



Nutrition News

June 2015

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: I've been thinking...

I am writing
this update
surrounded by
boxes. Due to
an increased
demand and
generous
sponsorship

from our corporate members, over 50%
more Just Cook kits for community
workers will be delivered this year. We
are particularly grateful to Alison's Pantry
who have picked up the packaging and
courier costs. So it's all hands on deck,
including family and other volunteers to get
everyone's choices packed and delivered in
early June.

It has lead me to remember why as a national
organisation we do not plan to reach the coal-
face personally in our two main programmes. It
is because **public health initiatives, delivered
by the community for the community to meet
local needs are more likely to be effective.**

Our Just Cook programme certainly works on
that premise. Community groups applying for
the Community Kits have identified their needs
and our challenge is to provide resources to
enable their programmes to proceed and
succeed. Following the same principle we have
widened the communication channels for our
Just Cook Challenge to reach more family and
teenage church, school, sports and cultural
groups, and expanded social and print media,
radio, and television promotions. Read more
about Just Cook 2015 on page 2.

We are currently planning the long-term future of
our Healthy Ageing programme. Our challenge
here is how best to implement community
cooking and activity-based programmes to
meet the needs of New Zealand communities
(excluding Canterbury where the DHB is doing
a sterling job in their communities). Last year
we ran two courses of the Canterbury DHB
Senior Chef programme in our own home office
area of Auckland's North Shore. In the process
we developed good networks in the North
Shore suburbs, confirming again the necessity
of community participation.

A second challenge of particular relevance for

the foundation, shared by all national charities,
especially small ones like us, is how to secure
sufficient sustainable funding. **Charities
depend on funding to research, plan and
implement programmes and activities to
fulfil their charitable purpose.** However, many
funders expect their funding to pay for the
direct costs of a programme only - they do not
want to help pay for the research and planning
and certainly not the infrastructure necessary
for the work to be done – phones, computers,
websites, office space, stationery. Many also do
not want to pay people to do the work.

Funders also tend to pick fashionable and feel-
good causes. So applying for funds to support
a cooking programme for community-living
older people doesn't succeed like abandoned
puppies, babies and sick children.

To add to the woes of charities, government
funding does not appear to be keeping up with
inflation, as government ponders alternative
funding structures such as Social Impact bonds.
These are bonds allowing the introduction of
new, private money into social programmes,
with investors paid on the level of social value
achieved. A pilot for delivering employment
services in the mental health sector has been
allocated funding in the latest government
budget. What this means for government
funding of NGOs and for efficiency and
effectiveness of service delivery in the future
remains to be seen, but it seems they are
complex for the contracted 'delivery agent'
and so far internationally unproven.

In April I attended the Philanthropy Summit
2015 community members' day. Philanthropy
NZ is a professional organisation for funders,
which also offers community membership.
The conference topics included 'Philanthropy
trends', 'How to build corporate partnerships'
and 'Demonstrating the value of investment
through evaluation'. I was particularly taken
by the presentation from US speaker, Mae
Hong from Rockefeller Philanthropy Advisers.
In her talk titled, 'Funder fallacies and fairy
dust', her main message was, **"There is no
such thing as bad grants, only grants made
badly"**. Examples include funders who do not
give enough support, e.g. providing funding of
\$25,000 when \$100,000 is needed, or funding

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CEO UPDATE: I've been thinking...

for one year, when they should be funding for the organisation to thrive over time. Other examples of grants made badly include those with inappropriate limitations and excessive reporting requirements.

So what to do about this conundrum? The New Zealand Nutrition Foundation must improve its financial position to survive. We are in the fortunate position of having good relationships and great support from the Food Industry, our loyal and supportive

members and professional colleagues in industry, health, academia and government agencies. The numbers visiting our websites and engaging with us via social media is growing exponentially, so we are getting our key messages out. We need long term sustainable and sufficient funding so we can continue to grow and thrive. We are currently pursuing opportunities to develop new funding sources through new partnerships and social enterprise. Watch this space!

Sue Pollard

JUST COOK 2015 COMMUNITY KITS

Last week we sent out 160 JUST COOK Community kits to community health workers throughout the country. This represents a 51% increase over last year. As with previous years the kits have gone to extremely diverse groups. Here's an example from my experience.

This morning I delivered a kit to a low decile school where a class was set aside for a group of mothers who attend a programme three days a week throughout the school year aimed at improving the social and economic well-being of the women and their families. The JUST COOK kit will be used in sessions showing the women how to stretch recipes, increase the number of home cooked meals and use more vegetables. This is a hugely worthwhile programme that is now able to include cooking skills. There are 15 other programmes like this in Auckland schools some of which have also received kits.



The package has landed! Thank you for the delivery- this year's box looks fantastically full of ideas. I will keep in touch. (Will be using for healthy cooking workshops targeting Gisborne families who need cooking skills developed)

I had fun unpacking the Just Cook box yesterday! Thank you for putting together the Pak n' Save voucher, recipes, food products and spot prizes. (Will be using for cooking classes for Hawkes Bay Green Prescription clients).

We are very grateful to Alison's Pantry who provided us with the Community Kit boxes and courier tickets. This allowed us to expand the programme.



OTHER COMMUNITY ACTIVITIES

We have a partnership with NZ Rugby League to implement a programme building and supporting home cooking skills through their network of play groups in South Auckland. Three post-graduate Massey University dietetic students are developing a "tool kit" that can be used by playgroup parents in their wider community.

We are launching the NZRL programme with a JUST COOK cooking demonstration. Cameron Petley will cook family meals and discuss how to stretch recipes and the Massey students will show participants how to use the tool kit.

JUST COOK CREATE A FAMILY MEAL CHALLENGE, 2015

Challenge information can be seen on our website www.justcook.co.nz. Entry forms will go live on June 29th.

