



June 2017

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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As a charity, change is constant and for us the most recent change has been moving base from an office in a corporate building in Takapuna to the Auckland Council refurbished barracks at Fort Takapuna, Narrow Neck.

The Devonport-Takapuna Local Board provides this space to charities active on the North Shore and greater Auckland for a nominal cost enabling us to significantly reduce our overheads without compromising our work (the Holy Grail for a charity). While we are the first into the barracks we hope to benefit from interaction with other charities who will move in over time. We appreciate this opportunity given to us by the Devonport-Takapuna Local Board.

As outlined in our last newsletter our plans for 2017/18 include bedding in our new JUST COOK 4 Healthy Ageing programme. Our pilot with the Selwyn Foundation is going well and we are pleased to be hosting the Honorable Maggie Barry, Minister for Senior Citizens at the Milford Course.

We are delighted The New Zealand Women's Weekly is featuring JUST COOK 4 Healthy Ageing, having interviewed Denis and Eva (two of the Mt Albert participants). We believe this level of interest indicates a strong need for the programme and we look forward to working with partners to get it on a sustainable footing. Our options for this include applying for grants, seeking commercial sponsorship, crowd funding or applying for government contracts if and when they come up.

We would like to acknowledge the tireless work of our volunteers and students, without them JUST COOK 4 Healthy Ageing would not have got off the ground. In particular Anuradha Sharma from AUT who has prepared support materials under Anna's watchful eye, Hannah Eriksen and Nelusha Samarasinghe from



Our new office at Narrow Neck

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the University of Auckland's Master of Dietetics programme who have worked on a healthy eating model for older people and have been the right hand women at the programmes in Milford and Mt Albert, newly graduated dietitian Emma Barraclough, nutrition graduate Juliana Goodman, and chef and nutrition student Rachel Titchener who have also been extremely able right hand women.

Like most charities we would be lost without our volunteers and appreciate the energy, new ideas and willingness our students and volunteers bring.

Tika Tunu, our JUST COOK programme for women in prison is another programme we are aiming to make sustainable. We are extremely grateful to the SKYCITY Auckland Community Trust who have given us funding to deliver the programme for another 12 months but like JUST COOK 4 Healthy Ageing we are seeking partnerships to ensure a strong future for Tika Tunu.

The growth of JUST COOK, the opportunities for new partners and consolidation of relationships with existing partners tells us our changes are working and we look forward to a healthy future.



We would like to acknowledge and thank the following supporters who provided grant funding to the New Zealand Nutrition Foundation over the past 12 months:



BlueSky Community Trust has provided a grant to help cover operating expenses.



Devonport- Takapuna Local Board provided us with our office space at Fort Takapuna, Narrow Neck



Foundation North has supported NZNF via a grant to help cover operating expenses



Four Winds Foundation has granted NZNF funds to help with cost of redeveloping the Nutrition Foundation website and management and facilitation of our Healthy Ageing programme.



SKYCITY Auckland Community Trust has supported NZNF with continuation of the JUST COOK Tika Tunu programme (6-week Food and financial literacy programme) within vulnerable communities.

Sarah Hanrahan, Acting CEO



TIKA TUNU

Life skill development (nutrition education, cooking skills, budgeting and financial planning, interpersonal skills) is an important foundation and often missing component in a prisoner's life experience. These components limit the pathway to further education, successful rehabilitation and employment.

The New Zealand Nutrition Foundation recently completed a second Tika Tunu programme at Auckland Regional Women's Corrections Facility (ARWCF). The extended programme which focused on developing food and financial literacy skills included the delivery of the Hospitality Unit Standard "Practice food safety methods in a food business under supervision". The Unit Standard is a pre-entry standard for people training to work in a food business so has the potential to provide wahine with a career pathway in the hospitality industry on release from prison.

The second programme was very successful with all wahine rating the programme as excellent and all believing all prisoners within ARWCF should be given the opportunity to participate in the Tika Tunu programme. All wahine participants said they intended to share their new skills and knowledge with family and friends on release.

