

2008 - 2010

OTAGO HEHA PLAN



EXECUTIVE SUMMARY

Otago as a region provides relatively free access to activity opportunities and locally grown fresh produce. Yet less than half of our population consume fruit and vegetables to the recommended levels and around 45% of us are insufficiently physically active. Today we are more sedentary, consume poorer quality food, and are more overweight than previous generations. The lifestyle choices we are making are leading to an exponential increase in the rates of overweight and obesity, providing the key drivers in the increasing rates of chronic diseases such as type 2 diabetes, heart disease, stroke and cancer.

These health issues should be a concern for all of society; increasing disease rates and premature death impact on the strong and effective functioning of families and whānau, workplaces and communities. The determinants of these health problems are diverse and complex and include factors such as income levels, housing, access to transport, cultural factors, genetics and the environment. We also know that these determinants, as well as their impacts, are not evenly distributed across the population. Māori, Pacific people, and families and whānau with lower incomes are more likely

to be affected by the health issues associated with poor nutrition, insufficient physical activity and obesity. To achieve optimal health for ourselves, our families, and our wider community we need to address the wide variety of factors that presently make it easy for us to make poor choices about the food we eat and the amount of physical activity we do.

In 2003 the Ministry of Health launched the Healthy Eating Healthy Action — Oranga Kai Oranga Pumau (HEHA) strategy. This strategy recognises the diverse and complex factors contributing to our current health problems and emphasises the need to take a sector-wide approach to change the environment we live in. While the HEHA strategy is helping to make changes at a national level, it is important for us to have a plan to address the issues that are specific to the needs of Otago.

Finding solutions to the challenges posed by these trends cannot exclusively be the responsibility of the health sector; lifestyle changes that are sustainable take time to establish and will require consistent, comprehensive and coordinated activity by all of society.

This Plan has been developed by the Otago HEHA Reference Group, an interagency group from diverse backgrounds, all of whom recognise the role they have to play in addressing this problem. The group also recognises the enormity of the task ahead and subsequently has elected to choose a specific focus for this plan. Accordingly, the plan prioritises creating an environment and society where the healthy choice is the easier choice.

This plan, which will be reviewed every two years, is a living document which recognises the many initiatives that are already underway, and seeks to build on these. The organisations involved in developing this plan are expected to “walk the talk” and will be held accountable for their actions; our hope is that other agencies and organisations will also be inspired to identify what they can do to contribute. Together we bring a strength and vision to this plan that is far greater than the sum of our individual actions, and together we can ensure Otago is a region where all people are given the best chance of leading healthy, active, and happy lives.



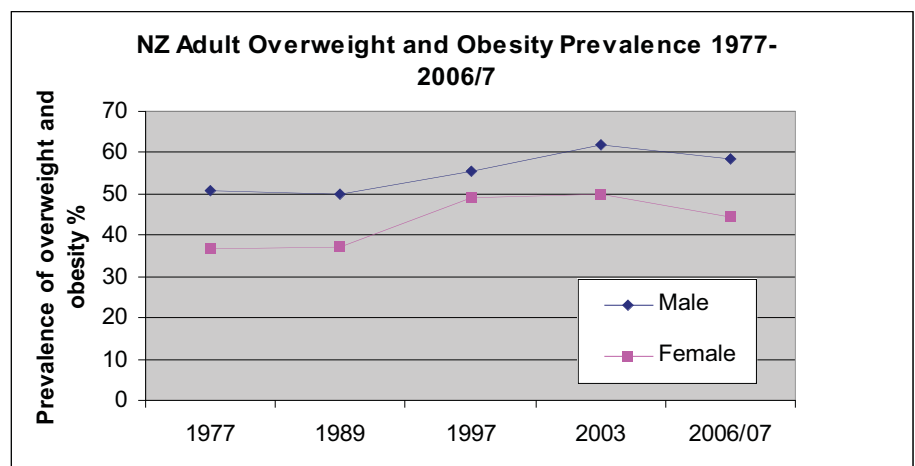
THE PROBLEM

The issues facing our population are relatively new. Although the average BMI¹ steadily increased throughout the 20th century, it wasn't until the early 1990's that the rates of overweight and obesity started to rapidly track upwards (see graph). Estimates for Otago are available from the 2006/07 New Zealand Health Survey, with 58% of Otago adults overweight or obese. Māori are more likely to be overweight or obese (68%).

