Canterbury
District Health Board
Te Poari Hauora ō Waitaha

The Canterbury District Health Board's

Healthy Eating & Active Living Action Plan

2005-2010

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1. Executive Summary

Inactivity, poor nutrition and rapidly rising obesity rates rival tobacco as the leading cause of preventable disease in New Zealand, giving rise to cardiovascular disease, diabetes, poor psychosocial outcomes and reduction in life expectancy. What people eat and how active people are, is affected by a complex range of influences from our environment. These include the transportation, technology, food industries, roading, recreational opportunities and the health sector. Hence, a comprehensive multi-sector approach is needed promote healthy weight, healthy eating and active living. Approaches need to be targeted at many levels - for populations, communities, families and individuals.

The health sector has an important and leading part to take in combating lifestyle diseases. Health promotion approaches aimed at improving peoples eating habits, reducing obesity and increasing physical activity are funded by a number of agencies in the Canterbury district. The CDHB is actively involved in a number of these initiatives. These include hospital and outpatient Nutrition and Services, subsidised gym memberships for CDHB staff, *Lifestyle Advisers,* the *Baby Friendly Hospitals Initiative* and *Under 5's Programme.*

The Ministry of Health and Sport and Recreation New Zealand (SPARC) are the main funders of nutrition and physical activity health promotion initiatives in Canterbury. This is through service contracts with the CDHB's Community and Public Health/Hauora Matauraka division; through Non Governmental Organisations such as the National Heart Foundation and He Oranga Pounamu (*Community Nutrition Programme* for Maori and Pacific Peoples); via Local Governments such as the Christchurch City Council; inter-agency Health groups such as the Nutrition Foundation and Agencies for Nutrition Action (ANA); and sports groups. This funding is not administered by the CDHB.

The CDHB has recently funded its 4 Primary Healthcare Organisations (PHOs) to undertake Health Promotion. The PHOs have identified healthy eating and active living as areas for development. The CDHB also funds diabetes, cardiovascular and other personal health services that have a strong focus on nutrition and promoting physical activity.

Many other providers also fund and deliver physical activity and nutrition health promotion including Territorial Local Authorities, Canterbury West Coast Sports Trust and primary health care providers. The food industry promotes nutrition messages collectively and in some cases on a company basis.

This Healthy Eating and Active Living Action Plan outlines the scope of work that the CDHB will undertake in partnership with other groups and sectors over the next 5 years to ensure an effective response to promoting healthy weight, healthy eating and active living in the Canterbury region. The goal of the Action Plan is to:

> *Improve the health and wellbeing of people living in Canterbury by achieving and maintaining healthy weight, healthy eating and active living.*

The Plan is aimed at benefiting all in Canterbury, urban and rural, young to old and all ethnic groups, in particular those in the CDHB's identified as having high needs: Mäori, Pacific Peoples, low socioeconomic groups, children and youth.

The Healthy Eating and Active Living Action Plan sets out 3 foci which are interconnected and support one another:

- Working with other sectors and communities: This area is the CDHB's work aimed at promoting healthy weight, healthy eating and active living at the community and population level. This work requires the CDHB to work with other sectors to promote health.
- Working with individuals, families and whanau: This area is the CDHB's work that promotes healthy weight, healthy eating and active living for individuals, families and groups.
- Building Foundations: This area provides the foundations for the action plan that will help ensure its success. Areas identified are: building workforce capacity, monitoring, evaluation and communication.

2. Introduction

Inactivity, poor nutrition and rising obesity rates rival tobacco as the leading cause of preventable disease in New Zealand.[2] Action is needed now or we face increasing rates of poor health and escalating costs to the health and disability sector and society at large. Encouraging people to improve their nutrition and be more physically active is not an easy endeavour. It poses major challenges not only to many of us individually, but to us collectively as a society.

What people eat and how active people are is affected by a complex range of influences from many sectors such as the transportation, technology, food industries and local government. As the influences on behaviour are complex, a comprehensive multi-sector approach, with the health sector as a strong partner, is needed to ensure that environments promote and support healthy choices that lead to healthy weight, healthy eating and active living.

The health sector has an important and leading part to take in combating lifestyle diseases with programmes such as the Green Prescription[1] that motivate and support individuals and communities to make healthy choices. Health promotion approaches aimed at improving peoples eating habits, reducing obesity and increasing physical activity are funded by a number of agencies in the Canterbury district. The CDHB is actively involved in a number of these initiatives. These include hospital and outpatient Nutrition and Services, subsidised gym memberships for CDHB staff, *Lifestyle Advisers,* the *Baby Friendly Hospitals Initiative* and *Under 5's Programme.*

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Many other providers also fund and deliver physical activity and nutrition health promotion including Territorial Local Authorities, Canterbury West Coast Sports Trust and primary health care providers. The food industry promotes nutrition messages collectively and in some cases on a company basis.

The Healthy Eating and Active Living Action Plan outlines the scope of work that the CDHB will undertake in collaboration with other groups over the next 5 years to ensure an effective response to promoting healthy weight, healthy eating and active living in the

[1] This PHARMAC funded SPARC initiative involves primary care professionals giving a "Green Prescription" to patients whose health could benefit from increased physical activity. The patient is then eligible for support and advice from their regional sport trust for up to four months.

Canterbury region. The Action Plan does not review the extensive literature in this area. Readers are referred to the reference section document for more details. [2]

The Canterbury District Health Board's vision is "*To improve the health and well being of people living in Canterbury*".[3] Based on the health needs assessment carried out in 2001 [4] and informed by New Zealand Health Strategy [5], CDHB identified five priority health gain areas: Child and Youth, Primary Health, Mäori Health, Mental Health and Disease Management and Prevention of Diabetes, Cardiovascular Disease and Cancers. Healthy weight, healthy eating and active living have a significant impact in all five of these.

Goal

The goal of the Action Plan is to improve the health and wellbeing of people living in Canterbury by achieving and maintaining healthy weight, healthy eating and active living.

Objectives

In line with the New Zealand Health Strategy[5], the objectives of the Action Plan are to improve nutrition, increase physical activity and reduce obesity.

Monitoring and evaluating what progress is being made to improving outcomes (realising the objectives) is vital, but also challenging. As already noted, the health sector is but one of the many influences on these outcomes. Therefore it is not possible to identify population outcome and impact measures that reflect the influence of the Canterbury DHB's Action Plan alone. The monitoring of outcomes and impacts are largely undertaken through national surveys such as the NZ Health Survey.[6] These surveys provide benchmark measures by which to monitor our collective progress over time. Three benchmark measures (or starting points) have been identified from the NZ Health Survey in 2003 for each objective of this Action Plan (see Appendix 3 for more details):

- 68.6% New Zealanders ate the recommended three or more servings of vegetables each day.
- 52.1% New Zealanders were regularly physically active.
- 35.2% New Zealanders were overweight (excluding obese) and 20.9% was obese.

Scope

The breadth of possible work in nutrition and physical activity is wide. However, the major impact on health is from the rising obesity epidemic. Therefore, the focus of this plan is on obesity prevention. This does not mean that CDHB efforts should only be aimed at strategies for obesity prevention, as the CDHB recognises the importance of good nutrition, food security[3] and active living at all stages of life course, from infancy to old age.

Principles

This plan endorses a set of principles developed from those in the National Strategy - Healthy Eating-Healthy Action: Oranga Kai-Oranga Pumau (HEHA) Plan.[7] The CDHB Action Plan aims to:

[2] See Appendix 1 for a list of definitions and abbreviations and Appendix 2 for a description of the process of the Action Plan development.
[3] Food security is when everyone has enough nutritious food to focus upon other needs.

- Be action focused, concentrating on effective solutions that reduce health inequalities;
- Provide a comprehensive, sustainable CDHB-wide approach, building on strengths and addressing gaps;
- Coordinate and collaborate with other organisations and sectors;
- Promote partnerships with groups and communities, to work together to identify issues and solutions;
- Meet the needs of people from diverse backgrounds, including age, culture, disability, health status, and gender;
- Take a life-course approach and recognise critical periods of life such as pre-natal periods, infancy and childhood which is the foundation of future health and where patterns for adult behaviour are established. In particular, breastfeeding is recognised as important as it has been shown to have a many benefits, nutritionally and economically, including reducing the chances of obesity in later life [8, 9]; and
- Integrate with other CDHB plans.

