



## Best Start: Healthy Eating and Activity

**A plan for improving healthy eating and active lives for children in Hawke's Bay  
2016-2020**

May 2016

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### Best Start: Healthy Eating Plan

The purpose of this Plan is to outline the Hawke's Bay District Health Board's activities which will achieve the goal - "improving healthy eating and active lives for Hawke's Bay children". It also summarises the sources which informed the Plan's development:

- reports, plans and strategies which inform the context for healthy weight in childhood
- key evidence and input from key stakeholders, including communities

The activities fall into four objectives developed from the informing sources:

- Increasing healthy eating environments, by increasing healthy eating choices and physical activity opportunities and reduces sugar intake.
- Developing and delivering prevention programmes which include; food literacy, maternal nutrition, sugar reduction, implementing healthy policy and physical activity in early childhood and schools.
- Interventions which support children to have healthy weight.
- Providing leadership in Hawke's Bay for healthy eating.

These objectives have indicators which will help us measure progress toward our goal and this progress will be reported annually. The Plan is based on the principles of reducing inequity, engaging with whānau and Pasifika communities, health leadership and sustainable change.

### How can we achieve healthy weight children in Hawke's Bay?

- Evidence supports a focus on early years to achieve the greatest opportunity for healthy weights across the lifespan
- Promoting healthy food environments, through leadership, role modelling, consistent messaging, supporting healthy eating settings i.e. workplaces and events, and working with retailers to make healthy choices the easy choice.
- We will make the greatest gains by having an equity approach targeting Pasifika, Māori and high deprivation communities.
- Stakeholder and community input noted that prevention and intervention activities need to be part of healthy lifestyle changes which support whānau to achieve their health goals and use a whole of community approach.
- We need a greater focus on healthy eating behaviour change while supporting existing physical activity initiatives. We noted a wide range of activity based programmes in Hawke's Bay and only a few healthy eating programmes, so the Plan's emphasis is on nutrition to address this gap.

This Plan outlines activities that will support whānau and communities to engage with programmes and interventions which support health weight.

### What is the situation we aim to change?

#### **Increase the number of health weight children**

Over a third of our Hawke's Bay population is obese with higher rates for Māori (48%) and Pasifika (64%) populations. Obesity is the second leading risk to health in the Hawke's Bay. Rates have been increasing over the past decade.

Obesity leads to a range of diseases including heart disease, diabetes and cancer and these incur high medium- and long- term costs to individuals, whānau, communities, the health sector and wider social services. (Detailed data has been presented in the Equity Report<sup>1</sup>). We can change this trend by focusing on increasing the number of healthy weight children.

### **Create a healthy eating environment**

Children are consuming more calorie rich, nutrient poor food which is easily available and cheap. While the cause may seem simple the systems we need to change to increase the number of healthy weights are complex: culture, economics, access, knowledge, family structure, working patterns, government policy and genetics all have a part to play in the choices we make in what and how much we eat and what we feed our children.

### **Make the healthy choice the easy choice**

Unlike tobacco, where the message is simple, “don’t start smoking or quit”, food, exercise and healthy weight messages are dependent on a range of factors i.e. age, gender, type of activity. Therefore the key is to make changes to our wider community which means influencing our employers, retailers, food manufacturers, education sector, government departments, whānau and iwi, to provide environments which support healthy eating and activity in a daily lives.

### **What has been shown to work?**

- Healthy weight gain in pregnancy supports healthy birth weights for babies.
- Introduction of appropriate ‘first foods’ develops healthy eating behaviours and supports life time healthy eating Healthy First Foods – breastfeeding supports healthy weights for both mother and baby. Toddlers who eat healthy food and appropriate portions develop healthy eating habits over their lifetime.
- School based programmes which support healthy eating and activity - school aged children who are physically active and eat a healthy diet continue to be active and maintain healthy weights.
- Children influencing the health behaviours of whānau and community - the best example in New Zealand are the outcomes of Waikato’s Project Energise and safety belts usage.
- Making the healthy choice the easy choice is effective in changing behaviours. When children only have water to drink they drink water e.g. water only events and schools.
- Leveraging of the benefits of healthy eating and physical activity including positively impacting on oral health, mental health and injury prevention and reducing chronic diseases.

