



# Nutrition News

October 2014

## Mission Statement

Kia whakareia te ōranga o  
ngā tāngata o Aotearoa ma  
te whakamana i ngā wawātā  
hei tohu kai hauora, kai  
reka, hei oranga kakama.

To enhance the quality of life of  
New Zealanders by encouraging  
informed, healthy and  
enjoyable food choices, as  
part of an active lifestyle.

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## Editorial: Jim Mann

**As I prepare to write this Comment just a few days before the election in New Zealand, it occurs to me that there is much in common between politicians on the one hand and nutritionists and dietitians on the other. Both groups claim that their messages are aimed at improving the wellbeing and health of New Zealanders.**

Politicians of different political persuasions, like nutritionists and dietitians who appear to offer discrepant sets of dietary advice, have much common ground and differences are often based on different interpretations of the same data. In the case of nutritionists and those who claim nutrition expertise, there is general agreement regarding requirements for essential nutrients, that energy intake should match energy output and that excessive intakes of free (added) sugars and salt (sodium) should be avoided.

The great debate in nutrition at present is between those who recommend conventional wisdom with regard to macronutrient intake (reduced intakes of saturated fat; wide acceptable ranges of intakes of (cis) unsaturated fatty acids, carbohydrates provided appropriate carbohydrate sources predominate, and protein) and those who reject the need for any restriction of fat and indeed encourage consumption of fat, including saturated fat and protein in order to achieve a radical reduction of carbohydrate.

The arguments for and against these two approaches are provided in the published literature (see below) or on websites (<http://progrant.com/2014/04/23/the-real-food-guidelines/>, <https://blogs.otago.ac.nz/pubhealthexpert/>). In brief, the former approach is based on its potential to achieve reduced rates of coronary heart disease by replacing saturated with unsaturated fatty acids and by reducing some cancers, type 2 diabetes as well as CHD by increasing consumption of whole grains and fibre-rich carbohydrate-containing foods. The 'right' type of carbohydrate is an essential component of such dietary advice since rapidly digested carbohydrate (e.g. white rice, potatoes, free sugars) confer no benefit and may indeed have deleterious effects. The low carbohydrate high fat (LCHF) approach is claimed to be particularly appropriate for achieving weight loss, avoiding weight gain and reducing the risk of diabetes.

In my opinion, this argument is difficult to sustain, given that the metaanalyses of long term

randomised controlled trials show similar

results in terms of weight loss regardless of the macronutrient composition of the diet and that diets relatively high in fibre rich carbohydrate are associated with impressive reduction of risk of progression from prediabetes to type 2 diabetes.

LCHF diets are sometimes referred to as 'Paleo' (Paleolithic) diets when they contain virtually no carbohydrate from grains. Such diets are considered by some to confer particular benefits as they are said to be similar to the diets eaten by our Paleolithic ancestors who, it is claimed, suffered very little from the chronic non-communicable diseases which are so prevalent now. This is a totally fallacious argument since not only is the nutrient composition of animal derived foods we eat totally different from those available to our Paleolithic forebears, they did not live long enough to develop chronic diseases. Furthermore the discovery of grindstones at Paleolithic sites provides evidence that cultivated grains have been consumed for at least 23,000 years. Wild barley and oats, legumes and lentils may have formed part of the diet of our ancestors even earlier than that.

From what I have written above and published elsewhere, it is clear that I have little sympathy with the view that a low carbohydrate high fat diet is the most appropriate approach to healthy eating. Some people, especially those who are overweight or obese and insulin resistant, may well benefit from a relatively low carbohydrate diet. However even then the diet should contain some whole grain cereal foods, fruit and vegetables to ensure an adequate intake of dietary fibre. Such foods are also important sources of other useful nutrients.

An important way to reduce this apparently polarised approach is to recommend foods and dietary patterns rather than macronutrient composition of diets. We nearly all recommend for the population at large, liberal intakes of green leafy vegetables, fruits, regular intakes of nuts, fish, lean meat, reduced fat dairy products and substantial restriction of foods and drinks high in free sugars. Conventional wisdom to which I subscribe (but those, or at least some of those, who support the LCHF approach might not) would

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## Editorial: Jim Mann

include regular intakes of whole grains and restriction of foods high in saturated fat. Such foods readily combine into a range of acceptable dietary patterns which does not include the LCHF approach.

### Jim Mann.

CNZM, DM, PhD, FRACP, FRSNZ  
Professor in Human Nutrition and Medicine  
Director, Edgar Diabetes and Obesity Research University of Otago

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**JUST COOK 2014 wrapped up in July / August with the completion of community activities and the JUST COOK Create a Family Meal Challenge. Once again we focused on delivering resources for community programmes and encouraging youth into the kitchen.**

## JUST COOK Challenge

Two new categories this year made the challenge bigger than ever – San Remo draw for any recipe using pasta and an Aquaculture New Zealand Category for recipes featuring NZ Greenshell Mussels or NZ salmon.

314 teens and tweens entered the competition with great ideas for using seafood, New Zealand beef and lamb, frozen Tegel chicken pieces, eggs and preparing plant based meals. Any recipes with two or more serves of vegetables/person also had the chance to win in the Wattie's draw.

The Challenge was featured on Sticky TV – with prize packs on offer during the week and a cooking demo by last year's winners on the Saturday.

Junior master chef: Havelock North Intermediate year 7 student Anna

Kelly has beaten 320 other students from around the country to win a nationwide recipe competition.

Photo: CLINTON LLEWELLYN



## Here's two of our favourite winning recipes

### MEGA VEG MEXICAN STACK

5 large tortillas  
1 tablespoon oil  
½ onion (chopped)  
700g beef mince  
½ teaspoon garlic salt  
1 cup Wattie's mixed frozen vegetables  
1 can Wattie's chilli beans hot  
1 can Wattie's chilli beans mild  
2 cups Wattie's free flow spinach  
1 can Wattie's Mexican tomatoes  
2 cups cooked mashed pumpkin  
1 small tub low fat sour cream  
1 cup grated tasty or cheddar cheese

Heat oven to 180 . Line a round cake tin (size to fit tortillas) with non-stick baking paper.

Heat oil in a large pan. Add onions and cook gently 2-3 minutes.

Add mince to onions and cook until brown stirring occasionally to break up. When browned season with garlic salt.

Add frozen vegetables and chilli beans, mix well. Remove from the heat and cool.

In a small frying pan heat spinach and tomato. Mix well. Remove from heat and cool.

Place 1 tortilla in the base of the tin, cover with a layer of spinach and tomato. Layer another tortilla, cover with a layer of meat and beans. Spread evenly and place next tortilla on top.

Cover tortilla with a layer of mashed pumpkin and any leftover spinach and tomato. Layer another tortilla.

Add another layer of meat and beans. Add the last tortilla.

