments. We know that hot chips are a kiwi favourite, but if the fat and salt content of chips can be reduced, it will make a big difference.”

“Changing food environments is key to reducing the rising levels of overweight and obesity in this country.”

Glenda Gourley says if all chip shops used the recommended frying techniques, we could potentially remove over 2,500 tonnes of fat from the national food supply annually.

And chip shops competing in the Best Chip Shop Competition, run by the Chip Group, are encouraged to use the frying techniques.

Glenda says, “In 2007, the Best Chip Shop Competition saw an average fat content of 7.6 per cent recorded across all of the samples for the six winning shops, compared to 10.8 per cent for the national average. We believe this is verification that the healthier cooking message is getting through.”

The Chip Group is made up of the Heart Foundation, the Potato Product Group – a division of Horticulture New Zealand, Bakels, Burns and Ferrall, Food2Go, Goodman Fielder, Moffat, Huhtamaki, McCain Foods, Mr Chips, Southern Hospitality, Premo Filtration, NZARFD, Alfa One, Kauri and 3M.

For more information go to www.chipgroup.co.nz

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For more information go to www.chipgroup.co.nz
Today, life is packed with action and travelling from one activity to another. We are always in a hurry and there is less time and value given to doing, creating, and just hanging out at the playground or park. Children learn through play, role modelling and taking calculated risks. The most effective learning is through seeing, hearing and doing! Don’t you remember balancing along fences and jumping in puddles? Little brains become active minds and pathways begin to connect in the brain when activity in play happens through the child’s day.

In the first three years of life, a young child’s brain develops and grows more than at any other time of their life. Best of all, the brain grows when the child is having active experiences. It’s now understood that, because a child’s earliest learning is based on senses and physical movements, so too is much of the knowledge that follows. In fact, according to Eric Jensen, author of many wonderful books about the brain and learning, “Teaching with the Brain in Mind, Different Brains, Different Learners; Enriching the Brain and Physical Movements, so too is learning through experience. It’s goals are to develop the child: •   Intellectually, emotionally, socially and spiritually as well as physically •   by building the foundations for learning, moving and communicating •   to be happy and healthy, confident and feel loved.”

Active Movement Advisors are available in most Regional Sports Trusts and provide professional development and resources to parents, caregivers and early childhood providers.

For more information contact 0800 Active (0800 22 8483) or visit www.sparc.org.nz

In tour attempts to prepare our children HEHA ACTION REPORT, May 08, Issue 09

HELPS THE BRAIN TO FUNCTION MORE

In tour attempts to prepare our children HEHA ACTION REPORT, May 08, Issue 09

helps the brain to function more in the blood increase which in turn the oxygen, glucose and water levels discipline problems. He tells us this results in reduced sensations and increases fatigue.”

The great thing is that when active, the oxygen, glucose and water levels in the blood increase which in turn helps the brain to function more efficiently. Movement is “BRAIN FOOD”, so eat up!! Whether it is discovering an ant nest at the back of the garden, climbing in a tree, stopping to eat a banana and pretending to be a monkey, or rolling down the hill with your child, these are the experiences that grow the mind, the body and the spirit of the child. The Active Movement/Koringa Hihiko initiative developed by SPARC (Sport and Recreation NZ) is a resource for parents and caregivers to help promote learning through experience. Its goals are to develop the child:

-   Intellectually, emotionally, socially and spiritually as well as physically
-   by building the foundations for learning, moving and communicating
-   to be happy and healthy, confident and feel loved.

Active Movement Advisors are available in most Regional Sports Trusts and provide professional development and resources to parents, caregivers and early childhood providers.

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In tour attempts to prepare our children HEHA ACTION REPORT, May 08, Issue 09

EUHE WORKFORCE PROJECT

The development and implementation of a strategy to increase the capacity and capability of trained Māori and Pacific health professionals and community workers (with a nutrition and physical activity focus) has been identified as a priority for the HEHA Project team. The HEHA team has entered into two contracts for the enhancement of existing certificate level courses following an assessment of proposals received from selected providers. One contract is with Manukau Institute of Technology to enhance the Certificate in Pacific Community Health Work and the Certificate in Community Health Work (for Māori).

For more information contact Sandra Wilkinson, Programme Leader, MIT, email sandra.wilkinson@manukau.ac.nz, phone (09) 9488 000 ext 8307.

The second contract is with the National Heart Foundation (Pacifi c Island Heartbeat) for developing a sustainable method of mentoring and supporting students studying the Certificate in Pacifi c Island Health.

For more information contact Iutita Rusk, Manager, email iutita@nhfh.org.nz, phone (09) 571 9191 ext 732.