The Challenge is being promoted through a range of media. This includes advertising in Girlfriend magazine, a four week promotion on TV2's the 4.30 Show, NZ Rugby League, schools, YMCA and other holiday programmes. And of course through our Facebook page <https://www.facebook.com/JustCookNZ>

Thanks to our JUST COOK partners. JUST COOK would not be possible without them.

Sarah Hanrahan



WHAT REALLY IS THE DIFFERENCE

between food in New Zealand and in the USA?

This is the second of two articles on this topic, based on research conducted last year by Master of Health Sciences in Nutrition and Dietetics student, Ryan Ramon, while on work placement with the Foundation.

The first article discussed 'food from the farm' while this one discusses food once it leaves the farm. Ryan chose topical issues, comparing food choices, portion sizes and the use of salt, sugar and trans-fats in processed foods.

COMPARING THE USA DIET WITH THE NEW ZEALAND DIET

Approximately 80% of Americans eat breakfast on a given day, most at home. Popular items of choice include ready to eat cereals, milk (as a beverage or on cereal), coffee and breads, bagels, rolls & English muffins.

For most Americans lunch is the lightest meal of the day as their meal breaks are typically an hour or less. Lunch may be a sandwich with fillings of meats such as ham, roast beef, turkey, tuna or chicken and peanut butter and jelly. Meatless sandwiches are also gaining popularity in America, with hummus and/or vegetables becoming staples in many people's diets.

Dinner tends to be the largest meal of the day and often consists of meat served with potatoes or rice, and vegetables. Fifty eight percent of main dishes are made in the home using fresh ingredients. Frozen or ready-to-eat meals are used as well as takeaways or a combination of the above.

Snacking has become more popular over the past 30 years with around 60% of adults consuming more than one snack on any given day of the week. Alcoholic beverages are the highest contributor to energy intake (16% for men, 7% for women), followed by sugar sweetened beverages (14% for both sexes) savoury snacks such as pretzels, tortillas and potato crisps (10% for men, 12% for women) and candies (7% for men, 9% for women). Snacks provide around 24% of energy intake, more than the 16% contributed by breakfast.

The New Zealand Adult Nutrition Survey provides information about the most popular types of foods and their contribution to energy intake. The 2008/09 survey showed that the most popular food group among New Zealanders was bread, contributing towards 11.4% of the average daily energy intake. This was followed by grains and pasta (7.1%), potatoes, kumara and taro (6.5%) and fruit (4.3%).

PORTION SIZES

Over the past 20 years the average portion size for many commonly consumed foods in USA has increased considerably. The gradual increases in portion size over time have led to changes in people's perceptions of what is considered to be a normal portion, resulting in a newly observed phenomenon known as "portion distortion". Due to these changes it is not surprising that the increase in portion sizes has often been identified in several studies as the culprit for obesity epidemic seen in USA. This is because increases in portion sizes leads to increased energy intake.

There is a growing acceptance that larger portion sizes are normal and that they provide better value for money. These perceptions apply to both restaurant and supermarket settings.

Examples of some changes in portion sizes and calories can be seen in the following table:

Food Item	Portion Size and calories 20 years ago	Portion Size and calories Today
Bagel	3 inches diameter 140 calories	6 inches diameter 350
Soda	6 ½ Ounces regular soda 85 calories	20 Ounces regular soda 250 calories
Pepperoni Pizza	2 large slices pepperoni pizza 500 calories	2 large slices pepperoni pizza 850 calories
Popcorn	Box of popcorn 270 calories	Tub of popcorn 630 calories
Cheese burger	1 cheese burger 330 calories	1 cheese burger 590 calories
Spaghetti and Meatballs	1 cup spaghetti with sauce and 3 small meatballs 500 calories	2 cups of spaghetti with sauce and 3 large meatballs 1025 calories
French Fries	1 medium serving of 2.3 ounces 210 calories	1 medium serving of 6.9 ounces

Portion sizes in New Zealand are also on the increase, but not to the same extent.

HIGH FRUCTOSE CORN SYRUP

High fructose corn syrup (HFCS) is a sweetener used in a variety of foods, in particular beverages, processed and store-bought foods. It is made by enzymatically processing part of corn syrup, which is made of glucose, into fructose to help increase its sweetness.

HFCS comes from corn, while sugar comes from sugar cane or sugar beet. Corn production is subsidised in the USA, making it a cheaper option to sugar. HFCS's composition, at 55% fructose: 45% glucose is close to that of table sugar at 50% fructose: 50% glucose. From an energy perspective HFCS and sugar are almost the same and studies show they have similar effects on blood levels of insulin, glucose, triglycerides and satiety hormones. Therefore the issue isn't really consuming foods with sugar compared to HFCS, but rather controlling the intake of sweetened foods and beverages overall.

In New Zealand most of our sweetened beverages and foods contain sugar rather than HFCS. The products in New Zealand that do contain HFCS however are mainly products imported from the USA.

TRANS-FAT

There are small amounts of naturally occurring trans-fat in meats such as beef, veal, lamb, mutton and their products. Artificial trans-fats are produced through hydrogenation to help make the fat more solid, which helps increase the shelf life and flavour stability of many types of processed foods. The major sources of trans-fat are these processed foods with hydrogenated fats, which include:

- Deep-fried foods
- Some take away meals and baked goods
- Margarine sticks and shortening
- Baked foods such as Cakes, buns, cookies and pastries

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

- Pies
- Processed Meats

Trans-fat consumption, like other saturated fats is a risk factor for heart disease.

Trans-fats are found in some foods sold in New Zealand. However New Zealanders obtain only 0.6% of their daily energy from trans-fat which is well below the recommended daily intake of <1% of energy from trans-fat per day.