When asked what they enjoyed about the programme the following comments were made:

"I love how you can cook really yummy meals with basic ingredients. I have learnt a lot"

"Different ways of cooking cheap good food"

"Enjoyed learning how to make something out of nothing. Also making healthy kai. I have also learn about what I have (osteoporosis)"

"Learning how to cook yummy food cheaply and healthy for the kids and family"

When asked if they were making any changes to their diet and levels of physical activity since starting the programme the following responses were made

"Eating more vegetables and fruit"

"I look at the back of packages (label reading) more"

"I watch what I put in my mouth. I enjoy eating healthy"

"I eat a lot less fatty food and eat more healthy food where I can"

The funding for the Tika Tunu project has come from the SKYCITY Auckland Community Trust. The NZNF has been successful in receiving further funding from SKYCITY Auckland Community Trust to continue the project in 2017/ 2018.



NUTRIGENOMICS:

The new paradigm for optimising health and preventing disease?

Nutrigenomics, the study of how genes, nutrients and lifestyle factors interact, is no longer the future of medicine. It's here today, and this exciting new field of medicine is already being practised by forward thinking nutritionists, doctors and health professionals throughout the world. Clinical nutritionist and accredited nutrigenomics practitioner, Sheena Hendon provides insight into how the exciting world of human genome discovery and the latest nutritional science is set to change medicine, nutrition and even the food industry forever.

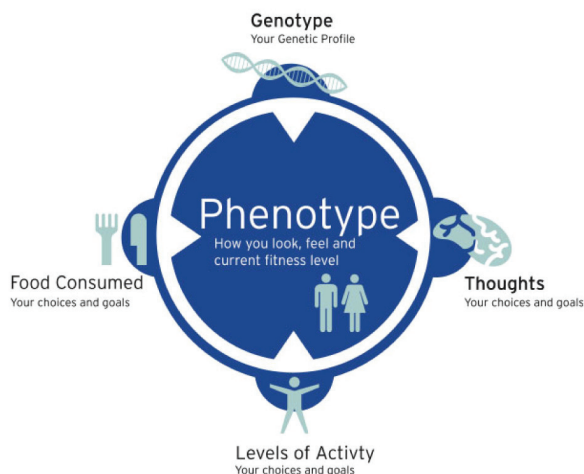
Two guys of the same age eat a diet low in fruit and veggies and high in sodium and saturated fat. One develops hypertension, hypercholesterolemia, and eventually atherosclerosis, while the other lives a long life without chronic disease. Two women consume similar diets low in essential fatty acids and high in refined carbohydrates and are equally active. One puts on weight, and the other is as skinny as a bean pole.

Why individuals experience different health outcomes even though they eat similar diets and practice comparable lifestyles is an important question asked for decades. While it's long been suspected that genetics play a critical role in determining how a person responds to dietary intake, as well as environmental and lifestyle factors, it is only in recent years this has been proven.

HOW IT ALL BEGAN

It all started in the 1950's when Watson and Crick proposed the double helix structure of DNA (short for deoxyribonucleic acid). Although DNA was discovered over a century ago, this finding enabled researchers to make great strides in understanding genetics especially after the completion of the Human Genome Project (HGP); an international scientific research project mapping and sequencing the entire human genome (the complete, unique blueprint of every person). Scientists then discovered nutrition and lifestyle choices such as smoking and alcohol consumption could influence gene expression and our health and wellbeing.

GENETICS 101



Source: Fitgenes: <http://www.fitgenes.com>

Here's a quick overview of genetics

- DNA is the hereditary material in humans and almost all other organisms.
- A gene is a segment of DNA that contains information on hereditary characteristics such as hair colour as well as predisposition to specific health risks. Genes provide the instruction manual for how, when and where we make each of the many thousands of proteins required for life.
- Each gene comprises of thousands of nucleotides; combinations of four "genetic" letters: A, T, C and G, for adenine, thymine, cytosine and guanine.
- Every person has two copies of each gene, one inherited from each parent. People have 99.9% identity between their genomes. However, it's the 0.1% genetic variation which can change the way our body responds to different foods, bioactive compounds and environmental exposures.
- There are two types of genetic variation among individuals, **SNP** (single nucleotide polymorphism, pronounced "snip") or lifestyle (copy number variation).

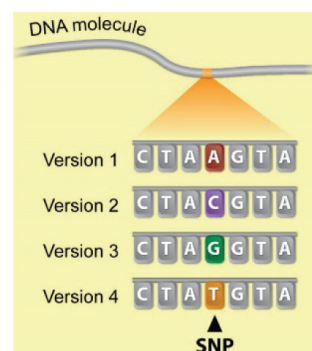


Diagram source:
<http://learn.genetics.utah.edu/content/precision/snips/>

- A **SNP** may or may not have an effect on an individual's health. In rare cases, a SNP can cause a disease, such as sickle cell anaemia. More often, SNPs affect health by increasing or decreasing chronic disease risk.
- **CNV** are genes, where at some point in evolutionary history, communities have developed additional copies of genes that assist in adapting to their particular environment. The number of copies can vary enormously. For example, the gene coding for amylase, **AMY1**, can have anywhere from 1 to 20 copies.

