



## 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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# CEO Update

Early this year we reviewed our Strategic Plan and decided only a few relatively minor changes were needed. Our mission is still about promoting & facilitating a healthy eating environment for all New Zealanders and we will continue to focus on the 'foods not nutrients' theme and to promote cooking skills and the importance of family meals for all age groups.

For the Foundation, success will mean we are a primary source of evidence-based nutrition information for all New Zealanders and are contributing to;

- the successful promotion of family meals and home cooking
- improved nutrition especially for families and older people.

An essential pre-requisite for sustainable success is to secure long-term funding and in the current environment, this is our greatest challenge.

For 2015 an additional staff member has been employed, giving us the time to work on securing long term viability. We were pleased to secure the services of Anna Mrkusic, who has taken a year off from her teaching role at Northcote College - and from her role as Councillor of the Foundation - bringing her knowledge and skills in teaching and passion for public health to help us achieve our goals. She is engaging with the school community, to increase school participation in our Just Cook programme, as well as researching options for our Healthy Ageing programme, including the best way to promote cooking skills and socialisation of community-living retirees.

Late last year our nutritionist, Carmel Trubuhovich left us to start a year of parental leave, and we were delighted to meet her bonny new son in January. Andrea Ler, who had been contracted to work on the Just Cook project in 2014, has been appointed to cover Carmel's leave. She has continued the good work on social media, introducing us to Twitter and Pinterest and supporting our projects, nutrition newsletters and other communication initiatives. This includes work on a new website to engage the baby boomer generation and promote healthy ageing.

The Just Cook project goes from strength to strength, thanks to continued support from our corporate members. To increase participation, especially from high need groups, we are using new ways of engaging directly with the teens and pre-teens, as well as Anna's plan to increase school participation.

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## CEO Update

Our curriculum resource, designed for the health, physical education and technology curriculums, has been updated and a new one, 'My Food My Future', an interactive teaching tool suitable for the science curriculum has been developed, in partnership with the National Institute for Health Innovation, University of Auckland and the Liggins Institute.

Our members will shortly be able to access new white papers on key nutrition topics in our website, [www.nutritionfoundation.org.nz](http://www.nutritionfoundation.org.nz). (A summary of our paper on dietary fats and oils features in this newsletter – see below). These and back copies of our other publications will be amongst the resources available to download from our new and improved members area. Free regular member nutrition updates previously offered to corporate members are now being offered to all financial members, and we continue to support our corporate and individual members on nutrition-related matters.

In 2014 we decided to enhance our collegial relationship with nutrition-related professional organisations, by offering free

access to our regular publications to their members. Dietitians NZ, the Nutrition Society of New Zealand, the New Zealand Institute of Food Science and Technology and others have accepted the offer and their members are receiving fortnightly updates and our newsletters.

To see if your organisation is involved, go to: [www.nutritionfoundation.org.nz/about-nznf/membership/Free-Subscription/Partner-Organisations](http://www.nutritionfoundation.org.nz/about-nznf/membership/Free-Subscription/Partner-Organisations)

So 2015 promises to be a challenging one for the Foundation, with new initiatives, new staff members and new challenges. We would welcome any feedback and ideas from our members. Enjoy this edition of Nutrition News, keeping you informed about nutrition and nutrition programmes and events nationally and internationally.

Sue Pollard



# DIETARY FATS AND OILS

Over the past 12 months we have been preparing a series of white papers on topics of recent interest and/or importance. To date we have completed papers on the role of eggs in a healthy diet, the role of sugar in diet and most recently dietary fats and oils. In the pipeline are papers on dietary fibre, probiotics, nutrition for non-elite athletes and food taxation.

The dietary fats and oils paper was prepared by Dr Elisabeth Weichselbaum and rigorously peer reviewed. The executive summary is presented below and the full paper will be available to corporate and individual members through the members-only section of our website [www.nutritionfoundation.org.nz](http://www.nutritionfoundation.org.nz). A full list of references is available on request.

### DIETARY FATS

Dietary fat includes all the lipids in plant and animal tissues that are eaten as food, and is present mostly in the form of triglycerides with three fatty acids attached to a backbone. The most common dietary fatty acids are subdivided into three broad classes according to the degree of unsaturation: saturated fatty acids (SFA) with no double bonds; monounsaturated fatty acids (MUFA) with one double bond; and polyunsaturated fatty acids (PUFA) with two or more double bonds. The function and properties of the different fatty acids, including their health properties, are determined by the varying chain length, and number and position of double bonds.

### THEIR ROLE

Dietary fats play an important role as a source of energy, as structural components and as carriers of other dietary components including fat-soluble vitamins. However, the role of different dietary fats and oils in human nutrition is one of the most complex and controversial areas of investigations in nutrition science.



### TOTAL FAT INTAKE

Experts agree evidence does not suggest total fat intake has significant effects on risk of coronary heart disease (CHD) or cancers. The primary concern and importance is the potential relationship between total dietary fats and body weight, as overweight and obesity are risk factors for both cardiovascular disease (CVD) and cancer. As it is currently not possible to determine at a probable or convincing level the causal relationship of excess percent of energy (%E) from fat and unhealthy weight gain, maintaining current World Health Organization (WHO) recommendations (30-35%E total fat) seems prudent.

### SATURATED FATTY ACIDS

Currently the most debated type of fats are SFA, with some recent publications suggesting there is no association between SFA intake and CVD. Several experts have raised their concerns about the quality of these recent reviews, in particular the failure to investigate what SFA is replaced with, as this has been found to play an important role in the association between SFA and

CVD. Replacing SFA with PUFA (both *n*-3 and *n*-6 PUFA) is associated with improved blood lipid parameters and a lower risk of CHD, whereas replacing SFA with largely refined carbohydrates does not seem to provide a benefit and may even increase risk. A challenge remains that although SFA are grouped together, there is evidence to suggest that individual SFA have different physiological effects, but in terms of practical dietary recommendations it is not feasible to separate different types of SFA because foods contain a combination of several SFA. There is also evidence to support the idea that the total matrix of a food is more important than just its fatty acid content when predicting the effect of a food on CHD risk.