The CDHB recognises the Treaty of Waitangi as New Zealand's founding document and that it is fundamental to the relationship between Maori and the Crown. This Action Plan supports and promotes working in partnership with Maori communities and providers in the planning and delivery of policies and programmes in order to ensure good health outcomes and reduce health inequalities for Maori.[4]

The Healthy Eating and Active Living Action Plan supports the principles of national and international health promotion frameworks including:

- The Ottawa Charter for Health Promotion[5] [10]
- TUHANZ - A Treaty Understanding of Hauora in Aotearoa - New Zealand [11]
- Te Pae Mahutonga: A Model for Mäori Health Promotion [12]
- The Jakarta Declaration on Leading Health Promotion into the 21st Century [6][13]
- The Declaration of Alma Ata (declaration regarding importance of primary health care for the promotion of health). [14]

The Action Plan is aimed at benefiting all in Canterbury, urban and rural, young to old and all ethnic groups. In particular those in the CDHB's priority groups identified as having high needs: Mäori, Pacific peoples, low socioeconomic groups and children and youth (Appendix 4).

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[4] The Treaty of Waitangi needs to inform the development of activities and services to address the diverse needs of Maori. The Treaty relationship is based on the following three principles:

- *partnership*: working with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services;
- *participation*: involving Maori at all levels of the sector in planning, development and delivery of health and disability services; and
- *protection*: ensuring Maori enjoy at least the same level of health as non-Maori and safeguarding Maori cultural concepts, values and principles (Minister of Health and Associate Minister of Health 2002a).

[5] The Ottawa Charter (1986) defines health promotion in as "the process of enabling people to increase control over and improve their health". This landmark document outlines five key action areas: build healthy public policy, create supportive environments, strengthen community actions, develop personal skills, and reorient health services.

[6] The Jakarta Declaration on Health Promotion offers a vision and focus for health promotion into the next century. The principles are summarized in the Action Plan section titled "Towards achieving of healthy weight, healthy eating and active living".

3. Description of the problem

Extent of the problem [15-19]

With changing environments and societal norms, Canterbury, as is the case nationally, are becoming increasingly inactive, poorly nourished and consequently more overweight and obese. This is a phenomenon that affects all groups and ages of people. Certain groups are affected more, in particular low socioeconomic groups, Mäori and Pacific peoples. A particularly worrying trend is the rapidly increasing rates of obesity in children. Here are some facts:

- Obesity in New Zealand adults over 15 years increased from 11% in 1989 to 17% in 1997.
- Now, about one third of New Zealand children between 5-14 years are overweight (21%) or obese (10%).
- If current trends continue 29% of all adult New Zealanders are likely to be obese in 2011.
- Obesity rates among Mäori and Pacific are higher with 27% of Mäori men and 28% of Mäori women and 26% of Pacific men and 47% of Pacific women classified as obese.
- Socioeconomic inequality in the distribution of obesity is marked among females and is beginning to emerge among males.
- Clients of mental health services are a group with a significantly higher rate of overweight and obesity than the general population. [1]
- Two-thirds of all New Zealanders eat the recommended three servings of vegetables and half eat the recommended (at least) two servings of fruit daily.
- Maori and Pacific peoples are least likely to eat the recommended servings.
- Fat makes up more of total energy intake than recommended (35% compared to the recommended 30%).
- The rate of full or partial breastfeeding at six months is 60% (62% New Zealand European, 53% Mäori, 60% Pacific infants).
- Just over a quarter (27%) of New Zealand households report that the variety of food they eat is limited by lack of money; 14% of households report that food runs out sometimes or often because of lack of money.
- Two-thirds of New Zealand adults are physically active, and one-third are inactive.
- The highest levels of physical activity are among 18–24-year-olds and over 50-year-olds.
- Among school-aged children and young people, physical activity levels decline significantly after age 16–17 years, particularly among young women.
- Physical inactivity has not been associated with socioeconomic status in New Zealand. However, those who have no qualifications are more likely to be sedentary than those with school and post-school qualifications.
- Physical activity participation has also decreased among children aged 5–17 years.

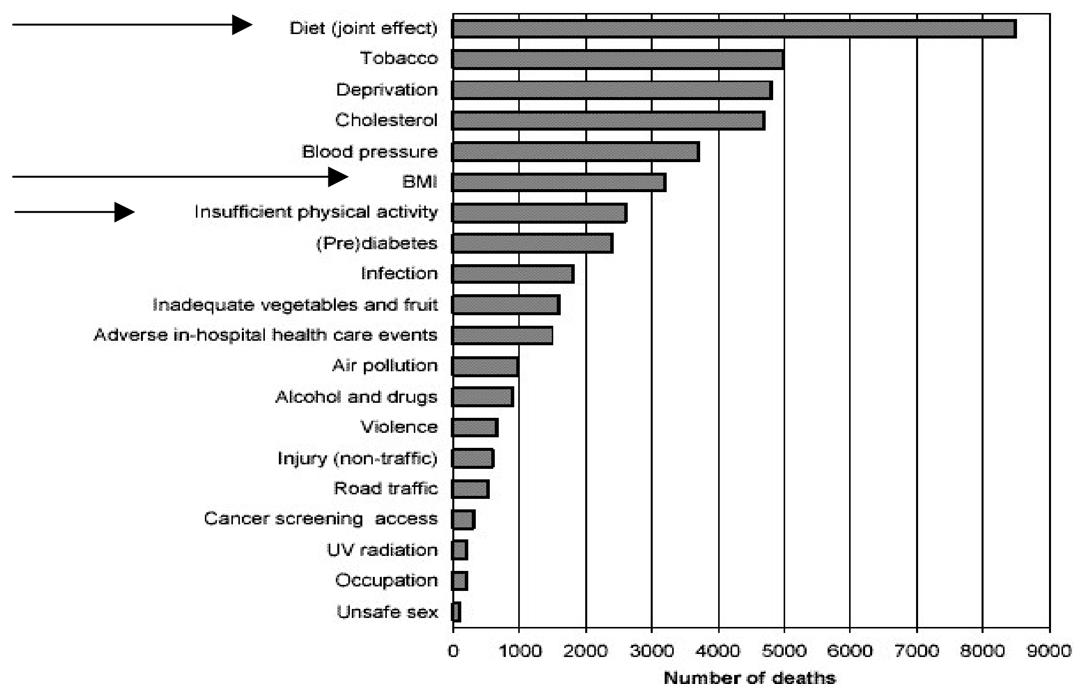
Consequences and costs of the problems[19, 20]

The consequences and costs of poor nutrition, inactivity and obesity are wide ranging. For individuals there is increased likelihood of poor health outcomes including cardiovascular disease, diabetes, poor psychosocial outcomes and reduction in life expectancy.