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<sup>1</sup> HB DHB Equity Report. <http://www.ourhealthhb.nz/assets/Strategy-Documents/13676-HealthEquity-Report-PRINTr.pdf>

## Context

*The greatest health benefit comes from prevention and early intervention so focussing on the childhood leads to increases in healthy weight for children and adults*

### International

The World Health Organisation's (WHO) "Ending Childhood Obesity Report (ECHO)"<sup>2</sup> calls for governments to take leadership and for all stakeholders to recognise their moral responsibility

in acting on behalf of the child to reduce the risk of obesity by addressing the following comprehensive recommendations:

1. Promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.
2. Promote physical activity and reduce sedentary behaviours in children and adolescents.
3. Preconception and pregnancy care to reduce the risk of childhood obesity.
4. Early childhood diet and physical activity guidance and support to develop healthy habits.
5. Promote health, nutrition and physical activity for school-age children by promoting healthy school environments.
6. Provide family-based lifestyle weight management services for children and adolescents.

### National

Since the retraction of the Healthy Eating Healthy Action Strategy in 2009, there has been no overarching strategy for healthy weight available to support DHB planning. In 2015 the Ministry of Health released the "Childhood Obesity Plan"<sup>3</sup> which will be implemented at a local level via DHBs, schools, sports trusts and community organisations. The following six action areas align with the WHO ECHO report:

1. Increasing awareness and making healthy choices easier i.e. health star rating.
2. Supporting healthy weight gain in pregnancy and childhood.
3. Reducing the risk of progression to obesity in adulthood.
4. Slowing the progression of obesity related complications, such as diabetes and heart disease.
5. Maximizing the effectiveness and efficiency of obesity treatment.
6. Monitoring trends in obesity/complications and evaluating prevention intervention programmes.

### Local

To support strategic coordination and alignment across these contexts, A Hawke's Bay Healthy Weight Strategy (Appendix A) using a lifespan approach was adopted in 2015 and this Plan has been developed to respond to the childhood part of the lifespan approach. The Plan outlines the evidence, stakeholder and community views, alignment and framework used to achieve the goal of "improving healthy eating and activity for children in Hawke's Bay". It is supported by the following objectives which align closely with both the Ministry's Childhood Obesity Plan and the ECHO report's recommendations:

1. Increase healthy eating and physical activity environments.
2. Develop and deliver prevention programmes.
3. Intervention to support children to have healthy weight.
4. Provide leadership to enable healthy eating behavior.

Locally, we have organisations supporting healthy eating and active lifestyles. They include active transport plans which promote walking and cycling, and community-led healthy lifestyle programmes, such as, Iron Māori and Patu Aotearoa, and community gardens i.e. based in schools and marae.

<sup>2</sup> World Health Organization 2016 "Ending Childhood Obesity" <http://www.who.int/end-childhood-obesity/en/>

<sup>3</sup> Ministry of Health, New Zealand, "Childhood Obesity Plan" <http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan>

The HBDHB supports a range of these initiatives via funding, resources and expertise. Healthy eating practices have also been implemented in workplaces such as; the HBDHB, schools with sugar free drinks policies and events promoting healthy food. These plans and activities help make the healthy choice easier, however Hawke's Bay rates of obesity are increasing. Further action is needed including; building on the effective programmes/activities currently delivered, extending the environmental influences, having a greater focus on nutrition, increasing the leadership supporting healthy eating and coordinating activity strategically.

## Evidence

*Obesity is an equity issue, with 25% of Pasifika and 19% of Māori children being obese at 4 years compared to 12% for other ethnicities, inequity starts early. (HB Data)*

### Current data

Obesity is the second leading risk factor affecting health in New Zealand (after tobacco-use). It is linked to a range of diseases with high health and non-health costs. One-third of New Zealand's population is obese compared to an average

OECD obesity rate of 17%; in fact only three OECD countries rate higher (United States, Mexico and Hungary) and our closest neighbour Australia, has a 25% rate<sup>4</sup>.

Obesity is unfairly distributed in New Zealand with rates for Māori children twice and Pasifika three times the total population rate, and children living in our most deprived areas are more likely to be obese than those living in our least deprived areas (one and a half times and three times respectively)<sup>5</sup>. This inequity profile is reflected in Hawke's Bay with 19% of Māori and 25% of Pasifika children aged 2–14 years obese compared to 12% for non-Māori<sup>6</sup>. B4 School Check data also shows total four year old obesity prevalence is 4.2%, while Māori rates are 6% and Pasifika nearly 14%, with 6% of four year olds living in quintile 5 areas obese compared to 1.8% for four year olds living in quintile 1 areas.