COMPARING THE SALT AND SUGAR CONTENT OF SIMILAR FOODS

Food in the USA is perceived by the general public to be higher in calories, salt and sugar than almost all other countries. This is in part because of the high proportion of people categorised as being overweight and obese. In order to see how much of a difference there really is between food items in the US compared to NZ, two menu items from four popular food chains present in both countries have been selected and compared. The categories compared are calories, sugar and salt (via sodium) which are presented in the table below. Information was collected from each company's nutritional information sheet available on their respective websites.

Food Item	Calories (kcal)		Sugar (grams)		Sodium (milligrams)	
	USA	NZ	USA	NZ	USA	NZ
Carls Jr Charbroiled BBQ chicken sandwich	390	267	13	9.6	990	860
Carls Jr Famous Star with Cheese	680	663	9.4	12	1110	1220
BurgerKing Whopper	650	633	12	12	910	855
BurgerKing BK Chicken	640	669	7	7.3	1140	1103
McDonalds Big Mac	530	494	9	5.6	960	966
McDonalds Filet-O-Fish	390	319	5	3.3	590	438
Subway 6 inch sweet onion Chicken Teriyaki	370	308	16	9.4	770	764
Subway Roast Beef	320	262	7	7.2	660	608

The American version of most products tend to be higher in calories, sugar and salt with the only exception here being the BK Chicken from BurgerKing. The biggest differences in all three categories found came from both Carl's Jr products and the subway 6 inch sweet onion chicken teriyaki.

SUMMARY

Facts and fiction	NZ intake	USA intake	Comments/ Does it matter?
High Fructose Corn syrup is 'worse' than sugar	Not used, intake negligible	High usage	It's total added sugar intake that matters, not the type of sugar.

Facts and fiction	NZ intake	USA intake	Comments/ Does it matter?
Trans-fats are 'worse' than Saturated fats	Intake insignificant	High usage	It's total saturated fat intake that matters, not just trans-fats.
Energy, salt and sugar in take away foods should be reduced	Tend to be lower	Tend to be higher	NZers may eat takeaways less than in the USA, and some are lower in energy, salt and sugar
Meal patterns are different in USA from NZ	They appear largely similar	They appear largely similar	USA consumers may eat out more, use more ready meals and take away foods, and probably snack more.
Portion sizes are growing	Growing	Growing	Almost certainly larger in USA

CONCLUSION

Here are a few observations from our dietitian, Sarah Hanrahan, who lived with her family in the USA (Utah) 10 years ago and has visited since.

- Package sizes are much larger than in New Zealand. In fact we couldn't take advantage of buying food from retailers like Costco because the package size was too large for our family and for our fridge and freezer. When you have everything in bulk it is very easy for portion sizes to increase.
- You never buy just one of any packaged food in the supermarket – you always buy the two for one deal which was frequently available. Again making it very easy for portion sizes to creep up.
- It was much cheaper to eat out (not necessarily better but definitely cheaper) because of the proliferation of buffet chain restaurants catering for almost any style of eating; salad buffet restaurants, Italian, Chinese, Chicken, BBQ, pancakes etc.
- Wholefood stores and markets sold a great array of foods but were more expensive than the supermarket.
- Cheese was always bought sliced – Swiss or Provolone. These are mild cheeses easily piled into a sandwich. I never did find out what the role of spray cheese was. Very little stronger flavoured cheese was available, we used to get ours on mail order from the East Coast.
- There was more mixing of sweet and savoury foods – Jello Salad and marshmallows in potato salad! Didn't eat either but they were at every summer BBQ we went to. I'm prepared to accept this maybe a phenomenon of the West – have never seen either in New York City!
- Sandwiches were huge. You didn't have a slice of ham in a sandwich, you would be offered a pile of ham – 150 – 250g.
- Like New Zealand there was great produce, delicious home cooking and fantastic BBQs.
- The strangest dish I ate – Funeral potatoes. Scarily good – potato gratin topped with cornflakes.

References available on request from:
sue@nutritionfoundation.org.nz

FATS AND OILS –

what does the science really tell us to eat?

In our last edition a summary of a white paper on dietary fats and oils was published. The key conclusions of this review of the latest science on the subject were (with a caveat that this can change as our knowledge advances):

- Replacing saturated fatty acids (SFA) with poly-unsaturated fatty acids (PUFA) is associated with improved blood lipid parameters and a lower risk of Coronary Heart Disease (CHD).
- Replacing SFA with largely refined carbohydrates does not seem to provide a benefit or may even increase risk of CHD.
- Mono unsaturated fatty acids (MUFA) have a beneficial effect on blood lipid parameters, but does not appear to be associated with a lower risk of CHD
- Fish and n-3 Long Chain Polyunsaturated Fatty Acid (LCPUFA) consumption is associated with a lower risk of CHD.
- Trans Fatty Acid (TFA) consumption is associated with adverse effects on blood lipids and an increased risk of CHD, though maybe not that from dairy products. TFA intake is low in New Zealand.
- The total matrix of a food may be more important than just its fatty acid content when predicting the effect of a food on CHD risk. For example, dairy products are a main contributor to SFA intake in the New Zealand diet, but research findings do not suggest that dairy products are associated with an increased risk of CVD.
- Recommendations should make clear replacing SFA with PUFA is beneficial for cardiovascular health, whereas replacing SFA with carbohydrates is not.

In this article DR. Laurence Eyres, our fats and oils expert gives us a lesson in how to explain to people without a science background what these conclusions mean.

BACKGROUND

With regard to fats and oils the diet and heart disease hypothesis states the following:

1. **Dietary saturated fat and trans-fat raises blood cholesterol in all its forms.**
2. **Elevated blood lipid levels (apart from HDL) including triglycerides increases the risk of having a heart attack.**

The current medical recommendations for your blood lipid levels are as follows.

