

Government Response to  
the Inquiry into Obesity and  
Type 2 Diabetes 2007

*Presented to the House of Representatives in accordance  
with Standing Order 253*



# Contents

Government Response to Inquiry into Obesity and Type 2 Diabetes	5
Executive summary	5
Background	6
Responses	10
1. <i>Leadership and Coordination</i>	10
(1a) General Leadership (Recommendation 1)	10
(1b) Cross-sectoral ministerial committee (Recommendations 2 and 4)	12
(1c) Expert advisory group (Recommendation 7)	13
(1d) Independent commissioner (Recommendations 3 and 6)	14
(1e) <i>Government Walk the Talk</i> and transport initiatives (Recommendation 42)	14
(1f) Target setting (Recommendations 5, 11, 12, 13, 19, 21 23)	16
2. <i>Health Sector</i>	19
(2a) Workforce (Recommendations 8, 29)	19
(2b) Prevention of obesity (Recommendations 27, 36, 45)	21
(2c) Sheep meat flaps (Recommendation 24)	23
(2d) Economics/best value (Recommendations 9, 55)	24
(2e) Communication (Recommendation 41)	25
(2f) Reporting (Recommendations 10, 25, 31, 40, 46, 49)	25
(2g) Evaluation (Recommendations 43, 53)	27
(2h) Monitoring (Recommendations 52, 54)	29
(2i) Management of diabetes (Recommendations 26, 28, 30)	32
(2j) Management of obesity including morbid obesity (Recommendation 32)	33
3. <i>Food Labelling (this section covers Recommendations 16, 17, 18)</i>	34
4. <i>Education/Children and Young People (this section covers Recommendations 29, 33, 34, 35, 37, 38, 39, 43)</i>	36
(4a) General Children and Young People	36
(4b) Workforce (Recommendations 29, 38)	37
(4c) School environment (Recommendations 34, 35, 43)	38
(4d) Fruit in Schools (Recommendation 39)	41
(4e) Reporting (Recommendation 33)	41
(4f) Curriculum (Recommendation 37)	42
5. <i>SPARC (Sport and Recreation New Zealand) and physical activity (this section covers Recommendations 1, 4, 41, 42, 52)</i>	43
(5a) General Physical activity (Recommendation 1 and 4)	43
(5b) Communication (Recommendation 41)	44
(5c) <i>Government Walk the Talk</i> (Recommendation 42)	44
(5d) Monitoring (Recommendation 52)	45
6. <i>Labour (Recommendations 44 and 48)</i>	46
(6a) Parental leave and workplace wellness (Recommendations 44, 48)	46
7. <i>Breastfeeding (this section covers Recommendation 47)</i>	46
(7a) Global Strategy for Infant and Young Child Feeding and adoption of WHO Code of Marketing of Breast-milk Substitutes	46
8. <i>Food and Beverage Industries (this section covers Recommendations 12, 14, 15, 19, 22)</i>	48
(8a) General food industry (Recommendation 14, 15, 19)	48
(8b) Ministry/Food Industry Group/other industry groups (Recommendations 12, 22)49	49

9.	<i>Media and advertising industry (this section covers Recommendations 13, 20, 50)</i>	50
	(9a) General (Recommendation 13, 20, 50)	50
10.	<i>Research (this section covers MORST Recommendation 51)</i>	50
	(10a) General (Recommendation 51)	50
	Appendix 1: Matrix for recommendations 1–55 for reference in the Government response describing the headings under which the response occurs, the key agencies contributing to the response and the Government position	53
	Appendix 2: Health Targets 2007/08	63
	Appendix 3: List of government agencies contributing to the Response	65
	Appendix 4: Proposed structure for the HEHA Sector Steering Group (SSG)	66
	Appendix 5: Table summarising relevant risk factor data collected in NZHM	67

# Government Response to Inquiry into Obesity and Type 2 Diabetes

## Executive summary

The Government welcomes the Select Committee's report on its inquiry into obesity and type 2 diabetes. This is the Government response (the Response) to the 55 recommendations made by the Select Committee in the Report of the Inquiry into Obesity and Type 2 Diabetes held in 2006.

Government largely agrees with 47 of the 55 recommendations. Of the other eight recommendations, the Government:

- agrees with the direction of the recommendation to roll-out the Fruit in Schools programme, but only to decile two schools
- will consider further amendments to the Parental Leave and Employment Protection Act 1987 at a later date
- is considering food labelling (three recommendations)
- does not agree with the establishment of a commissioner (two recommendations)
- does not agree with the recommendation about sheep meat flaps.

The rising rate of obesity in children, young people and adults is a complex issue that New Zealand and many countries are currently facing. A compounding issue is New Zealand's aging population, which means that the detection and management of type 2 diabetes is a challenge for our health services. The Government is committed to addressing the obesity epidemic, while recognising that this is an emerging issue. Evidence is just beginning to accumulate to inform the necessary action. There are also wide ethnic disparities in the rates of obesity and type 2 diabetes, which need to be addressed by government actions.

The Government has committed substantial funding for the implementation of the Healthy Eating – Healthy Action (HEHA) strategy, which addresses three of the Government's New Zealand Health Strategy population health objectives, including reducing obesity, as well as contributing to preventing and reducing the incidence and impact of diabetes, cardiovascular disease and cancer.

The Government has also committed substantial funding to the implementation of the 2001 Primary Health Care Strategy, and has a large area of work to support the management of diabetes and other chronic diseases with the delivery of extensive services through Primary Health Organisations (PHOs).

Significant progress has been made in implementing HEHA over the past 18 months. Many of the interventions that are underway address several of the Report's recommendations and will contribute to reducing obesity in New Zealand. The implementation of the Mission-On Campaign for children and young people also contributes to the objectives of HEHA in a number of settings, especially to young people in schools and early childhood education settings.

Twenty-four government agencies have contributed to this Response. The recommendations of the Report have been grouped under headings to facilitate the

Response and to avoid duplication. The headings are Leadership and Coordination; the Health Sector; Food Labelling; Education/Children and Young People; Sport and Recreation New Zealand (SPARC); Labour; Breastfeeding; Food and Beverage Industry; Media and Advertising Industry; and Research.

The proposed new actions by Government to address the Report's recommendations are:

- enhancing leadership and coordination, nationally and locally
- establishing a cross-sectoral ministerial committee (the Committee) and a supporting implementation advisory group
- provision of oversight of the revision and enhancement of the HEHA implementation plan by the Committee
- the setting of outcome and process targets by the Committee
- directing the Ministry of Health to work with the food and advertising industries to set agreed targets for marketing to children and to make changes to improve the nutrient profiles of their food products to be agreed by the Committee
- investing in workforce to build Māori and Pacific capability and capacity and to enhance the diabetes workforce
- establishing regional District Health Board (DHB) based food industry coordinator positions.

## **Background**

The Government welcomes the Select Committee's report (the Report) on its inquiry into obesity and type 2 diabetes. Twenty one percent of New Zealand adults in the 2002/03 New Zealand Health Survey and 10 percent of children aged five to 14 years in the 2002 National Children's Nutrition Survey were identified as obese, and approximately 2000 deaths per year are attributable to type 2 diabetes. The Government agrees that these are important issues.

The Committee has made 55 recommendations from the inquiry to the Government. These have been numbered, and are listed in Appendix 1 for reference. The Government responds to the Report in accordance with Standing Order 253.

The Government agrees with the Select Committee's intent to address two broad objectives on the basis of the evidence and expert advice received. The objectives are to create an environment in New Zealand that encourages and maintains healthy eating and physical activity patterns, especially amongst children and young people; and to develop and implement a coordinated national cross-sectoral response to address the risk factors that impact on the development of non-communicable diseases, including type 2 diabetes. And, further to these objectives, the Government is committed to appropriate management where individuals have been identified with type 2 diabetes.

The Report contains broad-ranging recommendations about targets around the prevalence of obesity in adults, children and young people, and the reduction of disparities in children and young people for the most at risk ethnic groups. There are also recommendations about identifying diabetes in PHOs. An example of the breadth of consideration is Recommendation 24, which recognises that the high consumption of

sheep meat flaps may contribute to health issues for Pacific peoples in both the Pacific and New Zealand.

The Select Committee points out the need for a concerted whole of government response to the issues and the need for an urgent, sustained response that is integrated and comprehensive. The need for a stepwise approach is also noted in the Report. Most importantly, the need to address the obesogenic environment is vital if we are to make progress in reducing obesity. The Government agrees with this approach and the importance of not stigmatising individuals who are overweight and obese and populations with a higher prevalence of overweight and obesity. In 2005, the Government agreed that the following themes would constitute its priorities for the next 10 years – economic transformation, families – young and old and national identity. The Government outputs from a number of agencies closely link to this Report. These outputs embrace the families – young and old theme and, in particular, the sub-themes of healthy confident kids, better health for all (prevention of obesity) and positive aging, to contribute to one of the Government's priority issues of reducing obesity.

The Government also recognises that ownership of these health issues by communities is important for New Zealand. Any programmes that focus on the prevention of obesity and chronic diseases, such as type 2 diabetes, need to involve the communities that are affected, and young New Zealanders need to be engaged and involved with solutions. As part of Mission-On, the Ministry of Youth Development provided agencies with support and advice to ensure government initiatives involve and reflect young people's views.

The health sector has agreed on 10 Health Targets 2007/08, which are listed in Appendix 2, to assist with measuring progress against achieving the Government's priority areas for health improvement. Along with addressing inequalities across population groups, improving Māori health and improving access for populations living with disabilities, these priority areas are:

- getting ahead of the chronic disease burden
- child and youth services
- primary health care
- health of older people
- elective services
- infrastructure
- value for money.

Two of the 10 agreed Health Targets 2007/08 directly relate to the recommendations of the Select Committee:

- improving diabetes services
- improving nutrition, increasing physical activity and reducing obesity.

Other targets recommended in the Report require development along with an enhanced work programme and additional resourcing.

The relatively rapid increase in obesity rates in children has been a nationally and internationally emerging issue. The actions, which should be based on the best

available evidence, to address the issue of rising rates of obesity require a planned approach and a sound infrastructure. An example of where evidence is rapidly accumulating on factors influencing food choice in children is the area of food marketing. The Government notes that the Select Committee has considered this as a contributory issue to rising obesity rates.

Over the past 18 months, the Government has invested in building an infrastructure at the DHB level so that DHBs have both the capacity and capability to implement the multifaceted HEHA implementation plan, with 42 new DHB positions being funded. The Government has funded many actions for improving nutrition, increasing physical activity and reducing obesity, which are an investment in the future health of New Zealanders. The Government recognises the need to gather evidence as action occurs, to add to both the understanding of the issue and to identify what works.

Improving nutrition, increasing physical activity and reducing obesity are three of the 13 population health objectives covered in the Government's New Zealand Health Strategy. These three health objectives are also covered in the HEHA strategy. The HEHA strategy is an integrated framework to improve the three goals, encompassing a whole of government approach and a strong inter-sectoral environmental focus. It is consistent with the recommendation for governments from the World Health Organization Global Strategy on Diet, Physical Activity and Health, to take strong actions to support improvements in nutrition, physical activity and, consequently, a reduction in obesity and other chronic diseases. The HEHA implementation plan 2004–2010 was developed with the assistance of many groups, including government, non-government, food and physical activity industries and nutrition and physical activity health providers and experts. The HEHA implementation plan provides direction to the sectors identified in the HEHA strategy. It has eight objectives, based on the Ottawa Charter for Health Promotion, 26 outcomes and 87 actions identified.

The key messages of HEHA are:

- eat a variety of nutritious food
- eat less fatty, salty, sugary foods
- eat more fruits and vegetables
- fully breastfeed infants for at least six months
- be active everyday 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.

The Report and the Select Committee's recommendations have largely focused on some aspects of HEHA, such as food-related aspects and advertising, but not so much on how to create environments that are conducive to physical activity or the consideration of addressing the social determinants of health, like income and educational qualifications. While the need for a community development approach has been acknowledged in the Report, there are no specific recommendations about how to use this approach, or, for example, the role of local government in addressing the environments that people live in. The Government acknowledges that there are many factors affecting health status and that to address the size of the obesity epidemic and thus prevent chronic diseases

such as type 2 diabetes, it is necessary to make adequate investment, to make a real difference. Non-governmental organisations (NGOs), such as Agencies for Nutrition Action and the Chronic Diseases Prevention Peak Group, have made significant contributions to the work to implement HEHA.

Since being in government, we have promoted and protected health by funding a significant number of areas that assist individuals in maintaining a healthy weight and preventing obesity. The Minister of Health launched the HEHA implementation plan in June 2004. Since then, HEHA implementation has progressed. The Tripartite Memorandum of Understanding between the Ministry of Health, the Ministry of Education and Sport and Recreation New Zealand (SPARC) has improved cooperation and collaboration in education settings since July 2004. Starting in March 2005, the Government funded HEHA implementation that was aligned with cancer prevention actions in four work areas. These were Fruit in Schools, the District Health Boards/Primary Health Organisations Innovations Fund, the public awareness campaign and research into the primary prevention of cancer.

Written submissions were received by the Select Committee on the inquiry into obesity and type 2 diabetes before May 2006 and submitters may not have been aware of the range of new initiatives that were underway in promoting and protecting health. In May 2006, further funding was announced by the Government in the budget to expand the implementation of HEHA.

A number of initiatives in the Government's Mission-On Campaign clearly contribute to HEHA's overall goals. Since June 2006, many gains have been made in the implementation of the HEHA strategy and these gains have been extended by the Mission-On Campaign (refer [1](#)). In the disease management area and the implementation of the Primary Health Care Strategy, there is work underway and a number of programmes have been set up, such as Get Checked and Care Plus, to improve many aspects of health service delivery.

The Government largely agrees with 47 of the 55 recommendations. The Government partially agrees with the recommendation to roll-out the Fruit in Schools programme, but will extend it up to decile two schools rather than to all schools. The Government will consider further amendments to the Parental Leave and Employment Protection Act 1987. The Government is currently considering the introduction of a front of pack (FOP) labelling system (three recommendations) and the evidence about the effectiveness of such a system. The introduction of a FOP labelling system will be considered if current activities determine that such a system would be effective as a public health strategy. It does not agree with the two recommendations for the establishment of a commissioner. The Government disagrees with the recommendation about sheep meat flaps.

To facilitate the Response to the 55 recommendations, these have been grouped into like and logical groupings. Appendix 1 contains a matrix, with the heading and sub-heading under which the Response to the recommendation has been answered, with the key agencies that contributed. Twenty-four agencies contributed to the Response and these are listed in Appendix 3.

## Responses

1. *Leadership and Coordination (this section covers Recommendations 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 19, 21, 23, 42)*

### (1a) General Leadership (Recommendation 1)

- |   |
|---|
| <p>1 The majority of us recommend that the Government use the full range of public policy measures to ensure the development, promotion and maintenance of healthy diet and physical activity patterns, especially among children and young people. This should be done in the context of integrated programmes for the prevention and control of major chronic diseases.</p> |
|---|

RESPONSE: The Government agrees with Recommendation 1 that the full range of public policy measures is needed to ensure the development, promotion and maintenance of healthy diet and physical activity patterns, especially among children and young people. We also agree that New Zealanders need integrated programmes for the prevention and control of major chronic diseases.

CURRENT ACTIONS: Government action in this area is considered an important investment in the future well-being of New Zealanders and must include the actions of organisations and institutions across society if we are to reduce obesity. The action focuses on promoting and protecting health, maintaining a healthy weight throughout life and preventing obesity. This action is complex and multi-layered, focuses on populations rather than individuals and takes into account the wider determinants of health as well as reducing inequalities in health. Prevention requires a mix of tools and interventions that are well coordinated, operate at different levels, promote community action and are collaborative in nature. The interventions must be based on evidence or best-practice where this does not exist, assist in the development of life skills, and reinforce positive attitudes regarding health and the prevention of obesity.

The HEHA strategy provides a comprehensive multifaceted framework that focuses on changing the obesogenic environment, works at multiple levels and across sectors. The HEHA strategy and implementation plan clearly identify priority groups, including Māori, Pacific peoples, lower socioeconomic groups, children and their families, because focusing on these groups will give the greatest health gains.

Implementation of the HEHA strategy has been through a stage of rapid development over the past year because of increased government funding. Many organisations and agencies, both public and private, are familiar with the plan and are currently implementing the many interventions.

From September 2006, the Mission-On package of 10 initiatives targeting children and young people aged 0–24 years has also been funded by Government. Mission-On is aimed at the lifestyles of young New Zealanders by improving nutrition and increasing physical activity. It is an interagency campaign led by SPARC in partnership with the Ministry of Health, the Ministry of Education and with the support of the Ministry of Youth Development. At this stage, the campaign extends beyond 2010 and programmes within it will be up-dated over time.