#### MONO-UNSATURATED FATTY ACIDS

Although MUFA have a beneficial effect on blood lipid parameters, evidence from cohort studies and some experimental animal data does not suggest that MUFA are associated with a lower risk of CHD. This may be at least partly explained by the origin of MUFA in the respective studies, as many of the main sources of MUFA in Western dietary patterns are also major sources of SFA.

#### POLYUNSATURATED FATTY ACIDS

In contrast to MUFA and SFA, which the human body can produce, the dietary *n*-6 PUFA linoleic acid (LA) and the *n*-3 PUFA alpha-linolenic acid (ALA) are indispensable as they cannot be synthesised by humans. Recommendations of PUFA intakes are generally higher than the levels required to avoid deficiency, which is due to their purported beneficial effects for cardiovascular health. There is convincing evidence from observational studies that replacing some SFA with PUFA (*n*-3 and *n*-6 PUFA) decreases the risk of CHD. However, recently the recommendation to increase PUFA intake, both *n*-6 and *n*-3 PUFA, while reducing SFA intake has also been challenged. It has been argued that replacing SFA with *n*-6 PUFA may be detrimental to health. Proponents of this hypothesis used intervention studies with very high *n*-6 PUFA intakes to back their argument that increasing *n*-6 PUFA without also increasing *n*-3 PUFA is detrimental for health. The findings of these studies are not in contrast to current recommendations, which suggest limiting PUFA intake to no more than 11%E as it is well established that very high intakes may be detrimental to health due to risk of lipid peroxidation. Evidence does not suggest that increasing *n*-6 PUFA alongside *n*-3 PUFA is detrimental for health, but in contrast the increase is beneficial for cardiovascular health, which is in line with

the general recommendation to replace some SFA with PUFA (both *n*-3 and *n*-6). Current intakes of PUFA in New Zealand are below 5%E, and it is unlikely that the 11%E upper level would be surpassed on a population level if some SFA was replaced with PUFA.

Observational studies provide convincing evidence that fish and long-chain *n*-3 PUFA consumption is associated with a lower risk of heart disease. This is generally supported by data from Randomised Controlled Trials (RCTs), although more recent RCTs have found no beneficial effects which may be at least partly due to a higher use of statins and other modern treatments of CHD.

#### TRANS FATTY ACIDS

There is convincing evidence that *trans* fatty acid (TFA) consumption is associated with adverse effects on blood lipids and an increased risk of CHD. Evidence from observational studies does not support an adverse effect of ruminant TFA (in contrast to industrial TFA) on risk of CHD. In New Zealand TFA has largely been removed from many products.

#### PALM OIL, COCONUT OIL, OLIVE OIL

Evidence on the effect of specific sources of dietary fats is more limited. Palm oil is a commonly used alternative to partially hydrogenated fat, but is one of the few plant fats with a high SFA content. Although evidence suggests that palm oil is less favourable compared to other vegetable oils in terms of the effect on total:HDL cholesterol, palm oil still has a more beneficial effect than TFA found in partially hydrogenated fats.

Coconut oil is another plant fat high in SFA, yet is often heralded to be a healthy fat in popular media. Evidence seems to suggest that despite its high SFA content coconut oil has a more favourable effect on blood lipids compared to carbohydrates and other fats high in SFA, but has a less favourable effect compared to dietary fats high in PUFA.

Olive oil has also been heralded as a particularly beneficial oil, mainly due to its prominence in the Mediterranean diet, which is associated with a lower risk of CVD. However, there is a lack of association between consumption of olive oil, a rich source of MUFA, and CHD in line with a lack of association between MUFA and CHD (see MUFA section for details). It is likely the health protective effect of the Mediterranean diet is due to the overall healthy profile of this dietary pattern, which is high in fruits, vegetables, legumes and unrefined grains, rather than one single component.

#### DAIRY PRODUCTS

Dairy products are a major contributor to SFA intakes in Western countries. However, evidence from observational studies does not support the hypothesis that dairy, including high-fat dairy foods, is linked to an increase cardiovascular risk. Dairy products are typically nutrient-dense foods rich in minerals and vitamins, which can exert beneficial effects on CVD. It has also been suggested that bioactive fatty acids present in dairy may also play a role in counteracting negative effects of SFA, although more evidence is needed to support this.

#### RECOMMENDATIONS

Overall, the recommendation to reduce intakes of SFA in the diet still holds. New Zealanders have average intakes clearly above the recommended 12%E from SFA. Both mean and median SFA intake in New Zealand (NZ) is around 13%E, which means more than half of NZ adults have intakes above the recommended level. Also more than half of the NZ adult population has PUFA intakes below the minimum recommended level. In particular the intakes of omega-3 are low and more education would be beneficial on the recommended ratios of omega-6 to omega-3.

However, there may be a need to be more specific in dietary recommendations on the relationship between SFA and CVD. Replacing SFA with rapidly digested carbohydrates does not lead to a cardiovascular benefit, and may potentially be detrimental to health.

Simply telling consumers to lower their intake of SFA may give the impression SFA per se is bad for health and that it does not matter what they replace SFA with, as long as they lower their intakes overall. Consumer demands for products low in SFA (and total fat) as well as pressure from governmental and non-governmental organisations has led to reformulation of products where in an effort to reduce total fat and SFA levels they may be replaced with rapidly digested carbohydrates, unlikely to lead to a benefit. The vehicle in which macronutrients including SFA are delivered also seems to play a role in its association with health, and there may be a need to consider this in recommendations. The challenging positions by several health experts, in particular regarding SFA and its role in cardiovascular health, may be an opportunity to rethink how scientific evidence is translated into recommendations, and also government and industry efforts around reformulation, that truly benefit the consumer.



# WHAT REALLY IS THE DIFFERENCE between food in New Zealand and in the USA?



**Jacqueline Rowarth**

The Nutrition Foundation staff have been discussing the fact much of the research quoted about the effect of food on our health has been carried out in the USA and the questions this raises.