- Total cholesterol <5.1 mmol/L
- HDL cholesterol >1.76 mmol/L
- LDL Cholesterol <3.0 mmol/L
- Triglycerides <0.7mmol/L

High triglycerides (free fat in the bloodstream) are emerging as a major risk factor.

3. **Therefore increasing saturated fats raises the risk of heart disease.**

This does not mean a total ban on eating saturated fats. The overall picture is complicated as there are other risk factors which play a major part, including badly oxidised fats, family history, smoking, lifestyle, obesity, diabetes, levels of inflammation (c-reactive protein) and blood pressure.

Back in 1965 New Zealand had a heart disease epidemic which led to the introduction of previously banned polyunsaturated margarine. In 1965 New Zealanders consumed lots of meat and dairy products with very little unsaturated oils such as olive oil and

the polyunsaturated oils. Since 1972 the consumption of unsaturated spreads and oils has increased markedly. In parallel other factors have impacted such as a reduction in smoking and an increase in the prescription of statins. However the fact remains that death from heart disease has halved in that 40 years.

TYPES OF FATTY ACIDS

SATURATED SHORT CHAIN, MEDIUM CHAIN AND LONG CHAIN FATTY ACIDS

Saturated short and medium chain fatty acids are found in butter, coconut and palm kernel oils. Long chain saturates are found in tallow and palm oil. It is advised to consume these fats in moderation. There is no evidence to suggest you can call coconut oil "healthy".

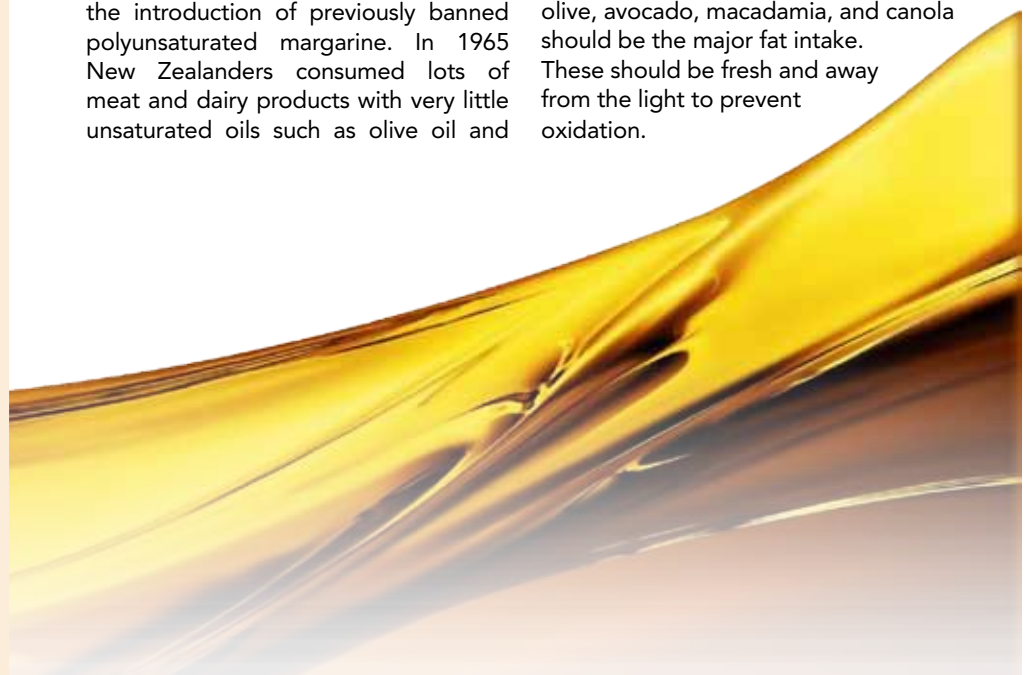
TRANS-FATTY ACIDS

Trans-fatty acids are formed by hydrogenation and natural trans-fatty acids are found in ruminant fats such as butter and dripping.

Chemically produced trans-fats are no longer used in Australasia and it looks like there will be a total ban on their use in the USA and UK. They may still be found in imported food products.

MONOUNSATURATED FATTY ACIDS

Monounsaturated oils (oleic) such as olive, avocado, macadamia, and canola should be the major fat intake. These should be fresh and away from the light to prevent oxidation.



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FATS AND OILS – what does the science really tell us to eat?

POLYUNSATURATED FATTY ACIDS

Polyunsaturated fats divide into:

- 18 carbon omega-3 such as alpha linolenic acid (ALA) in flaxseed, canola, walnut and canola oils.
- Long Chain >C20 fatty acids, eicosapentaenoic acid (EPA) and docosahexanoic acid (DHA) found in seafood, algae and dietary supplements. It is suggested we need a minimum of 1 g per day.
- Omega-6 fatty acids, mainly linoleic acid found in soybean, sunflower, safflower, grapeseed and maize oils. Known as an essential fatty acid, we need some but not in excess.

All fats and oils contain the above in various proportions. It is probably not good practice to focus just solely on one nutrient source.

Various researchers have tried to give recommendations on what should be a typical daily intake. The following is a list of practical alternatives - but this is not a prescription.

For an intake of 2000 calories (8400 kJ) per day with 30-35% of energy from fats/ oils, the intake of total fat is 65-75 g. This approximately should consist of:

- Saturated and trans fats: < 16 g;
- Polyunsaturated fats:
 - < 10 g omega-6 Fats.
 - 2 g ALA and 1 g EPA and DHA, to achieve an omega-6: omega-3 ratio of around 4-5:1 (similar to that in a typical Japanese diet);
- Monosaturates: 42 g, preferentially from extra virgin olive oil.

