

Presenting the Ministry of Health's public health focus

World-first sees fizzy drinks out of schools by 2009

A Ministry of Health-led initiative to improve nutrition in schools has resulted in an agreement to remove all full-sugar soft drinks and energy drinks from secondary schools by 2009.

The voluntary agreement between the Government and two of New Zealand's biggest beverage companies, Coca-Cola Amatil NZ and Frucor Beverages Ltd, was signed by Minister of Health Pete Hodgson in December 2006.

It is the world's first agreement to be negotiated directly between government and industry leaders and will see the removal of approximately 1.1 million litres of full-sugar beverages from schools over the next three years.

Mr Hodgson says the agreement is evidence of what can be achieved when government and industry leaders work constructively together to reach co-operative rather than regulatory solutions.

'Regulation in this case would have been costly and it's unlikely we would have been able to move as fast as we're now planning to,' says Pete Hodgson.

'Over the past year, New Zealand families have made tremendous progress in recognising the serious threat poor nutrition and a lack of activity pose to the health of our children.

'This agreement forms only a small part of what will be necessary to address this challenge, but



Students will be encouraged to drink water or low fat milk.

shows the Government and the food industry are serious about playing our parts.'

According to Cynthia Maling, Programme Manager, Healthy Eating Healthy Action (HEHA), the agreement is a key part of the work the HEHA team is doing to reduce obesity, improve nutrition and increase physical activity for all New Zealanders.

'By removing these drinks from the school setting, not only are we encouraging young New Zealanders to change their consumption behaviour by choosing water or milk instead of full-sugar drinks, but we're also promoting the development of environments that support healthy lifestyles,' says Cynthia.

Co-signing the agreement was Education Minister Steve Maharey, who called it 'a strong step forward that will support the work we're doing

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Editorial

Dr Mark Jacobs
Director of Public Health

Thinking globally, acting ‘sectorally’



The issue of climate change is one that is understandably receiving significant and increasing attention in New Zealand and around the world. The potential health implications are enormous at the global level, ranging from the direct effects of increased temperature and severe weather events, for example, to the much more important indirect impacts on agriculture, employment, the economy, access to water, coastal settlements and so on. As with all aspects of the science of climate change, knowledge of potential health implications continues to develop, and there is much we don’t and can’t yet know for certain. We can be sure, though, that the potential impacts on public health are such that the issue must be taken very seriously – I can’t think of a more important strategic public health issue.

New Zealand will not be immune to such impacts – for example, along with some of the potential global impacts mentioned above, increased temperatures will mean that much more of the country will be at risk from vector borne infectious diseases like dengue fever. We are, however, in the relatively fortunate situation that modelling suggests climate change impacts, and associated health impacts, are likely to be smaller here than in many other parts of the world. This is a result not only of our temperate and maritime location, but also because, as an affluent and developed country, we are in a much better position to anticipate and adapt to climate changes, and hence minimise their impacts on our own population. This is not a luxury shared by many other countries around the world, and certainly not by many of our Pacific neighbours.

Within the health sector, what (limited) attention has been paid to climate change has overwhelmingly focused on modelling and discussing potential health impacts. This is understandable, and it’s important work that needs to continue and, in fact, grow. It is not, however, the only aspect of this issue that our sector needs to address. As a major part of the New Zealand economy, I think the time has come for us to look at our own contribution to climate change, or our own carbon footprint. How can we argue for the need for climate change to be more effectively addressed, of its fundamental importance as a public health issue, if our own house isn’t in order?

A lot of advice is already available around the world for businesses seeking to reduce their carbon footprint, and it’s not complicated – for most organisations it’s their use of electricity that is the major contributor to carbon emissions (an average office results in

News

New support unit to assess health impacts

The Government has recently announced it will set up a new support unit within the Ministry of Health, to assist government agencies in assessing the health impacts of government policies and projects.

Part of the role of the Health Impact Assessment (HIA) Support Unit will be to work across central and local government to promote the use of HIA and assist agencies to develop capacity in this area, said Frances Graham, Senior Analyst, Public Health Directorate.

The establishment of the HIA Support Unit is part of the package of initiatives to improve the lifestyles of children and young people, funded by the \$67 million government-wide Mission On package. The intention is that it will also include a broader focus.

