



update

RAISING AWARENESS, SHIFTING ATTITUDES & CHANGING BEHAVIOUR

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Editorial

The Healthy Eating, Healthy Action Implementation Plan identifies nine priorities for action in its "start here list". One of these priorities is the development and implementation of a range of social marketing strategies to facilitate behaviour changes supporting healthy eating, healthy action and healthy weight.

In 2002 ANA began working with the Health Sponsorship Council (HSC) to investigate the potential for social marketing to contribute to reducing obesity in New Zealand. Social marketing is widely talked about but not well understood. It refers to "the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary and involuntary behaviour of target audiences in order to improve the welfare of individuals and society" (Donovan and Henley, 2003).

Social marketing is not just about education. The bottom line focus is on achieving sustainable behaviour change for a positive social benefit. A key component at the outset is understanding the target audience. The target audience is not treated as a homogeneous group instead it is carefully segmented to maximise the applicability and relevance of messages to different sub-groups.

ANA and the HSC have combined their strengths and resources in nutrition and social marketing to produce a comprehensive plan for a healthy eating social marketing strategy. The plan focuses on the key nutrition messages identified in the Food and Nutrition Guidelines. The rationale for focusing on nutrition rather than nutrition and physical activity was carefully considered. Nutrition has been chosen as a focus because it is an important area in its own right and has implications that are much wider than just obesity. Physical activity is already well covered by the social marketing strategies of Sport and Recreation New Zealand (SPARC). SPARC has also been successful in securing significant funding for the implementation of these strategies. While both healthy eating and healthy action are essential, the messages and the target audiences are different. In order to create a strategy that is truly audience-focused it is necessary to consider the two strands separately as well as together.

The strategy developed by ANA and the HSC acknowledges the key role that regional health promoters undertake in working with communities. We hope to hear soon whether funding will be available to implement the healthy eating social marketing strategy and will keep you up to date with the progress. With the breadth of experience from ANA, the HSC and the many regional health promoters involved in promoting healthy eating I have no doubt that this strategy will prove successful.

Carolyn Watts
ANA Chairperson

Donovan R, Henley N. Social Marketing Principles and Practice. Melbourne: IP Communications, 2003.



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CHRISTINA'S CORNER



Kia ora

Today I have just finalised the programme for 'Kawea ake te wero – Call to action' Public Health Nutrition and Physical Activity conference. The programme is now available on the ANA website: www.ana.org.nz. If you take a look you will see as well as excellent keynote speakers, there is also a range of concurrent sessions profiling a range of recent research and programmes. So if you are not already registered, take a look at the programme and reconsider if you can afford to miss the one national conference that is specifically targeted for people who work in public health nutrition and physical activity. There is still time to register.

ANA facilitated the Healthy Eating Healthy Action, Ministry of Health's, workshops which approximately 500 people attended in the 13 different centres. I personally enjoyed the opportunity to go to places where an ANA forum has not been held and find out what is happening and meet the people

behind the email contact details. For more information see the article below.

Nicola Chilcott, ANA's Executive Officer has also been busy organising the 'Food Advertising to Children' symposium held in Wellington in March. See pages 3 & 4 for more information on some of the excellent presentations at this event.

Finally, the ANA Scientific Committee will present their first review 'Do sugary drinks contribute to obesity in children?' on May 25 at the National Conference. We hope this review will be useful in your work.

See you at the conference,

Noho ora mai, nā
Christina

Healthy Eating Healthy Action Workshops

From November 2004 to March 2005, the Healthy Eating Healthy Action (HEHA) 'Make it happen' workshops were run in 13 regions throughout the country, co-ordinated by Agencies for Nutrition Action in consultation with the Ministry of Health.

The workshops included an overview of the Healthy Eating-Healthy Action Implementation Plan, emphasising the links with 'He Korowai Oranga' the Ministry of Health's Māori Health Strategy, and Reducing Inequalities.

Each workshop included a facilitated session by Hine Martin, for participants to discuss how they could progress the objectives of HEHA regionally. A number of sessions resulted in a commitment to set up a further meeting where the formation of a local 'HEHA' network would be discussed. Regional outcomes from these workshops included:

- Commitment to work towards establishing a regional network was achieved in Napier, Gisborne, Invercargill, Nelson/Blenheim (Māori specific) and New Plymouth.
- Where a network was already established participants discussed how they could strengthen what currently existed. This occurred in Hamilton for the 'PANINI' group, in Rotorua for the 'PANN' group, and in Whakatane, Whangarei, Palmerston North, and Dunedin.