**Figure 1: Alignment of HEHA and Mission-On**

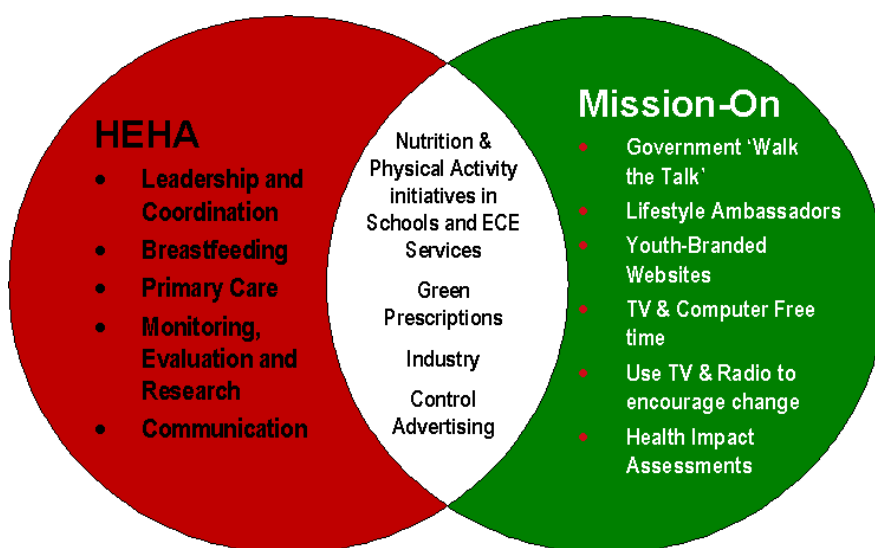


Figure 1 indicates the relationship between Mission-On initiatives and general HEHA areas of activity, and demonstrates the alignment of two areas of work.

The Government has decided it would be judicious to review the existing HEHA implementation plan and widen 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. This will build on existing activities and enhance the valuable momentum already gained through HEHA implementation. Revision will include incorporating process and outcome targets, and actions and interventions across the whole health continuum into the existing HEHA implementation plan. The revision will also include interventions that provide value for money and for which there is new evidence of effectiveness or interventions that show promise. Planning and evaluation will be further strengthened by increased integration of economic considerations, such as cost-effectiveness, in order to make the greatest health gains within the resources available. Community buy-in to these interventions and a community development approach will be essential for success and sustainability.

From October 2006, the Government has funded DHBs to establish HEHA project manager positions. The HEHA project managers are in place in all the 21 DHBs and take a lead role in the coordination of planning, funding and evaluation regarding HEHA implementation. These project managers have formed a strong national network and meet regularly. To build on this work, the Government is funding the establishment of a national HEHA network. The HEHA network will improve the effectiveness of those working on implementing HEHA and focus on improving leadership, increasing communication, and fostering both learning and development. The HEHA network will be web-based and complemented by the creation of systematic mechanisms for face-to-face interactions within the sector. It will facilitate the coordination of HEHA activities across sectors and provide a learning environment and a means of sharing information about best-practice, while contributing to building the evidence base.

The establishment of the HEHA network is informed by a report to the Ministry of Health that reviewed literature about the networks concept and provided stakeholder feedback within New Zealand about the purpose, functions and infrastructure of the

HEHA network. Stakeholders are supportive of a HEHA network and able to identify ways the HEHA network would add value to their work.

#### NEW ACTION 1

- Revision of the HEHA implementation plan in 2008/09, with additional actions across the whole health continuum and the inclusion of process and outcome targets.

### **(1b) Cross-sectoral ministerial committee (Recommendations 2 and 4)**

- 2 We recommend the establishment of a committee, chaired by the Prime Minister or Minister of Health, with a high-level advisory group of independent experts, to implement the strategy. (Target date for establishment of committee: April 2008.)
- 4 We consider that high-level, accountable leadership is essential to drive a strategic response to obesity, type 2 diabetes and associated chronic diseases, and therefore recommend:
- a. that the immediate goal of the Committee be to develop and oversee the stepwise implementation of a coordinated national strategy and plan of action for the prevention and control of obesity and type 2 diabetes
  - b. that the national plan of action incorporate existing initiatives such as Healthy Eating – Healthy Action and Mission-On
  - c. that the national plan of action include measurable, timed targets relating to healthy diets (including breastfeeding), physical activity, and overweight and obesity, and suitable process targets. (Target date for development of the national strategy and action plan: August 2008. Date for development of targets: October 2008.)

RESPONSE: The Government largely agrees with Recommendations 2 and 4. We consider that high-level, accountable leadership is essential to drive a strong strategic response to obesity, type 2 diabetes and associated chronic diseases.

The Government will establish a Ministerial committee (the Committee) made up of the Minister of Health and Ministers in portfolios responsible for social policy areas, for the food supply and the physical environments chaired by the Minister of Health. The Committee will provide high-level, strong government leadership for improving nutrition, increasing physical activity and reducing obesity, which are all risk factors for chronic diseases, including type 2 diabetes, cardiovascular disease and some cancers.

The Committee will provide oversight for the strategic direction of the revision of the current HEHA implementation plan, as well as monitoring progress of the existing plan using, as a basis, the current Monitoring Research and Evaluation framework as described in [2g](#) .

Target setting for advertising, food industry and health outcome measures, would form part of the work of the Committee. The revised HEHA implementation plan will

include actions and measurable, timed targets that relate to healthy diets (including breastfeeding), physical activity and overweight and obesity, and suitable process targets. We note the Report's recommended dates for development of a national strategy and action plan as August 2008, and the date for the development of targets as October 2008) as discussed in [1f](#).

The Government agrees that the immediate goal of the Committee will be to develop and oversee the stepwise implementation of a coordinated revised HEHA national plan of action for the prevention of chronic disease by addressing the risk factors of nutrition, physical activity and obesity.

#### NEW ACTION 2

- Setting up the Committee with a supporting secretariat and implementation advisory group.

#### **(1c) Expert advisory group (Recommendation 7)**

7 That, irrespective of the form of leadership, an external advisory group be established to ensure that all stakeholders have input into the national strategy. We recommend that representatives of major stakeholders, including industry and key non-governmental organisations, be involved in the advisory group to promote the collaboration and cooperation of key stakeholders. A strong public-health membership is also important. The advisory group would help develop and implement national standards and guidelines in food and nutrition, physical activity, education and health care, to ensure that programmes and services are adequate, equitable and evidence-based.

RESPONSE: The Government agrees with Recommendation 7 that expert advice is desirable. Expert advice for implementing HEHA will be achieved by establishing an advisory group, the HEHA Sector Steering Group (SSG), to underpin the work of the Committee.

The SSG will be formed by enhancing the current steering group with officials from a number of relevant government organisations. Additional members will include representation from NGOs, Agencies for Nutrition Action, the Chronic Diseases Peak Group and members from Māori and Pacific communities, obesity experts and food industry representatives.<sup>1</sup> The SSG would report to the Committee.

The current steering group has membership<sup>2</sup> from government agencies and DHB that have been working for some time on the implementation of HEHA and the respective agencies' contribution. This membership will be broadened. Agencies for Nutrition Action collectively has membership from a large number of NGOs that are working in the nutrition, obesity and physical activity areas. Obesity and public health experts will also be approached to join the SSG. The SSG will provide one group with

<sup>1</sup> Food Industry Group and a representative from the DHB Food Industry Coordinators.

<sup>2</sup> Ministry of Health, Te Puni Kōkiri, Ministry of Pacific Island Affairs, Ministry of Education, Ministry of Social Development, New Zealand Food Safety Authority, Department of Labour, SPARC, Counties Manukau and Hutt DHBs.

representation from many of the key stakeholders to steer the implementation of both the existing and revised HEHA implementation plan. It will also mean that there is one multidisciplinary forum for discussing and making recommendations to the Committee on strategic issues, research, evaluation, monitoring, implementation, service development, service provision, collaboration and spreading new innovative approaches. Appendix 4 provides a proposed structure for the Committee and the SSG.

**(1d) Independent commissioner (Recommendations 3 and 6)**

- 3 Some of us also recommend the establishment of an independent commissioner to champion, monitor and evaluate the implementation of the strategy.
- 6 Some of us propose the following terms of reference for the independent commissioner:
- a. increase awareness of public health issues regarding obesity and type 2 diabetes, and champion preventive measures
  - b. recommend policies, strategies and priorities to reduce the incidence of obesity and type 2 diabetes
  - c. bring together major stakeholders, including industry representatives, non-governmental organisations and the health sector to promote the prevention of obesity and type 2 diabetes
  - d. evaluate and monitor the implementation of policies and programmes to reduce the incidence of type 2 diabetes and obesity.

RESPONSE: The Government does not support Recommendations 3 and 6. The functions identified for a proposed independent commissioner would be addressed by the Committee with advice from the SSG.

**(1e) Government Walk the Talk and transport initiatives (Recommendation 42)**

- 42 That Government organisations, especially in the health sector, lead by example in making healthy food and drinks and access to physical activity opportunities available to their employees. Walking to work and using public transport should be encouraged. (Target date: December 2008.)

RESPONSE: Government organisations are required to be good employers under the State Sector Act 1988. We agree with Recommendation 42 that the public sector should model good behaviour and practice within the workplace. It is essential for credibility that government organisations are internally consistent with the policies, programmes and initiatives that they promote to the wider audience such as those designed by the Department of Labour, which are discussed in [6a](#), to support businesses in creating safe and healthy workplace environments.

CURRENT ACTIONS: The health sector is leading by example in making healthy food and drinks and access to physical activity opportunities available to their employees,

with about half of the 21 DHBs having a nutrition and physical activity policy and a third working towards one.

Other relevant government initiatives are outlined below.

#### *Government Walk the Talk*

An initiative developed under Mission-On to encourage the state sector to make responsible decisions around the work environment and conditions of employment to encourage healthy nutrition and physical activity amongst employees. The expected benefits of *Government Walk the Talk* are:

- increased employee satisfaction
- improved work productivity
- increased staff retention
- improved health of employees
- employees of government agencies modelling the healthy behaviours to encourage these in the wider community, including at home with their own families
- behaviours extending to private businesses.

Led by SPARC and the Ministry of Health, *Government Walk the Talk* includes the development of resources/toolkits and evaluation tools that other government agencies can use to implement initiatives to improve the healthy nutrition options and physical activity accessibility for their employees. *Government Walk the Talk* is also covered in [5c](#).

#### *Govt<sup>3</sup>*

Whilst the Ministry for the Environment's (MfE) *Govt<sup>3</sup>* programme focuses on environmental sustainability, there are also secondary health benefits to be gained. One of the key focuses of the *Govt<sup>3</sup>* transport initiative is helping government agencies to develop workplace travel plans. One aspect of travel planning includes choosing other ways of getting about, by means other than motorised vehicles, such as walking, cycling or public transport in order to help with reducing carbon emissions.

The MfE leads "Environmental Sustainability" across government. The Leading Government Sustainability Team, which runs the *Govt<sup>3</sup>* programme, assists government agencies to take leadership with reducing greenhouse gas emissions and improving energy efficiency. The *Govt<sup>3</sup>* programme has a membership base of approximately 50 agencies, as well as informal partnerships with sustainability leaders in the wider public and private sectors. The *Govt<sup>3</sup>* programme demonstrates active leadership by fostering and incorporating best practice in its everyday operational activities, focusing on: waste minimisation/reduction, sustainable buildings, office consumables and equipment and transport.

#### *Getting There – On Foot, By Cycle*

In 2005, the Government released the *Getting There – On Foot, By Cycle* strategy, and later, the *Getting There Strategic Implementation Plan 2006–09* to advance walking and cycling in New Zealand transport. Transport sector Crown entities invest in network infrastructure for 'healthy transport' modes like walking and cycling, and have a significant number of *healthy transport* programmes and activities.

Land Transport New Zealand is responsible for a number of initiatives in the Government's *Getting There – On Foot, By Cycle* Strategic Implementation Plan:

- *Bikewise* (a joint project with the Ministry of Health) – a programme of cycling promotions.
- *Cycle skills training* – enabling people to develop the skills to cycle confidently in the road environment.
- *Assisting government agencies with workplace travel planning* – this is part of the Govt<sup>3</sup> programme. Survey tools are currently being developed for use by agencies to encourage active transport modes.
- *Workplace and School Travel Plans* – are to promote more active and sustainable modes of travel for workers, parents and students. A financial assistance rate is being provided for local authorities to develop Workplace and School travel plans.
- *Neighbourhood Accessibility Planning Projects* – Land Transport New Zealand provides a financial assistance rate to local authorities to undertake Neighbourhood Accessibility Plans, which are typically implemented in urban areas where pedestrians and cyclists are at high risk of injury or in areas with 'strategic significance'.
- *Feet First Walk to School Week* – this project has been piloted for the past two years and will be rolled out nationwide in 2008. In addition, a Walking Wednesday component that encourages children to walk all year round will be introduced.

#### *Development of walking and cycling infrastructure*

Local authorities are being actively encouraged to develop walking and cycling infrastructure that supports physical activity and meets transportation needs. This is done through the provision of funding from the National Land Transport Programme and by providing guidelines on developing cycling and walking networks and other tools such as Neighbourhood Accessibility Planning.

### **(1f) Target setting (Recommendations 5, 11, 12, 13, 19, 21 23)**

- |    |   |
|----|---|
| 5  | The majority of us recommend that progress toward these targets and compliance with self-regulation be monitored to determine where voluntary regulation is working and where it is not, and that self regulation be extended or legislation introduced depending on the results. By December 2008 a monitoring system should be in place (Target date for development of evaluation plane October 2008.) |
| 11 | That the Committee sets targets and timeframes for the advertising, marketing, and promotion of healthier diets especially to children and young people.  |
| 12 | That the Committee define and implement measurable targets to be achieved by the industry with strict and reasonably short timeframes, which should be monitored, and the majority of us recommend that regulation be considered if the targets are not achieved.   |
| 13 | That the Food Industry Group, in association with the Ministry of Health, be given responsibility for achieving these targets under self-regulation, within agreed timeframes.  |

- |    |   |
|----|---|
| 19 | That targets be set for the reformulation of energy-dense products, initially focusing on a limited number of high-volume products particularly influential in the diets of children, especially children from low-income families.   |
| 21 | That targets for regulating advertising, marketing and promotion to children of food and drinks high in unhealthy fats, salt and sugar should be set by the Committee.  |
| 23 | The majority of us recommend a minimum of two members of the Advertising Standards Authority be consumer representatives appointed by the Minister of Consumer Affairs and that its mandate be extended to cover the marketing and promotion of foods and beverages to consumers. |

RESPONSE: The Government largely agrees with Recommendations 5, 11, 12, 13, 19, and 21, with the consideration of regulation if targets are not achieved. The Committee, in consultation with industry, will set agreed targets for reducing the advertising, marketing and promotion of foods high in fat, sugar and salt as described in [1b](#). These new agreed targets will take account of the 10 Health Targets 2007/08. The implementation of existing initiatives and enhancing the revised HEHA implementation plan will include more focus on maintaining a healthy body weight and chronic disease prevention. The Government is aware that there is now a substantial body of evidence that supports the role of marketing as a small but important contributing factor in the child obesity epidemic. The Government has already initiated work to decrease the marketing of unhealthy food through the implementation of the HEHA implementation plan and the Mission-On initiatives, however, the Government considers that more needs to be done and that the Food Industry Group (FIG) is well-placed to take further action. The Government has already achieved Recommendation 23, with the Advertising Standards Authority's (ASA's) Complaints Board having four (consumer) representatives who are nominated by the Minister of Consumer Affairs.

CURRENT ACTIONS: In May 2007, the Ministers of Education, Broadcasting and Health agreed with the New Zealand Television Broadcasters' Council (NZTBC) representing TV Works (TV3 and C4) and Television New Zealand (One and Two), on a five point plan to improve food advertising to children. The plan will introduce a Getting it Right guide for advertising to children. The guide will include reference to a new food rating system for children that is being developed, which is discussed further in [8a](#). Only food products that receive this rating will be able to be advertised in programmes directed at children.

Broadcasters not party to the NZTBC plan will be encouraged to adopt an equivalent process and outcome targets for broadcast advertising of unhealthy food to children.

The major broadcasters have also agreed to provide free commercial airtime to the Health Sponsorship Council; to participate in a consultative group on food advertising, including monitoring of food promotion; and to work closely with SPARC in the production of television programming aimed at children and young people. To date, TVNZ has worked closely with SPARC on the production of Studio 2 (a 42-week show aimed at eight to 14 year olds, currently screening Monday to Saturday on TV2 until the end of 2007); the supporting Hub TV website; and the production of the cooking game show 'Activate' (a 15-week show aimed at eight to 14 year olds, and scheduled to

commence screening on TV2 in February 2008). SPARC is also about to enter negotiations with TVNZ for the 2008 weekday screening of Studio 2; and is commencing negotiations with other parties regarding a series appealing to Māori children that is likely to screen on TV3 and Māori Television.

The Ministry of Health and FIG will work with the Committee to determine the specific process and outcome targets around decreasing the marketing of unhealthy food to children. However, as a minimum, to start decreasing the marketing of unhealthy food to children, the Government encourages industry consideration of the following improvements to the current self-regulatory system directed by the ASA:

- Revision of the ASA Code for Advertising to Children to be renamed ASA Code for Marketing to Children. This revised Code for Marketing would explicitly list areas of self-regulation in addition to the already stated scope, including product placement, sponsorship and sales promotions.
- An ASA-led consultation with the wider advertising and media industries on how they would commit to targets and restrictions on the volumes of, times and places where marketing of unhealthy foods and beverages is permitted.
- Inclusion of a suitable food rating system within the ASA Codes (for example, an adapted food classification system or UK nutrient profiling model) to enable healthy and unhealthy food and beverages to be objectively determined.
- Agreement with the Association of New Zealand Advertisers to the adoption of a process to pre-vet advertisements, similar to the pre-vetting system for Therapeutic and Liquor advertising.
- Promotion of the complaints system so that people are more aware of the process and outcomes of complaints, and to examine whether the current complaints process could be more transparent and accessible.