### Obesity impacts

At a societal level there is also an impact for our health system, it has been estimated that medical costs attributed to excess weight and obesity in 2006, were NZ\$686 million<sup>7</sup>. There are other costs including infrastructure costs required by organisations to adjust for obese clients and staff. The impact of obesity goes beyond poor health outcomes, reduced quality of life and reduced life expectancy. The New Zealand Institute of Economic Research report identified that obesity impacted on a wide range of areas including; lower wages, increased sick leave, lower school education achievement, poorer mental health and barriers to public infrastructure i.e. plane seat being too small<sup>8</sup>. These impacts affect whānau and the community economically and socially.

### Increasing childhood healthy weights

Increasing childhood healthy weights is particularly important as overweight children are more likely to develop adult obesity that continues throughout their lifetime<sup>9</sup> because pre-conditions for obesity are set very early in life<sup>10</sup>.

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<sup>4</sup> OECD. (2013). "Overweight and obesity", in OECD Factbook 2013: Economic, Environmental and Social Statistics, OECD Publishing.

<sup>5</sup> Ministry of Health. (2015). *Tatau Kahukura: Māori Health Chart Book 2015*. (3<sup>rd</sup> edition). Wellington: Ministry of Health

<sup>6</sup> Ministry of Health. (2015). *Annual update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health.

<sup>7</sup> La A, et al. (2012). Health care and lost productivity costs of overweight and obesity in New Zealand. *Aut NZ J Public Health* 2012;36(6):550-6.

<sup>8</sup> New Zealand of Economic Research, *The Wider Economic and Social Cost of Obesity*, January 2015

<sup>9</sup> Sundborn, G., Mwerriman, T.R., Thornley, S., Metcalf, P., Jackson, R. (2014). An 'End-Game' for sugar sweetened beverages? *Pacific Health Dialog*. Vol 20 (1).

<sup>10</sup> Morton, S.M.B., *Maternal nutrition and fetal growth and development*, in *Developmental Origins of Health and Disease*, P.D. Gluckman, Hanson, M.A., Editor. 2006, Cambridge University Press: Cambridge. P. 98-130.

The familial influence is the biggest influence on dietary intake and level of physical activity for children, therefore any approach needs to be cognisant with whānau acceptance and involvement. Furthermore, education provides a logical setting for approaches to enable healthy eating and activity environments for children.

Children spend approximately a third of their waking hours during the school term in a structured school environment that has close links with whānau. Evidence shows that early intervention programmes delivered in this setting are particularly effective because behaviour change is reinforced across the wider school and home environment. The food environment has changed over time; access to fast foods and sugary drinks has increased, while the availability of fresh foods has decreased. Exposing children to food marketing on the journey to and from school, at school and during screen time impacts on whānau ability to make healthy food choices.

The food environment forms part of the largest and most significant impact on increases in obesity - the “obesogenic environment”. This is the complex influences in the environment which influence our lifestyle and eating behavior. There is strong evidence to show that advertising high calorie low nutrition food to children increased consumption by children. Auckland University conducted a review of supermarkets in 2015 to assess their food content. 60% of food did not meet Ministry of Health Healthy Eating Guidelines<sup>11</sup> (low in sugar, salt and fat). If our main food source i.e. the supermarket, has mostly unhealthy food it is likely you will be eating unhealthy food.

Healthy public policy is one of society’s most powerful mechanisms for environmental change. Parallels for increasing healthy weights can be drawn to tobacco control. For example, limiting marketing on television, creating smokefree spaces and increasing taxes on tobacco products changed the environment, influenced people’s decisions, and consequently smoking rates dropped. Sustained advocacy for similar interventions could provide the catalyst for change in the obesity epidemic<sup>12</sup>.

There is evidence that brief interventions can support at least short-term improvements in behavioral change and body weight if they combine both physical activity and nutrition components, are delivered by appropriately trained practitioners, encourage self-monitoring, foster support networks, and are flexible enough to respond to individual circumstances<sup>13</sup>.