Cover tortilla with sour cream and lastly sprinkle with grated cheese.

Using oven gloves place in the oven for 30 minutes or until cooked right through.

Cut into wedges, serve and enjoy!

### Anna Kelly

Havelock North Intermediate School

### CHILLI MUSSEL FETTUCCINI

1 onion  
6 cloves garlic  
1 tablespoon oil  
½ teaspoon dried chilli flakes  
2 cups pasta sauce  
½ cup coconut cream  
200g fettuccini  
16 New Zealand Green Lip Mussels  
1 teaspoon Maggi vegetable stock (mix with 250ml water)  
Salt & pepper

### SAUCE

Peel and finely chop the onion, crush the garlic.

Heat the oil in a heavy pan on medium heat. Add the onion, garlic and chilli. Sauté until tender, do not brown.

Add the pasta sauce and cook until thick.

Add coconut cream and season with salt and pepper to taste.

### PASTA

Fill a large pot with water and boil.

Once boiling add a generous amount of salt.

Add fettuccini to the boiling water and cook until al dente.

Remove from the heat, drain. If not using immediately add a little oil to stop the fettuccini sticking.

### MUSSELS

Add the liquid stock to a large pan and bring to the boil.

Add mussels and steam until open.

When opened remove from the heat. Throw out any that don't open.

### FINISHING

Add the cooked fettuccini to the sauce. Stir to combine.

Add mussels and serve.

### Aidan Clark

Manurewa High School



## JUST COOK Feedback

In May this year we sent out 106 community kits to various communities throughout New Zealand to support a wide variety of cooking activities. None of this would have been possible without the support of our partners, Maggie, Harraways, Vegetables NZ, Potatoes NZ, San Remo Pasta, Wattie's, Tegel, Beef and Lamb New Zealand, Continental, Sanitarium, Aquaculture NZ, Eggs NZ, Flora, George Western Foods and the Healthy Food Guide. The kits were gratefully received and we wanted to share some feedback from the community health workers who do so much great work out there, teaching and encouraging participants to lead healthier lives through healthier cooking and lifestyle choices.

Fit for the Road ran a health and wellbeing programme for employees in the logging industry which focused on drivers. One component of the programme was nutrition, "Better fuel for your body". The participants were set challenges to complete food dairies, design recipes, a breakfast challenge and to work on planning their meals with families. They were also provided with a nutrition consultation from a registered dietitian.



The Hutt Valley DHB community kits were used for cooking demonstrations at three different pick up points of the Fruit and Vegetable Co-operative in Eastern Porirua. The team there had really positive feedback about the Celery and Potato soup that was made and participants really liked the Nestle healthy eating plates. The soup ingredients were also given away to participating families so they could make it at home.



The team at the Mosgiel Kindergarten had a "Dinner with Dads" night as part of their community cooking event. More than 20 children and their dads and granddads participated in the evening, where a menu of meatballs and spaghetti with fruit skewers and ice cream for dessert was prepared by the kids and their fathers and everyone sat down to eat together.

## Thanks "Just Cook"

and initiative by the NZ Nutrition Foundation

Mosgiel Central Kindergarten

presents

### Dinner Date with Dad

Invitations went out for this years "Just Cook" function - what an amazing response. We had over 20 children and their Dad's or Granddads come along to make dinner with their children. A delicious menu of meatballs and spaghetti was prepared and eaten at the Restaurant! With homemade ice-cream and fresh fruit skewers for dessert.

Our families have been over the moon to have the opportunity to share time at kindergarten and be part of our learning community.



An amazing evening with Dads and Grandad's coming to kindergarten to cook!



July 2nd, 2014

Paparore Primary School in Kaitaia had a Just Cook session for the kids which involved cooking and preparing 102 Tacos for the whole school. From slicing onions which bought tears, grating cheese and carrots, opening cans of mixed beans and pasta sauce, sautéing spinach and frying mince in rice bran oil, it was a task set to bring about new skills, lessons, and education.

One child didn't know how to use a can opener, but once he'd done it he shouted out with pride "my parents are gonna be so proud of me".

Once all was done, the next round of children headed to the serving area to help prepare the tacos for 102 eager children, waiting in line to be served. The estimated price to make all 102 tacos and all the trimmings worked out at \$1.20 per taco.



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## UPDATE OF JUST COOK 2014

Development of the *My Food My Future* teaching module is in its final stages with funding from Youth Town Trust in partnership with Liggins Institute and National Institute of Health Innovation at the University of Auckland.

*My Food My Future* highlights the use of a virtual supermarket where students can push their trolleys in a virtual setting to browse the aisles, compare foods to make informed choices and add foods to their trolleys. *My Food My Future* will be incorporated in Years 7, 8, 9, 10 and 11's science curriculum.

The module is designed to encourage students to develop their cooking skills, have fun creating meals at home with or for the family and to be more involved in their food choices. Students will learn to shop within a budget and make healthier food selection through the use of the traffic light colours and food labels, in an, interactive way via the virtual supermarket. They will also learn to appreciate how preparing meals at home from scratch can be easy and cheaper than buying lunches at school canteens or local takeaways.

Some of the activities included in the module are:

- The \$2 lunch challenge
- Design meals within a budget
- Choose healthier food options via food labels and front of pack labelling
- Compare the cost of home cooked meals versus takeaways
- Analyse and understand nutrition information on food labels



The programme was advertised in August 2014 as "Connecting with Science: A Professional Learning Development Course" via the LenScience website. Schools were invited to nominate teachers to participate. The teacher-participants will attend two face-to-face workshops (a half day and a full day workshop) at one of the three centres (Auckland, Wellington, and Christchurch), to take place over September and October 2014. These workshops will be facilitated by Jacquie Bay (LenScience) and Ally Bull (New Zealand Council for Educational Research (NZCER)). A private online community and one-to-one support from facilitators are also made available for participating schools to stay connected and have continued support over the Term 3 2014 to Term 2 2015.

## Green Prescriptions are on the rise!

**A Green Prescription (GRx) is written advice provided to a patient by a health professional recommending physical activity as part of the patient's health management plan.** It is a free service to the patient providing support, motivation and guidance to become more physically active with support from a registered dietitian to encourage healthier eating habits. The GRx service is delivered throughout New Zealand by funding from the Ministry of Health.

The majority of GRx referrals are issued by GPs and nurses in Primary Health Care. However, an increase in referrals is coming from DHB-based and private practice services including dietitians, nutritionists, and physiotherapists who have seen first-hand the benefits that GRx has provided for their clients. Sport Auckland is the largest GRx provider in the country and provides the service throughout both Auckland City and Counties Manukau. Sport Auckland GRx have a registered dietitian on the team who continues on the great work started by Kristen Clarke from Auckland DHB's nutrition services. Kristen presented to community groups and also took one-on-one appointments for clients who required more intensive nutrition support as a result of which we had numerous success stories.