The Government will review the industry's progress toward a reduction of advertising unhealthy foods and beverages to children by June 2008. The Committee, with the assistance of FIG and the Ministry of Health, will define targets around marketing by June 2008. Relevant government departments will work with the FIG, ASA and advertising industry to assist them in making these improvements and meeting the targets.

The Ministry of Health will establish a system to monitor the marketing of unhealthy food to children. This monitoring system will include all forms of marketing to children and will feed into monitoring the targets and the need for further action on the part of government in order to achieve the targets as discussed in [2g](#).

In recognition of the timeframe required to enact legislative changes, if these are necessary, the Government has requested the Ministry of Health to commence the preparatory work required to implement a co-regulatory framework for the regulation of marketing of food to children, similar to international jurisdictions (such as Australia and the United Kingdom). This work will provide the basis for action should the improved self-regulatory system identified above and other industry-led activities not result in substantial measurable reductions in the marketing of unhealthy foods to children.

### NEW ACTION 3

- Improvements to the ASA self-regulatory system and setting targets.
2. *Health Sector (this section covers Recommendations 8, 9, 10, 24, 25, 26, 27, 28, 29, 30, 31, 32, 36, 40, 41, 43, 45, 46, 49, 52, 53, 54, 55)*

#### **(2a) Workforce (Recommendations 8, 29)**

- 8 That the relevant workforces be urgently upskilled, and that the numbers of health professionals trained in nutrition and diabetes, and the numbers of teachers trained in nutrition and food education, be increased.
- 29 That the health and education sector workforces be strengthened. This includes all those engaged in the prevention and management of obesity, type 2 diabetes and pre-diabetes. There is a particular need for more dietitians and nutritionists, especially those trained in addressing the nutritional needs of Māori, Pacific peoples, and people with diabetes, and for school teachers trained in nutrition and food education.

RESPONSE: The Government largely agrees with Recommendations 8 and 29 and that the tertiary education sector should be responsive to stakeholder needs.

CURRENT ACTIONS: In March 2006, Cabinet agreed to reform the tertiary education system to create a more integrated system, with greater cost-effectiveness, more focus on stakeholder needs and higher quality provision. The new tertiary investment system shifts the focus of investment from primarily student demand to one that better reflects community and stakeholder needs. Workforce issues are also discussed in [4b](#).

The heart of the new system is a plan agreed by the Tertiary Education Commission (TEC) and each relevant tertiary education organisation, that establishes a clear commitment to provision, performance and outcomes, supported by appropriate capability development.

The Tertiary Education Strategy and the Statement of Tertiary Education Priorities set out the Government's expectations and priorities for New Zealand's tertiary education system. Plans will set out how tertiary education organisations will respond to priorities and meet the needs of stakeholders (including student demand, local priorities and employer and community needs – this could include the need to upskill the workforce in relation to diabetes and obesity).

The TEC has established a new Directorate, Stakeholder Engagement and Investment Guidance, to strengthen the TEC's understanding of the tertiary education needs of New Zealand and to enhance appropriate feedback channels. Thirteen stakeholder engagement managers will hold regional and national industry/sector portfolios. One stakeholder engagement manager has a national health portfolio. The TEC's engagement with stakeholders allows it to have an informed opinion about stakeholders' needs when it comes to making investment decisions.

An important forum for this feedback is the regional facilitation process. Regional facilitation involves collaboration between tertiary education organisations and stakeholders on a regional basis to identify the tertiary education needs, gaps and priorities in each region. Led by institutes of technology and polytechnics, regional facilitation results in the publication of a regional statement that reflects regional priorities as identified by employers, economic development agencies, workers, communities and iwi.

As well as influencing tertiary education organisations' plans, the new investment system for tertiary education, including stakeholder engagement and regional facilitation, will provide an enhanced ability for the priority needs of the health workforce to inform future discussions about government priorities for tertiary education and training.

Recruitment, training and retention of the necessary diabetes workforce is essential to support the delivery of diabetes services, and will be part of the implementation of the Ministry's diabetes and cardiovascular disease work plan. The demand for diabetes services continues to grow as the population ages and increases in size. An example of the shortages of such staff at DHBs includes a shortage of dietitians. The national training programme for dietitians at the University of Otago has been approached to assist with the formulation of solutions to address some of these DHB local workforce issues. There is also a need for balanced representation in the diabetes workforce. Māori and Pacific peoples are substantially under-represented in the health workforce in general, and in the various services related to diabetes. However, Māori and Pacific peoples are significantly over represented in people with diabetes. An article in the June 2007 *New Zealand Medical Journal* reported the prevalence of diabetes to be 2.8 times greater for Māori and 4.1 times greater for Pacific peoples compared with Europeans.

The Clinical Training Agency (CTA) is a business unit within the Health and Disability National Services Directorate of the Ministry of Health that could be used to upskill the diabetes workforce. The CTA funds nationally recognised advanced training (Post Entry Clinical Training (PECT)) in the health sector in allied health, disability support services, general practice medicine, Māori health, mental health and nursing.

The CTA is funded for, and is setting up, a programme for training practice nurses in long-term chronic condition management, which will include diabetes. In the first year, 200 nurses will be trained in the programme and, after that, 250 nurses will be trained each year. The CTA is currently reviewing general practitioner (GP) training with the Royal New Zealand College of General Practitioners. It is intended that identified gaps in training, particularly around chronic disease management, will be updated in the new GP training being introduced in 2008, with further improvements over 2009/10. The number of GPs who are training is increasing from 54 to 104 from 2008. There is also a funding stream called the CTA POST GRAD funding, which is distributed through DHBs, and hospital nurses could possibly be trained via this funding stream. The Report identified a need for dietitians and nutritionists. The CTA is well placed to administer a scholarship fund for the training of dietitians in the final year of the undergraduate degree and for the post-graduate dietetic training.

The Ministry has developed the Public Health Workforce Development Plan (the plan) 2007–2016, which “provides a national strategic approach to public health workforce development that is mandated and influenced by high-level government strategies. Work is already progressing to implement the nine objectives that fall out of this plan. It aims to further two high level government priorities; improving Māori health and reducing inequalities, particularly for Māori and Pacific peoples. The plan includes specific workforce development initiatives to build capacity and capability and improve health gain for Māori and Pacific peoples.”<sup>3</sup> The two overarching goals of the plan are to:

- Goal one: Develop an effective and sustainable public health workforce.
- Goal two: Support public health environments to grow and develop the public health workforce.

The Government has funded the Ministry of Health from 2007/08 to build initiatives that will increase the capacity and capability of the Māori and Pacific trained workforce who are under-represented, through its role in implementing the HEHA strategy along with other wider Ministry workforce strategies. This commitment is aimed at improving the health outcomes for New Zealanders and contributing to reducing inequalities.

The development and implementation of a strategy to increase the capacity and capability of trained Māori and Pacific health professionals and community health workers has been identified as a HEHA priority. Training will be enhanced for the HEHA Māori and Pacific public health workforce in the areas of nutrition and physical activity. This will be achieved by developing and enhancing existing certificate level courses with additional and relevant modules. The success of implementing HEHA relies on the effectiveness of DHBs to coordinate community action at a district level. The key workforce development priority for HEHA is, therefore, getting more Māori and Pacific peoples trained at the tertiary level to work with their communities. This project focuses on increasing capacity and capability by creating a pathway for Māori and Pacific community workers to undertake higher level qualifications in the nutrition and physical activity areas.

Funding has been approved for HEHA workforce development. This funding has been allocated to DHBs to increase capacity in Māori and Pacific communities. The enhanced courses will support the workforce development that DHBs are expected to manage.

#### NEW ACTION 4

- The Government will fund 50 scholarships with a focus on Māori and Pacific needs through the CTA to increase the number of dietitians in the health workforce.

### **(2b) Prevention of obesity (Recommendations 27, 36, 45)**

27	That District Health Boards develop, fund, implement and evaluate best-practice-based programmes for the promotion of healthy diets and physical
----	--

<sup>3</sup> Te Uru Kahikatea, Public Health Workforce Development Plan, 2007–2016, p ix.

	activity, in a coordinated national approach to prevention.
36	That pilot programmes are evaluated and, if they are successful, are rapidly scaled up under a national coordinated approach to preventing obesity.
45	That national obesity prevention and control programmes partner with communities with a particular focus on children and youth.

RESPONSE: The Government largely agrees with Recommendation 27, whilst recognising that responsibility for work to address many of the determinants of health lies outside the health sector. DHBs have a key role to play in leading and coordinating obesity prevention work under the implementation of HEHA by assisting their communities to address obesogenic environments, where feasible. There is the need for flexibility to develop local solutions within a coordinated national approach. [Section 1 Leadership and coordination](#) also has relevance to this recommendation.

The Government also largely agrees with Recommendations 36 and 45 and has funded the Ministry of Health's DHB/PHO Innovations Fund (Innovations Fund) and HEHA Community Action Project (HCAP), which focus on working with high-needs communities and acknowledge the variation in districts and regions with regard to solutions, whilst providing a nationally coordinated approach.

CURRENT ACTIONS: The Government has funded DHBs through the Ministry of Health to create and lead inter-sectoral District HEHA Coordination Groups (Coordination Groups), which have responsibility in their districts to plan, prioritise, fund and monitor HEHA implementation. DHBs have been funded to establish project manager positions. HEHA project managers are in place in all the 21 DHBs. The project managers work with the Coordination Groups to guide the development of district HEHA plans according to a Ministry template called the Ministry Approved Plan (MAP). The MAPs outline the development of the district inter-sectoral approach to HEHA implementation over a three-year period and include strategic direction, service development and funding intentions and decisions about programme evaluation.

DHBs are required to report regularly to the Ministry of Health on progressing their MAPs. The district HEHA groups have responsibility for implementing initiatives under HEHA and some initiatives from Mission-On. These groups are beginning to address the following issues:

- service mapping and identification of gaps and duplication in services
- identification of district/regional needs and priorities
- alignment of strategic planning processes to meet these needs and priorities
- allocation of resources, setting milestones and targets
- monitoring progress against milestones
- evaluation to inform future planning.

Currently, the Ministry of Health funds 20 initiatives through its HEHA Innovations Fund. The fund offers opportunities for DHBs and PHOs to work within their communities and alongside other providers to implement innovative public health interventions to improve nutrition, increase physical activity and reduce obesity rates. There are currently 20 innovative initiatives from 13 DHBs that cover a range of geographic areas and high-need populations. Applicant organisations were required to

include an evaluation component with their proposals. Evaluations will capture district variations with regard to interventions for HEHA implementation and assist in improving the quality of the service delivery.

In 2007, the Government announced that funding would be 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 (HCAP), which focuses on engaging and mobilising Māori and Pacific communities through DHBs (all DHBs for Māori and seven DHBs for Pacific, based on demographic information), mainly to prevent obesity but also to acknowledge the importance of increasing physical activity and improving nutrition. Māori and Pacific stakeholder workshops informed the development of service specifications. HCAP has adopted a whole of whānau/family approach that acknowledges 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 of Health, HEHA coordinators, DHB Māori General Managers (or equivalent), and DHB Pacific Managers (or equivalent) will take a lead role for coordinating the HCAP at a national level.

#### NEW ACTION 5

- The HEHA Community Action Programme is being established.

#### **(2c) Sheep meat flaps (Recommendation 24)**

24	The majority of us recommend that the Government, the New Zealand Meat Industry and the Pacific nations work cooperatively to phase out the export of fatty meats (such as mutton flaps) to Pacific nations.
----	--

RESPONSE: Government disagrees with Recommendation 24 but, in recognition of the issue, has directed the Ministry of Health, Ministry of Foreign Affairs and Trade and NZAID to engage further with meat industry groups to seek better and more regular information on the quantity and destination of New Zealand's sheep meat flap exports to the Pacific, and to consider what options may be feasible to reduce the fat content of cheap meat exports to the region. A further meeting with meat industry representatives to discuss the issues was held in June 2007.

The Government direction was prompted by a joint briefing in March 2007, to the Ministers of Health, Foreign Affairs and Trade and Pacific Island Affairs on the issue of New Zealand exports of sheep meat flaps to Pacific Island Countries (PICs). The submission noted that obesity and related chronic diseases are a growing concern in the Pacific, and that the health impact of the consumption of sheep meat flaps as a significant part of a normal diet is harmful, because sheep meat flaps contain high levels of fats, which lead to overweight, obesity and a range of chronic diseases. However, an outright ban on the sale of sheep meat flaps, whether immediate or phased, is unlikely to be effective because consumer demand may seek to replace sheep meat flaps with similar (or equally poor) fatty meat products. An export ban could also raise questions, whether from other countries or domestic interests, regarding New Zealand's international obligations.

Addressing the issues of obesity and chronic disease in the Pacific requires a comprehensive public health framework that covers a range of activities, including

research, health promotion and regulatory measures. Ministers have directed the Ministry of Health, Ministry of Foreign Affairs and Trade and NZAID to work with PICs on such a comprehensive approach by improving information and assisting with research that could inform efforts to address obesity and chronic disease (including regulatory options), by seeking to minimise any contribution New Zealand is making to the problem, and offering support (technical, financial or political) to PICs where appropriate and when requested. The next step will be to engage with PICs to ascertain what further cooperation they might desire from New Zealand, over and beyond the assistance being provided through existing mechanisms.

## **(2d) Economics/best value (Recommendations 9, 55)**

- |    |   |
|----|---|
| 9  | That an analysis of the true costs of obesity be urgently undertaken.   |
| 55 | That applied research into the costs of obesity and type 2 diabetes, and of the development, implementation and effects of health promotion programmes be accorded a high priority. |

RESPONSE: In response to Recommendation 9, the Government is pleased to provide the Ministry of Health's updated estimates of the direct health care costs of obesity, which suggests costs in the order of NZ\$460 million for the year 2004 (ranging from approximately \$400 to \$500 million). 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.

The Government is in agreement with advice that further work on costs alone would provide little beneficial information, and will still contain a number of limitations and uncertainties. In particular, figures on cost do not provide information about whether available interventions are effective or cost-effective compared with other uses of health funds. We agree that any further analyses on this topic focus on the cost-effectiveness of interventions, rather than the cost of the problem per se.

An emphasis on cost-effectiveness analysis is consistent with Recommendation 55 by the Inquiry to accord a high priority to both the costs and effects of health promotion programmes, and is also in line with the importance the Government has placed on value for money in the health sector. Such an approach will help inform which actions will make the greatest health gains within the resources available. Consequently, the Government's response to Recommendation 55 is to ensure that economic considerations, such as cost-effectiveness, are an integral part of the design and evaluation of health promotion programmes and other interventions.

### **NEW ACTIONS 6**

- Include health economic research in comprehensive research plan in Section 10.
- Include economic analysis of evaluations where appropriate.

## **(2e) Communication (Recommendation 41)**

41	That it (the Government) encourage all stakeholders to work together to create and implement a sustained social marketing programme supporting parents, caregivers and families in promoting healthy diets (including breastfeeding) and physical activity for children and young people.
----	---

RESPONSE: The Government agrees with Recommendation 41.

CURRENT ACTIONS: The Government has funded the Health Sponsorship Council, in partnership with the Ministry of Health, to design a social marketing campaign that targeting parents and caregivers of eight- to 12-year-old children titled “Feeding Our Futures”. The campaign has prioritised parents and caregivers in Māori, Pacific and low socioeconomic households, to ensure the messages are most effective for these groups. The multi-media campaign has focused on the promotion of healthy eating, with three messages released in May 2007 and a further three messages to be released in October 2007. The first messages released were: make water or milk the first choice for your child; eat together regularly as a family; get your child involved in the kitchen. The three new messages are: kids do better when they eat vegetables and fruit; help kids snack the healthy way; for healthier meals make at least half the meal vegetables. Tip cards and recipes have been produced to support the campaign messages. There have been television, print, radio and public relations components to date. This campaign will be ongoing, with different messages and target groups. Planning for a national breastfeeding campaign that is targeted at Māori and Pacific peoples is well underway as discussed in [7a](#).

SPARC has implemented a highly successful social marketing campaign called the *Push Play* campaign. It has been designed to inform New Zealanders of the need to be physically active (at least 30 minutes a day of moderate to vigorous activity for five or more days a week) and to motivate them to become active. It has been running for a number of years and has been recently refreshed. It is described in [5b](#).

The HEHA networks as described in [1a](#) will also facilitate communication for effective HEHA implementation.

### NEW ACTION

Provide additional funding for breastfeeding social marketing campaign as described in Section 7, see NEW ACTION 18

## **(2f) Reporting (Recommendations 10, 25, 31, 40, 46, 49)**

10	We recommend that the Government initiate, promote and monitor the following recommended actions (in Recommendations 11-24) and report on their implementation in the Ministry of Health’s annual report.
25	We recommend to the Government that it initiate, promote and monitor the recommended actions, and reports on their implementation and the outcomes in the annual reports of the Ministry of Health and the District Health Boards.
31	That the Government make the collection, compilation, analysis and

publication of diabetes data a high priority.