Meanwhile, The Te Hotu Matanawa Māori Tai Tōtika me Whakapakari Tinoaia course has now been integrated into the Auckland University of Technology’s (AUT’s) Te Ara Haurua Māori, the Māori health path. From July, the course will be delivered as a 15 credit, level 5 paper in the AUT Certificate in Health Studies. Te Hotu Matanawa Māori will lead the delivery of the paper.

For further information please contact Craig Heta, Nutrition and Physical Activity Advisor, email craigheta@aut.ac.nz, phone (09) 363 5800.

NEW ZEALAND HEALTHY EATING – HEALTHY ACTION RESEARCH AND EVALUATION DATABASE

Since November 2007, the HEHA Project team and Research New Zealand have been developing the New Zealand HEHA Research and Evaluation Database. To date, the Research New Zealand Team has completed an extensive internet and database search, and has identified a wealth of New Zealand HEHA and sport and recreation related research, evaluation and related practice resources.

We would like to thank the many researchers who contributed to the development of the database by responding to our request for any published, unpublished or in progress research they may have produced. We are currently entering records onto the database and are keen to continue identifying and adding relevant research.

So, if you are interested in having your research on the New Zealand HEHA Research and Evaluation Database, or would like to be added to the database contact list for regular updates, please email Debbie Cessar at Research New Zealand, Debbie.Cessar@researchnz.com, phone 0800 500 168.

FOOD AND BEVERAGE CLASSIFICATION SYSTEM RESOURCES

Ressources for the Food and Beverage Classification System have been translated into Te Reo Māori and are currently being distributed to all AURA kaupapa and Kihanga reo across New Zealand.

The resources are also available for download at www.moh.govt.nz/healthyeatinghealthynutrition
NEWS FROM THE REGIONS

INTRODUCING...

WEST COAST DHB
GARDENING INITIATIVE
PROFILED AT INTERNATIONAL CONFERENCE

A joint HEHA gardening initiative between West Coast DHB and Sport West Coast will be profiled this month at the 2008 Recreation Summit in Canberra, Australia.

Tucking In began on the West Coast last year, after DHB HEHA Project Manager Kim Sinclair and a colleague saw a television programme about becoming sustainable by growing your own vegetables.

Tucking In is supported by local businesses and community groups and, since its inception, all schools and early childhood centres on the West Coast now have raised garden boxes and are growing their own vegetables, which will become a sustainable resource over time.

The initiative has become a successful community intervention and Minist 10 is now supplying the garden kit sets at cost so community members are able to get on board and grow their own vegetables as well.

Both Kim Sinclair and Geoff Canham from Sport West Coast are presenting their project at the conference, which is being held on the 16th and 17th of May.

The conference is designed to provide community members and government agencies with the opportunity to discuss current practices, programmes and services and how to encourage greater participation for health and social outcomes.

AUSTRALIA

JULIE CARTER
HEHA Project Manager, Waitemata DHB

Julie Carter sees herself more as a HEHA coordinator at Waitemata DHB, rather than the HEHA Project Manager. You may ask why?

Towards the end of 2006 I was appointed as the Public Health Dietitian for the DHB, before the national rollout of HEHA saw a Project Manager appointed within each DHB.

Julie says, “We already had a strong healthy lifestyles focus before the national rollout of HEHA. We were working towards many of the same objectives anyway, so my role has morphed into more of a HEHA coordination role, one where I am able to have a very strong nutrition focus, given we have a physical activity expert and another person working with schools and ECEs.”

Julie started with Waitemata DHB in 2000 as a clinical dietitian at North Shore Hospital. Since then she’s done a short stint on a secondment to Spotless Services, assisting the food service management team, been a renal dietitian at Auckland Hospital and the team leader for the dietitians at North Shore Hospital.

“The biggest challenge in my latest role has been administering the Nutrition Fund. Given that we have 189 schools and 381 ECEs in the Waitemata DHB region, it’s been a logistical nightmare at times.”

Julie says they had their first round of funding in November where they received 17 applications and funded 11 projects at a combined total of $58,000.

“The second round of funding closes this month and there’s been a heap more interest this time around so we’re looking forward to going through the applications we receive.”

One of Julie’s initial projects was to follow up on the implementation of the Waitemata DHB Beverage Guidelines in schools and ECEs within her DHB region.

“Waitemata, the Heart Foundation and Auckland Regional Public Health developed our beverage guidelines before the Ministry developed the Food and Beverage Classification System. They’ve been a huge success. One school removed more than 480 kilograms of sugar from their food supply in one month just by cutting out carbonated sugary drinks.”