Anthony Carroll from Mount Albert (55 years old) who was diagnosed with pre-

diabetes said "I was reluctant at first but I've found the whole experience so positive." Anthony lost 17kg over the six months on GRx and now regularly attends the YMCA five times a week and has reduced his HbA1c significantly. Shon Sapphire (52 years old) was referred due to his mental health and nutrition, stated that "both my mental and physical health is a lot better and that has allowed me to pursue my goals of returning to study again since being on Green Prescription." Keron Pritchard, pictured above, and a father of four, was referred because of breathing difficulties due to his weight and eating habits. "When you're that heavy (156kg) life sort of stops. Now that I've lost all that weight (63kg) everything becomes beautiful!"

### So.....Who can get a Green Prescription?

- ✓ 18 years and over and currently inactive
- ✓ Has a medical condition that would benefit from a more active lifestyle
- ✓ At risk of developing a medical condition
- ✓ Is medically stable to exercise

Contact details are below for information on how to refer clients to GRx. Once the client has been referred, they will be contacted and an appointment made to meet with one of our Healthy Lifestyle Advisors for a face-to-face consultation. This involves setting measurable goals, motivational interviewing, physical activity planning and a nutrition overview with appropriate



resources. Clients are reviewed fortnightly or monthly depending on their support requirements for 3-4 months. A phone support option is also available. If the client would like the support of a translator or interpreter while on GRx these can be booked free of charge.

### CONTACT DETAILS:

[www.health.govt.nz](http://www.health.govt.nz)

### Free phone:

0800 ACTIVE /0800 228 483

### Sport Auckland Green Prescription:

(09) 623 7924 or visit our website [www.sportauckland.co.nz](http://www.sportauckland.co.nz)



Diabetes NZ's Auckland Branch has revamped their image to reflect a bright and new style based on the IDF (International Diabetes Federation) circles and new resources have been developed using this new branding.

- The **'Are you at risk?'** pamphlet has been developed to test whether people are at risk of type 2 diabetes and is used primarily on the Mobile Diabetes Awareness Van, which was launched in 'high risk' communities in May. This tool allows Pacific and South Asian Health Navigators to quickly establish with a 10 question survey (about lifestyle, family and age) if the person they are assessing is 'at risk' of diabetes and therefore can receive a free diabetes test. This informative pamphlet also includes common symptoms and simple and small steps that people can take to make positive changes to their current lifestyle - either if they already have pre-diabetes, diabetes or are at risk of type 2 diabetes.

Download the brochure [here](#)

For more information on the Mobile Diabetes Awareness Service click [here](#)

- **'What can you do to stop getting type 2 diabetes?'** flyer is a one page informational resource that makes clear what those at risk of type 2 diabetes can do to minimise their risk factors. These include simple changes such as eating healthy food, being more active and aiming for a healthy body weight. This is an effective follow up tool for our Health Navigators to give to those they are engaging with in the community and links well with our healthy eating plate.

Download the type 2 diabetes prevention flyer [here](#)

- The **Living Life Well healthy eating plate** (currently the most used resource) has been established to help those with diabetes or at risk of diabetes to learn more about healthy eating. The plate makes clear the recommended amount of proteins, carbohydrates and vegetables people should be having on their dinner plate – as well as having more specific information on the back of the plate about recommended



foods and foods to avoid within each food group. This resource has been very popular in the community and we have also made it into a mouse pad as an educational fundraising tool. The plate includes foods that are relevant for different cultures within each food group such as Bok Choy and Taro, so that it can appeal to people that come from different cultural backgrounds in the diverse Auckland community.

Download the Healthy Eating Plate [here](#)

The magazine Dialog has been rebranded as Living Life Well, a lifestyle magazine which informs Diabetes Auckland's 3000 readers of the latest diabetes news and research as well as updates them on events and community programs. This has been well received in the community and with contributors like Garden to Table, Nadia Lim and Healthy Food Guide – it is both an informative and visually appealing resource for our members and health professionals who are regular readers.

For more information about the Diabetes NZ Auckland branch and the services they provide you can visit their Facebook page [here](#) or sign up for their newsletter [here](#)

## NZ NUTRITION FOUNDATION SYMPOSIUM: Food not Nutrients – getting back to talking about food

**Date:** October 30, 2014

**Venue:** Waipuna Event Centre

**Time:** 0930-1700

This year our Nutrition Week symposium is centred on the theme "food, not nutrients". We want to bring the focus back to food, because food is what we eat and food is what people understand. To quote Dr David Katz, "There is no one thing wrong with our diets, and no one thing will fix them".

Here at the New Zealand Nutrition Foundation we are not in the business of vilifying any one nutrient, food or food

group and, as someone who also spends a great deal of his time putting out the fires of the evangelists and food police, Dr David Katz puts our same thoughts into words in a way no one else can. His approach to the link between food and health is very balanced and (dare I say it) sensible. We have read many of the articles and blogs from the great doctor and we not only wholeheartedly agree with him, we often have a good laugh along the way. If you haven't yet had the pleasure of reading his work I encourage you to. All you have to do is google his name and links will pop up where you can read his work.



We are pleased to announce other speakers will include Lisa Te Morenga from Otago University who will be speaking on what the science really says about food, Elaine Rush will speak about children's food requirements, and David Cameron Smith about how food plays an important role in the health of older adults.

We hope that all attending the day will walk away with new insights into the real story about the foods to eat and enjoy for good health.

For more information and to register go to: <http://www.nutritionfoundation.org.nz/whats-on?eventID=132>



# HealthyFamiliesNZ

Encouraging New Zealand families to live healthy, active lives – by making good food choices, being physically active, sustaining a healthy weight, being smokefree and drinking alcohol only in moderation – is part of the Government's approach to promoting good health. Healthy Families NZ is a new initiative that aims to improve people's health where they live, learn, work and play by taking a dynamic systems approach to preventing chronic disease.

In Budget 2014, the Government allocated \$40 million over four years to support Healthy Families NZ. Healthy Families NZ will build on existing prevention activities through a program of targeted investments that draws upon the right mix of leadership, encouragement, information and resources to help people make healthier choices for themselves and their families.

The most visible aspect of Healthy Families NZ will be the establishment of Healthy Families NZ communities, from September 2014. Healthy Families NZ will be implemented in the following selected locations across New Zealand, and is expected to reach approximately 900,000 New Zealanders:

- Far North District
- Invercargill City

- Lower Hutt City
- Rotorua District
- Whanganui District
- Manukau Ward
- Manurewa-Papakura Ward
- Spreydon-Heathcote Ward
- Waitakere Ward
- East Cape<sup>1</sup>

## APPLYING A SYSTEMS APPROACH TO PREVENTION

The systems approach helps us to better understand both the complex systems that are the cause of public health issues we face, and the characteristics of prevention systems that might hold the solutions. Swinburn and Wood (2013) note that the systems approach is a new and more complex way to reduce obesity, but ultimately it promises to be more sustainable and effective<sup>2</sup>.