- 40 We recommend to the Government that it initiate, promote and monitor the following actions (in Recommendation 41-45) and report on their implementation and outcomes in the Ministry of Health's annual report.
- 46 We recommend to the Government that it initiate, promote and monitor the measures, and report on their implementation and outcomes in the annual reports of the Ministry of Health and all District Health Boards.
- 49 We recommend to the Government that it initiate, promote and monitor the following recommended action, and report on the implementation and outcomes in the annual reports of the Ministry of Health and the Broadcasting Standards Authority.

RESPONSE: The Government largely agrees with the intent of Recommendations 10, 25, 40, 46 and 49, and will require that the Ministry of Health outline, in its Statement of Intent and the Output Plan for the year, the main outcomes, initiatives and measures of progress it intends to deliver in relation to the Report. The Broadcasting Standards Authority (BSA) does not have a role in food advertising and will not be reporting on this in the BSA annual report.

The Government will require the Ministry of Health and all DHB report annually to the Minister and Parliament against the key measures outlined in their Statements of Intent. That reporting will include information on the headline indicators and national health targets, and will include a section on progress in the implementation of HEHA.

The Government agrees with Recommendation 31. The Ministry of Health requires DHBs to report on their diabetes data, through Local Diabetes Teams, with annually collected data. The diabetes data collection will be strengthened through the Quality Improvement Plan. Diabetes data is also collected via the Get Checked programme, in primary care, and these data are analysed to assess progress toward the diabetes-specific national Health Target. The national diabetes prevalence workshop, held in August 2007, as part of the Diabetes and Cardiovascular Disease Quality Improvement Plan (QIP) identified opportunities for the Ministry and wider sector to undertake further diabetes data analysis.

CURRENT ACTIONS: The Ministry's Statement of Intent for 2007–2010 includes measurable headline indicators and national health targets that map the Minister of Health's priorities. Those headline indicators include diabetes management and obesity, while the health targets include improving diabetes services and reducing obesity.

The practice management systems (PMS) used in primary health care are being upgraded so that a wider range of information about cardiovascular disease and diabetes (which both share a significant number of risk factors) can be displayed to the GP or nurse. The PMS upgrade will also ensure better support for any systematic reviews, annually or more often, so as to provide the best advice for patients. Electronic decision support is increasingly available in primary health care.

There are several projects to improve the information environment so as to better support the prevention, early detection and management of long-term conditions,

including diabetes. They are the Primary Health Care Strategy: Key Directions for the Information Environment and the Integrated View: access to data and information views for cardiovascular disease and diabetes and some other conditions.

It is intended that the improved information environment will assist in:

- reducing the development of contributory risk factors
- increasing early recognition and response to individuals and populations
- slowing the rate of disease progression.

It is intended that the Integrated View will support providers and planners (in relation to cardiovascular disease, diabetes and cancer (breast) in the first instance) to:

- profile and respond to patterns of risk and disease across and within populations, and target inequalities
- evaluate the impact of the service delivery models, chronic care models, specific interventions and resource allocation upon the risk and disease trajectory
- plan, execute and evaluate patient management across the well-being and disease continuum
- improve performance and collaboration through comparative analysis.

There are also a number of DHBs working towards regional diabetes registers. These regional registers are consistent with the capability envisioned and will potentially form the basis of the Integrated View.

#### NEW ACTIONS 7

- Ministry of Health and DHBs to report annually on progress in implementation of HEHA.
- PMS upgraded.

#### **(2g) Evaluation (Recommendations 43, 53)**

- |    |  |
|----|--|
| 43 | That successful school (and early childhood education) programmes be written up and promoted, and, where necessary, adapted for other sites, such as workplaces and marae. |
| 53 | That systematic evaluation of the outcomes of obesity and type 2 diabetes prevention and control programmes, including pilot programmes, be made a priority.               |

RESPONSE: The Government agrees with Recommendation 43 and 53, that evaluation is a priority area for prevention programmes in schools and early childhood education centres and for obesity and type 2 diabetes prevention and control programmes. There is a need to improve the evidence base for what works to improve nutrition, increase physical activity and reduce obesity, particularly within the New Zealand environment. The Government has funded the Ministry of Health to make evaluation a priority through: capacity building, purchasing national, district and local evaluations, gathering and disseminating evaluation resources, and sharing learnings from completed evaluations.

CURRENT ACTIONS: Relevant actions already underway include:

- HEHA Strategy Evaluation: Scoping for the overall evaluation of HEHA is underway, with implementation scheduled for December 2007. Annual interim evaluation reports will be available from 2008, with the final evaluation in 2011.
- Evaluation of National Programmes: All national HEHA initiatives are being evaluated or have evaluations planned. Examples include Fruit in Schools, Feeding our Futures and the Food and Beverage Classification System.
- Mission-On Evaluation: A framework for evaluation of initiatives has been developed. Several data collections are underway and others are in development.
- DHB HEHA Evaluation Fund: A \$1.6 million per year fund that DHBs can apply to for evaluation of programmes and initiatives in their district or region. Eleven initiatives from eight DHBs were funded in the first round. Applications for a second round close on 12 November 2007.
- Evaluation Training: Four regional three-day training courses for providers were held between May and July 2007. The purpose of the training was to upskill providers and build capacity in evaluation. The courses were oversubscribed. The Ministry recognises a need to further grow evaluation skills and capacity within the nutrition and physical activity sector and is currently reviewing options for future capacity development.
- Measurement, Monitoring and Evaluation Toolbox: A web-based toolbox of instruments and guides that researchers, providers, and evaluators can use to assist them to monitor and evaluate progress towards improving nutrition, increasing physical activity and reducing obesity.
- Research and Evaluation Database: An up-to-date web-based database of New Zealand research and evaluation literature (published, unpublished and in-progress) is being established to increase the accessibility and usability of New Zealand HEHA-related research and evaluation. The database will also assist in collaboration by researchers, providers and evaluators, and identify potential knowledge gaps that can inform future research and evaluation. Research is also discussed in [10a](#).
- Research and Evaluation Forum: A forum where HEHA-related New Zealand research and evaluations, particularly government-funded evaluations, can be profiled and outcomes shared, is planned for 2008. Research is also discussed in [10a](#).
- Ngati and Healthy: This is a type 2 diabetes prevention programme funded by the Ministry of Health. The follow up evaluation is being prepared for publication by the University of Otago research team.
- Te Wai O Rona Diabetes Prevention Project has been completed: This project, funded by Waikato and Lakes DHBs, the University of Auckland, the Health Research Council and the Ministry of Health, invited all 32,000 Māori aged over 28 years in the Waikato and southern Lakes areas to be screened for diabetes risk. This prevention programme is still being evaluated.
- Let's Beat Diabetes is a five-year, district-wide strategy run by Counties Manukau DHB and aimed at preventing or delaying the onset of diabetes, slowing the disease progression and increasing the quality of life for people with diabetes in Counties Manukau. The University of Auckland's School of Population Health evaluation of the programme is ongoing.
- The PHO Performance Programme: The PHO Performance Management Programme aims to improve the health of enrolled populations and reduce

disparities in health outcomes through supporting clinical governance and continuous quality improvement processes within PHOs. This programme provides ongoing evaluation of health outcomes. An evaluation of the programme itself is planned to find out the value it is returning to DHBs and the population.

Limitations to the implementation of evaluation include the under-developed evaluation capacity within purchasing and delivery organisations, the availability of skilled evaluators and the capacity of the New Zealand population (particularly priority populations) and communities to participate in multiple evaluations.

Specific evaluation capacity-building initiatives are underway or planned. The anticipated results are enhanced capacity to develop and implement evaluations, increased use of evaluative information in practice and an improved evidence base underpinning programme development and implementation.

## **(2h) Monitoring (Recommendations 52, 54)**

- 52 That systematic, regular studies be initiated to monitor trends in the nutrient intake of New Zealanders, and especially their consumption of energy-dense products, and physical activity, and the determinants of these trends, such as advertising, marketing and promotion.
- 54 That standardised data on the prevalence of various measures of obesity and type 2 diabetes in the New Zealand population be collected regularly.

RESPONSE: The Government agrees with Recommendations 52 and 54 that standardised (systematic) data on diabetes, obesity, nutrient intake, physical activity and their determinants should be regularly collected, analysed and reported. Section 3(c) of the Health Act 1956 requires the Ministry of Health to collect and report information necessary for maintaining and improving the health of the population. Relevant, reliable and timely data on chronic diseases (eg, diabetes) and associated risk factors are essential for the development and monitoring of effective policies, programmes and services.

CURRENT ACTIONS: Numerous actions for data collection are underway in New Zealand, with surveys and administrative datasets providing considerable information on diabetes, obesity and nutrient intake, physical activity and their determinants. For further information about monitoring of physical activity see [5d](#).

Since 2002, the Government has funded the New Zealand Health Monitor (NZHM), which is a coordinated 10-year programme of population health surveys and cohort studies. The NZHM cornerstone surveys are the New Zealand Health Survey (NZHS) and the New Zealand Adult/Child Nutrition Surveys (ANS/CNS) – see Appendix 5 for a summary of data collected in these surveys. The NZHS is scheduled every three years and ANS/CNS every five years (alternating between adults and children). This frequency is similar to other comparable countries and sufficient to detect changes in the prevalence of diabetes, obesity, dietary intake and physical activity in the population, all of which tend to change relatively slowly.

The NZHS includes modules on chronic diseases (including diabetes and cardiovascular disease prevalence and treatment) and risk factors (including obesity, high blood

pressure and cholesterol, dietary habits, physical activity and breastfeeding practices). NZHS data collection points are 1996/97, 2002/03, 2006/07 and 2009/10. The NZHS includes both children and adults (except in 2002/03).

#### NEW ACTION 8

- The Government will enhance the New Zealand Health Survey to enable additional questions on important dietary habits (eg, consumption of energy-dense foods) and a physical activity module for children (not yet developed). Additional objective measurements, such as blood pressure and glycosylated haemoglobin (HbA1c) levels in blood, would also enhance this survey. Objective measurements of physical activity (accelerometer and/or pedometer) would also be useful (refer to (2i) Management of diabetes).

The ANS/CNS include modules on food and nutrient intake, risk factors (including obesity, blood pressure, blood lipids) and dietary habits. Data collection points are 1997 ANS, 2002 CNS, 2008 ANS and 2012 CNS. The 2008 ANS will include measurement of blood HbA1c to assess quality of diabetes control in adults with self-reported diagnosed diabetes, and to estimate the prevalence of undiagnosed diabetes.

#### NEW ACTION 9

- The Government has decided to enhance 2008 ANS by including measurement of fatty acids in bloods to provide a biochemical measure of change in dietary fat (saturated, monounsaturated, polyunsaturated) intake since 1997.

#### NEW ACTION 10

- Collection of nutrition-related data available for young children is recommended: The 2002 CNS was a school-based survey and therefore children aged under five years of age were not included. Given the difficulty of surveying this population, a separate survey may be more practical than expanding the 2012 CNS to include children aged under five years.

#### NEW ACTION 11

- A survey of infant feeding practices to add to the information available from the NZHM is recommended. Such a survey will provide valuable information on breastfeeding, use of formula, introduction of solid foods and barriers to breastfeeding (with low socioeconomic groups a priority).

#### NEW ACTION 12

- Development of the Ministry of Health's own 24-hour recall dietary assessment data capture programme. This would enhance in-house capability.

Data from the New Zealand Food Composition Database (NZFCD) are essential for the estimation of nutrient intake from food intake data collected in nutrition surveys. The Ministry of Health has funded the ongoing development of the NZFCD since the 1980s.

In addition to the NZHM, the New Zealand Schools and Early Childhood Education Services Food and Nutrition Environment Study (FNES) 2007–2009 includes a national survey that collects data on the availability and sale of food and drinks and on food and nutrition policies and procedures.

Data collected for administrative purposes (eg, hospitalisations, mortality, laboratories, prescriptions, diabetes Get Checked programme) provide useful information for population monitoring. Newer sources of administrative data that are potentially useful include data collected by PHOs, hospital diabetes clinics, and programmes such as WellChild/Tamariki Ora and the B4 School Check.

Data collected by other agencies are also useful for monitoring – see Appendix 5 for information about other data sources. Electronic supermarket sales data have been identified as a potential source of continuous and objective data that are useful for monitoring population food and nutrition purchase patterns. The Ministry of Health is developing a system over the next two years to use electronic supermarket sales data to monitor these patterns. If successful, additional funding will be required for this to be incorporated into ongoing monitoring.

The Ministry of Health now routinely integrates survey and administrative datasets to provide estimates of diabetes incidence, prevalence and survival, and to make projections (eg, Diabetes Surveillance: Population-based estimates and projections for New Zealand, 2001–2011). The Ministry of Health produces a number of reports that synthesise data from various sources, including the Food and Nutrition Monitoring Report 2006, Tracking the Obesity Epidemic: New Zealand 1977–2003, and Nutrition and the Burden of Disease: New Zealand 1997–2011. Additional data integration projects are required to inform Government action in a timely manner.

#### NEW ACTION 13

- Increase the capacity of the Ministry of Health to undertake data integration and reporting to assist and inform policy programmes and services because those published to date have been very useful for informing government action.

The Government agrees that regular studies to monitor determinants of food consumption, such as food advertising, marketing and promotion are required. Methods for monitoring food advertising on television are currently being tested by the Ministry. Methods for monitoring advertising, marketing and promotion across a range of other media are scheduled to be developed. It is recommended that this work is expanded and expedited and incorporated into routine monitoring. New funding will be required for the additional monitoring methodology development and its implementation as discussed in [1f](#).

#### NEW ACTION 14

- To develop and implement monitoring of food advertising, marketing and promotion.

New funding will be required to expand, develop and implement methodologies for monitoring food advertising, marketing and promotion. It is anticipated that the methodologies would be developed in the 2008/09 financial year and implemented in subsequent years. New primary data collections are likely to be needed on a regular basis for ongoing monitoring of the range of marketing practices (apart from television advertising, which has a secondary data set available for analysis).

**(2i) Management of diabetes (Recommendations 26, 28, 30)**

- |    |   |
|----|---|
| 26 | That the relevant health sector agencies develop, implement, and evaluate programmes for the prevention and control of obesity and type 2 diabetes under a coordinated national plan.             |
| 28 | That everyone at high risk of obesity and type 2 diabetes is identified and involved in effective prevention and control programmes. (Target date: by 2010.)                                      |
| 30 | That no obesity or type 2 diabetes prevention or control programmes should be initiated or continued unless they are evaluated and found to be a useful component of a coordinated national plan. |

RESPONSE: The Government largely agrees with Recommendations 26, 28 and 30. There are a number of nationally coordinated programmes for the control and prevention of obesity and type 2 diabetes. At a high level, the Government's New Zealand Health Strategy has the "reduction in the incidence and impact of diabetes" as one of its 13 key population health objectives. There is well-established evidence that there are increasing rates of both obesity and type 2 diabetes, and a concomitant burden on both individuals and the health system. A recent Public Health Intelligence Occasional Bulletin No. 45: *Diabetes Surveillance: Population-based estimates and projections for New Zealand, 2001–2011* provides projections for the increasing prevalence of type 2 diabetes. Over the decade from 2001 to 2011, diagnosed type 2 diabetes is projected to increase 45 percent. Of this, a third reflects the projected growth in the prevalence of obesity.

CURRENT ACTIONS: The implementation of the HEHA strategy addresses prevention of chronic disease by addressing risk factors (refer [Background](#)). Further to the HEHA implementation, there are 10 Health Targets 2007/08 to focus health actions, and 'improving diabetes services' is one of these. There are several major areas of work that relate to diabetes management including the Get Checked programme, Care Plus, and the Diabetes and Cardiovascular Quality Improvement Plan (QIP) for diabetes and cardiovascular disease.

The Government agrees that best practice should continue and, where feasible, both new and existing type 2 diabetes programmes should be evaluated for usefulness and that value for money is assessed. The following initiatives have been underway for some time and are being progressively evaluated.

The Get Checked programme of free annual checks for people with diagnosed diabetes has been in existence since June 2000. The programme entitles people with diagnosed diabetes to a free annual health check with a primary health care provider (general practitioner or registered nurse), and ensures that tests to help with the early detection of diabetes complications are carried out. As part of Get Checked, treatment planning with the patient is also carried out and, where appropriate, patients are referred to specialist or other care. Efforts are currently being made to increase the patient participation in this programme. In June 2007, the Office of the Auditor-General reported on the effectiveness of Get Checked and the Ministry of Health is currently considering the recommendations of the report. Increased funding to improve the enrolment into Get Checked and to further evaluate the programme would increase the effectiveness of this programme.

Care Plus is a national, primary health-based programme to improve the management of chronic conditions, reduce inequalities, improve teamwork within PHOs and general practices, and lower the cost of services for high-need primary health care users. Diagnosed diabetes meets the criteria for those chronic health conditions included in the Care Plus programme, because it:

- is a significant disability, or has a significant burden of morbidity
- creates a significant cost to the health system
- has agreed and objective diagnostic criteria
- provides continuity of care, with a primary health care team approach having an important role in management.