Every time we come to the dinner table, we bring not only our appetite but also our genes.

OUR GENES ARE NOT OUR DESTINY

While you can't change your inherited genes, you can compensate for their influence by choosing better nutritional matches for your genes. DNA damage can be repaired, and gene expression can be 'dialled up or down' to significantly improve the functioning of our genes. The effect can start in the earliest stages of embryo development or even before conception to effect the sperm and egg and continues throughout our lifetime.

Many of our genes are essentially like a "dimmer switch" for a light; They can be 'dialled up' or 'dialled down' depending on what foods we eat and other lifestyle choices

NUTRIGENOMICS IN ACTION

• Developing individual nutritional and lifestyle plans

There are a number of accredited nutrigenomic, gene profiling practitioners in NZ – all of whom are qualified health professionals including dietitians, doctors and nutritionists. All you need for gene profiling is for the patient to provide a single saliva sample which is sent off to a lab and used to detect gene variants.

GIVEN THAT THERE ARE THOUSANDS OF GENES HOW DO WE KNOW WHICH GENES TO PROFILE?

Fitgenes, one of the most experienced genetic profiling organisations in Australasia, applies rigorous selection criteria to determine genes that are suitable; these genes must:

- influence the physiological functioning of our body at the cellular level;
- have been researched and supported by solid peer reviewed scientific research;
- have variations greater than approximately 10% in different ethnic populations; and,
- have nutrition, exercise and lifestyle interventions that can change the gene expression and influence health and wellbeing.

For example, in the case of obesity, we would examine genes that express for fat absorption, metabolism and transport, thermogenesis, inflammation and appetite control. Genes such as the **AMY1** gene, which determines the amount of alpha-amylase enzyme within saliva, can determine how well our body metabolises starch carbohydrates, and influence such health issues as food intolerances, weight gain, insulin resistance or Type 2 Diabetes. Or Leptin gene polymorphisms **LEPR-1** and **LEPR-2** may lead to poor appetite control and increased food intake.

A genetic profile report identifies the individual's gene activity, such as how well the patient is likely to metabolise starch carbohydrates, controlling food intake or likelihood of inflammation. Then the practitioner will design a customised dietary and lifestyle intervention strategies to recover normal homeostasis and to prevent diseases.

WHAT ABOUT THE FOOD INDUSTRY

There are already products available: 'functional' foods enriched with various nutrients and non-nutrients such as omega-3 fatty acids or folic acid to prevent or treat diseases and specific foods and already diets are used for coeliac disease patients

and other single gene diseases. So we can predict the future development of beverages and foods as preventive agents or for the treatment for individuals, families or subgroups with certain gene profiles predisposed to a particular disease. For example, diets balanced in the essential fatty acids are paramount for patients with chronic inflammatory diseases, such as arthritis, asthma, or ulcerative colitis, as well patients with coronary artery disease and hypertension.

WHAT IS THE DOWNSIDE TO NUTRIGENOMICS?

People may be reluctant towards genetic testing because they fear misuse of information generated. Additionally, insurance brokers, who already have the right to demand disclosure of factors affecting health may ask to include genetic information which may have a direct effect on life insurance.

IN SUMMARY

The era of personalised medicine has arrived, no longer do we need a one size fits all approach to our health. Nutrigenomics research is still in its infancy, and more research necessary to understand the mechanism and overcome the limitations or hurdles entirely.

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SOURCES:

Amin, Tawheed, et al. *Application of nutrigenomics in food industry: A review. Indian Horticulture Journal* 2.3and4 (2012): 54-59.

BBC Knowledge (2017) DNA. Understanding the basics. Retrieved from <https://vimeo.com/60747882#sthash.jnYeGZfu.dpuf>

Fenech, Michael. "Nutrigenomics and Nutrigenetics: the New Paradigm for Optimising Health and Preventing Disease." *Journal of nutritional science and vitaminology* 61.Supplement (2015): S209-S209.