The Healthy Families NZ is supported by a growing body of evidence – for example from Healthy Together Victoria and Colac in Australia and the EPODE pilots in Europe – which suggests that concentrated, locally driven prevention action, focussed on the settings where people live, learn, work and play, can be successful in addressing the underlying causes of chronic disease.

In particular, Healthy Families NZ is informed by and modelled on the

Healthy Together Victoria initiative. The implementation of Healthy Together Victoria is guided by the following principles of a systems approach to prevention:

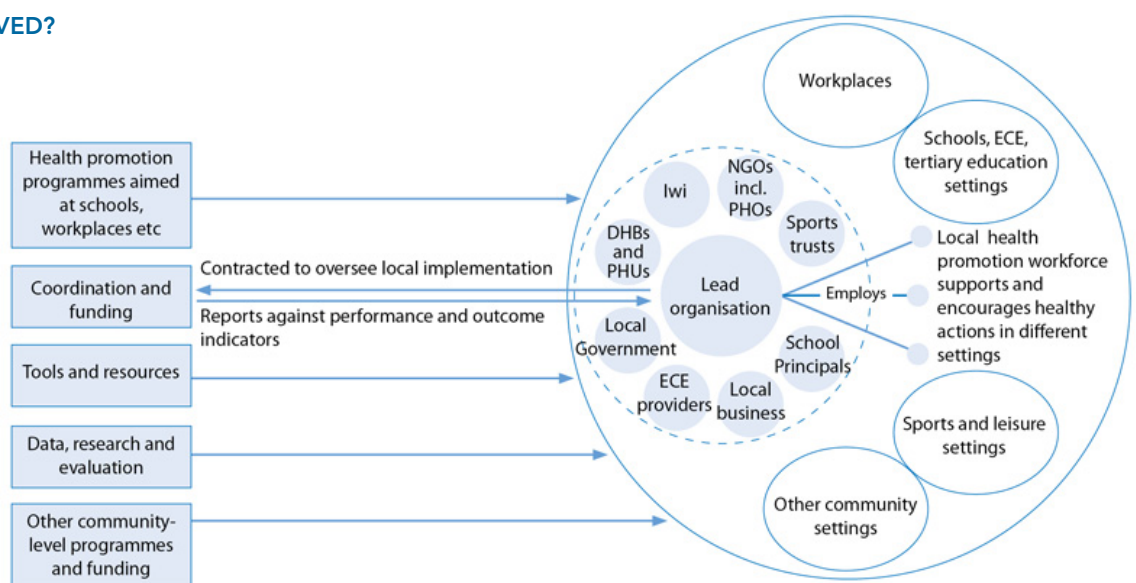
- Adopts a multiple theories approach - complexity, socioecological systems
- Employs knowledge co-creation and co-production
- Builds capability to adopt, adapt and act on evidence-informed interventions, as events in systems
- Is in the business of creating multiple health promoting environments (as systems themselves)
- Focus on building blocks as an intervention - knowledge; workforce; leadership and relationships; communications; and networks/ learning.

Like Healthy Together Victoria, Healthy Families NZ will include:

- National level support and strategies to encourage a whole of system approach
- Professional networking
- Targeted community-level investment into the building blocks of a prevention system, which is stewarded by local leaders through Healthy Families NZ Communities.

## WHAT WILL BE INVOLVED?

At each location, a locally based lead provider is responsible for bringing together a partnership of key stakeholders in the community, and recruiting a dedicated health promotion workforce. Partnership members will be organisations or individuals best placed to influence participation and action within the community.



A Healthy Families NZ Community

<sup>1</sup> Opotiki and Gisborne District combined.

<sup>2</sup> B. Swinburn and A. Wood (2013) Progress on obesity prevention over 20 years in Australia and New Zealand in Obesity Reviews, 14/2, p60-68.

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## WHAT IS THE ROLE OF THE LOCAL LEAD PROVIDER?

Organisations selected to become local lead providers will be responsible for bringing together a 'Prevention Partnership' of key stakeholders in the community to:

- Develop a 'prevention system' at a local level that will help coordinate activities within each community
- Support community engagement, leadership and participation in determining local solutions
- Establish, build and support a local health promotion workforce
- Support health promotion in early childhood services, schools, workplaces and communities
- Roll out an increased range of programs that provide skills and support for families to achieve better health
- Tailor health messages to the circumstances and needs of local communities
- Contribute to building an evidence base for locally-driven health promotion

Although the local lead provider will hold the Healthy Families NZ contract with the Ministry of Health, it is expected that governance will be shared with a local partnership, similar to arrangements in Social Sector Trials sites.

Organisations in Healthy Families NZ partnerships will work together with communities towards the goal of more children and families making healthy food and activity choices and sustaining healthy weights, and reductions in smoking and harmful alcohol use. Together, the Healthy Families NZ partnerships will be responsible for achieving measurable improvements in the health of children and families.

## HOT OFF THE PRESS!

**Successful bidders have been named for seven of the 10 new Healthy Families NZ initiatives.**

Lead players in the Government's healthy eating and anti-obesity initiative so far are:

- Far North District: Te Runanga o Te Rarawa (\$3,006,359 over four years)
- Waitakere Ward: Sport Waitakere (\$4,696,420 over four years)
- Rotorua District: Te Arawa Whanau Ora in joint partnership with Kowhai Health Associates (\$2,583,843 over four years)
- Whanganui District: Te Oranganui (\$1,950,070 over four years)
- Lower Hutt City: Hutt City Council (\$3,006,359 over four years)
- Spreydon-Heathcote Ward: Pacific Trust Canterbury (\$2,372,586 over four years)
- Invercargill City: Sport Southland (\$1,950,070 over four years).

Yet to be revealed are the leads for the programmes in Manukau Ward, Manurewa-Papakura Ward and East Cape. These announcements are expected within the next few weeks, the Ministry of Health says in an email.

For more information on Healthy Families NZ, see [www.health.govt.nz/healthyfamilies](http://www.health.govt.nz/healthyfamilies) and <http://www.youtube.com/watch?v=pZU8MYGqm2s> <http://www.youtube.com/watch?v=mdhQw9n8MQc>

## Corporate member update:

# FRUCOR HELPING KIWIS CHOOSE LESS SUGAR

**Beverages company Frucor has a hunger to make drinks better – and they've been working hard over the past few years to do just that.**

The company has a big focus on bringing consumers a range of products that are low sugar or sugar free. Six of their iconic brands now offer reduced or no sugar options in their ranges meaning they have 47 drinks in their portfolio to meet the hydration, energy and refreshment needs of consumers as part of a balanced diet.