- Support for an email group and a national on line database was the outcome of the Auckland workshop.
- In Christchurch, the afternoon session focused on discussing the development of the CDHB Healthy Eating Active Living Plan. (See article page 3)
- People also commented that other organisations or their managers should have attended the workshop as well. Care had been taken by organisers to invite as wide a range of organisations and people as possible. In the afternoon sessions participants identified other individuals and organisations that need to be contacted to become involved with the local HEHA group.

As a result of this feedback, ANA are updating their website and adding to the Nutrition Action New Zealand Database. This should allow us to get a national picture of what organisations are doing in each region to further the objectives of HEHA. We are also working on a separate page to profile the different regional networks established to support HEHA.

If you would like to know more about HEHA, the Ministry of Health has recently added a 'HEHA' section to their website. The address is:

www.moh.govt.nz/healthyeatinghealthyaction

Canterbury DHB's Healthy Eating and Active Living Plan

The Canterbury District Health Board has recently endorsed a strategic plan specifically looking at nutrition and physical activity. The 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 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: Māori, Pacific peoples, low socioeconomic groups, and children and youth.

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

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.
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.

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

The development of this plan was a real challenge: getting the balance of clinical, community and public health ideas as well as consultation with stakeholders and the community. One of the key ways we achieved this was a series of cluster groups, one for each of the potential focus areas and one each for those working in Māori and Pacific Island communities. These were a great opportunity for less formal discussion and input.

We are now starting the "implementation phase" with the plan providing a base for public health work, and also providing the impetus for progressing initiatives e.g. "services for children who are overweight/obese".

The plan will be available on the CDHB website (www.cdhb.govt.nz). Any questions please contact:

Janelle Mackie (Janelle.Mackie@cdhb.govt.nz) or Dr Lynley Cook (Lynley.Cook@cdhb.govt.nz)

Food Advertising to Children Symposium Report

The following presentations are available on our website: www.ana.org.nz

Food Marketing – What do we know?

What should we do?

Professor Gerard Hastings, Director of the Institute of Social Marketing, Stirling and the Open University, discussed a 'Review of research on the effects of food promotion to children' prepared for the Food Standards Agency, and released in September 2003. To summarise the review examined the following two questions:

- What is the extent and nature of food promotion to children?
- What are the effects of food promotion on children's food knowledge, preferences and behaviour?

Following a rigorous methodology, the review found:

- Food dominates advertising to children

- Five product categories dominate this advertising: soft drinks, pre-sugared cereals confectionery, snacks and fast food restaurants
- The advertised diet contrasts dramatically with the recommended diet
- Children engage with and enjoy this unhealthy advertising
- Food promotion is having an effect, particularly on children's preferences, purchase behaviour and consumption.
- The effect is independent of other factors
- It operates at both a brand and category level.



Gerard Hastings

For more information the 190 pages long review is available to download from the following website link. <http://www.food.gov.uk/healthiereating/promotion/issues/aboutreview/>

The second part of Gerard's presentation focused on what to do about the above findings. He suggested constructive engagement with industry to change the above. The focus needs to be on foods not diet, and foods need to be categorised as healthier/less healthy. The marketing of unhealthy foods needs to be reduced and healthier foods increased.

In order to reduce the marketing of unhealthy foods he suggested that changes needed to be made both to the production and promotion of food. He suggested that there should be agreed targets for food products on the amount of fat, salt and sugar they contain, and that the proportion of healthier products needs to be increased.

Advertising: Promotion and Obesity – A critical review of the debate

Professor Janet Hoek, from the Department of Marketing, Massey University also gave an interesting presentation at the symposium. Janet discussed that while the debate is out on whether advertising creates the problem of obesity it does ensure the problem continues to exist.

Advertising doesn't make anyone buy less healthy food, but it is likely to make consumption of less healthy foods appear consistent with a 'good' diet', make 'Up-sizing' a normal and common sense behaviour and increase the amount of food consumed and the rate of consumption.

Janet noted that there are a number of myths around advertising and obesity. The most common one quoted is 'parents are responsible for their children's diets'. Janet pointed out that a parent's task of saying 'NO!' is complicated by children's recognition and positive association with food company brands, the use of child-related imagery (cartoon characters etc) by food companies, and the high levels of food advertising in children's media.