The QIP is a nationally coordinated, outcomes-focused approach to improving the provision and quality of diabetes care across the chronic diseases continuum. The QIP focuses on the management of individuals with cardiovascular disease and/or diabetes and those at high risk, and should be considered complementary to population health services. There is consensus between the Ministry and DHBs to work on an agreed list of priorities that will improve diabetes services. The QIP will be reviewed and updated at regular intervals.

Another area of work where progress is being made is the PHO Performance Management Programme, which provides initiatives for targeted cardiovascular disease risk assessment in all PHOs. This includes identifying people with diabetes. There is also systematic identification of people considered to be at high risk of developing type 2 diabetes who are enrolled in primary health care organisations. Overseas studies are enrolling people at high risk of developing diabetes (pre-diabetes) to investigate the efficacy of preventing or delaying the onset of diabetes, but there are persisting uncertainties about value for money and the ability of programmes to reduce inequalities. The Government has funded Te Wai O Rona and the Ngati and Healthy projects to help establish whether these approaches work with regard to those populations, including Māori and Pacific peoples, at high risk of developing diabetes, and whether the programmes are delivering despite an insufficient workforce.

As well as identifying individuals at high risk of developing diabetes, there is also a need to focus on prevention and the enhancement of public health programmes to assist people to make changes in obesogenic environments within their communities.

#### NEW ACTION 15

- Building up enrolments into Get Checked, and evaluation of Get Checked.

### **(2j) Management of obesity including morbid obesity (Recommendation 32)**

32	That the provision of publicly-funded bariatric surgery be explored as a last resort for people who are morbidly obese. We recommend that the outcomes of the pilot research project into bariatric surgery being conducted by Counties Manukau District Health Board be monitored for cost-effectiveness to this end.
----	--

RESPONSE: The Government agrees with Recommendation 32.

CURRENT ACTIONS: Counties Manukau DHB is leading the development of a business case on the management of morbid obesity,<sup>4</sup> which will be considered through the Service Planning and New Health Intervention Assessment Framework. The business case will consider all options (surgical and non-surgical interventions) in the treatment of morbid obesity before recommending a preferred approach that is appropriate for the morbidly obese patient cohort and is cost effective for DHB. The final business case is expected to be submitted to the National Service and Technology Review Advisory Committee in February 2008. The business case will outline the financial implications and identify if any additional funding will be sought.

The Government has also funded the Ministry of Health to undertake a separate project to focus on the management of overweight and obesity. This project will link with the Counties Manukau DHB work, but is broader in its scope. A Ministry project is underway to develop national guidelines for the management of overweight and obesity. This project will use recently published evidence based on other national guidelines and adapt these to the New Zealand setting. The project includes implementation of these New Zealand guidelines, with the focus largely in the primary care setting.

#### NEW ACTION 16

- Increase in bariatric surgery is under consideration.

### 3. *Food Labelling (this section covers Recommendations 16, 17, 18)*

- 16 The majority of us recommend that a traffic light system, or comparable food labelling system, should be developed by a national taskforce (including food industry representatives), and food and drink composition standards agreed for use on product information panels, and in the advertising, marketing, and promotion of products, and that progress and compliance are monitored and, if necessary, regulatory approaches adopted. (Target date for agreed targets: June 2008.)
- 17 The majority of us recommend that any new labelling system should be introduced gradually, with the relatively small group of items most commonly consumed by children as first priority.
- 18 That any labelling system be extended to all alcoholic beverages, and particularly high sugar “alcopop” drinks, because alcohol consumption can contribute significantly to energy intake.

RESPONSE: The Government is currently involved in investigating whether a front of pack (FOP) labelling system is likely to be an effective public health strategy. The result of this investigation will inform our position on Recommendation 16.

---

<sup>4</sup> Morbid obesity for the purposes of surgery can be defined as BMI more than 40kg/m<sup>2</sup> or 35kg/m<sup>2</sup> if a person has other conditions that would be improved by weight loss.

If a food labelling system was mandated in New Zealand it would also need to be adopted in Australia, due to the nature of food regulation shared by the two countries. The Government notes that the composition and labelling requirements for food in New Zealand are subject to the *Agreement Between the Government of Australia and the Government of New Zealand Concerning Joint Food Standards System* (the Food Treaty). The adoption of a New Zealand Standard, which would otherwise come within the scope of the Food Treaty, would be contrary to the intent of the Food Treaty.

The Government supports evidence-based standards and therefore it is essential that quality research is undertaken in this area to ensure that any developments are based on sound evidence of both consumer acceptance and likely effectiveness in achieving the purpose.

In October 2006, the Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) asked the Food Regulation Standing Committee (FRSC) to explore and report back to the Ministerial Council on whether a uniform FOP labelling system designed to guide consumer choice to healthier food options would be an effective public health strategy. If so, FRSC is to advise the Ministerial Council on the efficacy of a range of options (both regulatory and non-regulatory) for such a labelling system.

To undertake this work, a trans-Tasman working group was formed. The working group approached selected food industry, consumers and public health stakeholders to provide information and/or research that would contribute to this work. The working group is considering a range of models and processes. As part of its work, the working group is also undertaking a qualitative assessment of the type of costs and benefits associated with different options.

In parallel with the work of this group, the New Zealand Food Safety Authority (NZFSA) and the Ministry of Health have both contributed to the funding of research, commissioned by the Health Research Council, to help build a body of evidence on consumer understanding and use of FOP labelling in New Zealand. This is an area where there is currently a lack of quality research world-wide. In particular, it is recognised that New Zealand-relevant research is essential.

Composition standards (nutrient profiling or similar) would be needed to underpin any interpretive labelling system, and would need to be based on sound scientific evidence.

NZFSA is also assisting in a research project that analyses the nutrient profiling and classification systems currently in use in New Zealand and compares these with each other and the system used to underpin the United Kingdom Food Standards Agency's traffic light labelling system. This research will help inform decisions in this area. It is important that any such system has sound scientific evidence behind the criteria and that it is consistent with other systems currently in use in New Zealand, such as the Food and Beverage Classification System developed for schools and early childhood education services and the proposed criteria for the new Nutrition, Health and Related Claims Standard. Nutrient profiling is complex but is critical to underpin an interpretive FOP labelling system.

Based on the evidence of the effectiveness of any new labelling system, for Recommendation 17, the Government notes that, in identifying its key purpose, it would have to identify the target population and process of implementation. If the purpose of a new labelling system is to target a particular disease or risk factor, it is important to identify the process of implementation that delivers the best health outcome. Data from the national nutrition surveys help determine what foods have the biggest impact on the diet of particular population groups or on the whole population for particular diseases.

The Government position on Recommendation 18 is that the labelling of alcoholic beverages should not be included in any schemes that would promote them with foods. Nonetheless, extending some elements of current labelling requirements, such as energy and fat, to alcoholic beverages may be of some use in improving the information available to consumers to make informed choices. Educating consumers about the contribution alcohol makes to energy intake is important. It is not appropriate to extend any interpretive FOP scheme to alcoholic beverages because alcohol should always be taken in moderation and, as such, would only ever fall in the category that was to be limited (i.e., red, if the traffic light labelling system was the chosen scheme).

Currently, alcoholic beverages (and foods) containing greater than 1.15 percent alcohol must be labelled with a statement of the alcohol content. In addition, for alcoholic beverages or foods able to be consumed as a beverage, which contain more than 0.5 percent alcohol, a statement of the approximate number of standard drinks contained in the package must be stated on the label.

Alcoholic beverages are currently exempt from having to display a nutrition information panel (NIP). This approach was taken because alcohol provides little contribution of nutritional significance other than energy. The Government does not consider that there is a need to change this, with the possible exception of labelling alcohol with energy content.

#### **4. *Education/Children and Young People (this section covers Recommendations 29, 33, 34, 35, 37, 38, 39, 43)***

##### **(4a) General Children and Young People**

CURRENT ACTIONS: Children and young people (as well as Māori, Pacific and low-income groups) have been identified as a priority group for HEHA implementation. For the Mission-On campaign 0–24 year olds are the target group. In 2005, the Government prioritised “Families – Young and Old”, a sub-theme of this priority is “Healthy Confident Kids”. The Ministry of Education is the lead agency for coordinating projects under this theme. The objective for healthy confident kids is that all children participate in a range of life contexts and are equipped to contribute to the future well-being of New Zealand socially, culturally, economically and environmentally. Early childhood education services and schools are settings where children and young people can be reached. There are approximately 2700 schools and 4500 early childhood education (ECE) services in New Zealand.

In 2004, the Ministries of Education and Health and SPARC signed a tripartite memorandum of understanding to assist collaborative work to improve hauora/well-being for all New Zealand children in the areas of nutrition, healthy eating and physical

activity in schools and ECE services. These three agencies have worked closely to improve nutrition and physical activity in children and young people.

Obtaining the student voice during the development and implementation of initiatives has been prioritised by the agencies involved in implementing HEHA and Mission-On. As part of Mission-On, the Ministry of Youth Development provided agencies with support and advice to ensure that government initiatives involve and reflect young people's views. The Ministry of Health has convened a group called Rise e Tu who have provided significant input into, for example, the development of the food and beverage classification system. The Ministry of Education has also convened focus groups with children and young people to inform their work on student health promotion, which is a Mission-On initiative.

Over the last 12 months, a high level of cross-sectoral activity between the Ministry of Education, the Ministry of Health and SPARC has resulted in the development and implementation of:

- A nutrition fund of \$5 million per annum (GST exclusive) to support schools and ECE services to make changes to promote healthy eating.
- Ministry of Education Food and Nutrition for Healthy Confident Kids guidelines for schools and ECE services.
- Ministry of Health Food and Beverage Classification System (a tool to assist schools and ECE services to identify healthy food options).
- The roll-out of professional development and training for schools and ECE services on how to use the new guidelines and the Food and Beverage Classification System tool developed by the Ministry of Health.
- A communication and education campaign around healthy food and nutrition.
- Changes to National Administration Guideline 5 for schools to provide a clear policy statement for schools to promote healthy food and nutrition, and to make only healthy options available where food and beverages are sold on school premises.
- A programme of high-profile events that promote healthy food options and provide opportunities for students to get actively involved in learning about good nutrition.
- The food and nutrition environment survey programme managed by the Public Health Intelligence Unit of the Ministry of Health that measures progress towards the provision of healthier environments in schools and ECE services. This will include quantitative surveys in 2007 and 2009 and qualitative data collection in 2008, which has been described in [2g](#).
- Lifestyle Ambassadors, a SPARC-led initiative under Mission-On, visit schools throughout the country to promote healthy lifestyle messages.

#### **(4b) Workforce (Recommendations 29, 38)**

29	That the health and education sector workforces be strengthened. This includes all those engaged in the prevention and management of obesity, type 2 diabetes and pre-diabetes. There is a particular need for more dietitians and nutritionists, especially those trained in addressing the nutritional needs of Māori, Pacific peoples, and people with diabetes, and for school teachers
----	---

	trained in nutrition and food education.
38	That more nutrition and cooking teachers be trained and employed to address curriculum deficiencies.

RESPONSE: The Government agrees Recommendations 29 and 38 and the health workforce aspects are discussed in [2a](#).

CURRENT ACTIONS: The Ministry of Education has school teacher recruitment scholarships that have been restructured for 2008 to make [0]them more effective in attracting people to train as teachers in hard-to-staff subjects. As part of the restructuring, Home Economics will receive 10 scholarships per year – five for school leavers/undergraduates and five for graduate trainees. The scholarship will pay course fees and an allowance of \$10,000 over the period of study, and recipients will be bonded to teaching for a specific period of time.

**(4c) School environment (Recommendations 34, 35, 43)**

34	That national and local educational authorities, with support from parents, health authorities and other stakeholders, promote healthy diets and physical activity in all aspects of the school environment (for example, commercial sponsorships, foods for sale and curriculum). This includes early childhood education centres.
35	The majority of us recommend the removal of unhealthy food and beverage products from schools (such as those high in unhealthy fats, salt, and sugar), and all agree that the regular evaluations of the performance of schools (including early childhood education centres) should include their efforts to promote healthy diets and physical activity.
43	That successful school (and early childhood education) programmes be written up and promoted, and, where necessary, adapted for other sites, such as workplaces and marae.

RESPONSE: The Government agrees with Recommendations 34, 35 and 43 and has made significant progress towards achieving these goals over the last 12 months.

CURRENT ACTIONS: This progress, and a range of new initiatives, are outlined below.

*Promoting healthy diets*

Through Mission-On Initiative One – ‘Improving Nutrition within the School and Early Childhood Environments’ – the Ministries of Education and Health are working together to support children to make healthy lifestyle choices to improve their educational outcomes. This includes all aspects of school and early childhood education (ECE) environments. It is recognised that developing a sense of shared responsibility amongst families, broader ECE services and school communities will ensure a more sustainable impact on children’s eating habits.

The Ministry of Education is running a high-profile communication and education campaign that encourages ECE services and schools, and families and communities to provide healthy food and beverage choices to children and young people.

The Ministry of Education's *Food and Nutrition for Healthy, Confident Kids* guidelines were introduced in March 2007 to support healthy eating environments in ECE services and schools. A programme of regional professional development is being provided to schools/ECE services to support the implementation of the guidelines.

In December 2006, the Ministers of Education and Health signed a voluntary agreement between the Government and two of New Zealand's largest beverage companies. This agreement will result in the withdrawal of full-sugar energy drinks, as supplied directly by these two companies, from New Zealand schools by the end of 2009.

A regulation change to support the removal of food and beverages high in sugar, fat and salt from provision in ECE services and schools, through sale or otherwise, and to support healthy alternatives being promoted during the operation of ECE services and the school day is underway. National Administration Guideline 5 currently requires Boards of Trustees to provide a safe physical and emotional environment for students. From 1 June 2008, two additional clauses will require Boards of Trustees to undertake the following:

- to promote healthy food and nutrition for all students
- where food and beverages are sold on school premises, make only healthy options available.

A Food and Beverage Classification System has been developed by the Ministry of Health in consultation with many stakeholders over the last year. This system includes nutrient criteria that enables food and beverages to be classified as either everyday, sometimes or occasional and support resources to be sent to all schools and ECE services, as the tool to assist them to identify what constitutes 'healthy options'. A database and product catalogue of everyday and sometimes options will be available in 2008, as well as further opportunity for specific food and nutrition professional development and training, and support for ECE services and school staff through 21 newly appointed DHB HEHA district coordinators. These coordinators will be working alongside the DHB HEHA project managers.

ECE services are required by regulation to meet the nutritional needs of attending children. The ECE regulations are currently under review, and a new regulatory framework is planned from 2008. It is proposed that the current nutrition requirement be retained with the added clarification that ECE services encourage and promote healthy eating guidelines for when parents provide food for their children to eat at the ECE service. The proposed requirements out for further consultation in October 2007.

#### *Promoting physical activity*

SPARC has programmes that promote physical activity and target each of the early childhood, primary and secondary school students. *Active Movement* recognises the importance of quality physical activity to the health and development of young children and aims to foster confidence and skill development in children under five years. Another SPARC programme, the *Active Schools* programme, aims to assist school communities to develop a physical activity culture where children choose and enjoy

physical activity. In secondary schools, SPARC's *SportFit* aims to increase the level of participation; improve the quality of support provided through coaching, officiating and administration; and encourage linkages between secondary schools and their communities.

Since 1999, the Government has worked to improve knowledge, understanding and skills in Health and Physical Education. This work started with the introduction and subsequent professional development to support the implementation of the curriculum, *Health and Physical Education in the New Zealand Curriculum*.

In December 2004, the Minister of Education announced a physical activity initiative that focused on encouraging New Zealand children to become more physically active. Raising the physical activity profile within schools and communities, and ensuring teachers are able to deliver quality learning experiences for children in physical activity in primary schools, is a collaborative initiative involving the Ministry of Education and SPARC. Eighteen new physical education advisors (working in School Support Services) and education personnel contracted by SPARC through Regional Sports Trusts, provide a range of material resources and professional development models to enable schools to meet a regulation change to the National Administration Guidelines (NAGs) and National Education Guidelines (NEGs) as outlined below.

From Term 1 2006, it was mandatory for all state and state-integrated schools to give priority to regular quality physical activity that develops movement skills for all students, but especially in years 1–6.

Each Board of Trustees is required to foster student achievement by providing teaching and learning programmes that incorporate the New Zealand Curriculum (essential learning areas, essential skills and attitudes and values) as expressed in National Curriculum Statements. An additional clause to NAG 1 states that each Board, through the principal and staff, is required to “develop and implement teaching and learning programmes” and “give priority to regular quality physical activity that develops movement skills for all students, especially in years 1–6”.

A change to NEG 5 was also made to prioritise physical activity so that “Priority should be given to the development of high levels of competence (knowledge and skills) in literacy and numeracy, science and technology and physical activity.”

Since 2005, the Ministry of Education's operational support package (available to all primary schools) has assisted schools, through professional development, to comply with the NEG 5 and NAG 1 regulation change, and to consider the implications of *regular, quality physical activity experiences* that develop *movement skills* for students.