With their R & D centre and manufacturing plant based in Manukau, Frucor was one of the first drink companies in New Zealand to use natural plant derived sweetener, Stevia.

Using Stevia has provided the opportunity to remove all sugar in their flavoured *h2go* zero range as well as the chance to introduce a new category in *Just Juice with 50% less sugar*. These products took over two years to develop, with a focus placed on creating great tasting zero sugar and 50% less sugar alternatives.

The *Just Juice with 50% less sugar* launch has been an outstanding success and consumers have really responded to the lower kilojoule offering.

"Just Juice with 50% less sugar net sales volume (NSV) is growing at a rate of over 100%, making it the fastest growing sub brand within the Frucor portfolio. In fact, *Just Juice with 50% less sugar* is growing so fast that it now accounts for 25% of total Just Juice sales. The success of the brand clearly demonstrates the demand that consumers have for products that combine taste and refreshment with health," says Kevin Taffs, Frucor Marketing Manager for Juice.

To go alongside their new product initiatives, Frucor also believes in providing better consumer labelling. All Frucor products currently display the percentage daily intake energy logo on front of pack so that consumers can easily see how much one serving of their favourite drink will contribute to their energy needs.

This labelling device will be refreshed as the new energy icon, an integrated component of the recently announced voluntary Health Star Rating programme.

The company also knows education is important and supports educational environments through long standing relationships with Life Education Trust (LET) and Fuelled4Life.

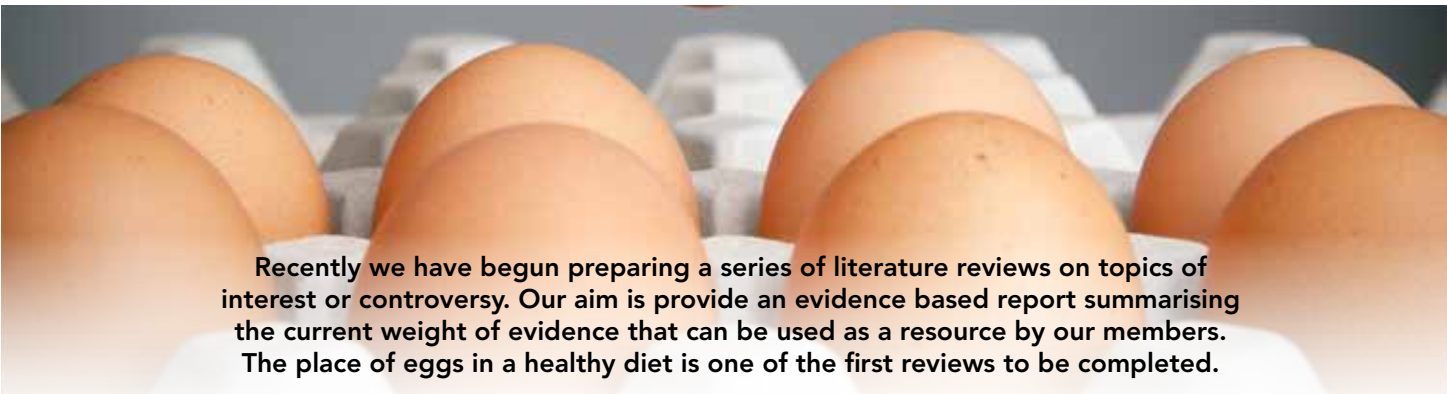
Life Education Trust helps kids learn to make positive choices about their health, wellbeing and nutrition, and Fuelled4Life is a Ministry of Health/Heart Foundation initiative which makes it easier for schools to provide healthier food and drink in school canteens and lunch programmes.

As well as these education initiatives, in 2006 Frucor signed a voluntary agreement with the Ministers of Health and Education to not sell full-sugar carbonated soft drinks or energy drinks to any primary or secondary school in NZ.

So what's next for the company? Frucor are already working on the next generation of sweeteners and sugar alternatives. They're continuing to invest heavily in research and development, with a new state-of-the-art R&D centre in South Auckland that's dedicated to keeping New Zealand at the forefront of beverage innovation.

They see their product range evolving significantly over the next 10 years towards better and healthier drinks for everyone. Watch this space!





Recently we have begun preparing a series of literature reviews on topics of interest or controversy. Our aim is provide an evidence based report summarising the current weight of evidence that can be used as a resource by our members. The place of eggs in a healthy diet is one of the first reviews to be completed.

## THE PLACE OF EGGS IN A HEALTHY DIET

**Public health messaging on eggs, their nutritional credentials and how they fit into the diet has evolved over the past decades.** Although an egg is a rich source in many essential nutrients, it is the cholesterol content of the food that has been given the most attention. This is partly due to earlier epidemiological data that demonstrated a weak, positive association between dietary cholesterol and cardiovascular risk, and the fact that eggs are one of the richest sources of dietary cholesterol.

As our understanding has progressed on how dietary cholesterol and serum cholesterol relate to our risk of cardiovascular disease, so too has our understanding of how eggs specifically as a food, can have a positive or negative affect on our diet. Research is now suggesting that although dietary cholesterol can increase the total serum cholesterol, it may not have an impact on cardiovascular risk and mortality. Research suggests, that with foods high in dietary cholesterol shown to increase cardiovascular risk, it is actually the saturated fat and trans fat content commonly found alongside dietary cholesterol increasing the risk. This has been supported in the growing number of studies both observational and controlled trials, where the weight of evidence suggests that increased egg consumption has little or no association with increased serum cholesterol levels and increased risk of cardiovascular disease.

Eggs are a highly nutritious food, and alongside the rich source of high quality protein and over 11 essential vitamins and minerals that eggs contain, research is also showing eggs are a rich source of the nutrient choline and that increased consumption of eggs increases the serum concentrations of two carotenoids, Lutein and Zeaxanthin. Choline, Lutein and Zeaxanthin have been shown to have a protective role with many diseases and health conditions such as neural development, cognitive function, macular degeneration, cardiovascular disease and some cancers. It has been suggested that one of the reasons eggs have shown no

association with increased cardiovascular disease risk, despite their high dietary cholesterol content, is the carotenoid content of eggs.

The high quality protein content of eggs has encouraged research on the benefits of eggs for weight management, in particular the influence on satiety. Although findings are positive for the link between egg consumption and increased satiety and resulting weight loss, further research is still warranted to confirm the benefits of eggs as a food choice for long-term weight management.

One disease indicated as a potential concern for increased egg consumption is diabetes. Numerous studies looking at the association between increased egg consumption and increased cardiovascular risk, observed the lack of association was not the case for diabetic participants. Increased egg consumption in diabetic participants increased cardiovascular risk versus non-diabetics.