Another common argument is 'obesity is a complex problem and it's not fair to single out advertising for attention'. However Janet suggested that to accept this argument means little action is likely to occur. She noted that advertising is not neutral. It maintains brand recognition, and supports the continuation of less healthy behaviours and militates against the acceptance of alternative eating patterns.

Janet suggested that there should be voluntary or mandated removal of industry practices that encourage

In addition, all less healthy products should have healthier variants and labelling should include both a recommended daily and weekly intake.

In order to increase marketing of healthier foods he suggested a blinded fund from food industry levies to support social marketing on healthy eating. He also suggested that only healthier products should be marketed in schools, that only healthier food should be advertised to children, and celebrity endorsement should only be used with healthier offerings.

Definitely plenty of food for thought.



people to eat more including merchandise-linked loyalty programmes, and bundling discount promotions e.g. two for the price of one. She also agreed with Gerard that the amount of food advertising during children's programmes needed to be reduced, and the use of youth role models to advertise unhealthy foods should be banned.

She suggested that there is a reluctance to take action by policy makers on this issue as there is perceived lack of public support. However, a mail survey of the public conducted in late 2003 found 67% of people in the survey thought the government should ban fast food advertising during children's television hours, and only 28% of those surveyed thought that fast food advertisers should advertise to children. A survey in 2004 in the UK had similar results with 89% of people agreeing that there should be government intervention so that schools only provided healthy meals, 82% agreeing that there should be laws to limit levels of salt, fat and sugar in foods, and 73% agreeing that the government should intervene to stop advertising of junk food to children and young people.

Janet concluded that marketing communications are not solely responsible for obesity, but they do reinforce and intensify less healthy eating habits. She advocated for stronger public policy and regulation in order to provide a supportive environment for social marketing campaigns to encourage healthy eating.

Active Communities

The following two articles are reprinted from the Active Communities Newsletter produced by SPARC. To see copies of this newsletter go to: www.sparc.org.nz.

Hutt Valley Active Communities Project Update

The Hutt Valley Active Communities is a joint project between Hutt City Council and Upper Hutt City Council supported by Sport Wellington Region, Regional Public Health and SPARC.

The overall aim of the project is to improve the physical activity levels of inactive groups in the Hutt Valley and strengthen physical activity provider's ability to meet the needs of these groups.

To date, the following objectives have been met:

- A physical activity database has been developed to be used as a resource for Green Prescription coordinators, the information centre and the Citizen Advice Bureau.
- Relationships between physical activity providers and the councils have been strengthened. Future training needs of physical activity providers and council bodies have been identified.
- A physical activity survey of 700 Hutt Valley residents has been conducted to find out baseline activity levels and to identify low-level activity groups. This survey measured all aspects of physical activity including: occupational, transportation, incidental and recreation and leisure time activity. The results indicate that 10% (9870 people) of Hutt Valley residents are sedentary and 21% (20728 people) are relatively inactive (see Table 1).

Level of physical activity of Hutt Valley residents in the preceding 7-day period

LEVEL OF ACTIVITY	TOTAL n=700	LOWER HUTT n=400	UPPER HUTT n=300
	%	%	%
Sedentary – no activity	10	12	8
Relatively inactive - under 2.5 hours	21	21	21
Relatively active - 2.5 to 5 hours	27	26	29
Highly active - 5 hours or more	42	41	42
TOTAL	100%	100%	100%

Table 1: Hutt Valley Active Communities Research Project, Sept 2004

- This report indicates that:
 - Women appear to be less active than men
 - Respondent's with 'no formal qualification' registered the lowest level of physical activity in both Upper and Lower Hutt
 - Community Service Cardholders are less active than non-cardholders
 - 59% of respondents recalled/recognised elements of SPARC's PushPlay campaign
- Target population groups have been identified by the Hutt Valley Active Communities project. A target market focus group has been held to test and 'nut-out' strategies for enhancing physical activity among Hutt Valley residents.

For further information contact Kristen Foley, Hutt Valley Active Communities Coordinator on (04) 577-8095 or kristen.foley@huttcity.govt.nz



X-ZITE ROTORUA

Get Active Stay Active ...



Get Active Stay Active Community Collaboration

Get Active Stay Active is a hands-on approach to increasing physical activity levels in the Rotorua area. Development of strong, practical partnerships between the Get Active Stay Active programme and community partners will ensure a wide reaching community campaign around the benefits of physical activity, participation and nutrition. Creating strategic links amongst key Community Partners will enable the principles of this project to be applied across a very broad cross section of the community.