The health sector needs to develop and deliver evidence based information and education campaigns to raise awareness of the health problems related to poor nutrition, overweight and obesity in a format that is appropriate for the groups and settings most vulnerable. This can only be achieved through appropriate and meaningful engagement with priority groups and settings to determine the current levels of health literacy and appropriate way to communicate key messages. Only a well-informed consumer is able to make rational decisions.

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<sup>11</sup> Ministry of Health, “Healthy Eating Guidelines”

<sup>12</sup> <http://www.hsph.harvard.edu/obesity-prevention-source/policy-and-environmental-change/>

<sup>13</sup> Cavill N et al. Brief interventions for weight management. Oxford: National Obesity Observatory, 2011.



## Stakeholder and Community Input

### Engagement with community, whānau and settings children engage with is vital

To gain further local knowledge and engagement we sought input from stakeholders and community to help us understand the issues from their perspective and how they feel these issues can best be addressed. Overall this input aligned with the evidence and reinforced the need to continue to engage whānau in development and delivery, use consistent messages, build on existing effective programmes and support settings children engage in to provide healthy eating environments. We have noted that physical activity is supported in a wide range of ways including; schools, sports clubs, dance groups, community facilities and out of school programmes, but there needs to be more support for healthy eating.

The **Maternal Nutrition programme** has ensured feedback and consultation occurs throughout development and delivery, providing an opportunity for participants to inform the programme's development. Key themes identified were:

- A supportive and trusting relationship between advisors (programme supports) and participants is a key facilitator of programme success. This relationship is about the needs and priorities of participants being listened to and embedded within a plan that will work for their lifestyle.
- Programme design needs to reflect a wellbeing approach by promoting a holistic view that is about participants investing in their own health and the things (food, exercise, etc.) that will benefit their wellbeing. This decentralises nutrition and exercise, and prioritises the women and their babies in a way that is well placed to ensure the sustainability of any changes women make.
- The majority of responses indicated significant flow-on effects to the whānau with respect to increased physical activity and healthy dietary changes.

**Stocktake of healthy eating and activity initiatives offered to Hawke's Bay primary schools** used consultation to provide an overview of healthy eating and activity initiatives offered and explored the views of stakeholders. Key themes identified were:

- Healthy eating and beverage policies must be better understood by their users and consistently implemented across settings.
- All food and beverages provided in schools must meet New Zealand Food Nutrition Guidelines.
- Access to sugary food and beverages and high fat, processed foods on the journey to/from school and within the environment undermines school healthy eating ethos.
- Food security is a contributing factor.
- Sustainable healthy eating behaviour change is transferrable across the wider school community and the home environment.
- Whānau should feel empowered to participate in programme development, activities and desired outcomes.
- A school-based physical activity programme that encourages whānau participation is needed for **all** children
- Programme components must have the capacity to be tailored to local needs.

**Consumer Council** input came from a workshop session with Council representatives in January 2016. This identified key enablers for change:

- Using belief structures, key groups/stakeholders including Government
- Strengthening connections
- Culturally appropriate modes

Initiatives, approaches and key messages identified:

- Wellbeing literacy, coordinated pathways
- Using points of influence i.e. pregnancy, parenting, education curriculum
- Promoting incidental exercise, hooks to engage
- Doing our best for our children, translate healthy into everyday life
- Work with whānau and make the healthy choice the easy choice

The overall view was to work at a range of levels from individuals to whānau, settings, communities and politically to create the greatest gains.

### **Māori Relationship Board Feedback**

During 2015 support was given for the Strategy i.e. "the strategy is a very comprehensive plan that exhibits a number of activities" and "supportive of the current strategy in term of its focus". There were further recommendations including; engaging whānau, HBDHB showing leadership, engaging with the community, speaking to the right people and work more closely with Māori. These have been picked up in the development of this Plan. Further feedback was sought to develop this Plan in March 2016 as noted below (meeting minutes March 2016).

- We need an equity lens on this strategy, how are we watching for any unintended consequences.
- The strategy is a starting point but there is a need to have teenage youth involved who are our future parents and leaders, nutrition advice to Māori homes and communities needs to be included.
- Investigate the cultural aspect of food because part of 'Manaaki' (a Māori custom) is to feed the people.
- It would have been useful to see the local information, the geographical spread and if we are improving or not. It would also be valuable to see where we align with other DHB initiatives, what they are doing and how do we measure against them.
- This is not just a DHB issue it is a community issue so we need to involve hapū and iwi.
- The issue is that sugary and takeaway foods are more affordable so obesity ties into the living wage discussion. Addiction ties into obesity.
- We need to stop siloing the issues that are bad; addiction, sexual health, oral health, obesity, smokefree, and suicide etc. It's about employing the whānau into good lifestyles. When we change the whānau environment we change the way they look at themselves and opt for good decisions as a by-product.