For the health sector, there are direct measurable costs (described in more detail in the following section). In addition to direct costs, there are indirect costs to the health sector from such things as lost productivity of workers. Of course, there is the cost to society in general from poor health. Some details:

- Nutrition and physical activity and overweight/obesity are each independent risk factors for poor health, but they are also strongly linked. An estimated 11, 000 deaths a year in New Zealand- approx two in every five deaths are associated with these risk factors making them collectively one of the top 20 causes of mortality. (Figure 1)

Figure 1: Top 20 causes of death, by risk factor, New Zealand, 1997 [21]



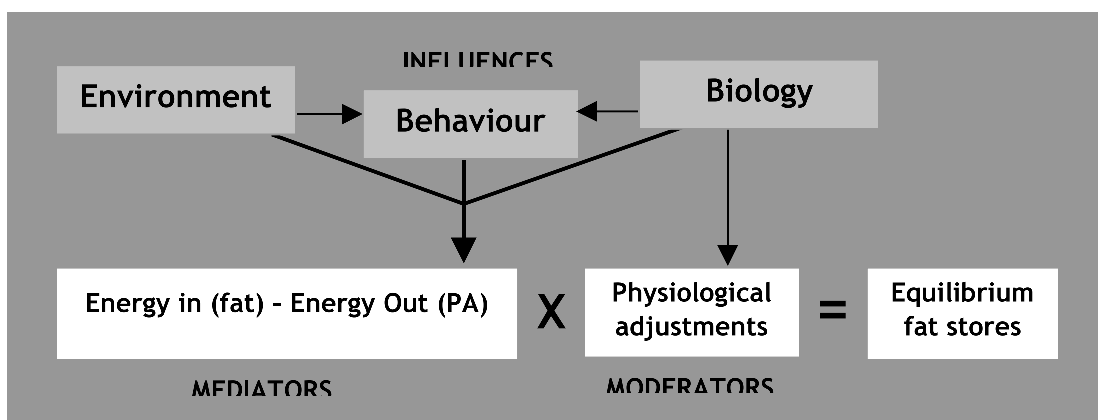
- In addition to overweight/obesity the main nutrition related factors that are associated with poor health are total blood cholesterol, systolic blood pressure and fruit and vegetable intake.
- Physical inactivity is estimated to account for over 2600 deaths per year, amounting to 29,000 years of life lost per year. A 10% increase in participation in physical activity could result in 600 fewer deaths per year.
- Overweight and obesity are important risk factors for a wide range of medical and psychosocial/mental health problems including many chronic debilitating conditions that lead to disability and death. Obesity can also drastically reduce an individual's quality of life.

- Physical inactivity and excess weight can lead to an Impaired Glucose Tolerance (IGT), or prediabetes. In (IGT), the levels of blood glucose are between normal and diabetic. Weight loss and exercise may help people with IGT return their glucose levels to normal.
- Type 2 diabetes is the most common health consequence of obesity. The likelihood of developing Type 2 diabetes rises steeply with increasing body fatness. Approximately 85 percent of people with diabetes can be classified as type 2; of these, 90 percent are obese. People with Type 2 diabetes are at high risk of a range of disabling conditions, including heart disease, hypertension, amputation, stroke, renal failure and blindness. Type 2 diabetes reduces life expectancy by approximately seven years in Europeans and 12 years in Mäori and Pacific peoples.

Determinants of the problem [8, 9, 20, 23-27]

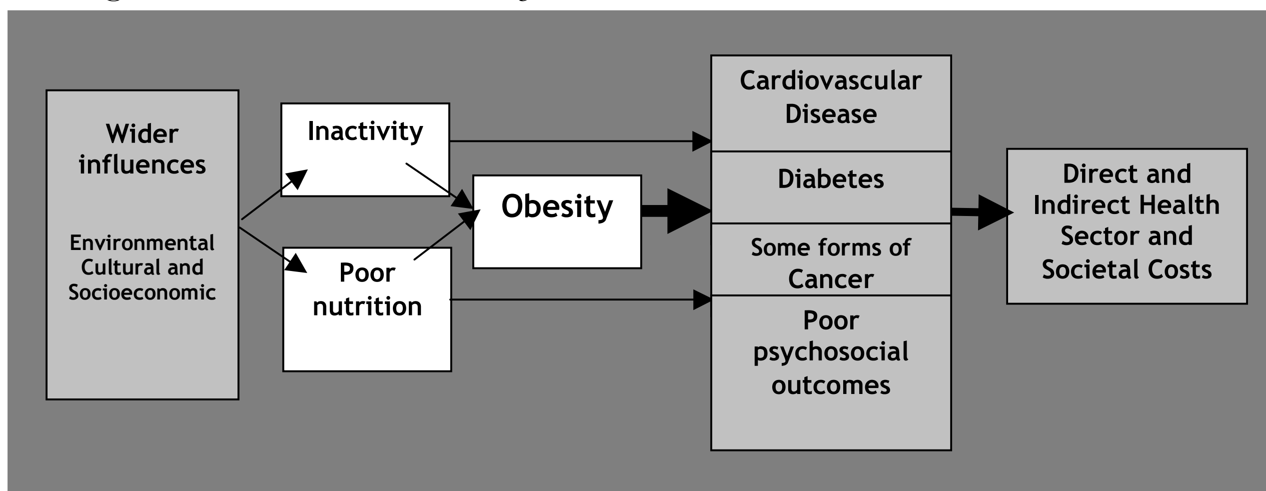
The causes of inactivity, poor nutrition and obesity are multi-factorial. Part of the picture is our own biological make-up, but the greatest contribution by far is in our physical and social environment. Increasingly it has become normal to eat more energy dense food, spend recreation hours in sedentary activities such as watching TV and use the car instead of walking even short distances. The phenomenon has been termed an "obesogenic" environment that leads to the energy intake exceeding the energy output, thereby promoting obesity (Figure 2). Children are particularly susceptible to the influences of the environment.

Figure 2: An Ecological Model of Obesity [24]



Following on from this ecological model, the effects of inactivity, poor nutrition and obesity have independent and collective impacts on health status and health sector costs. (Figure 3)

Figure 3: Schematic Causal Pathway



4. Achieving and maintaining healthy weight, healthy eating and active living

Many people struggle with healthy eating habits, keeping physically active and achieving and maintaining a healthy throughout life. Society has also struggled to respond to this challenge. However, there is an understanding of the ingredients needed to support healthy choices. These are expressed in national and international health promotion frameworks [10-14] that are born out by experience in areas such as tobacco control [28].

- Adopting a health promotion approach that includes actions to build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorient health services.
- Comprehensive approaches that combine strategies aimed at influencing at the community and population level, as well as those aimed at supporting individuals and families (more details in next section).
- In particular, working in settings such as local communities, schools, churches, Marae, workplaces, and health care facilities offers practical opportunities to promote healthy choices.
- Participation by individuals and communities is essential to sustain efforts, as people have to be at the centre of decision-making processes for them to be effective.
- Access to education and information is essential to achieving effective participation and the empowerment of people and communities.
- A multi-sector approach is needed as so many different sectors are involved. The health sector needs to work closely with other sectors to create environments that support health.

Comprehensive Approach

As stated above, a comprehensive approach that involves a range of initiatives including population level strategies, as well as those aimed at supporting individuals and families makes for the strongest and most effective programme.

Individual-directed strategies are those aimed at changing behaviour at an individual and/or family level, such as low-impact exercise programmes, cooking classes, and weight loss interventions. The strength of this type of intervention is that they have the potential to bring about significant benefits to the individuals and can also be adapted for groups at high risk. However, they have little impact on the population rates of disease or conditions.

More research is needed to understand what the best strategies are, but we do know that primary care-based services are most likely to be effective if they:[29, 30]

- Include brief intervention, supported by written materials;
- Use a social support mechanism such as a coach;
- Are based on behaviour change theory;
- Are tailored to individual needs;
- Are not facility (eg gyms) dependent;
- Are a family-based intervention; and
- Address both diet and physical activity along with other skills such as parenting and communication skills.

Population strategies are those that are aimed at promoting health at the population level. Strategies include:

- Developing roading and other infrastructure that makes it an easy choice to bike to work;
- Communities and workplaces that support healthy work-life balances and
- Economic and social policies that ensure maintenance of food security for all people.

There may be little benefit to any one individual with population approaches, but the potential for health gain across the population is greater and more enduring. Linking the individual and population approaches brings synergies.

Key Messages[20]

Key population messages regarding nutrition, physical activity and obesity have been developed through consultation on the Health Eating, Healthy Action Strategy. [15] These are based on the Food and Nutrition Guidelines and the Physical Activity Guidelines, but do not replace them [2, 31-33]:

- Eat a variety of nutritious foods.
- Eat less fatty, salty and sugary foods.
- Eat plenty of vegetables and fruits.
- Fully breastfeed infants for at least six months.
- Be active every day for at least 30 minutes in as many ways as possible.
- Add some vigorous exercise for extra benefit and fitness.
- Aim to maintain a healthy weight throughout life.
- Promote and foster the development of environments that support healthy lifestyles.

Perhaps most important of all is to continue to make healthy weight, healthy eating and active living a priority and maintain a positive stance that change and improvement can be made. For the individual, demonstrable health gains can be made with only the most modest of weight loss and increase of physical activity and for our community, the benefits are likely to be large.