Studies have also demonstrated an association between egg consumption and the risk of diabetes itself. Three observational studies and one case-controlled study were reviewed. Two of the observational studies and the case controlled study concluded increased egg consumption increased the risk of diabetes.

However one of the observational studies reviewed concluded there was no association between increased egg consumption and diabetes risk. The difference in results could be explained by one of the limitations of this study, with only limited egg intakes included, due to the data available in the cohort studied. This could suggest that with higher consumptions, similar to that seen in other studies, they may have seen a different result.

It is important to note the National Heart Foundation of Australia (AHF) have recently updated guidelines on egg consumption for diabetics, and they are recommending up to six eggs per week can be consumed without any

adverse effects on cardiovascular risk. However, it is suggested further case controlled and intervention research is necessary to understand more what it is about increased egg consumption that responds negatively with diabetics and its link to increased cardiovascular disease.

The more recent research that has taken place on egg consumption has influenced public health messaging on recommendations for egg consumption around the world. Dietary recommendations from the 1960s and 1970s restricted egg intakes, as part of their dietary recommendations for cardiovascular health. However, these have evolved in more recent years with many health organisations reviewing their recommendations for egg intake. The American Heart Association (AHA) and AHF have reviewed their dietary recommendations for eggs, with the AHA removing any specific restrictions on eggs, and the AHF now recommending up to six eggs per week can be consumed as part of a heart healthy diet low in saturated fat. In New Zealand, there hasn't been as much movement in the dietary recommendations for eggs. There still remains a restrictive recommendation from the New Zealand Heart Foundation, that up to three eggs per week be consumed for those at risk of heart disease. However, the recent update of their healthy heart food guidelines include no specific restrictions on egg consumption, as do the New Zealand Food and Nutrition Guidelines.

The full literature review will be available in the member's only section of our website from November.

Other topics under review include;

- Fats and Oils
- Sugar
- Food taxes

Topics under production are;

- The role of dietary fibre in healthy eating
- Pre-biotics and pro-biotics

**Sarah Hanrahan, NZNF Dietitian**



# UPDATE ON

## HEALTH STAR RATING front of pack labels

Front of pack labelling has been the subject of considerable work in the joint food standards system since 2006. The FSANZ update on our March edition of Nutrition News (page 10) summarised the history and described the proposed Health Star Rating (HSR) system.

On 27 June 2014 the Minister for Food Safety, Nikki Kaye, announced that the Government will be joining with Australia's (voluntary) Front of Pack Nutrition Labelling system (FoPL). Though the Blewett Report had previously recommended implementing the Multiple Traffic Light (MTL) label, many in the health community welcomed this policy because consumers need more help identifying the nutritional attributes of food and drinks.

The 'Health Star Food Rating' system is about making it quicker and easier for New Zealand consumers to make better informed, healthy choices. It uses a star rating scale of ½ to 5 stars and, except for some exclusions like alcohol, it is able to be used on all packaged food products for retail sale.

Foods with more stars are said to have better nutritional value. The number of stars associated with each food is determined by an algorithm consistent with Dietary Guidelines and considers the overall nutritional value of the food product – not just one aspect, such as sugar or fat content. The system takes into account four aspects of a food associated with risk factors for chronic disease (energy, saturated fat, sodium and

total sugars), along with certain 'positive' aspects of a food, such as fruit and vegetable content, and in some instances dietary fibre and protein content.

Taking these components into account, points are allocated based on the nutritional composition of 100g or 100ml, following the units used in the nutrition information panel (NIP) of a food. Like other FoPL the Health Star works better within categories rather than across categories. This means it could be more useful in allowing consumers to compare one muesli bar with another but not muesli bars with juice.

In 2012 the New Zealand Front of Pack Labelling Advisory Group agreed that, unlike the MTL label, the proposed FoPL should;

- provide a summary declaration of the whole food
- include both positive and negative nutrients

They also supported in principle the Nutrient Profiling Scoring Criteria (NPSC) developed for the FSANZ Nutrition, Health and Related Claims Standard as a 'starting point in seeking a suitable nutrient profiling system to underpin the approach'. The group also noted significant modelling to determine whether the NPSC could be used to rank products according to healthfulness would be required for two reasons;

1. This was not the original purpose of the system

2. To determine whether, when using the NPSC, meaningful differentiation is possible between products within the same food category.

Five versions of the HSR have been sanctioned, including one with no stars:

- HSR + (dietary) energy + 3 prescribed nutrient icons + 1 optional nutrient icon.
- HSR + energy icon + 3 prescribed nutrient icons.
- HSR + energy icon.
- HSR (e.g. when the pack size does not accommodate more complete versions).
- Energy icon only (e.g. for small pack sizes such as for some confectionery products).

Consumer research carried out by the Ministry for Primary Industries has shown the HSR system could have a positive effect on New Zealand consumer's ability to correctly identify healthier food products (see below).

A cost benefit analysis of the literature conducted by Price-Waterhouse Cooper (PwC) for the Australian government concluded:

"While there is uncertainty as to the quantum of benefits that could be expected to flow from the proposed voluntary scheme, PwC's literature review has found the following:

- The health and economic benefits of population level campaigns to reduce intake of the 'big four' (i.e. sodium, sugars, saturated fat and trans-fat) is well established.
- There is clear evidence that interpretive Front-of-Pack Labelling (FoPL) schemes like the HSR system are an effective tool to assist consumers to make healthier food choices.
- There are fewer long-term studies available (international or Australian) that have explored the impact of FoPL schemes on actual everyday food purchase decisions or the role labelling plays in driving product reformulation.
- The potential risk of not fully realising benefits of an interpretive labelling scheme can be managed and mitigated through joint multi-pronged

*continued on page 10*



# HEALTH STAR RATING front of pack labels

efforts by industry, government and NGOs to educate, promote and drive change.

If preconditions and critical success factors of the HSR system are met, in PwC's view the available research suggests that the aggregate benefits of the HSR system in the context of multiple public health initiatives, will likely pay back (i.e. meet or exceed) aggregate costs over an indicative five year implementation period."

Implementing the system will take time. Work is being done on assisting industry on how to use this system as well as education for consumers about what the star ratings mean and how best to use it. It could then take 6-12 months for labels to start appearing on products.

In joining the Trans-Tasman system, New Zealand will have membership of the FSANZ committee that has been established to oversee implementation. Also, the *New Zealand Front of Pack Labelling Advisory Group* has been renamed the *New Zealand Health Star Rating Advisory Group* and will continue to play a role in the implementation of the system in New Zealand. While FoPL can only ever be part of a wider strategy to improve consumer choices about food, consumer education is an integral component, and critical to the implementation of the HSR, as is evaluation, both of which are planned.