Overall the stakeholder and community input reinforced the evidence, with the following overarching themes:

- Focus needs to be wider than the individual and include whānau and the environmental influences.
- Equity issues need to be addressed.
- Community and whānau engagement in programme design and delivery is critical in achieving sustainable outcomes.
- Build on existing effective initiatives to gain the benefit of existing networks, skill and community linkages.

## Alignment

### *Leadership is critical and all stakeholders needs to use their influence*

government bodies and community organisations to deliver the complex and multi-factorial solutions required to increase healthy weight. Recognizing and acting on obesity is crucial – particularly in childhood so we can slow progression of a greater burden of disease.

Hawke’s Bay DHB is well placed to lead healthy eating. To lead, we need to engage across a wide range of stakeholders including private sector,

To be responsive to whānau and our communities, healthy eating will be incorporated with wider healthy lifestyle programmes and be supported in an environment which makes the healthy choice the easy choice. The Plan works with providers who have existing whānau relationships, uses settings which influence wider community and whānau, and aligns with national resources, programmes and messages.

“A Hawke’s Bay Healthy Weight Strategy” (Appendix A) provides a lifespan approach to support coordination and alignment, for services, messages, initiatives and monitoring. The table below uses the Strategy’s age groups and this Plan’s key outcome areas to show where this coordination and alignment occurs for health services supporting child healthy weights.

Strategy Groups	Environment	Prevention	Intervention	Leadership
0-4 years	Advocacy to change marketing practices Policy support for ECEs-MoH Licensing Criteria	Resources to support breastfeeding, first foods – maternity services, Well Child/Tamariki Ora Early engagement with LMC and oral health services Messages- media community	Workforce development/screening tools/resources- midwives, Well Child/Tamariki Ora, and B4 School Check Clinical pathway- pediatric dietetic services	Breastfeeding Strategy National Obesity Plan Primary care- general practice and LMCs Well Child/Tamariki Ora health network Māori Health Plan TAW targets
5-12	Policy support for schools Advocacy-Health Promoting Schools programme	Consistent messaging –Health Promoting Schools, nutrition programmes, Fruit in School, PHNs, Water Only Schools	Supporting whānau based programmes- Sport HB, Iron Māori, community providers General practice Secondary services	MoE, principals, school boards National Obesity Plan
13-18	Policy support for schools- MoE	Food literacy workforce development- PHNs, teachers, community workers	School clinics General practice	HB Youth Health Strategy National Obesity Plan

## Plan Framework

As outlined earlier, this Plan was informed by:

- Evidence, which clearly shows nutrition is the key in healthy weight, change needs to be lifestyle and must have a whānau and community approach and best outcomes are achieved when focusing on early intervention and early years.
- Stakeholder and consumer input supports the evidence with issues such as; food literacy, environmental and economic influences, whānau engagement and a cross-sector approach all being required to support lifestyle changes.
- Our local Strategy provides a structure to align the wide range of national and local activity needed for sustainable change.

### Goal: Improving healthy eating and active lives for children in Hawke's Bay

#### Guiding Values

- Reducing health inequity in our Hawke's Bay communities, use an equity lens to review and deliver this Plan
- Improving Māori health outcomes
- Engaging the Pasifika communities
- Enable cross-sector leadership
- Approaches and activities support and engage whānau and communities
- A sustainable population health approach

As illustrated by the values, this Plan has a strong commitment to reducing the social and health inequities associated with poor nutrition and weight gain.