5. Initiatives in Canterbury

Services in Canterbury

A range of services that influence nutrition and physical activity are currently provided in the Canterbury region. The majority of these are not directly funded by the CDHB. The following list is not exhaustive, but is intended to illustrate the variety of providers and the scope of work being conducted.

Funding

The Ministry of Health and SPARC are the main direct funders of nutrition and physical activity health promotion in Canterbury. The Ministry of Health contributes around $1 million per annum. Together with the approximately $400,000 available to PHOs for nutrition and physical activity programmes, this represents a substantial resource to use to coordinate with other funders and providers of health promotion. The CDHB has a shared decision making protocol with the Ministry of Health, Public Health Directorate that aims to coordinate the efforts of both organisations in funding and planning nutrition and physical activity health promotion.

SPARC also makes a significant investment in Canterbury (over $1 million per annum). This investment is to assist in three key areas; increasing physical activity levels, improving the sport and recreation infrastructure of the region and providing support for elite athletes and coaches. SPARC investment supports programmes delivered by He Oranga Pounamu; Canterbury West Coast Sports Trust (Sport Canterbury); the NZ Academy of Sport and Christchurch City Council. In addition to this, SPARC is looking to increase its investment in the Active Communities programme in Canterbury – a local government initiative.

Services funded and provided by the CDHB include:

- Nutrition Services deliver services to Hospital patients and Outpatients and take a restricted number of referrals from primary health care, including for childhood obesity.
- The Paediatric Department has developed a particular interest in childhood obesity and along with others such as Plunket and Public Health Nurses have formed the *Healthy Families* project that is looking at the needs of overweight/obese children accessing Paediatric services.
- *The Baby Friendly Hospitals Initiative* fosters an environment that promotes breastfeeding in Canterbury maternity facilities.
- Well Elderly Project delivered by Older Person's Health.
- CDHB staff initiatives to promote physical activity such as subsidised gym memberships.
- Diabetes Services providing dietetic and nutrition advice to individual and groups with Type 1 and Type 2 diabetes

Services funded by the Ministry of Health and provided by the CDHB include:

- Community and Public Health and Hauora Matauraka's Nutrition and Physical Activity programme includes wide range of initiatives focusing on health promotion and public health.

- The *Health Promoting Schools* initiative delivered by Public Health Nurses (CDHB) – a programme that fosters the development of policies to promote improved nutrition and increased physical activity.

Services/Initiatives by other providers include:

- Physical activity promotion and provision by the Christchurch City Council and other Local Authorities, Canterbury West Coast Sports Trust (Sport Canterbury) and others in this sector.
- Primary Health Care providers deliver green prescriptions and the two larger Primary Health Organisation have nutrition and physical activity promotion as a major focus of their health promotion plans.
- Health promotion initiatives by non-government organisations including He Oranga Pounamu (*Community Nutrition Programme* for Maori and Pacific Peoples), Agencies for Nutrition Action, National Heart Foundation, Cancer Society, New Zealand Nutrition Foundation, Diabetes New Zealand.
- Producer driven promotions eg VegFed 5+ADAY

Physical Activity and Nutrition Initiatives Stocktake

A collaborative project between C&PH, CDHB and Partnership Health Canterbury PHO on behalf of all Canterbury PHOs undertook a stocktake of Physical Activity and Nutrition Health Promotion Initiatives in Canterbury.[34] This project is the first time such extensive documentation has been undertaken and it has already provided a foundation for future planning and delivery of services. Major conclusions from the report include the need for better coordination and integration in projects; strengthening programme design and evaluation; improved social and environmental support in programmes; more physical activity promotion initiatives outside sports settings; programmes for Maori and Pacific and building community nutrition services. See Appendix 5 for further details.

Action Plan Partners and Stakeholders

There are a wide range of groups and organisations that the CDHB relates to and these include:

- Communities
- Education sector including the preschool, primary, secondary and tertiary sector
- Food sector and weight-loss industries
- Government agencies including CYF Services, Te Puni Kokiri (capacity building programmes), the Ministries of Youth Affairs, Pacific Island Affairs, Transport, Education and Housing New Zealand.
- Media
- Non-governmental organisations including the Heart Foundation and the Cancer Society.
- Primary Health Care including IPAs, PHOs General Practice, Plunket, Pharmacists, Physiotherapists, Midwives, Private Dietitians.
- Regional Council (Environment Canterbury)
- Research sector - CPIT, University of Otago, University of Canterbury and Lincoln University (Lincoln has a particular interest in recreation and physical activity).
- Transport sector

Links with other Strategies

The Healthy Eating and Active Living Action Plan is linked with a number of other CDHB strategies, including three local/regional multi-party plans. The plan is also closely linked with several national plans.

CDHB specific plans

- Child Health and Disability Action Plan; Mahere O Te Hauora Tamariki Me Te Hauatanga (2004-2007 and beyond) [35]
- Disease Prevention and Management: CDHB Diabetes Actions 2004/5 [36]
- Managing for Outcomes[7] [37]
- Maori Health Plan [38]
- Oral Health Strategy[39]
- Pacific Health Action Plan [40]
- Rural Health Action Plan [41]
- Strategic Plan - Towards A Healthier Canterbury: Directions 2006 [3]
- The Heart Health Strategy [42]
- The Integrated Continuum of Care for Older People's Health Services Strategic Direction and Action Plan: July 2003 [43]
- Tobacco Control Strategic/Action Plan [28]

Local/Regional Plans that the CDHB is partner/signatory to

- Christchurch Active Living Strategy [44]
- Physical Recreation and Sport Strategy [45]
- Regional Physical Activity Plan (draft)[46]

National Plans that guide work of CDHB

- Ministry of Health's Healthy Eating, Healthy Action [15]
- DHBNZ Nutrition Policy [47]
- Breastfeeding: a Guide to Action [8]

[7] The Direct links have been identified in the appropriate *Focus for Action* areas.

6. The Action Plan

Overview of the Action Plan

The Healthy Eating and Active Living Action Plan sets out strategies the CDHB will undertake to promote healthy weight, healthy eating and active living. This work will be undertaken working closely with the Ministry of Health as a funder and in partnership with other key agencies. There are 3 foci:

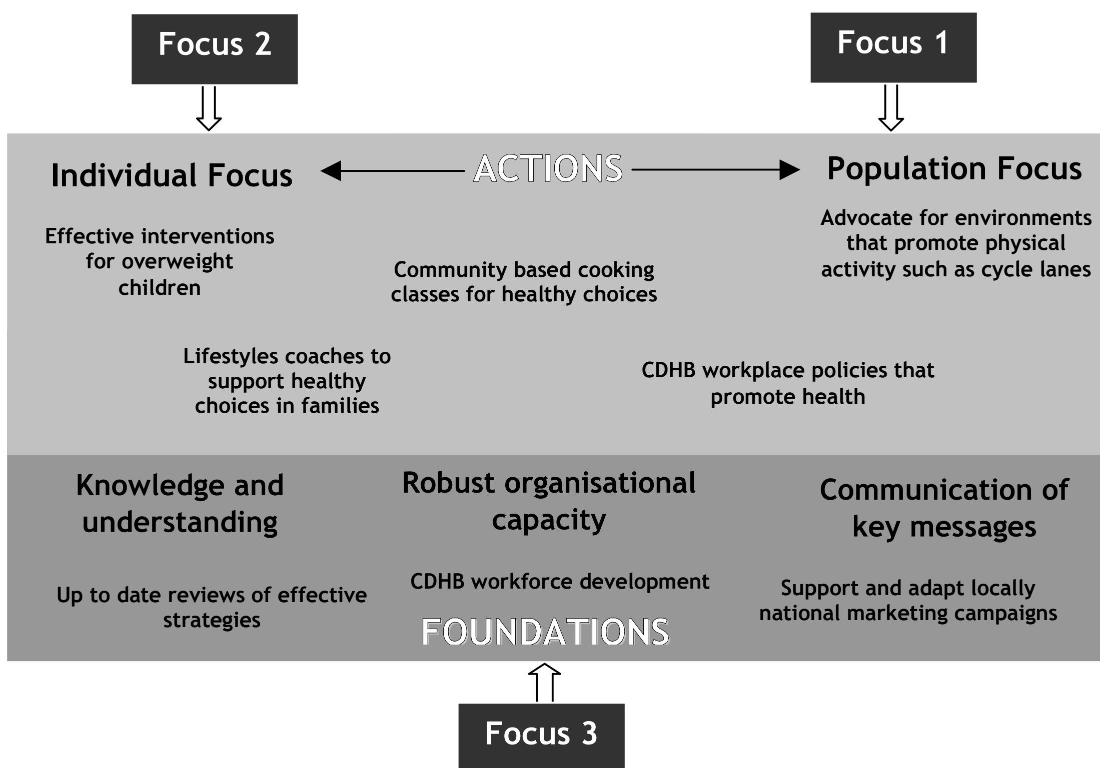
Focus 1 Working with other sectors and communities: This area is the CDHB's work aimed at promoting healthy weight, healthy eating and active living at the community and population level. This work requires the CDHB to work with other sectors to promote health.