Julie is about to embark on a new and rather different challenge shortly – becoming a mum.

“I’m taking a year out at a time when I think there are a lot of opportunities to further develop the HEHA brand locally and continue its successful implementation,” says Julie.

In her absence, Branco Cvjetan and Elizabeth Duncan will share the responsibilities of Julie’s role whilst she takes a year’s maternity leave.

WHAT JULIE’S CURRENTLY INVOLVED IN:

Waitemata DHB Vending Guidelines

Waitemata DHB has completed the development of a set of guidelines for vending machines.

It’s the first set of national vending guidelines to have been developed and it’s been undertaken under the watchful eye of Julie Carter.

“The three Auckland DHBs got together to draft the vending guidelines and after identifying a lack of food guidelines for vending machines as a gap. It has followed on from the work of the Waitemata DHB Beverage Guidelines project.”

The guidelines work on the basis of a vending machine having 50 per cent of its products defined as healthy options (although the guidelines offer some flexibility around this amount).

“We contracted the Clinical Trials Research Unit from Auckland University to develop the research component of the project. We decided to collect data before and after we implemented the guidelines at Waitemata DHB to try and find out whether there was a genuine difference in buyer behaviour because of the vending guidelines.”

Data from vending machine sales was recorded over March, April and May 2007 and the process is currently being repeated at the moment. Staff were also surveyed at Waitemata DHB, although only a very small percentage of those surveyed actually reported buying food from vending machines.

The CTRU is due to provide its research findings in July. Julie says, “The next step is to roll out the guidelines nationally. This involves implementing the vending guidelines at other DHBs, health providers, recreation facilities and interested workplaces, championed by other HEHA Project Managers, as well as Public Health Units.”

A resource has been produced, explaining the vending guidelines and one of Julie’s final tasks before she begins her maternity leave is to mail out the resource to as many stakeholders as possible.
**LIBRARY CORNER**

The following include the latest studies and research in the HEHA arena:

**Walking to School: Frequency and Predictors Among Primary School Children in Dunedin, New Zealand**

*New Zealand Medical Journal, 4 April 2008, Volume 121, No 1271*

This study indicates that 47.5 per cent of Dunedin primary school children walked to/from school less than three times a week.

- Living a short distance from school was the strongest positive, potentially modifiable predictor for walking to school.
- Male gender, higher school year, non-NZ European ethnicity, and attending a low decile school were all associated with a significantly increased rate of walking.

Results from this study could inform and guide the development of health, transport and education policies, directed at increasing the proportion of children walking to school.

To view this article refer to Volume 121 of the Journal of the New Zealand Medical Association.

**Diet quality and academic performance**

*Department of Community Health and Epidemiology, Dalhousie University, Canada, Journal of School Health, Volume 78, Number 4, April 2008*

This study examines the association between overall diet quality and academic performance. In 2003, 5200 grade 5 students in Nova Scotia, Canada, and their parents were surveyed as part of the Children’s Lifestyle and School-performance Study. Information on dietary intake, height, and weight and sociodemographic variables were linked to results of a provincial standardised literacy assessment. Students with decreased overall diet quality were significantly more likely to perform poorly on the assessment. Girls performed better than boys as did children from socioeconomically advantaged families. Children attending better schools and living in wealthy neighborhoods also performed better.

To view this article online go to http://www.apria.com/common/aw_cmprintNews/1,2762,745839,00.html

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**HEHA TIPS**

**Healthy eating is...**

Water is the best drink for thirsty children and adults. Water’s cheap, it’s easy to get and it quenches your thirst. Keep a container of water in the fridge so it’s cold and ready to drink. Sweet drinks like fizzy drinks, powdered drinks and cordials are high in sugar, so limit these to once in a while.

Milk is also a good choice, especially for children. It’s nutritious and helps build strong bones. Whole milk is recommended for infants and toddlers under the age of 2 years but after that children can drink reduced-fat milk. Non-flavoured milk is best as it doesn’t have added sugar.

**Healthy action is...**

With autumn in full swing, the weather can play a big part in which types of physical activity you do. Why not head to your local pool or aquatic centre and do 30 minutes of lane swimming or aqua jogging. You could even try an aquarobics class. Swimming works your whole body, improving cardiovascular conditioning, muscle strength, endurance, posture and flexibility all at the same time. Your cardiovascular system also benefits because swimming improves your body’s use of oxygen, without overworking your heart.

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**HEHA ACTION REPORT FEEDBACK**

We would love to get your feedback on this bi-monthly newsletter and, of course, to hear how HEHA is being implemented in your respective regions. Please send your contributions to Victoria_Evans@moh.govt.nz

*New Zealand Government*