Are the findings of this research applicable here in New Zealand? What are the real nutrition differences in the food eaten by consumers in the USA versus New Zealand consumers? What then are the implications for our health messages? So we decided to find out more.

To help with this Ryan Raman, a Master of Health Sciences in Nutrition and Dietetics student from the University of Auckland completed a literature review last year, while on work placement with the Foundation. He looked at:

- Food from the farm in both countries - agriculture and the difference between grass fed and grain fed animals
- Comparisons between American and New Zealand diets - meals, portion sizes, composition of processed foods and fast foods (including high fructose corn syrup and trans fat)

His work was reviewed by Jacqueline Rowarth, Professor of Agribusiness at the University of Waikato, who has written the article below. In our June edition of Nutrition news we will discuss the second part of his research.



## FOOD FROM THE FARM

Debates about modern-day food production systems usually hinge on the concept of 'industrialised farming' versus what might be considered 'natural'.

The focus is confinement of animals and the use of chemicals to protect and enhance growth in animals and plants - herbicides, fertilisers and antibiotics, for instance. America has a mostly industrialised farm system, with pasture-based milk and meat farms in the minority. It is, however, the pasture type of production, sometimes managed 'organically' as well, that is being heavily marketed in the US as 'the healthy option'.

At the two extremes of food production systems, industrialised and organic, research by Stanford University scientists released in 2013 concluded that there was no meaningful difference in terms of nutrition, or safety of the food produced. The research involved 237 trials over four decades comparing organic and conventional foods. The researchers reported that fruits and vegetables labelled organic were, on average, no more nutritious than their conventional counterparts; variables such as ripeness were reported to have a greater influence on nutrient content than production method.

Composting animal manure, which is often associated with organic systems, increased likelihood of contamination by bacteria such as *Escherichia coli*. Conventional fruits and vegetables did have more pesticide residues than organic produce but the levels were almost always under the allowed safety limits.

The Stanford researchers found no obvious health advantages to organic meats and though they did find that that organic chicken and pork was less likely to be contaminated by antibiotic-resistant bacteria, the overall incidence of contamination was low. In New Zealand antibiotics to promote growth are forbidden; antibiotics are used for animal health only under veterinary prescription. A big difference in the conventional farming of pigs between the two countries is in the housing. Farrowing crates and sow stalls are common in the States and have been phased out in New Zealand. (Ditto for battery cages for egg-laying hens).

The Stanford research reported that organic milk (which comes from cows on pasture for at least 120 days a year during which their diet must be at least 30% pasture) contained more omega-3 fatty acids than conventional milk (which comes from cows in barns). In New Zealand conventionally-farmed animals have far more access to pasture than do organic cows in America, and as a consequence we have a natural advantage in omega-3s. The same is true for meat from grass-fed cattle.

Throughout the United States the product from grass-fed animals is marketed as being healthier because of the ratio of Omega-3s to 6s. However the concentration of the omega-3s is so small that it is unlikely to make a meaningful difference in reality.

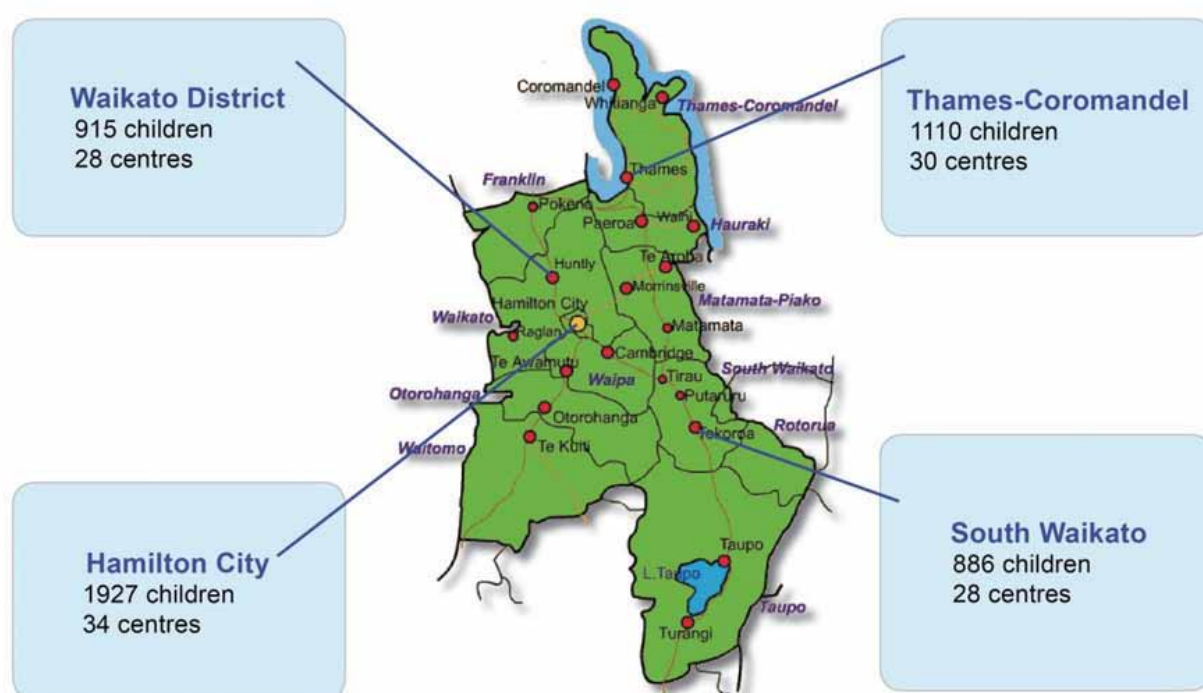
'Health' ranks number two after 'price' in affecting purchasing decisions in the supermarket according to Nielsen consumer research. In New Zealand, purchasing food products which have been produced here, and processed minimally (e.g., carcasses cut up and milk pasteurised) also here, from reputable sources, pretty much guarantees high quality, safe food.