While we are slightly ahead of the rest of the country for our consumption of fruit and vegetables, less than half of us eat the recommended minimum of five servings each day. We're also a little more likely to be active for at least 30 minutes a day on five or more days per week (Otago 61%, New Zealand 51%).

To better understand some of these statistics it is important to consider the following trends:

- Increasingly sedentary lifestyles
 - Average car ownership per household increased from 1.41 in 1986 to 1.57 in 1996, despite the number of people per household decreasing from 2.8 to 2.65 over the same period (census figures)
 - Concerns about safety e.g. stranger danger and road safety fears reduce active transport
 - Increasingly sedentary pastimes e.g. television, computer/video games
 - Work-life balance - average hours worked by couples with young children has increased plus more people are working longer hoursⁱ



- Reduced quality of diet
 - Increasing availability, marketing and affordability of poor quality food i.e. food that is high in fat, salt and sugar
 - Increasing pressure on low-income households' incomes following welfare reforms of early 1990's (e.g. market rents for state housing)
 - Introduction of GST on all food (including healthy foods) and increasing costs of food
 - Increasing consumption of energy dense, nutrient poor snacks (while undertaking sedentary pastimes)
 - Changes to school environments: reduced focus on nutrition, cooking, and physical education; increasing availability of energy dense foods
 - Reduced opportunities for traditional food gathering, especially for Māori (e.g. kaimoana)
 - Possible implications of single parent families



¹ Body Mass Index - a measure of weight in proportion to height and the measure used to define overweight and obesity.

Although there are genetic factors associated with obesity, the recent rapid increase in obesity prevalence cannot be explained by changes to the genetic makeup of New Zealanders. Likewise climate, which is often cited by those in Otago as a barrier to undertaking physical activity and accessing seasonal vegetables and fruits, is no more a barrier now than in the 1980's and so is unlikely to have contributed to growing obesity rates.

The above list is by no means complete, but shows some of the known and perceived determinants of this problem and in particular illustrates the diversity of the causative factors. It is clear that the potential strategies to achieve an improvement in nutrition and physical activity are also diverse and complex, and many are outside the scope of the health sector. An urgent, concerted and sustained

public health approach is needed to manage these issues.

People are not isolated beings, and the changes in population BMI can only be explained by understanding the wider societal, cultural, political and economic impacts on health. Accordingly, environmental approaches have the greatest potential to reduce the problem and are less likely to exacerbate health inequalities.



THE RESPONSE

The first comprehensive national response to this issue was released in 2003: *Healthy Eating, Healthy Action ~ Oranga Kai, Oranga Pumau - A Strategic Framework* (Ministry of Health, 2003). In recent years, action at a national level to promote HEHA has escalated, including social marketing campaigns (e.g. 'Feeding our Futures' and 'Push Play') and other activities (e.g. Mission-On and the Food and Beverage Classification System).

In Otago a number of organisations are already actively working to improve the population's nutrition and physical activity status. The Cancer Society, the Heart Foundation, Public Health South and Sport Otago have been involved for a long time. In recent years emerging players have included

local Councils, education services, Māori Health Providers, Pacific Health Providers, Primary Health Organisations and the Otago District Health Board (Otago DHB). Many of these organisations are connected through various networking groups, and an Otago HEHA Reference Group (OHEHARG) was established in late 2007 to provide a high-level strategic and advocacy role. To support the breadth of activity, the Ministry of Health also funded the Otago DHB to provide leadership and coordination for the local HEHA sector from 2007.