#### Objectives

Objective	Description
<b>1. Increase healthy eating environments, by increasing healthy eating choices and physical activity, and reducing sugar</b>	Addressing the environment by increasing healthy food choices in settings that children engage with including; education, marae, events and communities. Advocating for changes in marketing, retail and councils. Also reducing access to sugar i.e. Water Only Schools, SSB Free Events and support whānau to make informed consumer choices
<b>2. Develop and deliver prevention programmes – via food literacy, maternal nutrition, sugar reduction, physical activity and policy</b>	Implementing programmes which support healthy eating and physical activity for pregnant women, support breastfeeding, encourage healthy first foods, support whānau with healthy lifestyle changes, reduce sugar intake and school programmes which reinforces healthy eating messages and engage whānau in existing programmes shown to prevent the health risks associated with weight gain by maintaining healthy weight.
<b>3. Intervention – support people to have healthy weight</b>	Screening programmes identify weight issues early and address weight gain via education, increases food literacy and whānau programmes. Screening during pregnancy, and under five confer the greatest benefits over a lifetime.
<b>4. Provide leadership in healthy eating</b>	A population wide improvement in healthy eating requires a cross-sector approach, the HBDHB is ideally placed to provide leadership and support key stakeholders in promoting healthy food environments, prevention programmes and early intervention.

## Objectives, Indicators and Actions

### Objective 1: Increase healthy eating and activity environments

#### Indicator 1a: Increase the number of schools with healthy eating policies

#### Indicator 1b: Increase the number of settings including workplaces, churches and marae with healthy eating policy

#### What the data shows

There is limited data for the region, monitoring this objective will require the collection of baseline data for each indicator using the schools data in HealthScape and surveying other settings.

Activity to deliver objective one			
	What	How	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>Work with settings to increase healthy eating including education, schools, workplaces, events, Pasifika churches, marae</li> <li>Support national messaging including sugar reduction i.e. Water Only</li> <li>Advocate for changes in marketing and council planning</li> </ul>	<ul style="list-style-type: none"> <li>Healthy eating policies which reduce sugar intake in 5 ECE centres, key community events increase healthy food choices, 4 Pasifika churches have a healthy eating approaches and guidelines for marae reviewed with Ngāti Kahungunu Iwi Incorporated</li> <li>Communication plan implemented for national messages Submissions made</li> <li>Supporting the implementation of programmes and plans i.e. i Way, Active Transport, Sport HB and Ngāti Kahungunu Iwi Incorporated plans</li> </ul>	July 2017
<b>New actions</b>	<ul style="list-style-type: none"> <li>Support education settings to implement healthy eating and food literacy-early childhood, primary schools secondary schools,</li> <li>Establishing a base measure for monitoring</li> <li>Engage cross-sector groups to gain support and influence to increase healthy eating environments</li> <li>Investigate food security for children and their whānau identifying issues</li> </ul>	<ul style="list-style-type: none"> <li>50% increase in schools with “water only” policy annually</li> <li>Decile 9/10 communities have a whānau co-designed programme delivered in primary schools, - trialled 2016, 5 new schools annually</li> <li>All schools surveyed for status in healthy eating/water only policies</li> <li>Establish a group to influence changes in the environment across Hawke’s Bay</li> <li>Partner with Auckland University to establish a baseline for the Hawke’s Bay food environment and monitor annually</li> </ul>	Reported annually to 2020
<b>Key partners</b>	Ministry of Education, school boards, principals, school communities (including whānau), Ngāti Kahungunu Iwi Incorporated, employers, Councils, event organisers		

## Objective 2: Develop and deliver prevention programmes

### Indicator 2a: Rates of breastfeeding at 6 weeks increase

### Indicator 2b: Number of healthy weight children at 4 years remain stable or improves

#### What the data shows

- Child fully or exclusively breastfeeding at 6 weeks rates as 68% for total population, 58% Māori and 74% Pasifika (December 2015 Ministry of Health)
- 76.5% of Hawke's Bay four year olds are healthy weight, 65.2% Māori and 66.9% Pasifika (2014 Before School Check data, Health Hawke's Bay)