A set of guidelines is currently in the publication phase and will be distributed to all schools in November 2007. These guidelines, entitled *Guidelines for sustainable physical activity in school communities* will provide guidance for principals, boards of trustees, teachers, coaches, parents and community agencies on promoting sustainable physical activity practices in school communities.

*Sharing what works*

As part of Initiative Two of Mission-On – Student Health Promotion – the Ministry of Education is profiling the health promotion work of schools and is developing a series of best practice case studies to share nationwide.

Furthermore, best practice examples of a whole school community approach to healthy eating and active lifestyles are being regularly highlighted through publications such as the *Education Gazette*, and national/regional media releases. Examples of successful student-led school health promotion are also being shared through the regional professional development workshops and through networks of teachers and education/health personnel throughout the country.

Education sector workforce – the Ministry of Education acknowledges that capacity to deliver is an issue in some regions, and that increasing professional development support in the specific area of food and nutrition will be considered. This will occur during the next prioritisation process for professional development for the 2009 academic year. Additional food and nutrition advisors would support the work across all aspects of the school environment, in adopting a whole school approach to developing and sustaining a school's food and nutrition culture.

#### **(4d) Fruit in Schools (Recommendation 39)**

39	That the fruit in schools programme be progressively extended to include all schools.
----	---

RESPONSE: The Government does not agree that the Fruit in Schools programme should be extended to include all schools (including secondary schools), but is in agreement that it should be extended from 2008/09 to decile two primary and intermediate schools (including to all students in decile two Kura Kaupapa and Area Schools).

CURRENT ACTIONS: Fruit in Schools is an innovative programme that was developed in 2005. Currently, 270 schools and about 56,000 school students receive one piece of fresh fruit per child per school day. In return, the school agrees to take a whole school community approach (involving school staff and management, students, parents or caregivers, whānau, community groups and agencies) to improving the school environment to support healthy eating, being physically active, sunsmart and smokefree.

There are 182 eligible decile two schools across the country. Phase Four roll-out to approximately half of the number of schools would commence in July 2008, with Phase Five roll-out to the remaining decile two schools commencing in April 2009. Please note that the number of schools have been calculated using the 2002 decile ratings. This number may alter when the new decile ratings are applied.

#### NEW ACTION 17

- Extend Fruit in Schools to decile two schools.

#### **(4e) Reporting (Recommendation 33)**

33	We recommend to the Government that it initiate, promote and monitor the following measures (in Recommendations 34-39), and report on their
----	---

implementation and outcomes in the annual reports of the Ministry of Health and the Ministry of Education. We recommend also that the Education Review Office monitor and report on these recommended actions in its reports on specific schools and early childhood education centres.

RESPONSE: The Government agrees with Recommendation 33, and the Ministry of Education and Ministry of Health (see [2f](#) for more detail on the Ministry of Health's reporting) will continue to report on Mission-On initiatives to improve nutrition within the school and ECE environments, and on "Student health promotion". We also agree that the Education Review Office (ERO) will evaluate and report on changes to promote food and nutrition to children and young people.

From 1 June 2008, school Boards of Trustees are required to implement two new parts of National Administration Guideline 5 (NAG 5): to promote healthy food and nutrition for all students where food and beverages are sold on school premises and to make only healthy food and beverage options available.

ERO will be evaluating this new requirement in the following ways:

- during the transition period, including a question in ERO's Board Assurance Statement (used in all regular reviews of schools) about each school's readiness to implement this new requirement
- from 1 June 2008, including a question in ERO's Board Assurance Statement about actual implementations
- after 18 to 24 months from promulgation, investigate and report in every school review on the extent to which the requirement is being met.

This is the usual procedure for ERO when a new requirement is implemented. As this is not additional work there are no additional costs.

ERO evaluates if ECE services are meeting the current ECE regulations with regard to provision of food and drink, and services and the nutritional needs of attending children through the Centre Assurance Statement for ECE services, and through on-site checking during a review. Non-compliance or areas for improvement are reported. When the new ECE regulatory framework is introduced ERO intends to review its procedure for evaluating this provision in light of the new requirements.

#### **(4f) Curriculum (Recommendation 37)**

37 That nutrition, food preparation and cooking be integrated into the core curriculum.

RESPONSE: The Government agrees with Recommendation 37, that nutrition, food preparation and cooking be integrated into the core curriculum.

CURRENT ACTIONS: The revised New Zealand Curriculum, distributed in October 2007, sets the direction for student learning and provides guidance to schools as they design and review their curriculum. The vision is "young people who will be confident, connected, actively involved, lifelong learners". The learning area of Health and

Physical Education focuses on “the well-being of students themselves, other people, and society, through learning in health-related and movement contexts”. This learning area encompasses three subjects: health education, physical education and home economics.

In home economics, students evaluate current issues and theories of nutrition, identify and reflect on factors that influence people’s choices and behaviours, and use this knowledge to make informed decisions. They also select, prepare, cook and serve food within the learning context of food and nutrition (one of seven in this learning area). The curriculum is compulsory until Year 10, and schools are encouraged to include this essential area in their core curriculum. The curriculum says it is expected that all students will have had opportunities to learn practical cooking skills by the end of Year 8.

5. *SPARC (Sport and Recreation New Zealand) and physical activity (this section covers Recommendations 1, 4, 41, 42, 52)*

**(5a) General Physical activity (Recommendation 1 and 4)**

1	The majority of us recommend that the Government use the full range of public policy measures to ensure the development, promotion and maintenance of healthy diet and physical activity patterns, especially among children and young people. This should be done in the context of integrated programmes for the prevention and control of major chronic diseases.
4	We consider that high-level, accountable leadership is essential to drive a strategic response to obesity, type 2 diabetes and associated chronic diseases, and therefore recommend: <ul style="list-style-type: none"> <li>a. that the immediate goal of the Committee be to develop and oversee the stepwise implementation of a coordinated national strategy and plan of action for the prevention and control of obesity and type 2 diabetes</li> <li>b. that the national plan of action incorporate existing initiatives, such as Healthy Eating – Healthy Action and Mission-On</li> <li>c. that the national plan of action include measurable, timed targets relating to healthy diets (including breastfeeding), physical activity, and overweight and obesity, and suitable process targets. (Target date for development of the national strategy and action plan: August 2008. Date for development of targets: October 2008.)</li> </ul>

RESPONSE: The Government agrees with Recommendations 1 and 4. In addition to government leadership described in Section 1 under Leadership and Coordination, Te Puni Kōkiri’s Whānau Development Sport and Culture Fund (WDS&CF) has the objective of encouraging whānau Māori to increase their level of engagement and participation in local level sports and cultural activities. Initiatives are supported at both national and local levels. This aligns directly with HEHA’s goals, particularly in regard to maintaining active lifestyles and health.

At a national level, Te Puni Kōkiri supports a variety of projects, including research; building organisational infrastructure; sector development; assisting sporting or culture related mentoring schemes; and events celebrating sporting success.

At the local level, opportunities can be created for active whānau participation in activities that encourage whanaungatanga. Collective or team events that are also fun

strengthen relationships, encourage movement and enhance cultural competence when whānau engage in culturally specific physical activities such as waka ama, kapa haka or taiaha.

Local level activities often emphasise various age groups, for example, development programmes for rangatahi that involve combining career pathways with qualifications in the fitness industry or weekly fitness classes for kaumatua.

Many local level activities are organised, hosted or facilitated by marae. The forthcoming Te Puni Kōkiri marae survey will identify those marae that are interested in improving nutritional and physical activities, and open to receiving further advice or support on these issues.

### **(5b) Communication (Recommendation 41)**

41	That it (the Government) encourage all stakeholders to work together to create and implement a sustained social marketing programme supporting parents, caregivers and families in promoting healthy diets (including breastfeeding) and physical activity for children and young people.
----	---

RESPONSE: The Government agrees with Recommendation 41. The Government recognises the value of social marketing campaigns as a behaviour change mechanism and supports a coordinated approach to these.

CURRENT ACTIONS: SPARC's *Push Play* campaign is a highly successful social marketing campaign that is designed to inform New Zealanders of the need to be physically active (at least 30 minutes a day of moderate to vigorous activity for five<sup>5</sup> or more days a week) and to motivate them to become active. The latest *Push Play* campaign – titled “Push Play Nation” – provides ideas about fun ways to be active with programmes from well-known New Zealand personalities including Maggie Barry, Petra Bagust, Robbie Magasiva, Tawera Nikau and Mike Chunn. The campaign is running over October and culminates on Friday 2 November with Push Play Day. Push Play is also described in [2e](#).

There are several SPARC-led Mission-On initiatives involving communication – youth-branded websites, television and computer-free time; and using television and radio to encourage change involving social marketing approaches. These are all directed at children and young people.

The “Feeding our Futures” social marketing campaign being run by the Health Sponsorship Council and funded by the Ministry of Health is described in [2e](#). The National Breastfeeding Promotion Campaign is described in [7a](#).

### **(5c) Government Walk the Talk (Recommendation 42)**

42	That Government organisations, especially in the health sector, lead by example in making healthy food and drinks and access to physical activity opportunities available to their employees. Walking to work and using public transport should be encouraged. (Target date: December 2008.)
----	--

RESPONSE: The Government agrees with recommendation 42. SPARC and the Ministry of Health are leading the *Government Walk the Talk* project under the Mission-On Campaign discussed in [1e](#).

CURRENT ACTIONS: *Government Walk the Talk* aims to actively encourage and support state sector employers to make healthy nutrition and physical activity accessible, convenient and fun. Through its Active Communities programme, SPARC also works with local authorities to plan active-friendly communities and environments and to highlight how sport and physical recreation can be used by local authorities to meet community outcomes.

SPARC is assisting in leadership for increasing physical activity through its role as a signatory to the Ministry for the Environment's Urban Design Protocol, and is involved in the implementation of the Ministry of Transport's *Getting There – On Foot, By Cycle Strategy*.

#### **(5d) Monitoring (Recommendation 52)**

52 That systematic, regular studies be initiated to monitor trends in the nutrient intake of New Zealanders, and especially their consumption of energy-dense products, and physical activity, and the determinants of these trends, such as advertising, marketing and promotion.

RESPONSE: The Government agrees with Recommendation 52, that regular studies are needed to monitor, define and understand New Zealanders' physical activity levels. Such studies assist with determining the effectiveness and credibility of interventions and identify opportunities and barriers for bringing about desired behaviour change. The Ministry of Health's monitoring activities have also been described in [2h](#).

CURRENT ACTIONS: The Government funds SPARC to undertake the New Zealand Sport and Physical Activity Survey (NZSPAS), which is a large and comprehensive survey. It involves face-to-face interviews with approximately 4000 New Zealanders and is in the field for 12 months. The survey includes seven-day physical activity recall and covers seasonal physical activity patterns. This survey is designed to provide comprehensive monitoring data of physical activity, sport and recreation in New Zealand.

NZSPAS 2007 will be in the field until March 2008. Top-line results are due by mid-2008, with more detailed analysis of material and reporting scheduled for the end of 2008. This monitoring tool is complemented by the New Zealand Health Survey, which includes a short form version of the New Zealand Physical Activity questionnaire.

SPARC is also considering how to design and implement a system for measuring sport, recreation and physical activity among children and young people in consultation with the Ministry of Health.

## 6. Labour (Recommendations 44 and 48)

### (6a) Parental leave and workplace wellness (Recommendations 44, 48)

- 44 That employers be encouraged to invest in workplace wellness programmes.
- 48 The majority of us recommend that paid parental leave be extended progressively to six months to support exclusive breastfeeding.

RESPONSE: The Government agrees with Recommendation 44 that workplace wellness is to be encouraged. The Government has invested in *Government Walk the Talk* for the state sector. *Government Walk the Talk* is also described in [1e](#) and [5c](#). There are also other actions underway.

CURRENT ACTIONS: The Government's Workplace Health and Safety Strategy to 2015 promotes safe, healthy and productive workplaces, and is reported on annually. The Department of Labour, through its role in leading the strategy and promoting good workplace practices, produces a number of publications, case studies and other tools to assist industry and employers to consider how to create their own safe, healthy and productive workplaces. Some of these case studies showcase the benefits to employers of providing opportunities for physical activity and promoting employee well-being. These initiatives particularly foster employee well-being through stress management, and by promoting a healthy work-life balance. There is also evidence that safe, healthy workplaces positively influence productivity and reduce injury rates.

The Government has identified for Recommendation 48 that it will continue to consider further improvements to the parental leave scheme. The recommendation to progressively extend paid parental leave to six months will be considered at a later date as part of proposals for the development of amendments to the Parental Leave and Employment Protection Act 1987.

## 7. Breastfeeding (this section covers Recommendation 47)

### (7a) Global Strategy for Infant and Young Child Feeding and adoption of WHO Code of Marketing of Breast-milk Substitutes

- 47 That the Global Strategy for Infant and Young Child Feeding be implemented, and the WHO International Code of Marketing of Breast-milk Substitutes adopted. Exclusive breastfeeding to six months should be encouraged wherever possible in accordance with WHO and UNICEF guidelines.

RESPONSE: The Government adopted the International Code of Marketing of Breast-milk Substitutes in 1983. New Zealand, as a signatory to the International Code, is committed to working towards adopting its aims. These are:

- to protect and promote breastfeeding

- and to ensure the proper use of breast milk substitutes, on the basis of adequate information and through appropriate marketing and distribution, when used.

CURRENT ACTIONS: The Ministry of Health recently published *Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand* (Ministry of Health 2007), which represents the best position possible given New Zealand's current legislative and commercial environment. Collectively, the Code in New Zealand, the Australia New Zealand Food Standards Code (FSC 2002) and the Code for Advertising of Food (ASA 2007) cover all 11 articles of the International Code giving effect to its principles and aims.

The Code in New Zealand includes the Ministry's Code of Practice for Health Workers in New Zealand and, as an annex and for ease of reference, the New Zealand Infant Formula Manufacturers' Code of Practice for the Marketing of Infant Formula (NZIFMA 2007). Both codes are voluntary and self-regulatory. The Ministry is responsible for monitoring the implementation of both of these codes. The Ministry receives complaints about potential breaches of either Code of Practice. If an issue is not resolved to the complainant's satisfaction through a natural justice process, it will be submitted to a Compliance Panel for a decision. There is an appeal process, presided over by an adjudicator, for complaints unresolved by the Compliance Panel.

The Government position concerning the implementation of The Global Strategy for Infant and Young Child Feeding (the Global Strategy) (World Health Organization 2003) is that breastfeeding has been included as a key indicator of Target 8 of the Health Targets 2007/08 to improve nutrition, increase physical activity and reduce obesity. See Appendix [2](#) for details on the Health Targets.

The Ministry is using the Global Strategy as a guide for action to protect, promote and support appropriate infant and young child feeding. The Global Strategy has nine operational targets, which the Ministry is implementing and monitoring through a number of strategies and initiatives, including:

- establishing the National Breastfeeding Advisory Committee (NBAC) in 2006
- implementing the Baby Friendly Hospital Initiative, and piloting the Baby Friendly Community Initiative
- implementing and monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand
- providing policy in i) *Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper*; and ii) *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper*
- promoting and supporting breastfeeding under the Healthy Eating – Healthy Action (HEHA) strategy and implementation plan, and the national breastfeeding promotion campaign.

Work by the Ministry of Health to implement the Global Strategy has a focus on reducing inequalities and is guided by the New Zealand Health Strategy, He Korowai Oranga: Māori Health Strategy, The Pacific Health and Disability Plan and the reducing inequalities tools.

The Ministry encourages exclusive breastfeeding to around six months of age wherever possible because of the short-term and long-term health benefits to the infant, mother and whānau/family. The Ministry's position has been restated and updated in a recent consultative draft *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper* (Ministry of Health 2007).

The National Breastfeeding Promotion Campaign aims to increase the proportion of infants being exclusively breastfed to six months, and the proportion of infants being partially breastfed beyond six months. It will do this by targeting high-needs groups, Māori and Pacific peoples, and settings, including ECE services. The initial focus will be on the health care and DHB settings, and the public awareness campaign will follow. To be adequately resourced, the campaign will require additional funding at both the national and DHB levels. This funding will ensure that the recommendations made for promoting breastfeeding, in the recently published comprehensive plan to inform the design of a national breastfeeding campaign, can be achieved. Communication is also discussed in [2e](#). The campaign also aims to address capability issues by upskilling and training health workers as discussed in [2a](#).

#### NEW ACTION 18

- To provide additional funding for a social marketing campaign at national and district levels to promote breastfeeding in target audiences for Recommendation 41.

### 8. *Food and Beverage Industries (this section covers Recommendations 12, 14, 15, 19, 22)*

#### **(8a) General food industry (Recommendation 14, 15, 19)**

- 14 That fast food restaurants and takeaway services be encouraged to take more responsibility for the promotion of healthy meals, especially to children and youth.
- 15 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: April 2008.)
- 19 That targets be set for the reformulation of energy-dense products, initially focusing on a limited number of high-volume products particularly influential in the diets of children, especially children from low-income families.

RESPONSE: The Government notes that the food and beverage industry has been identified in both the HEHA strategy and implementation plan and the Mission-On Campaign as key to influencing the food supply. Further industry action is required if the food supply is to become healthier. The Government agrees with Recommendations 14 and 19 to encourage industry to continue to make positive changes to its products and to agree to targets that are recommended by the Committee as described in [1b](#). The Government also agrees that it will work with industry to meet agreed targets and will also encourage others to do so.