**EAT AND ENJOY – ALL THINGS IN MODERATION, OF COURSE.**

# UNDER 5 ENERGIZE

Promotion of healthy eating and improved fundamental motor skills early in life is recognised as key to reduce the rate of weight gain in children. Under 5 Energize (U5E) is a nutrition and physical activity health service, funded by the Ministry of Health and delivered by Sport Waikato to 121 (30% of region) early childhood centres located in four high deprivation areas of the Waikato region. Based on the established (10 years) region-wide primary school Energize programme, funded by the Waikato District Health Board, U5E began the process of engagement with early childhood centres in August 2013.

Under Five Energize uses a similar model as Energize to engage early childhood centres (ECC) with the overall aim to improve health and well-being, through better nutrition and increasing the physical activity of children attending these centres. Programme staff, called Under 5 Energizers, work alongside the ECC providing support and professional development through workshops on nutrition and fundamental movement skills. They also deliver the Heart Foundation Healthy Heart Award programme as well as a range of resources to enhance the nutrition and physical environment of the ECC. Each Under 5 Energizer works with approximately 30 centres in each cluster area. The four areas include South Waikato, Hamilton, Thames-Hauraki and North Waikato.



121 centres, 3000 families, 800 educators



A wide range of centres are included in this service including kindergartens, play centres, early childhood centres, Kohanga Reo, Puna Reo and Pacific Island language nests.

The U5E service promotes more physical activity, fewer sugary drinks, water or milk as a healthy drink option, daily fruit and vegetables, less high density snacks, and less time in front of TV and computers.

Under 5 Energize has reached 93% of the targeted centres. There are more Maori and Pacific children in centres who are part of Under 5 Energize compared to the distribution of children in non Under 5 Energize centres. Compared to nationally distributed ECC service types, there are more Te Kohanga Reo in the Under 5 Energize sample. The population reached (5000 children and 3000 families) is representative of the Waikato population and matches the health service objectives in just 18 months of implementation. Monitoring is underway to record changes in the food and physical activity environment. U5E progress reports already show changes occurring in policy and practice such as the replacement of sugary drinks with water.

For more information on Under 5 Energize, please contact Madeleine Kirk (Under 5 Energize Manager) Phone: 07 858 5388; Website: <http://sportwaikato.org.nz/programmes/under-5-energize.aspx>



# NUTRITION FOR HEALTHY AGEING, WHAT IS THE REAL STORY?



As we age, we are bombarded with advertising for anti-ageing skin care, foods, and supplements. A Google search will give you lots of 'solutions' to the 'problems' of ageing, from promoting Superfoods and supplements to special dietary regimes.

The internet is a great source of information, but the trick is being able to determine what is reputable. 'Scientific evidence' is the gold standard, but once again, it is very important to be able to recognise whether the so-called 'scientific evidence' is up-to-date, has been properly tested and validated, peer-reviewed and/or published in a reputable journal. 'Scientifically proven' is a common catch-cry, and we should consider this carefully.

To help people sort out the junk from honest nutrition, a recent Tufts University Nutrition magazine (Summer 2014) reported a list of '**10 Red Flags of Junk Science**' published by the Food and Nutrition Alliance – a partnership of several American professional scientific associations, including the Academy of Nutrition and Dietetics, the American College of Nutrition and the American Society for Nutrition.

## **WATCH OUT FOR:**

1. **Recommendations that promise a quick fix**, e.g. supplements or novel foods guaranteeing quick weight loss. Watch out for medical jargon. Don't be won over by official sounding science terminology. Who sponsored the 'science'? Was it the manufacturer?
2. **Dire warnings of danger from a single product or regimen**, e.g. fat makes you fat; carbohydrates are toxic; sugar is white death. Eliminating complete food groups based on these dire warnings also means you are also eliminating other nutrients associated with that food group. A rational approach is strongly recommended.
3. **Claims that sound too good to be true**. They usually are!

The promise of rapid weight loss by following a specific and unusual regimen is fraught with disappointment.

4. **Simplistic conclusions drawn from a complex study**. People can think that at the end of a study, you have the truth; it's black or white, but what are more likely are nuanced shades of grey.

Many studies cannot be boiled down to a headline, so it is important to investigate more deeply. Results from studies using animals cannot reliably be extrapolated to humans – this is a common issue in junk science.

5. **Recommendations based on a single study**. A study published this time last year in the Annals of Internal Medicine failed to find a link between saturated fat intake and heart disease.

Within two weeks, a leading columnist for the New York Times was declaring 'Butter is back!' The key message here is that this study needed to be looked at in context of the full body of evidence, rather than just looking at individual papers.

6. **Statements refuted by reputable scientific organisations**. In New Zealand we have the NZ Nutrition Foundation, Dietitians New Zealand, the Ministry of Health, The Heart Foundation, Cancer Society etc. Recent issues in New Zealand have been fluoridation of water supplies and the safety of the artificial sweetener, aspartame.

Reputable organisations strongly support the fluoridation of water supplies, while the anti-fluoridation lobby bases its arguments on poor science; and aspartame has been proved internationally to be safe for use in usual quantities; but there are still many to be convinced that the science is honest.

7. **Lists of 'good' and 'bad' foods**.

Foods are not independently good or bad. Diets with a set

of rules such as the Paleo diet or a raw foods diet may appeal when people want a definitive direction on what or what not to eat, but these diets tend to be self-limiting. There are foods we should eat less often, and others we should include every day, and it can be difficult to figure out balance and moderation in our diets when there is so much food advertising on one hand and frightening obesity statistics on the other.

- 8. Recommendations made to help sell a product.** Alarm bells should ring when you find that an article you are reading ends up with a sales pitch for a particular supplement, or if all the studies referenced were written by the author. Do you have a problem with a dermatologist promoting a specific brand of skin care?

There is obviously bias at work here, and it's important to be able to recognise the purpose of the argument. Registered health professionals are bound by codes of ethics not to advertise products for pecuniary gain, nor to promote one brand over another similar item, unless they can substantiate their reasoning.