Focus 2 Working with individuals, families and whanau: This area is the CDHB's work that promotes healthy weight, healthy eating and active living for individuals, families and groups.

Focus 3 Building Foundations: This area provides the foundations for the action plan that will help ensure its success. Areas identified are: building workforce capacity, monitoring and evaluation and communication.

The three foci are interconnected and support one another as shown below.

Figure 3: The Action Plan's three foci



Focus 1 Working with other sectors and communities

This is about CDHB's work with communities and the population. There are two strategies:

- CDHB's work with other sectors; and
- CDHB's work in settings

Strategy 1.1 Foster and build policies and initiatives that promote health by working in partnership with other sectors

Sectors are the macroenvironment in which the CDHB operates, such as industries education, local government and housing.[24] The environment influences individuals' and communities' behaviour. The sectors operate at international, national and local levels and are complex to understand and influence. Although opportunities to influence may be few, there can be quite specific interventions. Policies to improve health are likely to make an impact long-term on the health of our communities in Canterbury.

An important thrust of the work with other sectors must be the development of environments that support and sustain healthy choices. For instance, rural and urban infrastructure should promote and support active transport such as cycling and walking. The CDHB is working in partnership with rural and urban local government to promote healthy eating and active living as community outcomes in their Long Term Council Community Plans (LTCCPs).

The CDHB is signatory to Christchurch Active Living Strategies [44] and Physical Recreation and Sport Strategy [45]. CDHB is also an active partner on Push Play for Active Christchurch and chairs the Intersectoral Physical Activity and Nutrition Group – a Canterbury wide collaborative group that is exploring shared planning and delivery of services. CDHB must continue to be a strong partner in these intersectoral alliances in order to promote environments that support healthy lifestyles.

Strategy 1.2 Foster and build policies and initiatives that promote health in a range of key settings and communities

Settings are the places where we live, gather and interact with other people. They include schools and workplaces and are microenvironments that have a powerful influence on behaviour.[13] Working to support healthy choices in these microenvironments can be a powerful way to promote health.[24]

It is important that CDHB shows leadership in supporting healthy choices in our own settings, therefore a major strategy in this area is developing comprehensive physical activity and nutrition policies and practices for the CDHB's Hospital and Specialist Services, staff and patients, Corporate and C&PH. This work is in its early stages; more information is included in Appendix 6.

Currently the CDHB is involved in a number of settings and community based initiatives. Health Promoting Schools is an example of a settings approach. This is supported by the Public Health Nurses of the CDHB with assistance from Health Promoters. The Under Fives Healthy Heart Initiative is a joint project between the National Heart Foundation and the CDHB promoting healthy eating and physical activity in early childhood centres.

The establishment of PHOs provides opportunities to work on initiatives that promote healthy eating and active living in their communities.

Focus 1 Working with other sectors and communities

Strategy 1.1: Foster and build policies and initiatives that achieve healthy weight, healthy eating and active living by working in partnership with other sectors			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Be an active and lead partner in intersectoral partnerships in Canterbury in order to achieve healthy weight, healthy eating and active living	C&PH and P&F, All	Ongoing	CDHB is seen by other sectors as an active and lead partner
Seek and act on opportunities for shared planning and delivery of health promotion services and programmes	C&PH and P&F, All	Ongoing	Shared planning and delivery occurs
Work with TLAs to identify healthy weight, healthy eating and active living as key community outcomes in the next round of LTCCPs (2007)	C&PH and P&F, TLA	LTCCP 2007	TLA LTCCPs in 2007 identify healthy eating and active living as community outcomes
Continue to work with Ministry of Health to develop and maintain Ministry of Health funded projects and programmes to ensure comprehensive and effective services	P&F, MOH	Ongoing	Planning and delivery of MOH and CDHB projects are coordinated
Advocate for public policy that supports the achievement of healthy weight, healthy eating and active living by various strategies including making submissions at a local and national level on relevant legislation, regulation and policies.	C&PH, All	Ongoing	Submissions are made on relevant policy and regulatory documents
Work with the food industry to focus on priority groups, for example by establishing training opportunities	C&PH, Food industry, Training providers	Ongoing	Training is delivered to food industry groups. More healthy options available to consumers.

Focus 1 Working with other sectors and communities (cont)

Strategy 1.2: Foster and build policies and initiatives that promote health in a range of key settings and communities			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Develop comprehensive physical activity and nutrition policies and practices for the CDHB's Hospital and Specialist Services, Corporate and C&PH. (Appendix 6)	C&PH and all CDHB	Mid 2006	Physical activity and nutrition policy and practices are developed.
Develop guidelines for comprehensive physical activity and nutrition policies and practices for providers funded by the CDHB	C&PH, P&F, CDHB's contracted providers	End 2006	Guidelines for physical activity and nutrition policy and practices are developed and incorporated into providers' contracts.
In partnership with Mäori providers and communities continue to promote healthy weight, healthy eating and active living by taking a settings approach.	C& PH and P&F, Hauora Matauraka, Mäori providers & communities	Ongoing	Evidence of partnership, and joint projects. Diabetes detection rates
In partnership with Pacific providers and communities continue to promote healthy weight, healthy eating and active living by taking a settings approach.	C&PH, P&F, Pacific providers & communities	Ongoing	Evidence of partnership, and joint projects. Diabetes detection rates
Work with schools as a setting (including in Kohunga Reo and Kura Kaupapa Mäori) to promote healthy weight, healthy eating and active living.	Public Health Nurses, Hauora Matauraka (HPS), C&PH, Education sector	Ongoing	Schools have range of policies and practices in place that are consistent with promoting healthy eating and active living Percentage of schools involved in *Health Promoting Schools*
Work with Early Childhood Centres as a setting to promote healthy weight, healthy eating and active living through the Healthy Heart project.	C&PH, NHF, Preschools	August 2005	Healthy Heart Award project is evaluated
Investigate other settings that provide opportunities to promote healthy weight, healthy eating and active living in rural Canterbury and workplaces.	C&PH, Workplaces	Ongoing	Needs assessment produced and as appropriate recommendations acted on.

Focus 2 Working with individuals, families & whanau

This is CDHB's work with individuals and families to achieve healthy weight, healthy eating and active living. There are two strategies:

- Foster services to achieve and maintain healthy weight, healthy eating and active living for children and youth and their families
- Foster services to achieve and maintain healthy weight, healthy eating and active living for adults

Strategy 2.1 Foster systems and services to achieve and maintain healthy weight, healthy eating and active living for children and youth and their families

Addressing obesity in children requires not only population strategies that aim to prevent the rise in this epidemic, but also services to meet the needs of those children who are already overweight and obese. These needs are best met in primary care, but few options currently exist. The CDHB Hospital Nutrition Services are based in secondary care and have only limited capacity and private dietitians may present a cost barrier to many families. There has been considerable interest in addressing this gap. The Paediatric Dept has initiated the Healthy Families project in response to the increasing numbers of children attending their services that are overweight/obese. In primary care – PHOs and Canterbury West Coast Sports Trust (Sport Canterbury) are developing a family centred intervention based on the Green Prescription model. To further develop a comprehensive set of services, a systems approach is needed including systematic identification of overweight/obese children, referral pathways, effective interventions and workforce development. Issues that will affect these developing initiatives include parents and health professionals not recognising children who are overweight or obese and sensitivities about raising these issues means there is a general reluctance to discuss the problem and coordination of services.