The Community Partners involved with Get Active Stay Active are Ministry of Health, Lakes District Health Board, Health Rotorua, Toi te Ora, Sport Bay of Plenty, Te Papa Takaro O Te Arawa and Rotorua Aquatic Centre. These partnerships have allowed Rotorua District Council to obtain existing data and information, which will be analysed to help establish any gaps in physical activity and nutrition levels within the Rotorua Community. This information will then be integrated into the Get Active Stay Active research and subsequently the Get Active Stay Active Programme Development. They hope to have the research completed by February 2005. Below are some examples of how these community partnerships are working.

The Lakes DHB Needs Assessment, which is currently being developed by the Lakes District Health Board, will be utilised for information relating to nutrition and physical activity. Where there are gaps in physical activity information within the findings of the Lakes Needs Assessment, the Get Active Stay Active Research programme will fill in the information and will ensure that the programmes developed best meet the needs of the community.

Te Papa Takaro O Te Arawa provides networking relationships between Council and Iwi/Hapu in the Rotorua District. As the Maori population of Rotorua is increasing and the diversity of culture in each rohe (area) requires different approaches and strategies, liaison with this partner will ensure that important programming aspects are integrated into the Get Active Stay Active programme.

Get Active Stay Active run Community Partner Meetings on the last Thursday of each month to discuss the progress of the programme and any additional information or issues that may be useful for overall development of the programme.

As the Programme develops further it is envisaged that other key community organisations will become involved to support SPARC's three-year \$356,118 investment. The Get Active Stay Active team are currently seeking both financial and in-kind contributions to ensure the sustainability and success of the programme.

For further information, please contact Maylene Meroiti at the Rotorua District Council on (07) 349-5141 or email maylene.meroiti@rdc.govt.nz, http://www.rotoruanz.com/eventvenues/au_profile.asp

New Resources

Mental Health and Physical Activity Resources - now available in Māori

The pamphlets produced by SPARC and the Mental Health Foundation of New Zealand on, 'Physical Activity for Mental Wellbeing' and 'Being Active when you live with mental illness' are now available in Te Reo Māori. To order call 0800 ACTIVE - 0800 22 84 03 or go to: www.pushplay.org.nz or www.mentalhealth.org.nz

Getting there - on foot, by cycle

Getting there - on foot, by cycle, is the Government's strategy to advance walking and cycling in New Zealand transport.

Getting there - on foot, by cycle has three goals:

- : improving environments for walking and cycling;
- : improving safety for pedestrians and cyclists; and
- : increasing walking and cycling for day-to-day transport.

Copies of Getting there - on foot, by cycle can be obtained from the Ministry of Transport by:

- website: www.transport.govt.nz (click on the "current/current issues" links)
- email: walkcyclestrategy@transport.govt.nz
- phone: (04) 498-0612

Opportunities for all New Zealanders

Opportunities for all New Zealanders describes what central government is doing to promote social wellbeing and reduce disadvantage. It identifies five critical social issues for sustained interagency action over the next three to five years. One of the priority issues identified is 'Healthy Eating and Healthy Activity Reduce Obesity Related Risks'. For more information go to the publications section of www.msd.govt.nz.

COMING EVENTS

First Call for Papers

FIFTH NEW ZEALAND CYCLING CONFERENCE

Changing Lanes - cycling into the mainstream
October 14 & 15 2005, Little Theatre, Hutt City
Deadline for Abstracts: 30 April 2005

The 2005 conference is being held in the context of substantial changes in transport at a national and local level, coupled with an unprecedented increase in particularly recreational cycling. Topics include: how cycling contributes to sustainable transport and interrelated goals in health, education, environment and economic development; whether this knowledge translates into increased rates of cycling; how the engineering, planning and political communities are adapting to facilitate cycling; the effectiveness of national, regional and local cycling strategies; and the influence of central government rationalization and local government reforms.

For more information go to <http://www.can.org.nz/events/2005NZCyclingConf/>, or contact: Stephen Knight, Advocacy Manager, BikeNZ Inc, PO Box 1057, Wellington, (021) 599 102; (04) 916 1873; E-mail - stephen@bikenz.org.nz

ANA email reminder!

Remember if you would like to receive this newsletter and other information from us via email ANA your details (ana@cph.co.nz) or send in the form below to: Agencies for Nutrition Action, P O Box 13-795 Christchurch:

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