<http://www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/>

For the Australian cost benefit analysis go to [http://www.health.gov.au/internet/main/publishing.nsf/Content/CF7E670597F383ADCA257BF0001BAFF5/\\$File/Health%20Star%20Rating%20Cost%20Benefit%20Analysis%20Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/CF7E670597F383ADCA257BF0001BAFF5/$File/Health%20Star%20Rating%20Cost%20Benefit%20Analysis%20Report.pdf)

## SUMMARY OF NEW ZEALAND RESEARCH FINDINGS

The Ministry for Primary Industries (MPI) commissioned Colmar Brunton to carry out research on the ability of New Zealand consumers to use the Australian HSR system, and variants of it. The main aim of this research was to test whether Front of Pack Labels (FoPLs) have a positive effect on consumers' ability to correctly identify healthier food products. The three systems tested were:

1. The proposed Australian FoPL with a HSR and accompanying nutrition information.
2. A FoPL with a HSR only.
3. A FoPL with HSR and an accompanying Daily Intake Guide.

Participants were randomly assigned to one of four independent conditions: a control condition or one of three test conditions.

The experiment was carried out online between 15 November and 27 November 2013 among three groups of participants: a general population group (n=1,022) recruited to be representative of the adult New Zealand population, a M ori group (n=696) and a Pacific group (n=567). The latter two groups were defined by MPI as priority groups for the purpose of testing the FoPLs.

In each condition participants were shown two pairs of products, and they were asked to select which was healthier. Participants could enlarge the products, and could click 'flip' to see the rear of a product. The only difference between each condition was the nutrition information provided on the products.

All of the FoPLs tested had positive effects on the ability of consumers to correctly identify healthier food products. Each FoPL variant was tested six times - on both snack foods and frozen meal products and across the three participant groups.

The *Australian Health Star Rating System* and the *Star Rating* and *Daily Intake Guide* performed equally well, both in terms of the number of times these FoPLs had a positive effect on the ability of consumers to select the healthier product, and the average increases in the percentage of participants who correctly selected the product with the healthier nutrient profile.

Other findings relevant to the effect of the FoPLs include:

- Ingredients displayed pictorially or in text on the front of packages for promotional purposes, or listed on the rear of products, have an influence on the consumers' decisions and can lead them to incorrectly select less healthy products. FoPLs can help to mitigate this to some extent. Overall, consideration of product ingredients when making healthy food choices tended to decrease slightly when FoPLs were displayed on products.
- When the HSR was shown on products as part of the FoPLs, between 12% and 27% of respondents said, without any prompting, that the HSR influenced their decision. Use of the interpretive HSR was greater when there was a full-star as opposed to half-star difference in the five-star rating.
- The FoPLs helped participants understand that there was not a

substantial difference in the nutritional value for some of the products displayed. In the experimental trials where there was only a half-star difference in the interpretive HSRs, participants were more likely to recognise that there was 'hardly any difference' between the products if FOPLs were displayed on them.

To read the full report go to: [www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/research-report-health-star-10-12-13.pdf](http://www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/research-report-health-star-10-12-13.pdf)

New Zealand companies are already making decisions about the use of the HSR on their products. We asked a couple of our corporate members to comment:

**Heinz Wattie's** is supportive of the Government's decision to adopt the HSR and has plans in place to incorporate it onto labels as they review, from early next year. The simple interpretative system is fairly easy to understand, however a comprehensive education programme is vital to ensure consumers and professionals alike all understand that the system is designed for use within a category of food. A clear positive aspect of the HSR is that it considers ingredient quality of the food, rather than a simple focus on 'negative' nutrients only. This has real benefits for consumers.

**Julie North**  
Nutrition Manager

**Sanitarium Health & Wellbeing** has welcomed the Government's introduction of a voluntary front-of-pack labelling system, and will adopt the new Health Star Rating system across its entire product range, including market-leading products Weet-Bix and Up&Go.

"Assisting consumers to make healthier choices is something Sanitarium has always supported and that is why we will adopt the Health Star Rating system" said Pierre van Heerden, General Manager, Sanitarium New Zealand. "We know that consumers are interested in nutrition information and that this is a major factor when selecting food products. Currently, comparing nutrition values between products within a category takes time and can be confusing. The Health Star Rating system is a practical and easy way for consumers to see the information they need to make healthy choices for them and their families.

"Health Star Ratings will start appearing on Sanitarium products over the next few months as packaging changes are made," Mr van Heerden said.



# OPINION PIECE: Health Star rating system

Dr Ninya Maubach, Heart Foundation Research Fellow, University of Otago Wellington

**It is hoped the Health Star Rating (HSR) will provide consumers with information that shifts purchasing towards more nutritious, less energy-dense food and beverage choices. Whether this will happen remains to be seen: we don't know likely impact of the HSR label, as it has not been adequately researched.**

Despite an enormous amount of research detailing the effects of Multiple Traffic Light labels (MTL) on consumers' perceptions and behavioural responses, Ministers attributed their rejection of this format to a lack of evidence on purchasing outcomes. The about-turn in evidential requirements is breath-taking: the studies commissioned to test the penultimate version of the HSR label were weakly designed, and, crucially, omitted any comparison to other front-of-pack formats. The final format has not been the subject of any published research.

The study conducted by Colmar Brunton in New Zealand did little more than see if respondents noticed and believed the labels. While many did, the authors also concluded that people use a variety of other packaging cues to evaluate healthiness, which may create misleading impressions; we don't know whether the HSR is strong enough to disrupt these persuasive marketing elements.

With colleagues in the Department of Marketing at the University of Otago, I compared a Star rating label based on the initial NZ advisory group's guidelines to the MTL, Percent Daily Intake, and current Nutrition Information Panel (NIP). Our choice experiment found that consumers were best able to distinguish between breakfast cereals with differing nutritional profiles when packets carried MTL labels. In particular, the MTL seems most likely to help consumers avoid more energy-dense products with higher levels of sugar and fat.

Furthermore, we found the MTL lets shoppers who don't use the NIP to make decisions similar to those who routinely access the full nutrition information. Frequent NIP users strongly distinguished between the nutrition profiles, irrespective of the front-of-pack label used. But most people don't often use the NIP, and the MTL helped them better differentiate between the profiles than the Stars label.

The UK government persevered with voluntary MTL labelling, and many multinational food companies last year pledged to introduce these labels. Only days ago, Coca Cola UK conceded this is what British consumers wanted and also agree to introduce MTL labels.

It may be that the HSR is an effective tool in efforts to reverse rising rates of obesity and overweight. But given that diseases caused by poor diets are forecast to overtake tobacco within the next two years, we don't have the luxury of waiting to watch how consumers respond as companies begin introducing the HSR. Instead, we urgently need rigorous experimental research that measures the effect of the HSR label relative to alternatives such as the MTL.