Advertising of supplements is rampant and focuses on the 'worried well', and the supplement industry is worth millions. But for the most part, well people who are eating a varied diet do not need additional supplements, and the money would be better spent on everyday normal foods.

- 9. Recommendations based on studies not peer reviewed.** The basic nutrition messages are not very exciting – eat more vegetables and fruit and keep active. "Nutrition science is not a science of breakthroughs; its evolution, not revolution," says Professor Jeanne Goldberg of Tufts University Friedman

School's Nutrition Communication Programme. Therefore it is important to ensure that the message being promoted does come from a peer-reviewed study that verifies that the research is well-conducted, the results credible and the findings significant.

- 10. Recommendations from studies that ignore differences among individuals and groups.** Studies carried out on one group cannot be extrapolated to another, because the different life stages have different needs and problems. Extrapolating findings from healthy young males to a group of seniors is inappropriate. Similarly, extrapolating results from animal studies to human subjects is equally unsuitable. General recommendations developed from specific studies may be unsafe for some consumer groups.

In conclusion, most of us are aware of the New Zealand Food and Nutrition Guidelines for Healthy Eating. There are many ways in which we can interpret the guidelines to suit our individual culture and what we like, life stage and living situation.

The Mediterranean Diet discussed in our last Bulletin (December 2014) is one way. David Katz (Nutrition News Editorial, December 2014) suggests the key is to eat moderately – to quote journalist and author Michael Pollan's Food Rules – 'a diet of food, not too much, mostly plants'; exercise routinely; don't smoke; get enough sleep; don't stress too much; and enjoy your social connections.

Enjoying a healthy diet and life style is not 'Rocket Science', is it? Keep it simple and don't be taken in by 'Junk Science'.

**Extra reading:** 'I don't know what to believe' <http://www.senseaboutscience.org/data/files/resources/16/IDontKnowWhatToBelieve reprint2008.pdf>

## EUFIC publishes the 2015 edition of their Global Update on Nutrition labelling

EUFIC and partner food information organisations (including the New Zealand Nutrition Foundation) have produced another annual edition of the Global Update on Nutrition Labelling. It is directed to those that have a particular interest in the state of nutrition labelling around the world, beyond a regulatory perspective.

**This Global Update provides a comprehensive overview of the state of play on the issue today:**

- What are the major nutrition labelling initiatives adopted or in the pipeline to date?
- How do they work?
- What do the various stakeholders say?
- Where is the debate heading?
- What does the research show?

**The key objectives are to:**

- Give an up-to-date, comprehensive

snapshot of the situation worldwide.

- Evaluate research and practical experiences to date, so as to identify examples of best practice.
- Highlight emerging trends and remaining knowledge gaps.
- Suggest ways forward, particularly with respect to consumer research.

**View and download the Executive Summary at:**  
[www.eufic.org/upl/1/default/doc/GlobalUpdateExecSumJan2015.pdf](http://www.eufic.org/upl/1/default/doc/GlobalUpdateExecSumJan2015.pdf)

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# Better Health for our Pacific Community

## – the SportSPasifik Project



The Harbour Sport SportSPasifik project involving a number of healthy lifestyle programmes is paving the way for our North Shore Pacific Island community achieve better health outcomes. The project, comprising the “Equipped” and “NiuMovement” programmes, is committed to supporting Pacific people so that they can effectively live healthy and physically active lives.

### EQUIPPED

Equipped has been running for the past two years and has targeted Pacific Island teens. The facilitator of the programme, Alex Nicholas is working with 45 girls by encouraging increased engagement and participation in physical activity, sport and fitness, nutrition education and mentoring. The programme is currently delivered in Intermediate and High Schools on the North Shore. There have been many successes including improvement in skills to play sports, increase in physical activity and fitness, an increase in knowledge of healthy eating and improvements in self-confidence.



A highlight of the programme has been the participants’ increased knowledge from nutrition sessions. Topics delivered include why healthy eating is necessary, sugar in our diet, food labelling, eating on a budget and cooking healthy Pacific meals. One topic that has been of special interest is “hidden sugar in our diet”. A practical session using visual aids and packages of everyday foods was used to show how much sugar is in these products. This was an eye opener for many. One participant reported that she had cut down on the amount of fizzy drinks she drank per week as the result of the lesson. Another stated,

*“I made more of an effort to eat healthier and was more conscious about what and how much I ate.”*

The effectiveness of the nutrition component clearly highlights the importance of nutrition education on healthy eating and how minor changes can make a difference to health and wellbeing of Pacific Island teen girls.

### NIU MOVEMENT

Every Thursday evening at the Northcote Baptist church hall Pacific children and their parents come together to engage in





physical activity and learn about healthy eating. The vibe is positive, energetic and full of Pacific flavour! The new 12 week NiuMovement programme involves the whole family and focuses on activities that encourage family unity. NiuMovement currently has 13 families comprising 56 Pacific adults and children under 16 years of age involved. Families are already implementing changes in their homes. Some highlights include families starting to: cook healthier meals at home, go for family walks, eat healthy breakfast and reduce fizzy drink consumption. Harbour Sport is currently working to secure more funding in order to continue with this programme.

Other healthy lifestyle programmes delivered under the SportSPasifik umbrella include a free exercise class and a Pacific children's holiday programme. SportSPasifik is committed to meeting the needs of the North Shore Pacific community and it is already producing results that have the potential to influence long term positive outcomes.

To find out more about the SportSPasifik project, go to <http://www.allteams.co.nz/harbour-sport/sportspasifik>



# NZ Iron Campaign GOES GLOBAL

13-19 April will mark this year's World Iron Week, expanding on the New Zealand initiated 'Are you getting enough?' iron awareness campaign last year.

Why take it global? The World Health Organisation recognises iron deficiency as the most common and widespread nutritional disorder in the world and the only nutrient deficiency which affects people in both developing and developed countries, particularly in women and children.

It is estimated over 30% or 2 billion of the world's population are anaemic, many due to iron deficiency, with infectious diseases exacerbating the condition in developing countries. There was also support for a global campaign after the concept was presented at the International Meat Secretariat Human Nutrition and Health Committee meeting in the US last year.