The CDHB supports the initiation, and then maintenance of breastfeeding through the Baby Friendly Hospital Initiative, a WHO and UNICEF initiative that ensures maternity services provide an environment that is supportive of breastfeeding. It is also a contributor to the Canterbury Breastfeeding Network, an interagency group committed to breastfeeding promotion.

Strategy 2.2 Foster systems and services to achieve and maintain healthy weight, healthy eating and active living for adults

Achieving and maintaining healthy weight, healthy eating and active living for adults is a major issue, Cardiovascular disease and diabetes predominantly present in middle-aged adults and are exacerbated by poor eating habits and inactivity. Of great is concern is that Type 2 diabetes is being increasingly diagnosed in younger adults. Older adults are at risk of malnutrition for a variety of reasons such as living alone or when disability affects mobility. Food security is an issue for adults and families with low incomes affecting the variety and quality of food purchased and in some cases necessitating the use of food banks in the Canterbury district.

The CDHB has incorporated a number of actions which begin to focus on the nutritional and physical needs of adults into its strategies on diabetes, oral health, older persons health, cardiovascular disease, child health and Māori and Pacific action plans

The Appetite for Life, Community Nutrition project, Diabetes Lifestyle Advisors, Well Elderly health promotion project and Stay on your Feet are examples of these.

Focus 2: Working with individuals, families and whanau

Strategy 2.1: Foster systems and services to achieve and maintain healthy weight, healthy eating and active living for children and youth			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Protect, promote and support breastfeeding in the Canterbury region including the work of the Canterbury Breastfeeding Network	C&PH, CDHB Maternity Services, Primary care providers including midwives and lactation consultants	Ongoing	Breastfeeding rates
Facilitate the development and coordination of services for overweight and obese children and youth (working closely with PHOs and primary care teams).	C&PH, Healthy Families Project, P&F, Primary Health Care, CWCST Heart Foundation	End 2005	Services are developed, understood and utilised by primary and secondary referrers
Develop and adopt best practice guidelines for the detection and treatment of obese and overweight children and youth	C&PH, Healthy Families, Primary Health Care, CWCST, MOH	Ongoing	Guidelines are developed and implemented
Strategy 2.2: Foster systems and services to achieve and maintain healthy weight, healthy eating and active living for adults			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
All CDHB activities relating to physical activity and nutrition for adults (regardless of which priority area they fall under) will be delivered in a coordinated manner. This involves working with PHOs and primary care teams.	P&F, C&PH, Primary Health Care	Ongoing	Services are developed and are understood by primary and secondary referrers.
Develop and adopt best practice guidelines for the detection and treatment of overweight and obese adults	C&PH, Primary Health Care, MOH	Ongoing	Guidelines are developed and implemented.
Target secondary care nutrition and dietetic services to support individuals with complex nutrition and weight issues	Nutrition Services, Diabetes Centre, Hospital and Primary Health Care	Ongoing	Identification of waiting lists and reasons for waiting

Focus 3 Building Foundations

This area provides the foundations for the action plan that will ensure its success. There are three strategies:

- Clear consistent and effective messages;
- Workforce development; and
- Monitor and evaluate

Strategy 3.1: Communicate clear, consistent and effective messages that promote healthy weight, healthy eating and active living

Mixed messages abound regarding how to achieve and maintain a healthy weight, what is a balanced diet and what is an adequate amount of physical activity.

The CDHB bases nutrition and physical activity messages on the Ministry of Health Food and Nutrition Guidelines. Messages are locally adapted and communicated in a variety of ways including newsletter, media opportunities and educational resources that compliment those developed at a national level.

Strategy 3.2: Build a skilled and knowledgeable workforce to support the promotion of healthy weight, healthy eating and active living in the CDHB region.

The CDHB needs a health workforce with the skills and understanding to use a range of approaches to achieve healthy weight, healthy eating and active living. The Hospital and Specialist Services and C&PH provide some workforce development. Individuals in the CDHB are also supported to participate in nationally organised training. A specific workplace development plan is needed to develop this area further.

Māori and Pacific groups have a higher prevalence of obesity throughout their lifespan. Asian children have been identified as another at risk group. Workforce development has been targeted for key individuals within these communities. Other key groups for workforce development are people who work with children, young people and older people and in particular primary health care services and teams.

Objectives 3.3: Monitor and evaluate the action plan and its initiatives

Monitoring and evaluating what progress is being made to improving outcomes is vital. The monitoring of outcomes and impacts are largely undertaken through national surveys such as the NZ Health Survey [6] which has been reported in CDHB's Health Needs Assessments of 2001 and 2004. There is very little Canterbury specific data that outlines the state of individuals' weight and activity. There is great potential for the development of regional indicator measures.

Monitoring and evaluation of individual programmes and projects is important to the overall the implementation of this plan to ensure that the best possible programmes are in place. The Canterbury Physical Activity and Nutrition Initiatives Service Map has already added to our knowledge of services and initiatives in Canterbury and will be a useful tool in ongoing programme development for the CDHB and other providers.

Focus 3 Building Foundations

Strategy 3.1: Communicate clear, consistent and effective messages that promote healthy weight, healthy eating and active living to Canterbury DHB.			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Collate and disseminate up to date information regarding obesity, nutrition and physical activity status in the region (with a focus on priority groups)	C&PH and P&F, TLAs, All	Ongoing	Information and messages reflect current thinking
Collate and disseminate information regarding effective strategies to promote healthy weight, healthy eating and active living)	C&PH, All	Ongoing	Information and messages reflect current thinking
Support national communication strategies and social marketing campaigns that convey key messages (in particular around priority groups), including responses to media enquiries.	C&PH, All	Ongoing	Media/communication project report indicates these linkages and work undertaken
Develop new and collate existing educational resources, in particular, those relevant to priority groups.	C&PH, All	Ongoing	Education resources are collated New resources are developed
Strategy 3.2: Build a skilled and knowledgeable workforce to support the promotion of healthy weight, healthy eating and active living			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Strengthen the skills and knowledge (particularly around Mäori, Pacific and Asian populations health) of the CDHB workforce and other health sector groups.	C&PH, Healthy Families Project, Nutrition Services, CDHB workforce, NGOs and Primary Health Care	Ongoing	Training needs assessment undertaken and action plan developed for implementation of recommendations/strategies
Investigate a nutrition line similar to the Physical activity 0800/internet system to support health professional referrers accessing services and up to date advice	P&F	June 2006	Feasibility study completed and reported on
Work with PHOs to develop capacity and capability for primary care teams on physical activity and nutrition.	C&PH, Primary Health Care, Healthy Families Project	Ongoing	Training needs assessment undertaken and action plan developed for implementation of recommendations/strategies
Work with national organisations to ensure regionally responsive nationally funded workforce development opportunities.	C&PH, ANA, MOH, OAC, THMM, NHF	Ongoing	National training is developed and delivered in collaboration with CDHB

Focus 3 Building Foundations (continued)

Strategy 3.3: Monitor and evaluate the Action Plan and its initiatives			
Strategy objectives	**Stakeholders**	**Timeframe**	**Process indicators**
Regional impact and outcome indicators developed in collaboration with other stakeholders (Link Action Plan with the *Managing for Outcomes Plan)*	C&PH, F&F	Dec 2005	List of indicators and targets will be available
Monitor and report on the implementation of the Action Plan to the CDHB's CPHAC and modify strategies of the Action Plan as necessary	C&PH, EMT, CPHAC, CDHB	Annually	Report received
Regularly update the physical activity and nutrition health promotion service map	C&PH in collaboration with other providers	Repeat 2007	Service map updated, reported on and information disseminated
Develop and maintain a physical activity and nutrition health promotion service map's provider database	C&PH in collaboration with other providers	Updated annually	Service map provider database is accessible and current
Keep abreast of new developments (in particular around priority groups) and update the Action Plan/	C&PH, P&F, All	Ongoing	Strategies are updated/modified in response to developments
Incorporate monitoring and evaluation into CDHB delivered programmes	P&F, CDHB	Ongoing	Evaluations completed and reported on
Work with CDHB contracted providers to establish the collection of relevant information for the purposes of monitoring and evaluation, in particular on programmes of significance	P&F, CDHB contracted providers	Ongoing	Relevant information is collected and reported on