While some progress is being made, it is clear from the scale of the problem that more needs to be done and actions need to be sustained. However, the organisations currently involved in HEHA actions operate

within a context of scarcity — relying on limited taxpayer or ratepayer revenue or hard-earned community fundraising. Within this context, scope to turn the rising obesity trend around will rely on tackling the problem in a different way. To compound the situation the evidence for effective action is limited. For the causative factors (discussed in the list on page 3) to be addressed in any meaningful way, action needs to be taken internationally and nationally as well as locally. Otago must ensure that it invests its efforts and precious resources wisely, building on the evidence where it does exist, and on successful action happening elsewhere.

THE GOALS

The vision of the national HEHA Strategyⁱⁱ is:

“An environment and society where individuals, families and whānau, and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight.”

Achieving an environment and society that supports this vision will help us realise the goals of improving nutrition, increasing physical activity and (consequently) reducing overweight and obesity. There is no reason why New Zealand cannot be the first nation to reverse the recent trends, and why Otago cannot be the region to lead the way.

Measuring progress towards our goals is possible through the assessment of various datasets. We will know we have achieved the goals when the data reflects results such as:

- Increasing fruit and vegetable consumption (New Zealand Health Survey; Ministry of Health)
- Increasing breastfeeding rates (as reported by Well Child providers)
- Increasing rates of physical activity participation (New Zealand Health

Survey; Ministry of Health, SPARC surveys)

- Reduced intake of fat (especially saturated fat), salt and sugar (National Nutrition Survey; Ministry of Health)
- Reduced portion sizes and the promotion of moderation (National Nutrition Survey; Ministry of Health).

This Plan is valid until 2010. During that time it is expected the context for these issues will change markedly as a consequence of increasing action at many levels. The Ministry of Health’s HEHA Implementation Plan, which guides this Plan, also expires in 2010 and is currently being revised to reflect the activity that has commenced since it was first written. The pathway beyond 2010 will be influenced and refined by many actions and stakeholders over the coming two to three years.



THE ACTIONS

By addressing the broader environment in which people make their food and physical activity decisions, we can make healthy lifestyles easier for individuals to achieve. If we don’t change the environment we will be relying on people having to change their behaviour in contexts which continue to encourage unhealthy choices. Strategies that rely on behaviour change without broader environmental support are likely to increase inequalities as the most advantaged populations, who have the greatest control over their determinants of health, are the most able and likely to adopt healthier behaviours. In contrast, strategies that focus on modifying the broader environment are known to be more equitable, effective (including cost-effective) and sustainable solutions to influence ‘default’ behaviours and underlying determinants, achieving health gains for allⁱⁱⁱ.





Such strategies are in keeping with the national HEHA vision, and our vision is for Otago to become a community where it is easy to eat, move and live well, i.e. a community where:

- safe, well maintained walking and cycling options are available, allowing ‘active transport’ to be the preferred mode
- workplaces are committed to providing a health-promoting environment (e.g. through the choices in their cafeterias or vending machines)
- public recreation facilities such as swimming pools are affordable for all
- food outlets serve healthy options and sensible portion sizes
- there is easy accessibility to safe, attractive children’s playgrounds
- mothers are welcome to breastfeed anywhere, anytime.

Given the number of contributing factors, and the potential enormity of response options, OHEHARG has decided that it is likely to be most effective to initially focus this plan on specific areas in order to achieve maximal results. For the purpose of this plan, and in acknowledgement of the enormity of the task at hand, we have elected to focus on the following settings:

- 1) workplaces
- 2) education settings
- 3) health services and
- 4) the community

The advantages of a settings-based approach include the ability to impact on our communities across their life course, and hopefully greater equity of outcomes. The plan also refers to and supports activities being undertaken as part of other relevant strategies, and is supported by national social marketing campaigns such as Feeding our Futures.

Because the potential exists to increase inequalities when interventions are accessible for low risk populations but offer little to vulnerable groups (such as lower socioeconomic population groups) the HEAT² tool has been used in the development of this section of the plan. Additionally, the environmental approaches proposed in this plan are known to promote greater equity of outcome because they rely less on language, motivation and ability to change, by directly addressing the determinants of health.

The actions identified in tables 1-4 are by no means exhaustive, but they represent the commitment of the listed agencies and will help us prioritise our immediate goals. Other organisations will be encouraged to contribute resources, in whatever form, to achieving these outcomes, and will also be encouraged to identify additional opportunities.