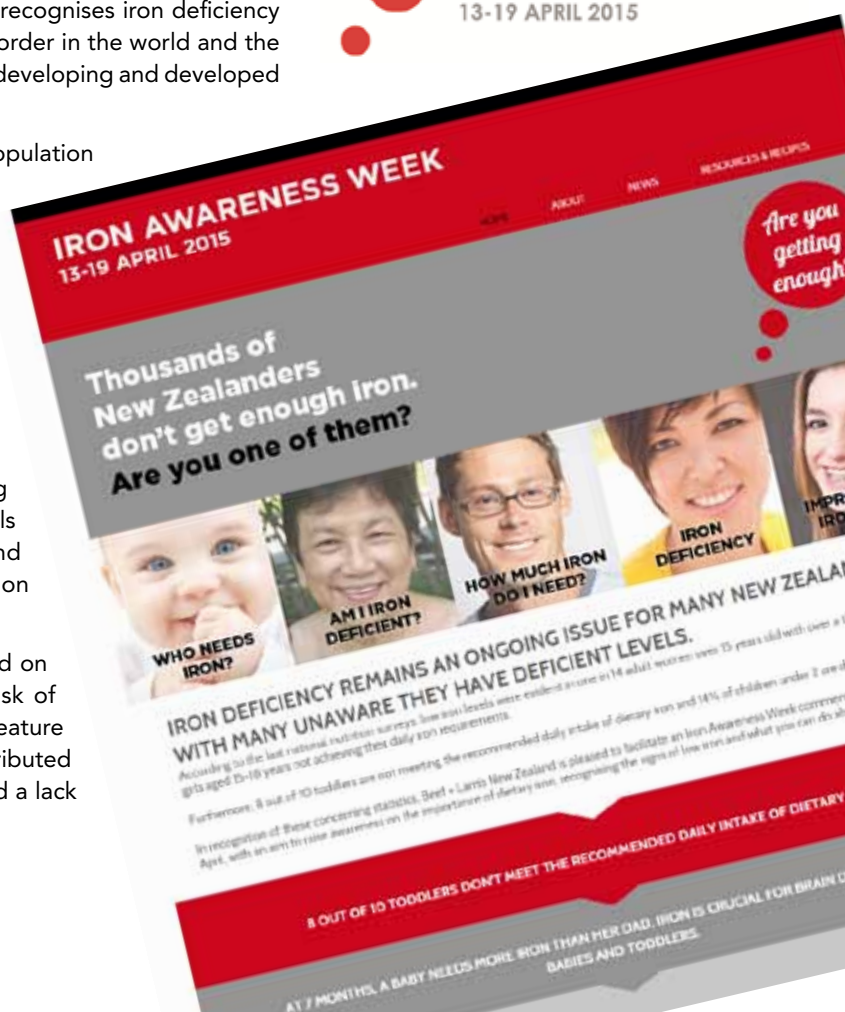
Here in New Zealand, there are pockets of the population who have higher needs including infants, children and teenagers because they are growing rapidly; pregnant women for increased blood levels and to build baby's iron stores; menstruating girls and women; athletes and very active people and those on restricted or fad diets.

This year's campaign in New Zealand will be focused on women aged 15-50 years who are particularly at risk of iron deficiency. Key messages of the campaign will feature the signs and symptoms of low iron status - often attributed to a busy lifestyle - such as feeling tired, irritable and a lack of concentration.

For more information on Iron Awareness Week, visit [www.ironweek.co.nz](http://www.ironweek.co.nz) or contact Fiona Greig at Beef + Lamb New Zealand [fionag@beeflambnz.co.nz](mailto:fionag@beeflambnz.co.nz) or DDI 09 489 0877

*Are you getting enough?*

WORLD IRON AWARENESS WEEK  
13-19 APRIL 2015



# Food regulations for the Food Act 2014 are on the way



## WHY IS THERE A NEW FOOD ACT?

The new Act replaces outdated 'one-size-fits-all' food safety legislation that was making it difficult for businesses to operate in an increasingly innovative and competitive world. It ensures the rules governing the safety of the food are consistent and focused on the right areas.

The Act regulates businesses according to the level of food safety risks posed to food. This means that higher risk businesses in terms of food safety will face more stringent food safety requirements and checks than lower risk food businesses.

The Act also addresses concerns about current local council bylaws that have been brought in to address gaps in food safety legislation. These bylaws have meant that food safety rules aren't applied or enforced consistently across the country. By introducing a more comprehensive set of rules that all food producers have to follow businesses can have confidence that the same standards of food safety will be applied throughout the country.

Consumers and all businesses will benefit from the new Act, which includes a better compliance system. Minor and technical offences will be dealt with faster and more effectively and penalties for the worst offences have been strengthened.

## HOW DOES IT WORK?

The central feature of the new Act is a sliding scale where businesses that are higher risk from a food safety point of view will operate under more stringent food safety requirements and checks than lower risk food businesses. Businesses will show how they keep food safe through either Food Control Plans (FCP) or by meeting National Programme requirements.

Businesses operating under a FCP will need to ensure their plan identifies hazards in the food handling chain and set out measures to prevent, or minimise the chance, that they'll arise. Verifiers will check that food businesses follow their plan. This broadens the current approach that can be more focused on the inspection of premises (rather than practices) under the Food Hygiene Regulations.

Food businesses subject to National Programmes will operate under one of three levels depending on the food safety risk associated with the food they produce. National Programme Level 3 applies to food sectors with the highest level of food safety risks and National Programme Level 1 the lowest.

The new Act comes fully into force on 1 March 2016 at the latest. When the new Act comes fully into force, it will replace the Food Act 1981. After this time, food businesses will transition in groups into the new rules over a staggered three year period. Generally, businesses in higher-risk food sectors will be the earliest for transition. At the end of the three year period, all food businesses will be operating under the new Act.

The exceptions to this are some specific sections relating to food recall and the ability to manage a food safety incident - these came into force on 6 June with the new Act.