Interested readers can read more about Dr Maubach's thoughts on the HSR label here: <https://blogs.otago.ac.nz/pubhealthexpert/2014/07/17/will-the-health-star-rating-labels-improve-peoples-diets/>



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5. Coca-Cola agrees to traffic-light labelling on drinks sold in UK <http://www.theguardian.com/business/2014/sep/05/coca-cola-traffic-light-labelling-drinks-uk-salt-sugar-fat>
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**A new randomised controlled trial of the effects of different nutrition label formats on consumer food purchases is about to begin in New Zealand. Front-of-pack nutrition labels aim to deliver simple, "at-a-glance" nutrition information to shoppers, but their effect on real-world food choices is largely unknown.**

The Starlight trial, led by Professor Cliona Ni Mhurchu in the National Institute for Health Innovation, University of Auckland, aims to recruit 1500 New Zealand adult shoppers (500 Maori, 500 Pacific and 500 NZ European/Other ethnicities) to answer this question.

Study participants will be randomised to one of the following study arms: 1) Traffic Light labels 2) Health Star Rating labels, recently adopted by NZ and Australia 3) Nutrition Information Panel labels (control). Participants' food purchasing data will be collected for 5 weeks (1-week baseline and 4-week intervention). The primary outcome of the study will be comparison of the average healthiness of purchased food in the intervention group arms compared with the control group arm.

The Starlight trial will use smartphone technology to conduct the study across New Zealand. After completing a short online screening questionnaire, eligible participants (18 years of age or

older, smartphone owners, and who have not previously used FoodSwitch app) will be provided with a bespoke smartphone application (app). The interactive app will be active for 5 weeks, and guide participants through all stages of the study, from consent and registration, to intervention and data collection.

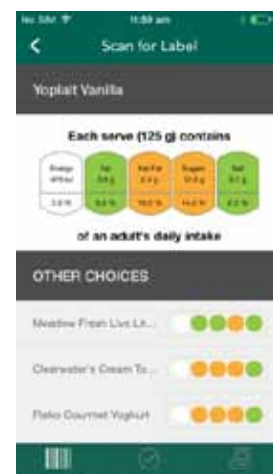
The app will administer study questionnaires, deliver nutrition labels (participants will scan barcodes of food products to view the nutrition label on the smartphone screen), collect and automatically transmit food purchasing data, and send automated reminder and progress messages to participants.

At the end of the study, participants will be given a summary report on their food purchases and up to \$90 in Westfield gift vouchers as koha.

The trial will go live mid-September and screening and registration are open now.

**More information on the study and how to take part can be found here: [www.diet.auckland.ac.nz](http://www.diet.auckland.ac.nz).**

**The Starlight research team at the National Institute for Health Innovation can be contacted at: [starlight@nihi.auckland.ac.nz](mailto:starlight@nihi.auckland.ac.nz)**



# WHAT'S ON

## **NZ Population Health Congress: Connecting communities, policy and science**

**Date:** October 6-8, 2014

**Venue:** Aotea Centre, Auckland

**For information:** <http://www.pophealthcongress.org.nz/nzphc14>

## **The Australia and New Zealand Obesity Society's Annual Scientific Meeting: Obesity is everyone's challenge**

**Date:** October 16-18

**Venue:** Novotel Brighton Beach,  
Sydney

**For information:** [https://www.anzos.com/index.php?option=com\\_content&view=category&layout=blog&id=88&Itemid=479](https://www.anzos.com/index.php?option=com_content&view=category&layout=blog&id=88&Itemid=479)

## **The 2014 American Institute for Cancer Research (AICR) Annual Research Conference on Food, Nutrition, Physical Activity and Cancer**

**Date:** October 29-31, 2014

**Venue:** Capital Hilton Hotel,  
Washington, DC

**For information:** <http://www.aicr.org/cancer-research/conference/>

## **Nutrition Society of Australia 2014 Annual Scientific Meeting: Nutrition: challenges and opportunities**

**Date:** November 26-28, 2014

**Venue:** Hotel Grand Chancellor Hobart,  
Tasmania

**For information:** [http://www.nsa.asn.au/index.php/2014\\_ASM/asm\\_registration/](http://www.nsa.asn.au/index.php/2014_ASM/asm_registration/)

## **The FAO/WHO Second International Conference on Nutrition (ICN2)**

**Date:** November 19-21, 2014

**Venue:** FAO Headquarters, Rome, Italy

**For information:** <http://www.who.int/mediacentre/events/meetings/2014/international-conference-nutrition/en/>

## **NEW ZEALAND NUTRITION FOUNDATION BROADENS ITS HORIZONS**

Recently the Foundation embarked on a strategy to increase its professional networks and span of influence, through the development of partnerships with fellow professional organisations.

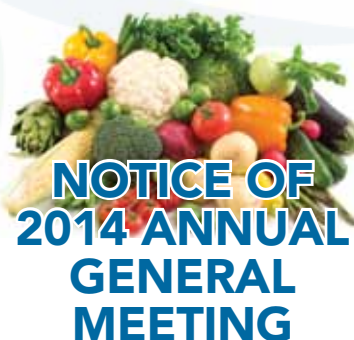
Our partnership offer includes free subscriptions to our publications to the members of the organisations selected. So far the New Zealand Institute of Food Science and Technology, Dietitians New Zealand and the Nutrition Society of New Zealand with membership numbers totalling more than 2,000 have accepted this offer.

To ensure our own membership is still a valuable proposition, we are enhancing the members' area of our website which currently contains past editions of our publications, media releases and submissions, and some selected scientific articles. As a first step, white papers on topical nutrition issues such as sugar,

dietary fats and oil and food taxes will be soon be available - accessible via the members' area only.

We are also now offering discounts on prices to our events to financial members – and you will see our symposium in October, featuring Dr David Katz (see page 5) is discounted for financial members by 25%. From 2015 members will also be invited to our regular nutrition update meetings, currently offered to corporate members only.

Members, of course still also retain the other benefits of being part of the Nutrition Foundation family. They are part of our member network with direct access to the staff for information and advice on nutrition matters and they can play an important role in determining the direction of our activities, with voting rights at our AGM and the opportunity to be nominated to our Council.



**The 31st Annual General Meeting  
of the New Zealand Nutrition  
Foundation will be held at the  
Waipuna Conference Centre, 58  
Waipuna Road, Mt Wellington,  
Auckland on Thursday 30th  
October 2014 at 0800 hours.**

A light breakfast will be available from 0730 hours. For catering purposes please notify your attendance to [carmel@nutritionfoundation.org.nz](mailto:carmel@nutritionfoundation.org.nz).

For the agenda and nomination forms please login to the members-only area of [www.nutritionfoundation.org.nz](http://www.nutritionfoundation.org.nz). Nominations to the Council close on Thursday October 9.

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2. Quotations are verbatim and not presented out of context to support a contrary argument.

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