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Appendix 1: Definitions & Abbreviations

Term	Definition
Baby Friendly Hospital Initiative	BFHI is a World Health Organisation and United Nations Children's Fund Initiative that assists all maternity hospitals to become centres of breastfeeding support. Breastfeeding lays a foundation for good health in infancy, childhood and into adult life.
Body Mass Index	An indicator of body fatness calculated by weight (kg)/height (m)^2
Food security	Food security is defined by the World Health Organisation as "access by all people at all time to the food needed for a healthy life".
Mental Health	Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community [48]
Obese	Body Mass Index >29.9 for NZ Europeans and others, >31.9 for Mäori and Pacific peoples
Obesogenic	Factors that promote obesity [24]
Obesogenic environment	The sum of the influences that the surroundings, opportunities or conditions of life have on promoting obesity in individuals or populations [24]
Overweight	Body Mass Index 25-29.9 for NZ Europeans and others, 26-31.9 for Mäori and Pacific peoples
Sectors	A sector is a group of industries, services, or supporting infrastructure (the macroenvironment) that influence the food eaten and/or physical activity carried out within the various settings. A setting such as a supermarket will be influenced by a number of supporting macroenvironmental sectors such as the food production, manufacturing, distribution, and marketing sectors. These sectors are common to the wider population, often operating at regional, national, and international levels, and tend to be geographically diffuse. [24]
Settings	A setting is where groups of people gather for specific purposes that typically involve food, physical activity, or, frequently, both. These settings are usually geographically distinct, are relatively small (microenvironment), and are potentially influenced by individuals. Some examples of settings include schools and workplaces.[24]

Abbreviation	Definition
ANA	Agencies for Nutrition Action
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
C&PH	Community and Public Health, – the Public Health Unit of the CDHB
CDHB	Canterbury District Health Board
CPHAC	Community and Public Health Advisory Committee
CPIT	Christchurch Polytechnic Institute of Technology
CWCST	Canterbury West Coast Sports Trust (Sport Canterbury)
DHBNZ	District Health Board New Zealand
EMT	Executive Management Team
HEHA	Health Eating- Healthy Action Oranga Kai-Oranga Pumau
IPA	Independent Practitioner's Association
LTCCP	Long Term Council Community Plans
MOH	Ministry of Health
N& PA Team	Nutrition and Physical Activity Team, Community and Public Health
NHF	National Heart Foundation
OAC	Obesity Action Coalition
P&F	Planning and Funding Division of the DHB
PHIT	Public Health Intelligence Team – a Community and Public Health team
PHN	Public Health Nurses
PHO	Primary Health Organisation
SPARC	Sport and Recreation New Zealand.
TA	Territorial Authority – city councils such as Christchurch City Council

Appendix 2: Action Plan Development

The Healthy Eating and Active Living Action Plan was developed in the later half of 2004 following feedback on an initial draft plan developed by Gerrie van der Zanden, Community and Public Health. Feedbacks on this first draft found a need to take a comprehensive approach DHB-wide approach to the Action Plan. To forward this a project team was formed in October 2004, under the leadership of Dr Lynley Cook of Community and Public Health, CDHB.

One of the first tasks of this group was to determine the scope and focus for the Plan. A reference group of all key stakeholders was also identified. The draft plan was sent to the entire reference group on 16 November. Feedback was made either by written or verbal form to the project team. In addition to this, those of the reference group were invited to attend one of four cluster groups scheduled for the last week in November:

1. Focus on Pacific Community and Providers
2. Focus on Maori Community and Providers
3. Focus on Personal Health Services (including services for currently overweight/obese children)
4. Focus on Community/Population Health Initiatives

These meetings were informal and provided an opportunity for clarification and discussion and provided invaluable feedback, which may not have been evident in written submissions.

Comments received during these meetings and via written submissions were collated, analysed and the Action Plan revised.

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Reference Group

- Agencies for Nutrition Action
- Ashburton District Council
- Banks Peninsula District Council
- Cancer Society
- Canterbury Community Primary Health Organisation
- Canterbury District Health Board, including: Planning and Funding, Nutrition Services, Public Health Nurses, Community and Public Health, Hauora Matauraka, Paediatric Services, Cardiology and Diabetes Secondary Services, Executive Management Team, Chief Medical Officer.
- Christchurch City Council
- Christchurch College of Education
- Diabetes Christchurch
- He Oranga Pounamu
- He Waka Tapu
- Health Sponsorship Council
- Hurunui District Council
- Hurunui Kaikoura Primary Health Organisation
- Kaikoura District Council
- Lincoln University
- Mäori Indigenous Health Institute (MIHI), University of Otago
- Ministry of Health
- Ministry of Pacific Island Affairs
- National Heart Foundation
- New Zealand College of Midwives
- NZ Breast Feeding Association
- Obesity Action Coalition
- Pacific Trust Canterbury
- Partnership Health Canterbury Primary Health Organisation
- Prof Don Beaven
- Royal New Zealand Plunket Society
- Rural Canterbury Primary Health Organisation
- Selwyn District Council
- Canterbury West Coast Sports Trust (Sport Canterbury)
- Te Amorangi Richmond
- Te Puni Kokiri
- Waimakariri District Council
- YMCA

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Appendix 3: Outcome and impact benchmarks

New Zealand Health Survey reported in *A Portrait of Health* is the current information available on nutrition, physical activity and obesity.[6] This information provides a useful benchmark for the Action Plan. Extracts from *A Portrait of Health* provide more detail about the benchmarks identified for this Action Plan.

Nutrition

In New Zealand, it is recommended that adults eat at least three servings of vegetables and at least two servings of fruit each day. In *A Portrait of Health* survey, vegetable and fruit intake was measured by asking participants how many servings of vegetables they eat each day on average and how many servings of fruit they eat each day on average.

- Overall, two-thirds of adults (68.6%; 67.0–70.1) ate the recommended three or more servings of vegetables each day.
- Females (71.1%; 69.1–73.1) were significantly more likely than males (63.3%; 60.8–65.8) to meet the recommendation for vegetable intake.
- In males, European/Other and Māori ethnic groups were significantly more likely than Pacific and Asian ethnic groups to eat three or more servings of vegetables each day (Figure 40). In females, European/Other were significantly more likely than all other ethnic groups, and Māori were significantly more likely than Pacific and Asian ethnic groups, to eat three or more servings of vegetables each day.

Physical Activity

Physical activity refers to all movement produced by skeletal muscles that increases energy expenditure, whether it is incidental, occupational or recreational. To adequately measure physical activity, information needs to be collected on the intensity, frequency, type, context and duration of activity. Unfortunately, there is no universal or commonly used measure for investigating each of these five dimensions.

In *A Portrait of Health survey*, physical activity was measured by asking participants how much physical activity they had done in the last seven days, with separate questions for brisk walking, moderate activity and vigorous activity. Total physical activity (minutes per week) was calculated as: minutes of brisk walking + minutes of moderate activity + (minutes of vigorous activity x two) (ie, one minute of vigorous activity is equivalent to two minutes of moderate intensity activity). Participants were also asked on how many of the last seven days they were active.

Sport and Recreation New Zealand recommends that adults do at least 30 minutes of moderate intensity physical activity (equivalent to brisk walking) on most (at least five), if not all, days of the week. It is also recommended that, when possible, vigorous exercise is added for extra fitness and health benefits.

The following definitions are used:

- Physically active – at least 2.5 hours of physical activity in the last week, with exercise accumulated on one or more days of the week.

- Regularly physically active – at least 2.5 hours of physical activity in the last week, comprising at least 30 minutes of physical activity per day on five or more days of the last week.
- Sedentary – less than 30 minutes of physical activity in the last week.