Fitgenes. (2017). Practitioner FAQ. Retrieved from http://www.fitgenes.com/about_fitgenes/practitioners/practitioner-faq

T. M. M. Fujii, R. Medeiros, and R. Yamada, "Nutrigenomics and nutrigenetics: important concepts for the science of nutrition," *Nutrire: Journal of the Brazilian Society of Food and Nutrition*, vol. 35, no. 1, pp. 149–166, 2010.

Home page: National Library of Medicine (US). Genetics Home Reference [Internet]. Bethesda (MD): The Library; 2013 Sep 16 [cited 2013 Sep 19]. Available from: <https://ghr.nlm.nih.gov/>.

Nutrigenomics NZ (2017) Retrieved from <http://www.nutrigenomics.org.nz/our-science>

Ronteltap, J. C. M. van Trijp, and R. J. Renes, "Consumer acceptance of nutrigenomics-based personalised nutrition," *British Journal of Nutrition*, vol. 101, no. 1, pp. 132–144, 2009.

N. M. R. Sales, P. B. Pelegrini, and M. C. Goersch, "Nutrigenomics: Definitions and Advances of This New Science," *Journal of Nutrition and Metabolism*, vol. 2014, Article ID 202759, 6 pages, 2014. doi:10.1155/2014/202759

Salem, Rany M., and Laura Rodriguez-Murillo. "Human Genome Project." *Encyclopedia of Behavioral Medicine*. Springer New York, 2013. 1003-1004.

Stuff.co.nz (2017). Can your DNA guide your diet? Retrieved from <http://www.stuff.co.nz/life-style/well-good/10283799/Can-your-DNA-guide-your-diet>

2016 HEALTH STAR RATING

MONITORING AND EVALUATION

Year One Follow-Up Research Report - Summary of key findings

INTRODUCTION

The Health Star Rating (HSR) is a voluntary front-of-pack labelling system developed for use in New Zealand and Australia. It was introduced in June 2014 and has been designed to assist grocery shoppers to make decisions between similar packaged foods, based on the overall nutritional value of those foods.

In March 2016, the Health Promotion Agency (HPA) implemented a consumer marketing and education campaign to increase awareness, recognition, understanding and correct use of the Health Star Rating. Priority groups for the campaign are grocery shoppers in households with at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families. The campaign runs until June 2018 and is initially focusing on raising consumer awareness and recognition of HSR. Over time, campaign messages will evolve to incorporate consumer understanding and usage of HSR.

HPA has commissioned Colmar Brunton to survey grocery shoppers to monitor awareness, recognition, understanding and correct use of the HSR, in addition to awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from the 2016 follow up survey and compares them to the baseline survey in 2015 to help evaluate the continued roll-out of the HSR and supporting campaign.

In total 1,658 shoppers were surveyed online between 12 September and 23 October 2016. The total sample includes 309 low income shoppers, 310 Māori shoppers and 303 Pacific shoppers, all with at least one child under 14 years of age, and 736 shoppers in the general New Zealand population. This is consistent with 2015.

AWARENESS OF THE HSR

Compared to the baseline research in 2015, unprompted and prompted awareness of the HSR has increased for shoppers in the general population and all priority groups. With the exception of awareness for Pacific

shoppers, all increases are statistically significant.

- 9% of general population shoppers now mention the HSR without being prompted (up from 3% in 2015)
- 61% of general population shoppers now recognise the HSR when prompted (up from 38% in 2015).
- 15% of low income shoppers, 10% of Māori shoppers and 8% of Pacific shoppers now mention the HSR without prompting (all statistically significant improvements from 2015).
- 77% of low income shoppers, 70% of Māori shoppers and 72% of Pacific shoppers recognise the HSR when prompted (statistically significant improvements from 2015, except for Pacific shoppers).

KNOWLEDGE OF THE HSR

Overall, self-reported knowledge of the HSR has also increased. In 2016, 11% of shoppers in the general population report knowing at least a fair amount about the HSR (up from 5% in 2015).

Shoppers in the general population are now more knowledgeable about the following aspects of the HSR:

- 49% are now aware not all packaged foods are required to have the HSR (up from 34% in 2015).
- 31% are now aware the HSR system is backed by the government (up from 23% in 2015).

Other aspects of knowledge about the HSR remain consistent in the following areas:

- That the product with more stars is healthier (67% in both 2016 and 2015).
- That you can't eat as much as you want of a product with five stars (79% in both 2016 and 2015).
- The HSR was developed by food experts (33% in 2016 and 32% in 2015).