Additionally, we envisage that as momentum grows and support for our task increases, we will revise our actions, structures, systems and resources and introduce new ones. New and emerging national initiatives will also impact on what we do.



² Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health (Ministry of Health, 2004)

GOAL: Workplaces in Otago role model good practice with respect to nutrition and physical activity

| Objective | Action | Lead Agency | Other | Promoting equity additions | Measures/ indicators of success | Timeframe | |
|--|--|---|-----------|--|---|--|---------|
| I.1 Employees are supported to make good choices about the food they eat and the amount of physical activity they do | I.1.1 Otago HEHA Reference Group members commit to leading the development of a 'Healthy Workplace' Policy in their department or organisation | All | | | Implementation of NPA policies | 2010 | |
| | I.1.2 A 'Walk the Talk' service is provided to assist HEHA stakeholder organisations to achieve good practice | Public Health South, Sport Otago | Otago DHB | Tikanga best practice is integrated | Walk the Talk service implemented | 2009 | |
| | I.1.3 A Workplace Wellness programme is developed to assist organisations to achieve this goal | Public Health South | Otago DHB | Prioritise organisations with higher numbers of target group employees | Workplace Wellness programme commences | 2009 | |
| | I.1.4 Develop a database of programmes and equipment that are available for 'healthy workplace' challenges | Otago DHB | All | | Database completed | 2008 | |
| | I.1.5 Engage with the Chamber of Commerce to raise awareness and encourage involvement of related businesses | OHEHARG | | | Presentation to Chamber of Commerce | 2009 | |
| | I.1.6 Vending machines in workplaces offer healthy options | OHEHACG | | | Prioritise high need areas | Number of venues involved | ongoing |
| | I.2 Women are supported to continue to breastfeed on return to work | I.2.1 OHEHARG member organisations commit to making it easy for mothers to continue to breastfeed upon return to work | All | | Tikanga best practice is integrated | Breastfeeding included in all 'healthy workplace policies' | 2010 |
| I.2.2 Ensure that creating a breastfeeding-friendly environment is an aspect of all workplace programmes | | Public Health South, Otago DHB | All | Tikanga best practice is integrated | Breastfeeding included in all 'workplace wellness' programmes | ongoing | |

2. EDUCATION SETTINGS

GOAL: Schools and early childhood centres provide healthy environments for students

| Objective | Action | Lead Agency | Other | Promoting equity additions | Measures/ indicators of success | Timeframe |
|---|---|-------------------------------|---|--|--|-----------|
| 2.1 ECCs and schools are places that model best practice in nutrition and physical activity | 2.1.1 Development of local initiatives funded through Nutrition Fund ³ (NF) grants | Otago DHB ⁴ | Public Health South, Heart Foundation, School Support | Ensure kohanga and low decile kura are prioritised | 60% of schools and 40% of Early Childhood Centres (ECCs) in Otago have received funding 75% of decile 1-5 schools have received funding | 2009 |
| | 2.1.2 Support implementation of the Food and Beverage Classification System in schools and ECCs | Otago DHB | Public Health South, Heart Foundation | | Networks established for canteen managers and ECC cooks | 2009 |
| | 2.1.3 Approach Otago fruit growers regarding distribution of surplus fruit in season | OHEHACG | | | | 2009 |
| | 2.1.4 Established programmes are promoted and supported e.g. Active Schools, Active Movement, Healthy Heart Award, School Food Programme | Sport Otago, Heart Foundation | | | Annual increase in % of primary and secondary schools and ECCs currently involved in these programmes | ongoing |
| 2.2 Services and programmes available to schools are coordinated and streamlined to avoid duplication and overburdening | 2.2.1 Only existing programmes ⁵ are supported as part of this plan, and coordination of these programmes and the agencies providing them is strengthened | Otago DHB Sport Otago | All agencies working in schools | | Regular collaborative school meetings | ongoing |
| | | | | | Development of a webpage listing schools and their current programmes | |
| 2.3 Professional development of school and ECC staff is supported | 2.3.1 Networks supporting HEHA related work are established e.g. <ul style="list-style-type: none"> canteen managers' network group early childhood centre cooks network group edible garden network group | Otago DHB Heart Foundation | Public Health South, EnviroSchools, Otago University College of Education | Kohanga, kura kaupapa and low decile schools are supported to attend | Workshop numbers, attendance and evaluation | 2008 |

³ The Nutrition Fund provides grants to schools and ECCs to improve their nutrition environment.