To give some idea of these quantities in food:

- (15 g of olive oil has only 2.2 g saturated fat)
- 15 g butter (1 tablespoon) has 12 g fat of which 7.6 g is saturated
- 15 g of coconut oil has 13.8 g saturated fat
- A 60 g bag of potato chips cooked in palm oil has 21 g fat of which 10 g is saturated fat.

So if you consumed just those latter three items every day you would be over the 16g suggested limit for saturated fat. Other foods such as cream (40% fat), cheese (35%), pastry (33%) contribute to your fat intake and your saturated fat load.

OXIDATION AND ANTIOXIDANTS

Recent nutrition work points to the adverse effects of consuming heat abused oils and fats, particularly from deep frying sources. Light affected and rancid oils are also thought to be detrimental over a long term basis.

The word antioxidants, whilst commonly used, better describes bioactive cell protection agents such as those found in olives and olive oil (polyphenols), coloured fruits and vegetables (flavonoids), and nuts (Vitamin E).

Quality olive oil is high in polyphenols and when consumed with vegetables, fish and whole grain foods provides the basis of a good "Mediterranean" style diet.

Astaxanthin, lutein and beta carotene (from tomatoes) are also potent "antioxidants" with different benefits. Astaxanthin is found in naturally pink salmon.

When taken as part of the overall diet these "antioxidants" may act as a defence mechanism against attacks on our health from inflammation, pollution, contaminants and oxidised species.

SOME MYTHS DEBUNKED

- Coconut oil is not a "healthy" oil and should not be the major oil /fat in our diet.
- You can cook and fry with quality extra virgin olive oil.
- Shallow pan frying does not produce significant amounts of trans-fats.
- Margarine is not similar to chemical plastics.
- Canola oil is low in saturates and forms a good oil to have as our dietary intake.
- "Light "and "pure" olive oil are misleading terms and confuse the consumer.

TO SUMMARISE

The media and vested interests are jumping on the fact there is not a clear and definite relationship between saturated fat intake and cardiovascular disease.

However the fact remains, detailed trials demonstrate that replacing a large amount of the saturated fat intake by unsaturated oils does reduce risk.

A high intake of sugar and fructose is detrimental to health, as a risk factor for diabetes and then heart disease.

A "whole-of-diet" approach is sensible with fruits, vegetables and fish being a core part of the daily diet and also utilising whole grain foods. It is known that foods containing glucan such as oats and barley can help to reduce LDL cholesterol.

Virgin Olive oil has centuries of tradition and a wealth of health studies to back up its use with other whole foods. It should be fresh, not oxidised and contain significant amounts of polyphenols.

THE NUTRITION MINEFIELD – MYTHS AND MAGIC!

In the 12th April edition of *Sunday* – (the *Sunday Star Times* magazine), one of the features was an article “**Powder Power**”, the story of Soylent, a liquid meal substitute invented by Rob Rhinehart, a 25-year old Los Angeles software developer.

It claims to provide all the essential nutrients required to fuel the human body. It's a powder, and combines macro and micro nutrients. Just mix with water and drink! Among the inventor's claims is that we need amino acids and lipids, but not milk itself; carbohydrates, but not bread; vitamins and minerals, but not vegetables and fruit that are mostly water. Eating food, he contends, is an inefficient way to survive. He didn't eat a bite of food for 30 days, but existed on his powdered mix, which besides saving him time and money, cured his dandruff!

Fortunately, associated with this article were comments from nutrition experts who rightly say that the food we eat is not just made up of essential nutrients; food has a wide array of other nutrients and non-nutrients that have been shown to have health benefits. In addition, nutrients work

in combinations and interact – whole foods provide a balance of nutrients that we as humans have evolved on. Finally, we should acknowledge the place of food and eating in our psyche – it's a symbol of all that's good for us – socialising, loving and giving, health and healing.

But then, what is the impact of manipulating our prudent diet? The fad diet industry has been with us for years, and there are always new combinations and manipulations of macro-nutrients and promoting health gains. Celebrity endorsements of fad diets through glamour, fame and wealth promise the idea that food can be a magical elixir that can cure all ills, yet what they are selling isn't usually evidence-based, reliable or healthy for most. <https://theconversation.com/quit-sugar-go-paleo-embrace-clean-food-the-power-of-celebrity-nutrition-38822>



THE PALEO DIET

This diet works on the principle that we should only be eating foods our ancestral forbears ate. Food groups, that advocates claim, were rarely or never consumed by humans before the Neolithic agricultural revolution are excluded from the diet. These include:

- potatoes
- dairy products
- grains, for example wheat, rye, oats, and barley, which make it a gluten-free diet
- legumes, for example, cooked dried beans, peas and lentils, and peanuts
- processed oils
- refined sugar
- salt
- Neither alcohol nor coffee is considered “paleo” as human ancestors could not produce these drinks.

Proponents of the Paleo diet claim that human metabolism has been unable to adapt fast enough to handle many of the foods that have become available since the advent of agriculture. Thus, modern humans are said to be maladapted to eating foods such as grain, legumes, and dairy, and in particular the high-calorie processed foods that are a feature of most modern diets. Proponents claim that modern humans' inability to properly metabolise these comparatively new types of food has led to modern-day problems such as obesity, heart disease, and diabetes. They claim that followers of the Paleolithic diet may enjoy a longer, healthier, more active life.

However, here is no convincing evidence or scientific logic to support the claim that adherence to a Paleo diet provides a longevity benefit. It also contradicts the Food and Nutrition Guidelines for Healthy New Zealanders, by promoting a higher fat diet, avoiding the important grains and legumes, and milk and milk products.

It is not recommended as a healthy diet, and the British Dietetic Association has named the diet one of their worst top five celebrity diets for this year.