In response to Recommendation 15, the Government will establish six new regional food industry coordinator positions. These coordinators will be based in selected DHBs and be responsible for facilitating change with regionally and locally based food producers, distributors and retailers in relation to product reformulation for improving the nutritional quality of the food supply. The coordinators will also encourage the food industry to increase the profile of healthy foods through marketing.

#### NEW ACTION 19

- The establishment of six new DHB regional food industry coordinator positions.

#### **(8b) Ministry/Food Industry Group/other industry groups (Recommendations 12, 22)**

- 12 That the committee define and implement measurable targets to be achieved by the industry with strict and reasonably short timeframes, which should be monitored, and the majority of us recommend that regulation be considered if the targets are not achieved.
- 22 That the informal fast food industry, such as fish and chip businesses, should be engaged in the national effort to encourage the consumption of food and drinks low in fats, salt and sugar.

RESPONSE: The Government largely agrees with Recommendations 12 and 22 and notes that some members of the food industry, including food producers, distributors, retailers, marketers, advertisers and the media have formed a Food Industry Group (FIG) and are signatories to the Food Industry Accord that was developed as the industry response to HEHA. The FIG group has developed a strategy, with seven projects with associated goals, actions, measures and timelines.

CURRENT ACTIONS: One of the seven goals of FIG includes FIG working with “manufacturers and retailers to find ways of reducing levels of fat, salt and sugar in the diet and increasing consumption of fruit and vegetables”.

Separate from the work of FIG, there are also food reformulation projects underway at present, this work programme includes:

- National Heart Foundation sodium reduction project
- the CHIP group initiative to reduce fat content of hot chips
- the pie group development of an industry standard for a healthier pie.

The Government has been encouraging the food industry to make these changes and is keen to see specific time-bound targets that are agreed to by the Committee. It is proposed that FIG identifies specific, measurable targets and timeframes agreed to by the Ministry of Health, the SSG and the Committee. The Government recommends that the initial focus for reformulation efforts should be high-volume, energy-dense products that are consumed by children and low-income families. Only by setting targets in this way will the Government be able to assess progress toward a healthier food supply. The Government is prepared to fund worthy initiatives to encourage the informal fast food industry to improve the nutrient profile of its products.

#### NEW ACTION 20

- An increase in funding is required for additional Ministry of Health staff to work alongside the food industry to facilitate change in the food supply and facilitate the industry DHB positions.

#### NEW ACTION 21

- It is suggested that one-off projects be funded to facilitate food industry-led activities to support Recommendation 22.

### 9. *Media and advertising industry (this section covers Recommendations 13, 20, 50)*

#### **(9a) General (Recommendation 13, 20, 50)**

- 13 That the Food Industry Group, in association with the Ministry of Health, be given responsibility for achieving these (advertising, and marketing) targets under self-regulation within the agreed timeframes.
- 20 The majority of us recommend that ways of restricting all forms of unhealthy food and drink advertising, promotion and marketing to children be widely consulted on and agreed. We recommend that the broadcast media extend their present restriction on advertising products that do not meet the children's food rating during screening of programmes directed at children, up to 8:30 pm.
- 50 That the food, media and entertainment industries be encouraged to use their extensive power to promote healthy foods and beverages and physical activity for children and young people.

RESPONSE: The Government is unable to direct the Food Industry Group (FIG) as proposed in Recommendation 13, but strongly encourages FIG to set and achieve targets. The Government agrees with Recommendation 20, that ways to restrict all forms of unhealthy advertising, promotion and marketing be widely consulted on and agreed. The Government recognises that, with the five point plan, major broadcasters have provided a response to Recommendation 20. This response has already outlined the Government's intention to strongly encourage industry to reduce the marketing of unhealthy foods to children in the target setting area (refer 1f).

One of the approaches to improve the current self-regulatory system directed by the Advertising Standards Authority (ASA) is to consider agreed-to restrictions on volumes of, times and places where, marketing of unhealthy food and beverages is permitted. At this stage, the Government will review the position on legislative change based on the demonstration of the industry responsiveness and active progression of the five point plan.

### 10. *Research (this section covers MORST Recommendation 51)*

#### **(10a) General (Recommendation 51)**

- 51 That research agencies be encouraged to develop a national strategy for research into obesity and type 2 diabetes. These agencies should direct substantial resources into coordinated multidisciplinary research on the key

questions regarding the promotion of healthy diets and physical activity, particularly among children and disadvantaged populations. Obesity and diabetes research, generally, requires better coordination and much more commitment, including a strategy to recruit and retain public health researchers.

RESPONSE: The Government agrees that a national strategy for research into obesity and type 2 diabetes and associated risk factors would be beneficial for coordination of existing and new research. A range of existing initiatives can be modified to accommodate this. The Government's New Zealand Health Strategy includes the population health objectives of improving nutrition, increasing physical activity, reducing obesity and reducing the incidence and impact of diabetes. This strategy informs investment decisions made by the Health Research Council (HRC) and the Foundation Ministry for Research, Science and Technology, and also provides the basis for a targeted research strategy.

CURRENT ACTIONS: The Food Research Roadmap for Science currently being developed by the Ministry of Research, Science and Technology will be considering the alignment between food and nutrition research and health outcomes. An evaluation of human resources in research, science and technology undertaken by the Ministry of Research, Science and Technology has identified recruitment and retention in the health research sector as an area requiring particular attention. Further work on policy associated with attracting and retaining researchers is underway by the Ministry of Research, Science and Technology.

The Government proposes that, to achieve coordination of obesity and diabetes related research, both current and new, the HRC, Ministry of Health and Ministry of Research, Science and Technology (MORST) should develop a comprehensive research strategy. This comprehensive strategy would also include research into the health economics of obesity and type 2 diabetes as discussed in [2d](#).

The three areas to be included in this comprehensive strategy for this research are:

- *Ministry of Health Partnership with the HRC – Primary prevention of cancer and other chronic diseases research strategy*

The Government funded the Ministry of Health to establish research initiatives for the primary prevention of cancer related to tobacco use, nutrition, physical activity and obesity, as part of implementing the Cancer Control Action Plan. The Ministry has developed a partnership arrangement with the HRC to manage this fund. The fund currently exists, although it does not specifically relate to type 2 diabetes.

- *Obesity and diabetes-related research currently funded by the HRC grants system*

There are currently a limited number of research projects and programmes to address the required needs. The mix and type of research into obesity and type 2 diabetes need to be extended to provide a more comprehensive evidence-base and inform action at both national and district levels.

- *The District Health Board Research Fund for applied research at local level*

For local and applied research into type 2 diabetes, the District Health Board Research Fund was recently established for a three-year period. The HRC

manages this DHB Fund, which aims to encourage and support more applied research to develop and test a wide range of quality improvements for obesity and type 2 diabetes. The Government proposes that this fund should be increased as part of the dedicated fund to research and evaluate innovative initiatives at the local level.

#### NEW ACTION 22

- The development of a comprehensive obesity and diabetes research strategy and further resource for obesity and diabetes research, with joint (50/50) funding from MORST and the Ministry of Health.

#### NEW ACTION 23

- The Government will further fund the District Health Board Research Fund.

## Appendix 1: Matrix for recommendations 1–55 for reference in the Government response describing the headings under which the response occurs, the key agencies contributing to the response and the Government position

Recommendations	Number heading on responses	Key agencies	Government position
1 The majority of us recommend that the Government use the full range of public policy measures to ensure the development, promotion and maintenance of healthy diet and physical activity patterns, especially among children and young people. This should be done in the context of integrated programmes for the prevention and control of major chronic diseases.	<b>Leadership and Coordination – General Leadership (1a)</b> (Refer 5a)	Health	Agree
2 We recommend the establishment of a committee, chaired by the Prime Minister or Minister of Health, with a high-level advisory group of independent experts, to implement the strategy. (Target date for establishment of committee: April 2008.)	<b>Leadership and Coordination – Cross-sectoral ministerial committee (1b)</b>	Health DPMC	Agree
3 Some of us also recommend the establishment of an independent commissioner to champion, monitor and evaluate the implementation of the strategy.	<b>Leadership and Coordination – Independent commissioner (1d)</b>	Health	Disagree
4 We consider that high-level, accountable leadership is essential to drive a strategic response to obesity, type 2 diabetes and associated chronic diseases, and therefore recommend: <ul style="list-style-type: none"> <li>a. that the immediate goal of the Committee be to develop and oversee the stepwise implementation of a coordinated national strategy and plan of action for the prevention and control of obesity and type 2 diabetes</li> <li>b. that the national plan of action incorporate existing initiatives, such as Healthy Eating – Healthy Action and Mission-On</li> <li>c. that the national plan of action include measurable, timed</li> </ul>	<b>Leadership and Coordination – Cross-sectoral ministerial committee (1b)</b>  <b>SPARC (5a)</b>	Health SPARC Education and others	Agree

Recommendations	Number heading on responses	Key agencies	Government position
<p>targets relating to healthy diets (including breastfeeding), physical activity and overweight and obesity, and suitable process targets. (Target date for development of the national strategy and action plan: August 2008. Date for development of targets: October 2008.)</p>			
<p>5 The majority of us recommend that progress towards these targets, and compliance with self-regulation, be monitored to determine where voluntary regulation is working and where it is not, and that self-regulation be extended or legislation introduced depending on the results. By December 2008, a monitoring system should be in place. (Target date for development of evaluation plan: October 2008.)</p>	<p><b>Leadership and Coordination – Target setting (1f)</b></p>	<p>Culture and Heritage Health</p>	<p>Largely agree progress is necessary</p>
<p>6 Some of us propose the following terms of reference for the independent commissioner:</p> <ol style="list-style-type: none"> <li>a. increase awareness of public health issues regarding obesity and type 2 diabetes, and champion preventive measures</li> <li>b. recommend policies, strategies and priorities to reduce the incidence of obesity and type 2 diabetes</li> <li>c. bring together major stakeholders, including industry representatives, non-governmental organisations and the health sector to promote the prevention of obesity and type 2 diabetes</li> <li>d. evaluate and monitor the implementation of policies and programmes to reduce the incidence of type 2 diabetes and obesity.</li> </ol>	<p><b>Leadership and Coordination – Independent commissioner (1d)</b></p>	<p>Health</p>	<p>Disagree</p>
<p>7 That, irrespective of the form of leadership, an external advisory group be established to ensure that all stakeholders have input into the national strategy. We recommend that representatives of major stakeholders, including industry and key non-governmental organisations, be involved in the advisory group to promote the collaboration and</p>	<p><b>Leadership and Coordination – Expert advisory group (1c)</b></p>	<p>Health</p>	<p>Agree</p>

Recommendations	Number heading on responses	Key agencies	Government position
<p>cooperation of key stakeholders. A strong public-health membership is also important. The advisory group would help develop and implement national standards and guidelines in food and nutrition, physical activity, education and health care, to ensure that programmes and services are adequate, equitable and evidence-based.</p>			
<p>8 That the relevant workforces be urgently upskilled, and that the numbers of health professionals trained in nutrition and diabetes, and the numbers of teachers trained in nutrition and food education, be increased.</p>	<p><b>Health Sector – Workforce (2a)</b> (Refer to 4b)</p>	<p>Health Tertiary Education Commission</p>	<p>Agree</p>
<p>9 That an analysis of the true costs of obesity be urgently undertaken.</p>	<p><b>Health Sector – Economics/best value (2d)</b></p>	<p>Health</p>	<p>Largely agree, with provisos</p>
<p>10 We recommend that the Government initiate, promote and monitor the following recommended actions (Recommendations 11-24), and report on their implementation in the Ministry of Health’s annual report.</p>	<p><b>Health Sector – Reporting (2f)</b></p>	<p>Health</p>	<p>Agree</p>
<p>11 That the Committee sets targets and timeframes for the advertising, marketing and promotion of healthier diets, especially to children and young people.</p>	<p><b>Leadership and Coordination – Target setting (1f)</b></p>	<p>Health</p>	<p>Agree</p>
<p>12 That the Committee defines and implements measurable targets to be achieved by the industry, with strict and reasonably short timeframes, which should be monitored, and the majority of us recommend that regulation be considered if the targets are not achieved.</p>	<p><b>Leadership and Coordination – Target setting (1f)</b> (Refer to 8b) <b>Food and Beverage Industries –</b> Ministry/FIG/other industry groups (1f) (Refer to 8b)</p>	<p>Health</p>	<p>Largely agree</p>
<p>13 That the Food Industry Group, in association with the Ministry of Health, be given responsibility for achieving these targets under self-regulation within the agreed timeframes.</p>	<p><b>Leadership and Coordination – Target setting (1f)</b> <b>Food and Beverage Industries –</b> Ministry/FIG/other industry groups <b>Media and Advertising</b></p>	<p>Health</p>	<p>Largely agree</p>

<b>Recommendations</b>	<b>Number heading on responses</b>	<b>Key agencies</b>	<b>Government position</b>
	<b>Industry (9a)</b>		
14 That fast food restaurants and takeaway services be encouraged to take more responsibility for the promotion of healthy meals, especially to children and youth.	<b>Food and Beverage Industries (8a)</b>	Health	Agree
15 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: April 2008.)	<b>Food and Beverage Industries (8a)</b>	Health	Agree
16 The majority of us recommend that a traffic light system, or comparable food labelling system, should be developed by a national taskforce (including food industry representatives), and food and drink composition standards be agreed for use on product information panels, and in the advertising, marketing, and promotion of products, and that progress and compliance are monitored and, if necessary, regulatory approaches adopted. (Target date for agreed targets: June 2008.)	<b>Food Labelling (3)</b>	NZFSA	Would agree, if a Front of Pack labelling system was found to be effective.
17 The majority of us recommend that any new labelling system should be introduced gradually, with labelling of the relatively small group of items most commonly consumed by children as first priority.	<b>Food Labelling (3)</b>	NZFSA	Would agree, if a Front of Pack labelling system was found to be effective.
18 That any labelling system be extended to all alcoholic beverages, particularly high-sugar "alcopop" drinks, because alcohol consumption can contribute significantly to energy intake.	<b>Food Labelling (3)</b>	NZFSA	Agree in principle with labelling for energy content.
19 That targets be set for the reformulation of energy-dense products, initially focusing on a limited number of high-volume products that are particularly influential in the diets of children, especially children from low-income	<b>Leadership and Coordination – Target setting (1f)</b> <b>Food and Beverage Industries</b>	Health	Agree

<b>Recommendations</b>	<b>Number heading on responses</b>	<b>Key agencies</b>	<b>Government position</b>
families.			
20 The majority of us recommend that ways of restricting all forms of unhealthy food and drink advertising, promotion and marketing to children be widely consulted on and agreed. We recommend that the broadcast media extend their present restriction on advertising products that do not meet the children's food rating during screening of programmes directed at children, up to 8:30 pm.	<b>Media and Advertising Industry</b> – Ministry Options paper (9)	Health	Largely agree, but cannot direct industry to extend restrictions on advertising time
21 That targets for regulating advertising, marketing and promotion to children of food and drinks high in unhealthy fats, salt and sugar should be set by the Committee.	<b>Leadership and Coordination</b> – Target setting (1f)	Health	Agree
22 That the informal fast food industry, such as fish and chip businesses, should be engaged in the national effort to encourage the consumption of food and drinks low in fats, salt and sugar.	<b>Food and Beverage Industries</b> – Ministry/FIG/other industry groups (8b)	Health	Agree
23 The majority of us recommend a minimum of two members of the Advertising Standards Authority be consumer representatives appointed by the Minister of Consumer Affairs, and that its mandate be extended to cover the marketing and promotion of foods and beverages to consumers.	<b>Media and Advertising Industry</b> Target setting (1f)	Consumer Affair	Already achieved
24 The majority of us recommend that the Government, the New Zealand Meat Industry, and the Pacific nations work cooperatively to phase out the export of fatty meats (such as mutton flaps) to Pacific nations.	<b>Health Sector</b> – Sheep meat flaps (2c)	Health MFAT MPIA NZAIID	Disagree but have directed action in this area
25 We recommend to the Government that it initiate, promote and monitor the following recommended actions (Recommendation 26-32), and reports on their implementation and the outcomes in the annual reports of the Ministry of Health and the District Health Boards.	<b>Health Sector</b> – Reporting (2f)	Health	Agree
26 That the relevant health sector agencies develop, implement and evaluate programmes for the prevention and control of obesity and type 2 diabetes under a coordinated national plan.	<b>Health Sector</b> – Management of diabetes (2i)	Health	Agree