⁴ Otago DHB is funded to employ a Healthy Eating Coordinator - Education who is responsible for coordinating programmes in education settings.

⁵ Schools, in particular, are saturated with services and programmes. Only existing programmes are proposed as part of this plan.

3. HEALTH SERVICES

GOAL: Health service environments are consistent with their messages

| Objective | Action | Lead Agency | Other | Promoting equity additions | Measures/ indicators of success | Timeframe |
|---|---|--|---------------------|---|---|-----------|
| 3.1 Health services model best nutrition and physical activity practice so that their settings are consistent with their messages | 3.1.1 Health care settings (including Primary Health Organisations and Rural Trusts) develop Nutrition and Physical Activity policies | Health care settings, Otago DHB, Public Health South | | Prioritise high need areas | | 2010 |
| | 3.1.2 Support maternity facilities to maintain Baby Friendly Hospital Initiative (BFHI) accreditation ⁶ | Otago DHB | Rural Trusts | | Accreditation to BFHI or BFCI as relevant | |
| 3.2 Health professionals are supported to equip clients to make sustainable lifestyle changes. | 3.2.1 Nutrition and Physical Activity Study Day for health professionals and the HEHA sector | Otago DHB | University of Otago | No/minimal attendance cost | Course evaluation | Annual |
| | 3.2.2 Support for Māori workforce professional development e.g. Te Hotu Manawa Māori Nutrition and Physical Activity training made available in Otago | Otago DHB | | Maori health workforce supported to attend ⁷ | | 2009/10 |



⁶ BFHI accreditation is administered by the New Zealand Breastfeeding Authority.

⁷ Otago DHB has funding to support Māori workforce development through HEHA.

4. COMMUNITY

GOAL: All Otago residents are able to achieve active, healthy, enjoyable lifestyles

| Objective | Action | Lead Agency | Other | Promoting equity additions | Measures/ indicators of success | Timeframe |
|--|---|------------------------------------|-------------------------|--|---|-----------|
| 4.1 More people being more active, more often, for longer | 4.1.1 Support the implementation of the: <ul style="list-style-type: none"> - Dunedin City Physical Activity Strategy (PAS) - Clutha PAS - Waitaki District PAS - Central Otago PAS | All | | | Completions of actions and KPIs identified in the strategy | 2010 |
| 4.2 Support Māori to develop their own responses to improving whānau nutrition and physical activity | 4.2.1 <ul style="list-style-type: none"> - administer HEHA Māori Community Action Funding grants to support these projects⁸ - support communities to access Feeding our Futures grants | Otago DHB Kai Tahu Ki Otago Ltd | Māori Health Providers | Promote uptake of funding by a wide range of Māori communities | As per contract with Kai Tahu Ki Otago Ltd | ongoing |
| 4.3 Create an environment that supports active lifestyles e.g. parks, roading, public amenities | 4.3.1 Review and make submissions on Annual Plans, Long Term Council Community Plans and other relevant strategic documents | OEHACG | All | | | ongoing |
| | 4.3.2 Promote all opportunities for active transport e.g. car-free days, Bike Wise, public transport strategies, workplace wellness programmes | All | | | | ongoing |
| 4.4 Increase the profile and rates of breastfeeding | 4.4.1 Implement the Otago Breastfeeding Action Plan ⁹ | Otago DHB | Public Health South | Prioritise Māori & Pacific Island families & whānau | | |
| 4.5 Options and ideas for good nutrition and physical activity are widely known and implemented | 4.5.1 Identify the options for creating a comprehensive Otago website | Dunedin City Council | Dunedin PAS signatories | | | 2010 |
| | 4.5.2 The Otago HEHA Coordination Group South Dunedin project | OEHACG | | High needs area selected | (to be determined with further project planning, will include evaluation) | July 2009 |
| | 4.5.3 The Green Prescription and Active Families programmes are promoted and supported | Sport Otago | | Prioritise HEHA target groups | Organisational targets achieved | July 2009 |
| 4.6 Create an environment that supports healthy food choices | 4.6.1 Publicly accessible vending machines offer healthy options | OEHACG | | | Number of organisations targeted | July 2009 |