ABILITY TO USE THE HSR

Compared to 2015, more shoppers now understand the HSR should not be used to compare products in different categories.

One example given was comparing baked beans and cereal (36% of the general population said these items could not be compared in 2016 vs. 27% in 2015). That said, the majority of shoppers are still confused on this point.

PERCEPTIONS OF THE HSR

Trust, confidence and believability of the HSR have not changed since 2015.

- 39% of shoppers in the general population say they trust the HSR.
- 45% of shoppers in the general population feel confident using the HSR to choose packaged foods.
- 45% of shoppers in the general population believe it is just something companies use to sell more products.

Findings are broadly consistent across all priority groups, although Pacific shoppers tend to have a more positive view of the HSR when it comes to trust, confidence and believability. However, caution is clearly needed when comparing the results for Pacific shoppers to the other groups. As in 2015, Pacific shoppers were recruited differently to the other groups (on the street rather than through an online panel) and interviewed in different circumstances (an internet café with the interviewer present).

Most shoppers in the general population feel the HSR is easy to use, with over half agreeing:

- It's easy to find the HSR on packaged foods (63% in 2016, up from 51% in 2015).
- It makes it easier to decide which packaged foods are healthier (64% in 2016, consistent with 60% in 2015).
- It's easy to understand (61% in 2016, consistent with 58% in 2015).

USE OF THE HSR

Self-reported use of the HSR has increased across all groups:

- 19% of shoppers in the general population have used the HSR in 2016 compared to 10% in 2015.
- 25% of low income shoppers have used the HSR in 2016 compared to 14% in 2015.

- 18% of Māori shoppers have used the HSR in 2016 compared to 6% in 2015.
- 37% of Pacific shoppers have used the HSR in 2016 compared to 25% in 2015.

Over half (57%) of shoppers in the general population who have used the HSR say it encouraged them to purchase a product they would not normally purchase, which is consistent with 2015 (55%). While the majority of shoppers mistakenly believe the HSR can be used to compare products from different categories (eg. baked beans and cereal), only a minority claim to do this in practice (3% of shoppers in the general population, 6% of low income shoppers, 5% of Māori shoppers and 17% of Pacific shoppers).

INTENTION TO USE THE HSR

Half (49%) of shoppers in the general population say they are at least quite likely to use the HSR the next time they see it on something they are thinking of buying. This is consistent with 2015 (51%).

BARRIERS TO FUTURE USE OF THE HSR

Consistent with 2015, the largest barrier for general population shoppers is a belief that other nutrition information is more important than the HSR (46%). It is also the leading barrier for low income shoppers (54%) followed closely by now being much more likely to question the HSR's credibility (53% compared to 20% in 2015). Also consistent with 2015, the largest barriers to HSR future use among Māori and Pacific shoppers, is prioritising buying what they know their family will eat (43% and 38% respectively) and buying based on price (40% and 30% respectively).

AWARENESS OF THE HSR CAMPAIGN

Overall, 12% of shoppers in the general population have seen some component of the HSR advertising campaign. Specifically, 10% report seeing the online video ads and 7% have seen the still images of the adshel posters. General awareness of the campaign varies greatly among priority groups: 21% of low income shoppers, 14% of Māori shoppers and 45% of Pacific shoppers say they have seen the advertising.

INFLUENCE OF THE ADVERTISING CAMPAIGN ON KNOWLEDGE, UNDERSTANDING AND USE OF THE HSR

Throughout the main findings we highlight some of the differences between those who have seen and not seen the advertising campaign to try and determine its overall impact. While a number of differences are observed it is difficult to disentangle this from wider media coverage of the HSR, and indeed the roll-out of the label on products. Below we have summarised some of differences and commonalities between those who have seen the advertising or not.

Given the initial focus of the campaign advertising is on raising consumer awareness and recognition of HSR, it is encouraging that awareness and use of the HSR is higher amongst those who have seen or heard the advertising than those who have not. It is important that the advertising campaign helps to build trust in the HSR, as trust in the HSR is the best predictor of future use.

The following tables are all based on shoppers in the general population.

Key metrics that are better for those who have seen the advertising versus those who have not

	Seen or heard advertising	Not seen or heard advertising
Unprompted awareness of HSR	22%	8%
Prompted awareness of HSR	88%	57%
Current use of the HSR	40%	29%
% who correctly identify it is not possible to compare baked beans with cereal	50%	34%

The online component of the HSR campaign specifically is performing in line with the Colmar Brunton norm of 12% for other online campaigns in New Zealand. The campaign has been particularly effective in targeting low income shoppers and Pacific shoppers, where recognition of the online advertising is well above the norm.