Look at this link from Bill Shrapnell for more: <http://scepticalnutritionist.com.au/?p=873#more-873>

DUKAN DIET

The latest **Dukan Diet**. “Without the Dukan Diet Secrets, losing weight can seem like an uphill task”. This fad diet hit the UK in 2010 and the US in 2011. The British Dietetic Association listed it on its top five diets to avoid in 2014 (for the third year). They say ‘The rigid Dukan Diet works by restricting food, so restricting calories. Initial weight loss will be fluid.

Even the creator of the diet, Pierre Dukan, who, in 2013 was banned from practising as a GP in France, has warned of associated issues with the diet such as lack of energy, constipation (due to lack of fibre/cutting out food groups), the need for a vitamin and mineral supplement (due to lack of variety/cutting out food groups) and bad breath.’ It's a complicated high protein, no/low carbohydrate (cf Paleo and Atkins diets), four-phase diet that promotes rapid weight loss. The aim of the diet is weight loss but this may be at the expense of nutritional quality.

Expert reviewers (dietitians, doctors, and nutrition scientists) have scored this diet 3/5 for short term weight loss, and 2/5 for each of the following qualities: long term weight loss, easy to follow (it has lots of rules), nutrition (food choices are limited), safety. for diabetes control, and for heart health.

The diet was ranked 24th of the 25 diets scored, with one of its drawbacks being that it makes it hard to get sufficient potassium, the mineral that's important for keeping blood pressure healthy. Followers of this diet complain about how difficult it is to maintain the weight loss long term, and to apply the maintenance phase, which includes one day a week of protein only.

THE NUTRITION MINEFIELD – MYTHS AND MAGIC!

DETOX DIETS

What about the **Detox diets**? A detox diet is purported to be a powerful self-healing tool. Proponents believe we are constantly being exposed to toxins in our food, water and environment.

They say that while our bodies are equipped to remove them, our increasing exposure may mean that we can't do it optimally, which these alternative practitioners believe may result in tiredness, constipation, skin eruptions, struggles with weight, brittle nails and other ailments. A detox diet allows our bodies to focus on self-repair by promoting the elimination of unwanted chemicals and environmental and dietary toxins from the body.

These diets are based on eliminating many foods including animal products, wheat, gluten, sweeteners, soy, coffee and caffeinated beverages, animal products, most condiments, yeast, alcohol, food additives and preservatives.

In an on-line article from The Guardian, <http://www.theguardian.com/lifeandstyle/2014/dec/05/detox-myth-health-diet-science-ignorance>, Edzard Ernst, emeritus professor of complementary medicine at Exeter University, says "there are two types of detox: one is respectable and the other isn't." The respectable one, he says, is the medical treatment of people with life-threatening drug addictions. "The other is the word being hijacked by entrepreneurs, quacks and charlatans to sell a bogus treatment that allegedly detoxifies your body of toxins you're supposed to have accumulated."

He goes on to say that if toxins did build up in a way your body couldn't excrete, you'd likely be dead or in need of serious medical intervention. "The healthy body has kidneys, a liver, skin, even lungs that are detoxifying as we speak. There is no known way – certainly not through detox treatments – to make something that works perfectly well in a healthy body work better."

You can go on a seven-day detox diet and you'll probably lose weight, but that's nothing to do with toxins; it's because you would have starved yourself for a week.

PROCESSED FOODS

Is our consumption of **processed foods** compromising our nutrition? Processed foods come in for a lot of flak these days – is it warranted?

Did you know that food processing began about 2 million years ago? Firstly our ancestors applied flame to food (cooking), then progressed to other methods such as fermenting, drying, and preserving with salt. This enabled a regular supply of edible food during leaner times. So food processing is not new, only more effective!

Most foods we eat are processed to a greater or lesser extent, depending on the characteristics of the product. They include washed and packaged fruits and vegetables, bagged salads; canned and frozen fruits, vegetables, meats and fish; bottled sauces, chutneys, jams and jellies; cake mixes, cereals (rice, breakfast cereals) and nuts; milk and juices.

Food processing is defined as 'any deliberate change in a food that occurs before it's available to eat'. This can be as simple as freezing food to preserve nutrients and freshness, or as complex as formulating a frozen meal with the right balance of nutrients and ingredients.

Processing foods can make them safer – for example, heating foods in processing methods such as canning and pasteurisation can destroy harmful organisms. Processing fruit and vegetables at their nutritional peak by quick-freezing helps maintain qualities of freshness longer than if the unprocessed vegetable has been sitting in your fridge for a week.

Processed foods have an important place in our daily diets just as fresh foods do, and are included in the MOH Nutritional Guidelines. Processed foods such as extruded snacks, chips, biscuits and carbonated drinks, should be eaten only in moderation, as they can be high in salt, sugar and saturated fats and lower in dietary fibre.

Read more on <http://www.foodinsight.org/sites/default/files/what-is-a-processed-food.pdf>

ORTHOREXIA NERVOSA

This fairly new condition described by US Dr Steve Bratman, is characterised by an obsession with healthy eating. People with this condition, which is not an officially recognised mental health disorder, become totally obsessed with eating the right foods, and with the special qualities of individual foods, and have special strict rules around their diets. They spend hours of their day working out their menus.

This condition affects men more than women; weight loss is not the goal (as in anorexia nervosa or bulimia nervosa). It's an extremely isolating condition, as sufferers cannot eat with other people, and the condition becomes self-perpetuating. Two bits of good advice are firstly: "rather than eat your sprouts (or kale) alone, it would be better for you to share a pizza with some friends". And secondly: "try to be a balanced food consumer with a 'mostly and sometimes' mantra".