- Overall, three out of four adults (73.4%; 72.0–74.8) were physically active.
- Males (78.4%; 76.6–80.2) were significantly more likely than females (69.9%; 67.9–71.9) to be physically active.
- A smaller proportion of adults (52.1%; 50.7–53.6) were regularly physically active. Males (56.7%; 54.5–58.9) were significantly more likely than females (48.6%; 46.5–50.6) to be regularly physically active.

Obesity

This section of the survey included measurements of height, weight and waist circumference using standardised equipment and techniques. Participants were also asked whether they had gained more than 10 kg since age 18 years (adult weight gain) and whether they had ever lost more than 10 kg through dieting and then put it on again (weight cycling).

Body mass index (BMI) was calculated by dividing weight in kilograms by height in metres squared (kg/m2). Adults were classified as overweight or obese according to their BMI. Higher BMI cut-offs were used to classify Māori and Pacific peoples as overweight and obese to account for differences in muscle mass. See the definitions in Appendix 1 for details.

- Overall, one in three adults (35.2%; 34.0–36.4) were overweight (excludes obese).
- Males (40.5%; 38.3–42.8) were significantly more likely than females (27.5%; 25.8–29.2) to be overweight.
- Asian males were significantly less likely to be overweight than European/Other, Māori and Pacific males. Asian females were significantly less likely to be overweight than Māori and Pacific females.
- Overall, one in five adults (20.9%; 19.9–22.0) were obese.
- There was no significant difference in the proportion of males (19.2%; 17.7–20.6) and females (21.0%; 19.5–22.5) who were obese.
- In both males and females, the prevalence of obesity was highest in the Pacific ethnic group, followed by Māori, European/Other and Asian ethnic groups (Figure 55). Differences between ethnic groups in the prevalence of obesity were significant, except between Māori and Pacific males. Note: the threshold for obesity may have been set too high for the Asian ethnic group, so underestimating the prevalence of obesity in this group.

Appendix 4: Population Groups

Mäori

Mäori are more likely than non-Mäori to experience poor health as a consequence of poor nutrition and obesity. There could be significant health gains if Mäori were able to eat well, and if there were fewer barriers to regular physical activity. To enable this, Mäori health needs to be understood in the wider social, economic, cultural and political context and based on holistic Mäori approaches to health. This action plan has addressed initiatives for Mäori via an integrated approach with a focus on working in partnership with current providers.

Pacific Peoples

Pacific people, while culturally diverse as a group share higher rates of many lifestyle conditions directly linked to nutrition and physical activity. Food plays a central role in the Pacific community, and any interventions to improve nutrition (and increase physical activity) need to have a community rather than individual focus and be delivered within the context of cultural values, beliefs and social environment. This action plan focuses on working with the Pacific community in the Canterbury region by working in partnership with existing providers, and community groups.

Other ethnic groups

In 2001, 4.4% of the CDHB resident population identified as being of Asian ethnicity, and this is expected to have increased since this time. There are also an increasing number of new migrants, including those of refugee status. The needs of these populations need to be addressed, which includes access to interpreters, and culturally appropriate programmes.

Low socio-economic groups

There is also a strong link between socioeconomic resources and health status. Many families in New Zealand report lack of money/resources as factors influencing food selection. Lower cost meats in particular are high in fat and contribute to obesity rates. Access to physical activity opportunities is also an issue for low-income families. Developing services and programmes that meet the needs of people from lower socioeconomic groups is a focus of the action plan.

Child and Youth

The foundations for a healthy life are laid in infancy, childhood and adolescence, and a commitment to the health of our children and youth is a commitment to their health now and in the future. Improving nutrition and physical activity and promoting a healthy body weight are issues for all age groups, but health status in the early years impacts on future health throughout life. This action plan focuses on infants, children and young people, promoting the family and whanau setting to provide a sound environment for supporting positive behavioural change. In particular, breastfeeding is recognised as contributing positively to infant health including reducing the chance of developing obesity in adulthood.

Older persons

The CDHB's district has an ageing population with a high number of people aged 65+ compared with other district health boards. The majority of these older people are well,

and the aim of the CDHB is to keep them well for as long as possible. Strategies include the promotion of a healthy lifestyle including healthy eating and physical activity.

People with Chronic Disease

Those who have already developed chronic diseases such as diabetes and cardiovascular disease can benefit greatly from increasing physical activity and improved nutrition. Mental health service clients are a specific population with particular needs regarding healthy weight, healthy eating and active living. The CDHB Mental Health Dietitians have been active in developing resources for this group of people.

Rural

Approximately 16% (69,000) of the CDHB population lives in rural Canterbury. Rural people have similar health needs to the urban population but access to services may be complicated by transport difficulties, cost, geography and availability. These factors need to be considered when looking at systems and services to address nutrition and physical activity.

Appendix 5:Service Map Conclusions

Table 1: Summary of the DRAFT Physical Activity and Nutrition Health Promotion Initiatives Service Map Conclusions and Recommendations[8] *[34]*

Conclusion	Recommendation
A range of projects/programmes addressing physical activity and nutrition are available in Canterbury, but there is presently poor coordination and integration.	Promote integration and coordination between key stakeholders in physical activity and nutrition.
Programme design and evaluation is often not informed by a theoretical or evidence base. The vast majority of projects and programmes had performed insufficient evaluation	Develop programme design and evaluation capacity, by investigating methods to make evidence and theory more accessible, and evaluation more rigorous, and methods to make utilising this theory practicable within the funding restraints of providers.
Social and environmental support are key to successful projects/programmes as health promotion evidence and theory strongly supports the inclusion of social and environmental support as vital factors in supporting individuals and communities to develop healthier lifestyles.	Promote social and environmental supportive components of individual and population based projects, programmes and initiatives, and through closer collaboration with TAs
There are gaps for physical activity promotion initiatives outside the sports setting	Develop and promote opportunities for non-sport opportunities for exercise, particularly including incidental exercise and active transport.
There are gaps in community based nutrition capacity	Develop the capacity of primary care to meet the requirement for a greater community based nutrition capacity.
Mäori and Pacific needs are high for physical activity and nutrition health promotion	Develop the capacity of existing Mäori and Pacific initiatives to improve reach to these populations. For example, providing greater funding to both kaupapa Mäori and "mainstream" programmes to address physical activity and nutrition in Mäori and Pacific communities with culturally appropriate approaches.
A service map exercise provides a valuable tool for current and future coordination, planning and activities	Make information obtained from this study available to study participants and Canterbury nutrition and physical activity stakeholders via an Internet searchable database. Develop and maintain the database and keep the service map current.

[8] At the time of the release of this Action Plan, the Service Map was still in draft. – so comments here are only indicative of the final recommendations

Appendix 6: Nutrition and Physical Activity policy and practice for the Canterbury District Health Board

Background

In May 2004, the DHBNZ issued a policy, endorsed by CEO's of all District Health Board's (DHB's) that outlined a collective decision that DHB's would implement Healthy Eating-Healthy Action (HEHA) within their own organisation and as a core requirement of funded services with non-DHB owned providers. The policy stated that DHB's would ensure that HEHA is addressed though the inclusion of nutrition and physical activity interventions in core DHB work. The goals of HEHA are to improve nutrition, increase physical activity and reduce obesity.

Proposed Scope

All CDHB settings and providers including hospitals, corporate services, public health services and contracted CDHB health providers. Hospital and Specialist Services, Community & Public Health (C&PH) and Corporate Services will be the first priority, followed by contracted CDHB health providers such as Non-Government Organisations. The key stakeholder groups that will be involved in the project are staff, patients, visitors and contracted providers.

Proposed Process

A project team will be formed to create a plan that will drive the development and implementation of comprehensive nutrition and physical activity policies and practices for the CDHB. The project team will include key CDHB employees such as dietitians, health promoters, nurses, allied health staff and contracted health provider representatives. It is envisaged that the project team will be formed in early 2005.

Proposed Vision

CDHB physical and social environments support physical activity and healthy eating choices.

Project Management

Project Manager: Kerri Mason, Settings Manager (C&PH)
Project Sponsor: Evon Currie, General Manager, Population and Public Health, CDHB
Lead Hospital General Manager: Pauline Burt, General Manager, Christchurch Women's & Children's Division, CDHB