## DID YOU KNOW?

1. Regulations for the Food Act 2014 are currently being developed. Submissions close on March 31.
2. Under the Food Hygiene Regulations 1974 schools and early childhood education centres, hospitals, aged care residential care facilities and homes for people with disabilities are generally not required to register their food related activities.

Most hospitals, aged care residential care facilities and homes for people with disabilities are instead certified by the Ministry of Health and are audited by a Designated Auditing Agency, as prescribed by the Health and Disability Services (Safety) Act 2001.

As a result of the Food Act most schools and early childhood education centres, hospitals, aged care residential care facilities and homes for people with disabilities will now be required to operate under a food control plan or a national programme, unless their activities are exempt.

3. The following activities are exempt:
  - Home baking bought to share/ 'bring a plate' food
  - Baking/ cooking as part of a curriculum activity
  - Preparing infant formula
  - Food for fundraising and for once-a year events such as a school open day
  - School breakfasts serving minimally prepared foods
  - School veggie garden
  - Food sold by a contract caterer (the food caterer would be required to operate a food control plan)
  - Food brought by patients or their visitors

However tuck shop activities and kitchen/canteens will be subject to either a national programme or a food control plan.

Hospitals and residential care facilities will be subject to food control plans because they serve food to "vulnerable populations", defined by the Act as:

- Children under five years of age
- People over 65 years of age
- Pregnant women
- People with compromised immune systems.

For more information go to: <http://www.foodsafety.govt.nz/policy-law/food-act-2014/>



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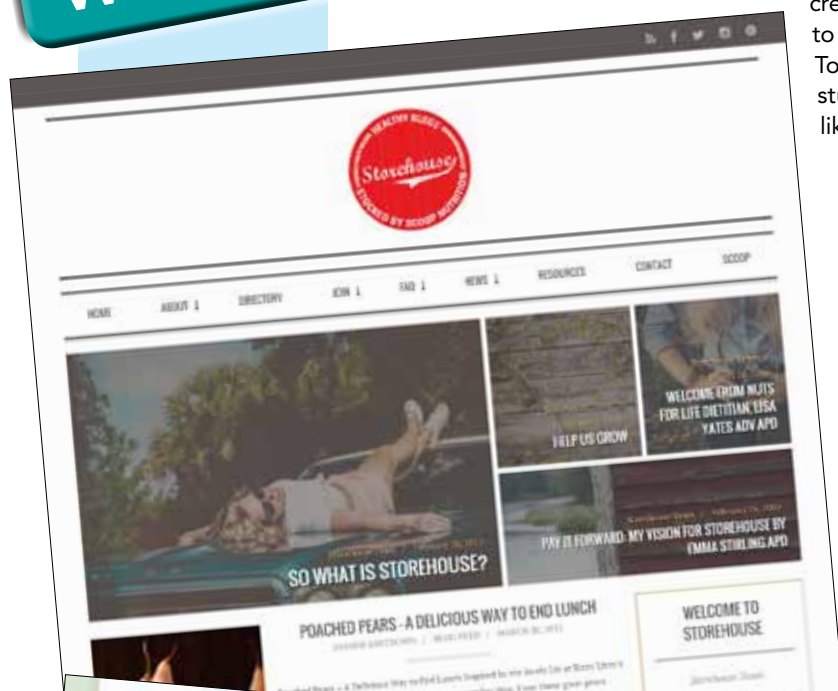
## Storehouse (<http://storehouse.scoopnutrition.com/>)

We are very excited to see a new site from uber blogger and Dietitian Emma Stirling. Emma has long been one of our favourites with her Scoop Nutrition website, which by the way has had a very sexy upgrade, and now she added another arrow to her quiver with the launch of Storehouse <http://storehouse.scoopnutrition.com/>. Storehouse is one of those things you didn't know you were missing until you got it. The vision of Storehouse is "to bring together, and showcase in one location, Australian qualified nutrition bloggers to raise their profile, create a collaborative community and improve access to quality nutrition information for anyone online." All bloggers featured on Storehouse are qualified with tertiary level nutrition qualifications and established credentials – what a great resource for anyone wanting to know if what they are reading is likely to be kosher. To date Storehouse features 68 bloggers ranging from student dietitians to high profile, well published mavens like Catherine Saxelby.

**Highly recommended**

**Sarah Hanrahan**

**Dietitian New Zealand Nutrition Foundation**



## Foodwatch (<http://foodwatch.com.au/>)

**by Catherine Saxelby**

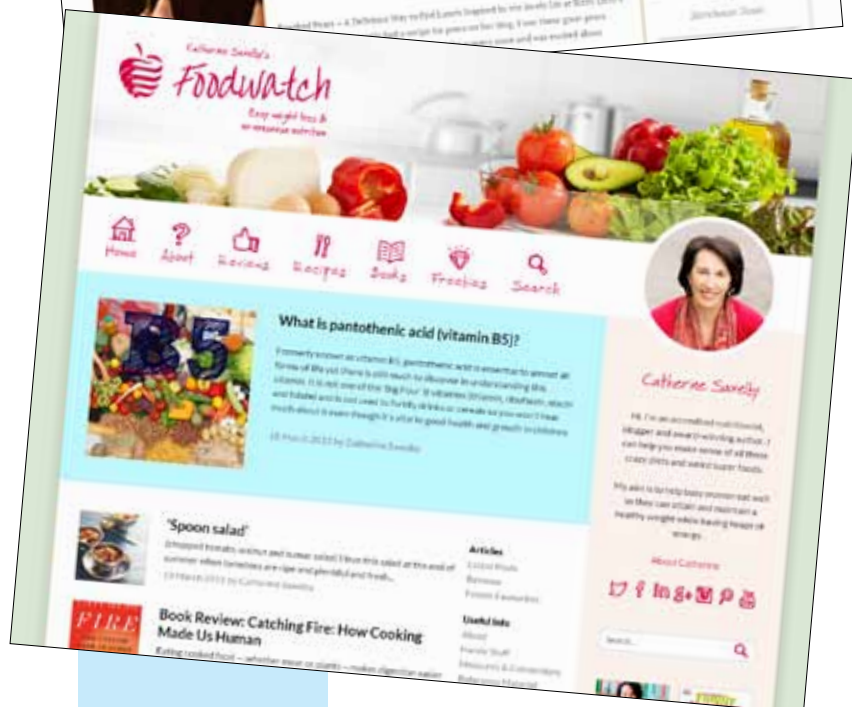
This fantastic one-stop-shop website is the work of Australian Dietitian Catherine Saxelby. It features a blog, book reviews, recipes and under the freebies heading, extremely useful resource sheets / fact sheets on topical nutrition issues. Catherine is one of Australia's most published Dietitians or Nutritionists, she has written for peer reviewed publications, newspapers and magazines, published 10 books and analysed and tested hundreds of recipes – she knows food and nutrition.