Actions and Stakeholders			
	What	How	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>• Implementing Maternal Nutrition Programme activities- breastfeeding support, healthy first foods</li> <li>• Supporting settings to implement healthy eating/sugar reduction programmes/policies</li> <li>• Supporting health promoting schools</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding support resources provided via Hauora</li> <li>• All Well Child/Tamariki Ora providers trained in Healthy First Foods</li> <li>• All schools, ECE, Well Child/Tamariki Ora Providers with health eating policies are provided with information resources and advice</li> <li>• Health Promoting Schools health promoters are up-skilled to implement healthy eating approaches</li> </ul>	July 2017
<b>Next actions</b>	<ul style="list-style-type: none"> <li>• Extend the Maternal Nutrition programme developing programmes in ECE and resources to support B4 School Check providers</li> <li>• Supporting healthy pregnancies, via education and activity opportunities</li> <li>• Support the development of whānau programme (building on existing successful programme)</li> <li>• Develop food literacy resources including sugar reduction messages -deliver via programme and settings</li> <li>• Support healthy eating programmes and approaches in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver training to LMCs, Well Child providers and B4 School Check nurses to increase skills to promote healthy eating- Healthy Conversation, Healthy First Foods, B4 School Check resources</li> <li>• Contract and support local provider/s to deliver the maternal healthy eating activity programme</li> <li>• Contract and support local provider/s to deliver whānau based programmes i.e. Active Families</li> <li>• Deliver key messages for whānau with 2–3 year olds</li> <li>• Develop food literacy resources for B4 School Check provider, promote Healthy First Food and heart foundation school resources</li> <li>• Support the co-designed programme for deprivation 9/10 communities</li> </ul>	Reported annually until 2020
<b>Key partners</b>	Hauora providers, early childhood education providers, schools, principals, boards, Ministry of Education, workplaces, Ngāti Kahungunu Iwi Incorporated, Councils, LMCs, Maternity Services, Heart Foundation, Sport HB, Iron Māori, Patu Aotearoa		

## Objective 3: Intervention to support children to have healthy weight

**Indicator 3a: Increase referral to programmes which support healthy lifestyles and whānau engagement for 4 year olds with a BMI over 21**

**Indicator 3b: Increase food literacy training to targeted workforce including midwives, Well Child/Tamariki Ora, education workforces, social services and Before School Check practitioners.**

### What the data shows

- 55 Hawke's Bay children were identified with BMI over 21, of these, 47 were referred to interventions including Pre-school Active Families and the remaining 8 were given advice. Of the referrals 55% were Māori, 29% other and 19% Pasifika. (2015 B4 School Check Clinical Data- Health Hawke's Bay)
- 57 participants attended breastfeeding support training, 23 Well Child staff attended First Foods Trainer Workshops and 83 health professionals attended Gestational Diabetes updates (2015 HBDHB Maternal Nutrition Report to MoH)

Activities and Stakeholders			
	What	How	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>• Screening including gestational diabetes, Well Child/Tamariki Ora and B4 School Checks</li> <li>• Whānau activity based programmes for under 5s</li> <li>• Paediatric dietetic referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor the screening and responding referrals</li> <li>• Fund Active Families under Five and monitor implementation. Investigate extending to further providers</li> <li>• Monitor referrals and outcomes</li> </ul>	July 2017 Māori Health Targets - 6 monthly to the Board
<b>New actions</b>	<ul style="list-style-type: none"> <li>• Support screening in maternal programme, Well Child/Tamariki Ora and B4 School Checks</li> <li>• Provide whānau based programmes to support lifestyle changes which support healthy weight i.e. Active Families</li> <li>• Support referrals to programmes via a range of pathways</li> <li>• Develop a clinical pathway from well child/primary care to secondary services</li> <li>• Support child health workforce, to deliver healthy conversations</li> </ul>	<ul style="list-style-type: none"> <li>• Support training for health professionals completing screening - maternal, Well Child/Tamariki Ora and B4 School Checks.</li> <li>• Contract community providers to take referrals for whānau with an overweight child (3-12 years)</li> <li>• Clinical pathway developed with key stakeholders- whānau, parents, children and health professionals</li> <li>• Healthy Conversation training delivered</li> </ul>	Annually until 2020
<b>Key partners</b>	Well Child/Tamariki Ora, primary care, general practises, LMCs, Strategic Services, Oral Health Services, Paediatric Services, Maternity Services		

## Objective 4: Provide leadership in healthy eating

### Indicator 4a: Monitor the implementation of the HB DHB Healthy Eating policy

### Indicator 4b: Engage support from key partners

#### What the data shows

Hawke's Bay District Health Board policy is compliant with MoH requirements December 2015. Obesity responses have been workshopped with cross-sector leaders and presented at the Intersectorial Forum in 2015.