Finally, the healthy diet message with which we are all familiar is not mind-blowing; it's not outrageous, it's not even really exciting. With so many "celebrity" diets being promoted these days, the potential for consumers to become totally confused about what to eat is high.

Despite this, we need to look beyond the hype and do what we can in the kitchen with the basic healthy eating message, creating delicious and exciting meals that include a variety of foods that are essentially low in added sugar and saturated fat, moderate in protein-rich foods (from animal and plant sources) and high in fibre. It's easier and cheaper than following fad diets or buying expensive products for detoxing, etc.

Most of us following a healthy diet plan should not require vitamin supplements, but for some, there will be a specific need, and this should be monitored and prescribed by a qualified doctor or dietitian. When unusual diet plans or products promise magic, be prepared to be disappointed!

If you're using the internet, scope widely to find some independent and reliable reviewers on the issue you are investigating, or talk to your health professional.

Further reading "Selling Wellness"
<http://www.viva.co.nz/article/beauty/viva-selling-wellness/?ref=nzhbox>

CORPORATE MEMBER NEWS

Tip Top Bakery Launches High Protein Bread

In recent months Tip Top Bakery (George Weston Foods) has launched High Protein bread targeting those with active lifestyles e.g. sports people, growing children and older people who struggle to eat enough protein each day.



There are two variants on supermarket shelves; The Tip Top Hi- Protein Oat variant has 10.2 grams of protein per serve, and Soy & Linseed has 11.2 grams per serve (1 serve = 2 Slices/74g). This is almost double the amount of protein found in white bread and around 25% more protein than grain or wholemeal breads.

The additional protein comes from adding plant based protein from oats, soy (and linseed), along with the protein that is already in the bread from wheat.

BEEF AND LAMB NEW ZEALAND

NEW RESOURCE AVAILABLE

Beef and Lamb New Zealand (BLNZ) has been building the nutritional profile of beef and lamb steadily over the last 20 years, recognising the important role beef and lamb play within a healthy diet. One of our fundamental principles is striving to ensure all our nutrition messages are based on robust science, having undergone rigorous scientific scrutiny. This scientific platform underpins all nutrition communications.

BLNZ has recently published a report titled 'The Role of Red Meat in a Healthy New Zealand Diet', which covers many aspects of the role beef and lamb play in the diet, both as a provider of nutrients and in respect to key chronic diseases seen in New Zealand, such as heart disease and cancer. Independently written by nutritionist, Amanda Johnson and peer reviewed, the document reflects recent scientific research impacting several areas of meat nutrition, including nutrient requirements at all ages, mental health, sustainability and evolutionary aspects of meat eating.

To order your free copy email fionag@beeflambnz.co.nz or see resources for health professionals http://www.beeflambnz.co.nz/resources/Role_of_Red_Meat_Report.pdf



SUSHI TUNA SANDWICHES

50g tuna in spring water, drained
1 tablespoon mayonnaise
2 slices Hi Protein....bread
1 frilly lettuce leaves

Combine tuna and mayonnaise in small bowl and mash with a fork until smooth.

Trim the crusts from the bread and gently roll with a rolling pin to flatten slightly.

Place a layer of lettuce down the centre of each slice of bread and then top with tuna mixture. Roll the bread tightly to enclose the filling. Add a little dab of mayonnaise if needed to help seal the bread at the join.

Wrap bread tightly in lunch wrap or plastic clingfilm and refrigerate for up to 30 minutes before slicing each sandwich in half. **Serves 1-2.**



Kellogg's adopts Health Star Ratings

Kellogg's has announced its commitment to implement the Star Ratings on all of its cereals across Australia and New Zealand from the beginning of June 2015.

Kellogg's All Bran, Sultana Bran, Guardian, Coco Pops and Special K Nourish variants will be the first to carry health stars, with the full cereal range carrying the rating logo by the end of 2015.

With a range of 1.5 to five stars, seventy percent of their cereals are rated between four and five stars.

Kellogg's senior nutrition and regulatory affairs manager Dr Michelle Celander said, "As part of our innovation and renovation plans we want to produce what consumers want. Even in our treat cereals we are looking at how we can improve the health stars".

For more information about Kellogg products' Health Star Ratings go to: www.kelloggs.co.nz/en_NZ/health-star-rating.html



Kellogg's



SENIOR CHEF, Whangarei Anglican Care Centre

In the course of investigating the feasibility of establishing a national cooking programme deliverable to people living independently in the community, Anna Mrkusic a nutritionist with the New Zealand Nutrition Foundation, spoke with Diane Harris from the Whangarei Anglican Care Centre about their experience of Senior Chef.

Back in 2012, at the Care Centre we were already running a cooking/budgeting course. At one of these courses an elderly gentlemen asked if we ran anything specifically for elderly people. After some investigation we found Senior Chef in Christchurch.

Now, in conjunction with the Canterbury DHB (CDHB) we facilitate these courses in Whangarei. Nikki and I both saw that there was a huge need in the community to encourage and enable people to live independently and be motivated to eat properly.

This course provides many functions – gets isolated people out of their homes, provides an opportunity to make new friends and it rekindles an interest in food and cooking, something that often gets lost as we get older or when we lose a partner.

This course is offered free of charge, and is available to anyone over 65. Funding is gained from grants and donations. One of these being the generous donation of the ingredients required by New World – Regent, Whangarei.

Senior Chef was developed in Christchurch by the Canterbury District Health Board in 2010 to stimulate interest in cooking and eating, building skills and bringing older people together to share meals.

The Aim of Senior Chef is to ...

Improve – your cooking skills

Inspire – Cooking motivation

Nutritious – new meal ideas – meal planning

Easy to make – recipes

Opportunity – to meet new people

Excerpts from Robin Spencer, Dietitian, Healthy Eating Healthy Ageing Programme, CDHB

These are the key ingredients in making Senior Chef the popular course that it is today.