The information on Foodwatch is easy to read and digest yet gives you the facts and science you need. The site is easy to navigate and is bright and engaging. My favourite section is reviews – this is an opportunity to capture the zeitgeist and be up to date on what is hot and happening in nutrition. What I really like about the reviews is that it seems to me Catherine approaches each project, be it a book, movie or product with a completely open mind. She takes to fraudulent claims (or innuendo) with a scalpel and gives credit where it is due. I definitely feel better informed for reading Catherine's reviews and it has lead me down new paths both for reading and ingredients.

**Very highly recommended**

**Sarah Hanrahan**

**Dietitian New Zealand Nutrition Foundation**



# WHAT'S ON

## **ANA's 6th National Nutrition and Physical Activity Conference: E Honu, E Tipu, E Rea: Connect, Grow, Thrive**

**Date:** May 6 – 7, 2015

**Venue:** Rendezvous Grand Hotel, Auckland

**For information:** [www.ana.org.nz/news-and-events/events/anas-6th-national-nutrition-and-physical-activity-conference](http://www.ana.org.nz/news-and-events/events/anas-6th-national-nutrition-and-physical-activity-conference)

## **The S3 (Safe, Secure, Sustainable) Symposium on Food Systems and Public Health**

**Date:** May 13 – 15, 2015

**Venue:** Sacramento Hyatt Regency, California

**For information:** [www.californiafood.org/](http://www.californiafood.org/)

## **32nd National Conference of the Dietitians Association of Australia, Dietitians driving change**

**Date:** May 13 – 16, 2015

**Venue:** Crown Perth

**For information:** <http://arinex.com.au/dietitians2015/>

## **Alcohol Action NZ and the Cancer Society of New Zealand are hosting this first New Zealand meeting on alcohol and cancer: Alcohol and Cancer**

**Date:** Wednesday: June 17, 2015

**Venue:** Te Papa, Wellington

**For information or to register interest:** [lindsay.atkins@otago.ac.nz](mailto:lindsay.atkins@otago.ac.nz) or phone: 03 364 0480

## **Hot topic conference 2015: Dietary sugars, obesity and metabolic disease risk**

**Date:** June 29 – 30, 2015

**Venue:** Berlin, Germany

**For information:** [www.worldobesity.org/what-we-do/events/hot-topics/2015-dietary-sugars](http://www.worldobesity.org/what-we-do/events/hot-topics/2015-dietary-sugars)

## **50th NZIFST Annual Conference**

**Date:** June 30 – July 2

**Venue:** Palmerston North Convention Centre

**For information:** [www.nzifst.org.nz/conference.asp](http://www.nzifst.org.nz/conference.asp)

## **Institute of Food Technologists Annual Meeting: Where science meets innovation**

**Date:** July 11 – 14, 2015

**Venue:** Chicago, USA

**For information:** [www.ift.org](http://www.ift.org)

## **Society for Nutrition Education and Behavior Annual Conference**

**Date:** July 25 - 28, 2015

**Venue:** Pittsburg, USA

**For information:** [www.sneb.org/events/conference.html](http://www.sneb.org/events/conference.html)

## **48th Annual Australian Institute of Food Science and Technology Convention**

**Date:** August 11-13, 2015

**Venue:** Sydney, NSW, Australia

**For information:** [www.aifst.asn.au/convention.htm](http://www.aifst.asn.au/convention.htm)

## **2015 Food & Nutrition Conference & Expo (FNCE) - Academy Of Nutrition And Dietetics**

**Date:** October 3 – 6, 2015

**Venue:** Nashville, Tennessee, USA

**For information:** [www.eatright.org/FNCE/](http://www.eatright.org/FNCE/)

## **2015 ANZOS Annual Scientific Meeting**

**Date:** October 14 – 17, 2015

**Venue:** Melbourne Convention and Exhibition Centre, Australia

**For information:** [www.anzos2015.org/](http://www.anzos2015.org/)

## **3rd International Conference on Food Structures, Digestion and Health**

**Date:** October 28 - 30, 2015

**Venue:** Wellington, New Zealand

**For information:** [www.fsdh2015.org](http://www.fsdh2015.org)

## **Hot topic conference 2015: Obesity & pregnancy**

**Date:** October 29 – 30, 2015

**Venue:** London, UK

**For information:** [www.worldobesity.org/what-we-do/events/hot-topics/2015-obesity-pregnancy/](http://www.worldobesity.org/what-we-do/events/hot-topics/2015-obesity-pregnancy/)

## **Nutrition Society of New Zealand/ Nutrition Society of Australia Conference 2015: Past, Present & Future: 100 years of Nutrition**

**Date:** December 1 – 4, 2015

**For information:** [www.nutritionssociety.ac.nz](http://www.nutritionssociety.ac.nz)

## **4th International Conference and Exhibition on Obesity and Weight Management**

**Date:** December 8 – 10, 2015

**Venue:** Atlanta Georgia, USA

**For information:** <http://obesity2014.conferenceseries.net/index.php>

**If you attend any of these and would like to write a review for one of our 2015 newsletters please contact us at [info@nutritionfoundation.org.nz](mailto:info@nutritionfoundation.org.nz)**



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