Activities and Stakeholders			
	What	How	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>Share information, evidence and best practice and healthy weight data with key community partners</li> <li>Show leadership by establish the HBDHB Healthy Eating Policy and implementing the Healthy @ Work workplan</li> </ul>	<ul style="list-style-type: none"> <li>Regular updates provided via Maternal, Well Child/Tamariki Ora and B4 School Check forums. Regular meetings with community providers</li> <li>Review and monitor the HBDHB Healthy Eating Policy and support the implementation of the Health @ Work workplan</li> </ul>	July 2017
<b>New actions</b>	<ul style="list-style-type: none"> <li>Lead an equity focus by applying an equity lens to review this plan and delivered activity</li> <li>Lead messaging and delivery to reduce sugar intake</li> <li>Align HBDHB Healthy Eating Policy with national food and beverage guidelines</li> <li>Develop a process for a cross-sector approach to support healthy eating environments</li> <li>Influence key service delivery stakeholders to maintain best practise and consistent messaging</li> <li>Continue engagement with community particularly key influencers for Māori and Pasifika i.e. marae and church leaders</li> </ul>	<ul style="list-style-type: none"> <li>Equity assessment written and finding used to refine this plan to improve response to equity</li> <li>Cross-sector activity includes a sugar reduction focus</li> <li>Reviewed policy reflects the healthy eating guidelines</li> <li>Framework/process implemented for cross-sector approach and inter-agency activity reported</li> <li>Hauora, general practice, LMCs, contracted community providers provide national messages consistently to whānau, community and their workplace</li> <li>Key activities Waitangi Day celebrations - policy/guidance document development Ngāti Kahungunu Iwi Incorporated and engagement with Pasifika church leaders</li> </ul>	Ongoing until 2020
<b>Key partners</b>	Iwi leaders, Ngāti Kahungunu Iwi Incorporated staff, community leaders, governments department leaders, local authorities leaders, non-government organisations leader, private sector leaders, Pasifika community leaders, Ministry of Health, Ministry of Education		



## Monitoring process

It is proposed that implementation of this Plan will be informally monitored via the Population Health Advisors Team and formally monitored via reporting on the HBDHB Annual Plan and to governance committees via key target measures and an annual report on activities.

There are also a number of aligned monitoring and reporting pathways for healthy weight:

- National targets including B4 School Check, breastfeeding rates (quarterly reporting)
- Population Health Core Plan six monthly and annual reporting
- Reporting on alignment with national guidelines for DHB Healthy Eating policy
- HBDHB Māori Health Target- healthy weights at 4 years
- Maternal Nutrition Programme outcomes framework (evaluations) reporting to MoH six monthly
- Schools Programme outcomes (evaluation), Population Health Plan
- Health Promoting Schools reporting framework

Data limitations:

- Data for over 5s is limited and not consistent
- Engaging with schools data is yet to be explored
- There is no baseline data for the healthy eating environment including food security
- There are time lags in data from the Ministry of Health i.e. breastfeeding data

## Delivery mechanism

Annual plans detail the activities, outcome measures and who is responsible for activities being achieved. We deliver these activities with community partners i.e. Well Child/Tamariki Ora providers. Each of the activities is included in annual planning for HBDHB, particularly in the Population Health Service Annual Plan (Appendix C) where the:

- advocating for healthy eating environment and policy is part of the health promotion section
- develop and delivery of whānau based programmes is included in the maternal nutrition and health promotion sections
- support tools and workforce development for screening and referrals for interventions appear in the maternal nutrition section and health promotion sections
- information sharing and policy leadership is in the health promotion section
- consistent messaging and alignment national messages is in the health promotion sections
- developing a cross-sector model is in the health promotion section

While HBDHB have a leadership role, we need to partner with local government, schools, workplaces, community providers and Ngāti Kahungunu Iwi Incorporated to support healthy eating environments. As such, delivery detail will be outlined in these organisations plans and contracts.

Finally, timing of delivery is dependent on funding sources, as they become available new actions can be initiated. For example the HBDHB will negotiate with MoH in 2017 for funding associated with the National Childhood Obesity Plan, Population Health has secured another year of Maternal Nutrition funding from MoH and are completing a business case for EMT to funding a school aged programme.

## Appendices

### Appendix A: “A Hawke’s Bay Healthy Weight Strategy”

Summary document previously presented to the May 2015 HBDHB Board.

[Healthy weight strategy framework](#)

### Appendix B: Feedback

Reports are available on request for:

- Minutes from Consumer Council workshop
- Māori Relationship Board meeting minutes (June 2015, September 2015 and March 2016)

### Appendix C: Population Health Annual Plan

Available on request and has been presented to the HBDHB Board as part of the Annual Plan approval process.