The key message shoppers from priority groups identify from the advertising is 'the higher the star rating the better/healthier the product'. Less than one-third (30%) of shoppers in the general population mention this.

PERCEPTIONS OF THE HSR CAMPAIGN

Overall the priority groups are more engaged with the advertising than the general population. Compared to norms, Pacific shoppers in particular are more engaged with the ads and are more likely to view them as interesting.

Compared to norms, perceptions of the HSR advertising for shoppers in the general population indicate that the advertising is not yet as engaging as it could be to grab and keep people's attention.

Overall, the ads are perceived as easy to understand and relatively motivating in terms of encouraging HSR use. However, a relatively smaller proportion of shoppers believe the ads are relevant to them, or believe what they say:

- 65% of shoppers in the general population say the ads are easy to understand. This is broadly consistent across all priority groups: low income (67%), Māori (66%) and Pacific (63%).
- 51% of shoppers in the general population say the ads encourage them to use the HSR (53% of low income shoppers, 51% of Māori shoppers and 65% of Pacific shoppers).
- 37% of shoppers in the general population say the ads are relevant to them (41% of low income shoppers, 42% Māori shoppers and 54% of Pacific shoppers).
- 29% of shoppers in the general population say they believe what the ads say (33% of low income shoppers, 29% of Māori shoppers and 52% of Pacific shoppers).

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Key metrics that are consistent between those who have seen the advertising and those who have not

	Seen or heard advertising	Not seen or heard advertising
Unprompted understanding of the HSR	49%	51%
% who correctly believe the product with more stars is generally the healthier option	70%	67%
% who are able to correctly identify the healthier option between:		
• Two tubs of margarine	69%	67%
• Two tins of baked beans	51%	54%
% who trust the HSR	35%	40%
% who intend to use the HSR	44%	50%
% who check healthiness of packaged food products all / most of the time	59%	61%

Key metrics that are worse for those who have seen the advertising versus those who have not

	Seen or heard advertising	Not seen or heard advertising
% who agree the HSR is just something companies use to sell more products	57%	43%
% who agree it makes it easier to decide which packaged foods are healthier	53%	65%
% who believe if a product has 5 stars you can eat as much of it as you want	14%	6%

Shoppers who had seen the HSR advertising and said they used the HSR were asked about the importance of the advertising in encouraging them to take action. Almost two-thirds (66%) of shoppers in the general population who have used the HSR to help choose packaged food products, say the advertising has been important in encouraging them to do so. A further 57% say the advertising has been important in checking the healthiness of packaged food more often than they used to.

IN SUMMARY

Overall, a number of promising shifts have occurred since 2015.

Awareness of the HSR has increased, particularly for those who report seeing the HSR campaign. The goal during early phases of the campaign is to increase awareness and recognition of the HSR. Therefore, the findings suggest the campaign is tracking well against this goal.

Self-reported knowledge of HSR has also increased since 2015, though ultimately, knowledge is still at relatively low levels. Promisingly, there is evidence the campaign is supporting an increased appreciation that the HSR can only be used to compare products from within the same packaged food categories.

Levels of use of the HSR have increased across all groups since 2015. There is evidence that the campaign has supported this and encouraged shoppers to use the HSR to help choose certain packaged food, and to more regularly check its healthiness.

Despite some promising shifts in awareness, knowledge and use of the HSR, current levels of trust in the HSR remain relatively low. Perceived trust in the HSR is the main predictor of likelihood to use the HSR in the future, and as such it is important to focus on boosting trust in the HSR system, particularly via the consumer campaign.

THE IMPACT OF PROMOTING HEALTHIER DRINK OPTIONS WITHIN A QUICK SERVICE RESTAURANT SETTING



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INTRODUCTION

There has been much discussion on addressing the impact of Sugar-Sweetened Beverages (SSB) in population health. This has led to ongoing debate on whether changing the beverage point-of-sale environment could impact consumption patterns. As a result, a number of initiatives are underway in New Zealand to replace SSB with low and/or no sugar alternatives (1,2).

As a supplier of SSB and as part of McDonald's NZ's ongoing commitment to develop and refine menu nutrition and choice (3), a number of investigations have taken place to identify mechanisms that encourage customer behaviour change towards healthier drink options.