⁸ Funding is available from the Ministry of Health via Otago DHB, for Māori community-driven nutrition and physical activity projects. Funding is also available through the national Feeding our Futures social marketing campaign.

⁹ This plan, which supports the national social marketing campaign, will be implemented with funding provided by the Ministry of Health for the support, promotion & protection of breastfeeding.

REFERENCES

- i Callister, P. (2005) Overworked families? Changes in the paid working hours of families with young children, 1986 to 2001. *Social Policy Journal of New Zealand*, 24: 160-184.
- ii Healthy Eating Healthy Action: Strategic Framework (Ministry of Health, 2003).
- iii Swinburn, B. *Dissecting and influencing obesogenic environments*. Presentation to: The Interface of Urban Design, Public Health and Physical Activity in Preventing Obesity Conference (December 2001).

RELATED DOCUMENTS

- Healthy Eating Healthy Action: Oranga Kai Oranga Pumau: A Background 2003
- Healthy Eating Healthy Action: Strategic Framework (Ministry of Health, 2003)
- Healthy Eating Healthy Action: Oranga Kai Oranga Pumau: Implementation Plan: 2004-2010
- Dunedin City Physical Activity Strategy
- Dunedin City Play Strategy
- Dunedin City Cycling Strategy
- Dunedin City Pedestrian Strategy
- Clutha Physical Activity Strategy
- Waitaki District Physical Activity Strategy
- Central Otago Physical Activity Strategy



DEFINITIONS/ABBREVIATIONS

| | |
|---------------------------|--|
| Active Transport | Physical activity undertaken as a means of transport. It includes travel by foot, bicycle and other non-motorised vehicles. |
| BFCI | Baby Friendly Community Initiative |
| BFHI | Baby Friendly Hospital Initiative |
| BMI | Body Mass Index: relationship between weight and height that is related to body fat and health risk. Calculated by dividing body weight (kg) by height in metres squared (m ²). Māori and Pacific Peoples are deemed overweight if their BMI is ≥26, while other New Zealanders are deemed overweight if their BMI is ≥25. Obesity is BMI ≥ 32 for Māori and Pacific Peoples and ≥30 for other New Zealanders. |
| Determinants of health | These include non-modifiable factors influencing health such as age, sex and genetics. Modifiable factors include lifestyle factors, social and community influences, living and working conditions and general social, economic and environmental conditions. |
| DHB | District Health Board |
| ECC | Early Childhood Centre |
| HEHA | Healthy Eating, Healthy Action – Oranga Kai, Oranga Pumau |
| HEHA sector | A collective term for all agencies involved in delivering HEHA activities |
| KPIs | Key Performance Indicators |
| NGOs | Non-Government Organisations |
| OHEHACG | Otago Healthy Eating Healthy Action Coordination Group |
| OHEHARG | Otago Healthy Eating Healthy Action Reference Group |
| PHOs | Primary Health Organisations |
| Regular physical activity | Activity for at least 30 minutes per day on 5 or more days per week. |
| Social marketing | The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals for a social good. |
| SPARC | Sport and Recreation New Zealand (formerly the Hillary Commission) |
| Tikanga best practice | The principle of ensuring a service is provided with the issues of principle, integrity of intent, values and respect considered. |





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For updated outcomes of the action plan shown in this document please visit www.otagodhb.govt.nz or contact heha@osdhbs.govt.nz



For some ideas on how to be active in Otago see:

www.dunedin.govt.nz/facilities/recreation

www.sportotago.co.nz

Images courtesy of Chris Sullivan (www.seenindunedin.co.nz), Phil Sheard and Sport Otago.