Topics covered as part of the Senior Chef course include: What is the hardest thing about cooking for yourself? How many of you plan ahead? What is a balanced diet for older people?

At times Nikki and I feel that we are preaching to the converted, but Senior Chef has taught us that no matter what our age we are always learning.

We started Senior Chef in October 2013 at Whangarei Anglican Care Centre and have had the privilege of presenting this course to over 80 elderly folk. The feedback we have received has all been positive, in fact they don't want the course to end.

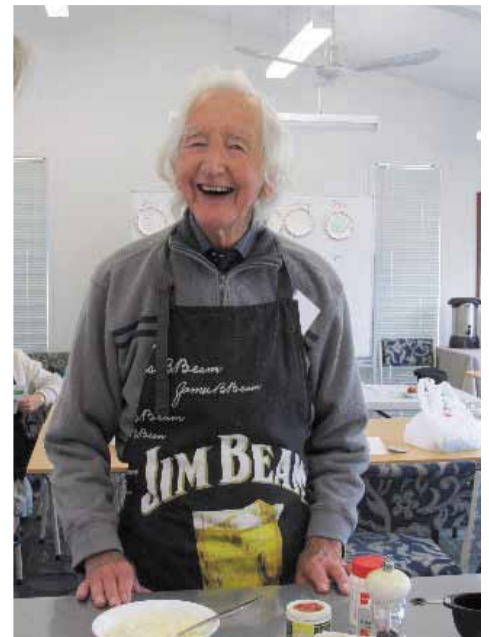
The following comment was made by journalist, Philippa Mannagh after observing a Senior Chef class.

"The Senior Chef atmosphere is fun, chatty and encouraging filled with good conversation, humour and caring support" (Savvy Magazine, 2014)

Senior Chef is free to attend, 3 hours per session, over 8 weeks, open to anyone over the age of 65 and we encourage them to socialise after the course has finished.

Anyone wishing to attend these courses can give us a call on 09 437 6397 or check out the website www.seniorchef.co.nz

Dianne Harris
Senior Chef Co-ordinator



ROSMINI COLLEGE'S HEALTH EDUCATION programme builds student confidence and understanding through collaboration

**Geoff Wood, HoD-Health and Life Skills,
Rosmini College**

Geoff Wood, Head of Department Health Rosmini College, North Shore, Auckland has developed a new way of encouraging his students to learn. Over the past four years he has developed a model which allows students to make connections with people outside of the classroom.

This takes the form of students Skyping with experts in the health field and students from schools or tertiary institutions to develop insight and understanding of health issues. Geoff has developed a network of contacts that allows people to be linked together. Anecdotal evidence gathered by participating schools have shown that students are highly engaged in this type of learning.



Education literature is filled with the need to make learning authentic and better customized to learner need. This is happening at Auckland's Rosmini College where health students are working on inquiry projects that take them out of the classroom and into lives of a global community.

Since 2013 the Over the Back Fence video lesson project has connected with fifty-five classrooms in ten countries including India, Bangladesh, U.S.A. and the Cook Islands. Topics covered by the students have included healthy lunch boxes, diabetes, snacks, sugary drinks and food safety. Students deliver their lessons via Skype®. This form of learning gives students time to deepen their own learning as well as bring students together to learn and collaborate on health issues of global importance.

At a junior level the Year 7 and 8 students learn to work together on personal, family and community health issues and seek action solutions. By the time the students reach year 12 and 13 these skills are embedded. Senior students work in small teams to develop lessons and teach younger students spread across New Zealand and around the world. This style of teaching allows students to learn about injury and disease prevention across the lifespan and reflect on what is needed to bring about positive health change.

The current project involves 263 students in Finland, India, Bangladesh, Canada, U.S.A. and New Zealand. These projects are safely hidden in Wikispaces®, but teachers can monitor student contributions and motivate teams to take their next steps.

This innovative form of teaching allows students to think about issues beyond their tiny corner of the globe and consider what is needed for global solutions.

"The curriculum is about enabling our students to make choices. We're not going to be there at the cafe when students chose their meal. We're not there when they go to the grocery store after they have left home. They are going to need to make those choices themselves"

Teachers interested in learning more should contact gwood@rosmini.school.nz



WHAT'S ON

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

50th NZIFST Annual Conference

Date: June 30 – July 2, 2015

Venue: Palmerston North Convention Centre

For information: www.nzifst.org.nz/conference.asp

8th International Conference on Diabetes and Obesity

Date: July 2 – 3, 2015

Venue: Berlin, Germany

For information: www.worldobesity.org/what-we-do/events/hot-topics/2015-dietary-sugars/

Institute of Food Technologists

Annual Meeting: Where science meets innovation

Date: July 11 – 14, 2015

Venue: Chicago, USA

For information: www.ift.org

Society for Nutrition Education and Behavior Annual Conference

Date: July 25 – 28, 2015

Venue: Pittsburgh, USA

For information: 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

ICDAM9: International Conference on Diet and Activity Methods

Date: September 1 – 3, 2015

Venue: Brisbane, Australia

For information: www.icdam9australia.com/about_ICDAM.html

Public Health Association Conference 2015

Date: September 6 – 9, 2015

Venue: Dunedin Centre, Dunedin

For information: <http://wired.ivvy.com/event/PHA15/>

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/

2015 ANZOS Annual Scientific Meeting

Date: October 14 – 17, 2015

Venue: Melbourne Convention and Exhibition Centre, Australia

For information: www.anzos2015.org/

3rd Riddet International Conference on Food Structures, Digestion and Health

Date: October 28 – 30, 2015

Venue: Wellington, New Zealand

For information: 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/

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

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



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