Recommendations	Number heading on responses	Key agencies	Government position
27 That District Health Boards develop, fund, implement and evaluate best-practice-based programmes for the promotion of healthy diets and physical activity, in a coordinated national approach to prevention.	<b>Health Sector –</b> Prevention of obesity (2b)	Health	Agree
28 That everyone at high risk of obesity and developing type 2 diabetes is identified and involved in effective prevention and control programmes. (Target date: by 2010.)	<b>Health Sector –</b> Management of diabetes (2i) <b>Education/Young People –</b> Workforce	Health	Agree with systematic identification of type 2 diabetes in primary health care organisations
29 That the health and education sector workforces be strengthened. This includes all those engaged in the prevention and management of obesity, type 2 diabetes and pre-diabetes. There is a particular need for more dieticians and nutritionists, especially those trained in addressing the nutritional needs of Māori, Pacific peoples, and people with diabetes, and for school teachers trained in nutrition and food education.	<b>Health Sector –</b> Workforce (2a) (Refer to 4b) <b>Education/Young People –</b> Workforce (4b)	Health Education TEC	Agree
30 That no obesity or type 2 diabetes prevention or control programmes should be initiated or continued unless they are evaluated and found to be a useful component of a coordinated national plan.	<b>Health Sector –</b> Management of diabetes (2h)	Health	Largely agree
31 That the Government make the collection, compilation, analysis and publication of diabetes data a high priority.	<b>Health Sector –</b> Reporting (2f)	Health	Agree
32 That the provision of publicly-funded bariatric surgery be explored as a last resort for people who are morbidly obese. We recommend that the outcomes of the pilot research project into bariatric surgery being conducted by Counties Manukau DHB be monitored for cost-effectiveness to this end.	<b>Health Sector –</b> Management of obesity including morbid obesity (2j)	Health	Largely Agree
33 We recommend to the Government that it initiate, promote and monitor the following measures (Recommendations 34-39), and report on their implementation and	<b>Education/Young People –</b> Reporting (4e) (Refer to 2f)	Education Health ERO	Agree

Recommendations	Number heading on responses	Key agencies	Government position
outcomes in the annual reports of the Ministry of Health and the Ministry of Education. We recommend also that the Education Review Office monitor and report on these recommended actions in its reports on specific schools and early childhood education centres.			
34 That national and local educational authorities, with support from parents, health authorities and other stakeholders, promote healthy diets and physical activity in all aspects of the school environment (for example, commercial sponsorships, foods for sale and curriculum). This includes early childhood education centres.	<b>Education/Young People – School environment (4c)</b> (Refer to 2g)	Education SPARC	Agree
35 The majority of us recommend the removal of unhealthy food and beverage products from schools (such as those high in unhealthy fats, salt and sugar), and all agree that the regular evaluations of the performance of schools (including early childhood education centres) should include their efforts to promote healthy diets and physical activity.	<b>Education/Young People – School environment (4c)</b> (Refer to 2g)	Education SPARC	Agree
36 That pilot programmes are evaluated and, if they are successful, are rapidly scaled up under a national coordinated approach to preventing obesity.	<b>Health Sector – Prevention of obesity (2b)</b>	Health Education	Agree
37 That nutrition, food preparation and cooking be integrated into the core curriculum.	<b>Education/Young People – Curriculum (4f)</b>	Education	Agree
38 That more nutrition and cooking teachers be trained and employed to address curriculum deficiencies.	<b>Education/Young People – Workforce (4b)</b> (Refer to 2a)	Education	Agree
39 That the Fruit in Schools programme be progressively extended to include all schools.	<b>Education/Young People – Fruit in Schools (4d)</b>	Health	Partially agree
40 We recommend to the Government that it initiate, promote, and monitor the following actions, and report on their implementation and outcomes in the Ministry of Health’s annual report.	<b>Health Sector – Reporting (2f)</b> <b>SPARC – Communication</b>	Health SPARC Education	Largely agree
41 That it (the Government) encourage all stakeholders to work together to	<b>Health Sector – Communication</b>	Health	Agree

Recommendations	Number heading on responses	Key agencies	Government position
create and implement a sustained social marketing programme that supports parents, caregivers and families in promoting healthy diets (including breastfeeding) and physical activity for children and young people.	(2e) <b>SPARC – Push Play</b> (5b) (Refer to 2e)	SPARC	
42 That Government organisations, especially in the health sector, lead by example in making healthy food and drinks and access to physical activity opportunities available to their employees. Walking to work and using public transport should be encouraged. (Target date: December 2008.)	<b>Leadership and Coordination – Government Walk the Talk</b> (1e) (Refer to 5c) <b>SPARC – Government Walk the Talk</b> (5c) (Refer to 1e)	Health SPARC Environment Transport Land Transport New Zealand	Agree
43 That successful school (and early childhood education) programmes be written up and promoted, and, where necessary, adapted for other sites, such as workplaces and marae.	<b>Health Sector – Evaluation</b> (2g) <b>Education/Young People – School Environment</b> (4c) (Refer to 2g)	Health	Agree
44 That employers be encouraged to invest in workplace wellness programmes.	<b>Labour – Parental leave and workplace wellness</b> (6a)	DOL Health	Agree
45 That national obesity prevention and control programmes partner with communities, with a particular focus on children and youth.	<b>Health Sector – Prevention of obesity</b> (2b)	Health	Agree
46 We recommend to the Government that it initiate, promote and monitor the following measures (Recommendation 47), and report on their implementation and outcomes in the annual reports of the Ministry of Health and all District Health Boards.	<b>Health Sector – Reporting</b> (2f)	Health	Agree
47 That the Global Strategy for Infant and Young Child Feeding be implemented, and the WHO International Code of Marketing of Breast-milk Substitutes be adopted. Exclusive breastfeeding to six months should be encouraged wherever possible in accordance with WHO and UNICEF guidelines.	<b>Breastfeeding</b> (7a)	Health	Agree
48 The majority of us recommend that paid parental leave be extended progressively to six months to support exclusive breastfeeding	<b>Labour – Parental leave and workplace wellness</b> (6a)	DOL	To be considered at a later date

<b>Recommendations</b>	<b>Number heading on responses</b>	<b>Key agencies</b>	<b>Government position</b>
support exclusive breastfeeding.	(6a)		
49 We recommend to the Government that it initiate, promote and monitor the following recommended action (Recommendation 50), and report on the implementation and outcomes in the annual reports of the Ministry of Health and the Broadcasting Standards Authority.	<b>Health Sector – Reporting (2f)</b>	Culture and Heritage	Agree
50 That the food, media and entertainment industries be encouraged to use their extensive power to promote healthy foods and beverages and physical activity for children and young people.	<b>Media and Advertising Industry – (9a)</b>	Health	Agree
51 That research agencies be encouraged to develop a national strategy for research into obesity and type 2 diabetes. These agencies should direct substantial resources into coordinated multidisciplinary research on the key questions regarding the promotion of healthy diets and physical activity, particularly among children and disadvantaged populations. Obesity and diabetes research, generally, requires better coordination and much more commitment, including a strategy to recruit and retain public health researchers.	<b>Research (10a)</b>	MORST	Agree
52 That systematic, regular studies be initiated to monitor trends in the nutrient intake of New Zealanders, and especially their consumption of energy-dense products, and physical activity, and the determinants of these trends, such as advertising, marketing and promotion.	<b>Health Sector – Monitoring (2h)</b>	Health	Agree
53 That systematic evaluation of the outcomes of obesity and type 2 diabetes prevention and control programmes, including pilot programmes, be made a priority.	<b>Health Sector – Evaluation (2g)</b>	Health	Agree
54 That standardised data on the prevalence of various measures of obesity and type 2 diabetes in the New Zealand population be collected regularly.	<b>Health Sector – Monitoring (2h)</b>	Health	Agree
55 That applied research into the costs of obesity and type 2 diabetes, and of the development, implementation	<b>Health Sector – Economics/best value (2d)</b>	Health	Agree

<b>Recommendations</b>	<b>Number heading on responses</b>	<b>Key agencies</b>	<b>Government position</b>
and effects of health promotion programmes be accorded a high priority.	value (2d)		

## **Appendix 2: Health Targets 2007/08**

### **1. IMPROVING IMMUNISATION COVERAGE**

#### **Indicators:**

- Ninety-five percent of two-year-olds are fully immunised.
- With at least 4 to 6 percent point increase on 2005 national immunisation coverage survey baselines.

### **2. IMPROVING ORAL HEALTH**

#### **Indicator:**

- Progress is made towards 85 percent adolescent oral health utilisation.

### **3. IMPROVING ELECTIVE SERVICES**

#### **Indicators:**

- Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPIs). (These indicators measure how well a hospital manages the patient 'flow' through the system.)
- Each DHB will set an agreed increase in the number of elective service discharges, and will provide the level of service agreed.

### **4. REDUCING CANCER WAITING TIMES**

#### **Indicator:**

- All patients in category A, B and C wait less than eight weeks between first specialist assessment and the start of radiation oncology treatment (excludes category D patients).

### **5. REDUCING AMBULATORY SENSITIVE (AVOIDABLE) HOSPITAL ADMISSIONS**

#### **Indicators:**

- There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0 to 74 years across all population groups.

### **6. IMPROVING DIABETES SERVICES**

#### **Indicators:**

- There will be an increase in the percentage of people in all population groups:
  - estimated to have diabetes accessing free annual checks
  - on the diabetes register who have good diabetes management
  - on the diabetes register who have had retinal screening in the past two years.
- There will be improved equity for all population groups in relation to diabetes management.

## **7. IMPROVING MENTAL HEALTH SERVICES**

### **Indicator:**

- At least 90 percent of long-term clients have up-to-date relapse prevention plans (NMHSS criteria 16.4).

## **8. IMPROVING NUTRITION, INCREASING PHYSICAL ACTIVITY, REDUCING OBESITY**

### **Indicators:**

- Increase the proportion of infants exclusively and fully breastfed at six weeks to 74 percent or greater; at three months to 57 percent or greater; and at six months to 27 percent or greater.
- Increase the proportion of adults (15+ years) eating three or more servings of vegetables per day to 70 percent or greater.
- Increase the proportion of adults eating two or more servings of fruit per day to 62 percent or greater.

## **9. REDUCING THE HARM CAUSED BY TOBACCO**

### **Indicators:**

- Increase the proportion of ‘never smokers’ among Year 10 students by at least 2 percent (absolute increase) over 2007/08.
- Increase the proportion of homes, which contain one or more smokers and one or more children, that have a smokefree policy to over 75 percent in 2007/08.

## **10. REDUCING THE PERCENTAGE OF THE HEALTH BUDGET SPENT ON THE MINISTRY OF HEALTH**

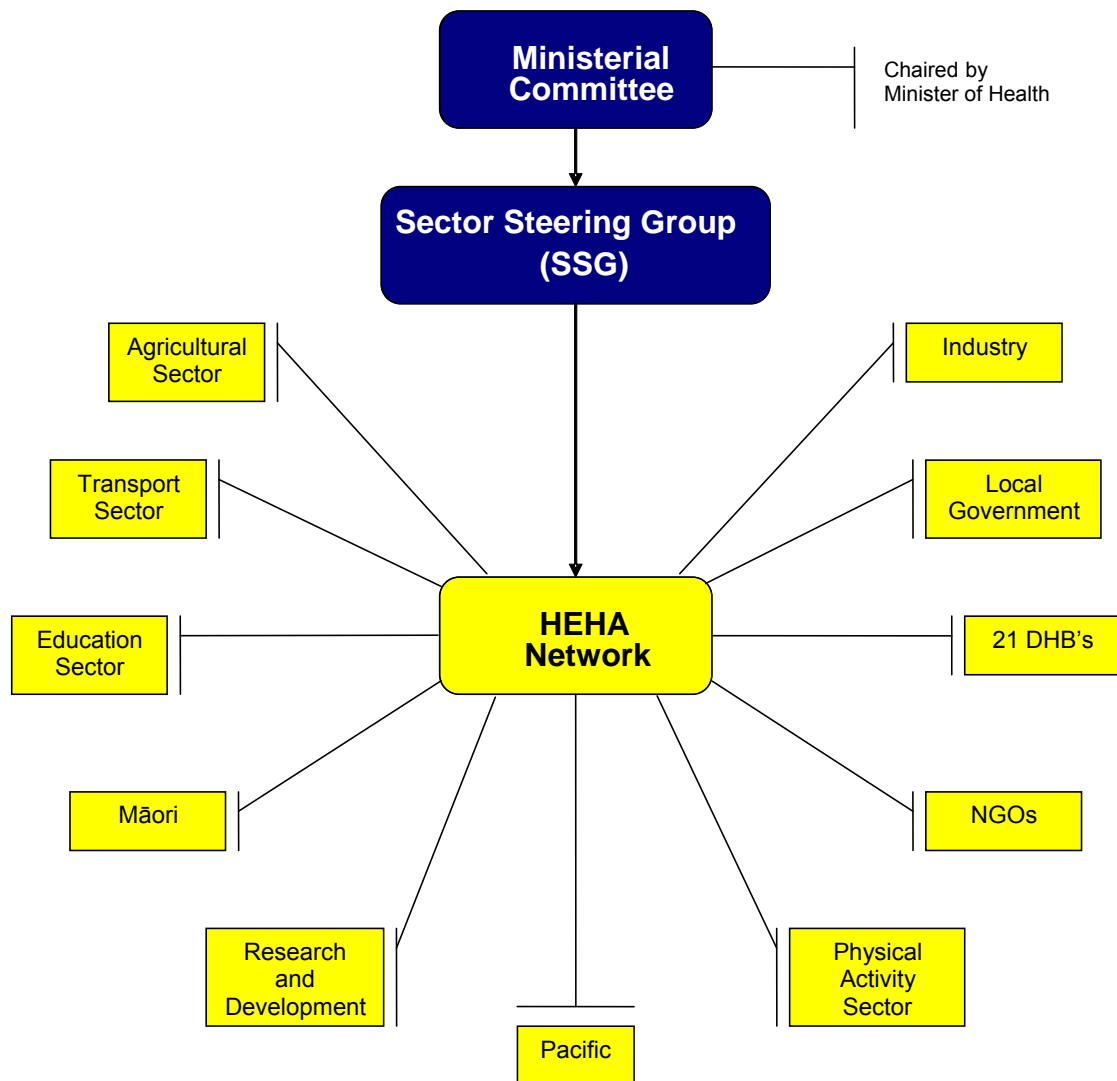
### **Indicator:**

- The percentage of the health budget spent on the Ministry of Health is reduced to 1.65 percent of the total Vote Health operating budget by the end of 2009/10.

## **Appendix 3: List of government agencies contributing to the Response**

Department of Internal Affairs  
Department of Labour  
Department of Prime Minister and Cabinet  
Education Review Office  
Land Transport New Zealand  
Ministry for the Environment  
Ministry of Agriculture and Forestry  
Ministry of Consumer Affairs  
Ministry of Culture and Heritage  
Ministry of Economic Development  
Ministry of Education  
Ministry of Foreign Affairs and Trade  
Ministry of Health  
Ministry of Pacific Island Affairs  
Ministry of Research Science and Technology  
Ministry of Social Development  
Ministry of Transport  
Ministry of Youth Development  
New Zealand Food Safety Authority  
Sport and Recreation New Zealand (SPARC)  
States Services Commission  
Te Puni Kōkiri  
Tertiary Education Commission  
Education Review Office

## Appendix 4: Proposed structure for the HEHA Sector Steering Group (SSG)



## Appendix 5: Table summarising relevant risk factor data collected in NZHM

Indicator	Details	Data collection
Diabetes	Diagnosed diabetes (self-report) and treatments	1996/97 NZHS, 2002/03 NZHS, 2006/07 NZHS, 2008 ANS, 2009/10 NZHS
	Blood HbA1c	2008 ANS
Body size	Measured height, weight, waist circumference, BMI, overweight and obesity	1997 ANS, 2002 CNS, 2002/03 NZHS, 2006/07 NZHS, 2008 ANS, 2009/10 NZHS, 2012 CNS
Food and nutrient intake	24-hour dietary recall	1997 ANS, 2002 CNS, 2008 ANS, 2012 CNS
Key dietary habits	Eg, vegetables and fruit, soft drinks, fast foods	1997 ANS, 2002 CNS, 2002/03 NZHS, 2006/07 NZHS, 2008 ANS, 2009/10 NZHS, 2012 CNS
Blood pressure and cholesterol	Diagnosed high blood pressure and cholesterol; and treatments	2002/03 NZHS, 2006/07 NZHS, 2008 ANS, 2009/10 NZHS
	Measured blood pressure and cholesterol	1997 ANS, 2002 CNS, 2008 ANS, 2012 CNS
Nutritional status	Measured nutrient levels in blood in urine	1997 ANS, 2002 CNS, 2008 ANS, 2012 CNS
Physical activity	Physical activity levels and sedentary behaviours (self-report)	1996/97 NZHS, 2002 CNS, 2002/03 NZHS, 2006/07 NZHS, 2008 ANS, 2009/10 NZHS, 2012 CNS

Abbreviations: NZHS = New Zealand Health Survey, ANS = Adult Nutrition Survey, CNS = Child Nutrition Survey.

### *Other data sources*

Data routinely collected for other purposes provide useful information about food and nutrition. The following are examples of data used for food and nutrition monitoring:

- Food Balance Sheet data – collated annually by the United Nations Food and Agricultural Organization (FAO) using standardised methods, and provides data on per capita food and nutrient availability.
- Household Economic Survey – Statistics New Zealand survey undertaken every three years that includes detailed data on household food expenditure.
- Retail Trade Survey – ongoing Statistics New Zealand survey that provides data on food outlet density and revenue.
- Plunket Operational National Database (POND) – data are routinely used to monitor breastfeeding rates at six weeks, three months and six months.