Following the success of an earlier trial, which led to the full replacement of Sprite to Sprite Zero throughout McDonald's NZ restaurants in 2007, it was identified that there may be further opportunities to promote healthier products within its menu.

The aim of this trial was to determine the impact of promoting Coke Zero and water as healthier drink options within McDonald's NZ restaurants.

METHODS

A three-cell trial was undertaken from July 2014 - January 2015 across 37 restaurants nationwide (representing 22% of all McDonald's NZ restaurants).

Test restaurants were selected based on restaurant type and location to ensure a representative sample, and were allocated one of three interventions:

- CELL 1** Suggestive selling by McDonald's NZ staff for Coke Zero.
- CELL 2**
 - Suggestive selling by McDonald's NZ staff for Coke Zero.
 - Display of only Zero/Diet drink options on in-store menu boards and drive-through.
 - Suggestive selling of water with Happy Meals.
- CELL 3**
 - Suggestive selling by McDonald's NZ staff for Coke Zero.
 - Display of only Zero/Diet drink options on menu boards in-store and drive-through.
 - An option to switch the drink in everyday value meal combos to 600ml Kiwi Blue water, displayed on menu boards, drive-through and on-counter.

Results were captured via a point-of-sale system and analysed by APT Test & Learn software (4). Anecdotal insights were also captured via staff feedback sessions.

TEST CELLS 2 AND 3 EMPLOYED MODIFIED MENU BOARDS FEATURING SUGAR-FREE BEVERAGES AND WATER (CELL 3 ONLY)

TEST CELLS 2 & 3
 Showing sugar-free options on menu boards



TEST CELL 3
 Option to switch out soft drink for water in everyday value meals

RESULTS

- Approximately 9 million customers visited the test restaurants during the trial.
- Compared with baseline, cell 3 showed a slight decline in total SSB purchases, but overall there was no statistically significant difference in total SSB purchases between cells or from baseline.
- Coke Zero units purchased increased whereas Diet and Regular units purchased decreased to a lesser and greater extent, respectively, compared with baseline (figure 1).
- Cell 2 showed a higher conversion rate to Coke Zero than other cells.
- Staff feedback indicated suggestive sell was not a preferred intervention by customers.
- Cell 3 showed a significant increase in water units sold (41.9%) compared with cell 2 (figure 2).

FIGURE 1: PERCENTAGE LIFT IN SSB UNITS PURCHASED THROUGHOUT THE TRIAL PERIOD ACROSS ALL CELLS

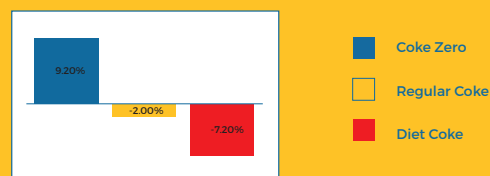
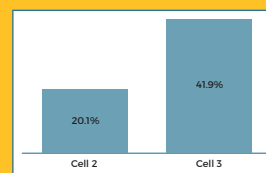


FIGURE 2: PERCENTAGE LIFT IN WATER UNIT PURCHASES BY CELL



DISCUSSION

The trial demonstrated customers were more likely to opt for healthier drink options when there is no additional cost barrier, and to a lesser extent, if visually and verbally prompted at point-of-purchase. However, suggestive sell was met with negativity, indicating customers do not want to be told what to do when making purchasing decisions.

Alongside wider nutrition commitments, including sugar reduction targets, McDonald's NZ have opted to give customers the choice of a 600ml bottle of water instead of a SSB both in combos and à la carte for \$2 as a result of this trial.

McDonald's NZ continues to work with suppliers on product reformulation and choice, engage with subject matter experts and conduct extensive customer research to determine areas of opportunity for nutrition initiatives moving forward.

MCDONALD'S NZ'S COMMITMENT TO IMPROVING MENU NUTRITION AND CHOICE

In February 2016, following extensive customer research and stakeholder engagement, McDonald's NZ announced a programme to deliver nutritional improvement across its menu and increased choice and flexibility for customers. As part of this, a five year plan was made to reduce sugar across the menu, with hot and cold beverages being a key area of opportunity. While a number of initiatives are already underway, further improvements in reformulation, choice and pricing can be expected within the five year period.

ACKNOWLEDGEMENTS

McDonald's NZ would like to thank its franchisees for their participation in this trial. Research undertaken by APT Test & Learn software.

- REFERENCES:**
1. National District Health Board Food and Drink Environments Network. 2016. National Healthy Food and Drink Policy. Wellington: Ministry of Health
 2. National District Health Board Food and Drink Environments Network. 2016. Healthy Food and Drink Policy for Organisations. Wellington: Ministry of Health
 3. McDonald's Restaurants (NZ) Ltd. 2015. McDonald's Journey for Good Food Fact Sheet. Unpublished
 4. APT. 2015. Test & Learn Report to McDonald's NZ. Unpublished data

GUT: THE INSIDE STORY OF OUR BODY'S MOST UNDERRATED ORGAN

BOOK REVIEW by Sue Pollard

Author: Giulia Enders

English Translation: David Shaw

Published 2015

ISBN 978-1-77164-149-4(pbk.)

ISBN 978-1-77164-150-0(epub)

Giulia Enders is a German writer and scientist. *Gut: The Inside Story of Our Body's Most Underrated Organ*, her first book, sold more than two million copies in Germany and was published in English, French, Italian and other translations in 2015.

Gut: The Inside Story is an entertaining, informative tour of the digestive system, intended for the lay person. She describes what happens from the moment we put food in our mouths to the moment our body surrenders the remnants to the toilet bowl. No topic is avoided, the author explaining the careful choreography of breaking wind through to the precise internal communication required for a cleansing vomit. Along the way, the author provides practical advice, such as the best ways to sit on the toilet to have a comfortable bowel movement, how the kitchen should be for optimum gut health, and how different laxatives work. She tells stories of gut bacteria that may lead to obesity, autoimmune diseases, or depression, and she discusses the benefits of dietary supplements, such as probiotics. The narrative is accompanied by humorous drawings by her artist sister, Jill Enders.

The book is in three main parts:

1. *Gut Feeling* - on gut structure and functions.
2. *The Nervous System of the Gut* - how food is transported and how the gut influences the brain.
3. *The World of Microbes* - on the gut as an ecosystem, gut bacteria and immunity, gut flora development, the adult gut population and the role of gut flora - the good and the bad.

This book is a fascinating primer for anyone interested in how our ideas about the gut are changing in the light of cutting-edge scientific research. In the words of the author, "We live in an era in which we are just beginning to understand just how complex the connections are between us, our food, our pets, and the microscopic world in, on, and around us. We are gradually decoding processes that we used to believe were part of our inescapable destiny."

Giulia Enders

THE
INTERNATIONAL
BESTSELLER

'A publishing sensation
that ... sets out to free toilet
talk from its taboo'
The Times

GUT

the inside story
of our body's most
under-rated organ



SCRIBE

Nutritionists and dietitians will find this book most useful. It provides a balanced perspective on what is a complex, fascinating and poorly understood area. It will remind you of facts you knew once but may have forgotten, update you on the latest emerging gut science and most of all give you the language to explain it all to your clients so that they understand what you are talking about.

Reference: https://en.wikipedia.org/wiki/Giulia_Enders

WHAT'S ON 2017

JULY 2017

50th Australian Institute of Food Science & Technology (AIFST) Convention

Date: July 17-18, 2017

Venue: International Convention Centre, Sydney

<https://www.aifst.asn.au/annual-convention/aifst-50th-anniversary-convention-17-18-july-sydney>

AUGUST 2017

Dietitians NZ 2017 National Meeting

Date: August 31 – September 1, 2017

Venue: Te Papa Museum, Wellington

<http://dietitians.org.nz/>

OCTOBER 2017

Public Health Association Conference 2017

Date: October 2-4 2017

Venue: Otautahi, Christchurch

<http://www.pha.org.nz/Events>

Joint Scientific Meeting of The Australian and New Zealand Obesity Society (ANZOS) and the Obesity Surgery Society of Australia and New Zealand (OSSANZ) in conjunction with the Asia-Oceania Conference on Obesity (AOCO)

Date: October 4-6, 2017

Venue: Adelaide Convention and Exhibition Centre, Adelaide, Australia

<http://www.anzos-ossanz-aoco.org/>

21st International Congress of Nutrition

Date: October 15-20, 2017

Venue: Sheraton Buenos Aires Hotel & Convention Center, Buenos Aires, Argentina

<http://icn2017.com/>

If you attend any of these and would like to write a review for one of our newsletters please contact us at info@nutritionfoundation.org.nz



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

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