The Ministry will be working other agencies to establish the HIA Support Unit by the end of June 2007, said Frances.

‘HIA is a practical way to ensure that the health and wellbeing of the population is considered as part of policy and project development and decision-making in all sectors.’

It combines various procedures, methods and tools to assess policies for potential effects on the health of the population, and of the distribution of those effects within the population.

Government agencies will be encouraged to carry out HIAs on new policies and projects that will affect the health of many New Zealanders.

For further information, please contact Frances Graham (Senior Analyst, Public Health Directorate, Ministry of Health) on 495 4380 or email frances_graham@moh.govt.nz.

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around 1 tonne of CO² per 10 m² per year), and so increasing energy efficiency through using energy-saving equipment and lighting, avoiding over-lighting office spaces, only lighting rooms when they are being used and so on, can make a big difference. Add that to other measures – like encouraging use of tele/videoconferencing rather than plane travel, encouraging alternatives to car travel, and reducing the amount of paper used in the office – and organisations in our sector can readily reduce their carbon footprint. Once all that has been done, and organisations have calculated their remaining emissions, they can purchase carbon offsets to balance

against them, which might then be invested into the development of alternative energy or tree-planting projects, for example.

Systems to enable organisations to do this are already in place around the world, and it's time our sector started to play its part in reducing carbon emissions. The recent announcement by the Prime Minister that the Ministry of Health will have substantially reduced its carbon footprint by early next year, and be carbon neutral by 2012, makes it clear that the Ministry at least now needs to move quickly. Let's hope that it will be the start of similar moves across our sector.

Exercise Cruickshank

New Zealand's next pandemic planning exercise that will take place over five days in May will be the most comprehensive held in any country so far.

Up to 40 government agencies, the 21 District Health Boards, 12 Public Health Units and the Institute of Environmental Science and Research will be involved in Exercise Cruickshank, said National Director Steve Brazier.

'This exercise is a unique chance to test New Zealand's plans at all levels, including whole-of-government collaboration and response.'

The Ministry of Health will lead the all-of-Government response from the National Crisis Management Centre located in the bunker under the Beehive.

'For the past 18 months there has been intensive pandemic planning under way to ensure that New Zealand is as prepared as it can be,' says Steve.

This planning culminated in the New Zealand Influenza Pandemic Action Plan (NZIPAP) that was released in September last year.

The NZIPAP was put to the test for the first time in November last year during 'Exercise Makgill', an exercise which tested the health sector's preparedness for such a catastrophic event.

'Exercise Cruickshank will focus on the four pandemic stages; "Keep it Out", "Stamp it Out", "Manage it" and "Recover from it".

'New Zealanders can be assured that when a pandemic hits this country, we will be ready. And it is a case of "when" not "if". We can't afford to become complacent about the possibility of a pandemic.

'Pandemics of this kind are not something new. The Spanish flu of 1918-19 infected 40 percent of New Zealand's population and killed over 8000. It is important that we learn the lessons that history has to teach us and are proactive in preparing for a pandemic.'

Steve said that, while the virus does not yet seem to be in a form that spreads between humans,

the animal disease continues to affect people indirectly.

'Exercises of this kind require an enormous amount of time and effort across the whole health sector but there is nothing about the progress of this disease that gives us any comfort or cause to rest. Countries around the world continue to develop and test their plans for a potential influenza pandemic.'

Margaret Cruickshank

Margaret Cruickshank was the first New Zealand woman to register as a doctor and subsequently to engage in general medical practice.

When the terrible influenza epidemic of 1918 struck the South Canterbury town of Waimate, Cruickshank was already tired and overworked but she responded magnificently to the needs of the district.

When her driver fell ill she travelled by bicycle or horse and gig. She not only gave medical care to her patients but attended to any urgent domestic tasks, which at times included feeding babies and milking cows.

Margaret Cruickshank caught influenza herself and, with her strength already depleted by her labour for her patients, she died of pneumonia at Waimate on 28 November 1918.

She had never married. She was one of 14 New Zealand doctors who lost their lives during the epidemic and one of 17 victims who died in Waimate.

The people of Waimate lined the streets as her cortège passed. In gratitude for her work, a marble statue of Cruickshank was erected in the town in 1923. On it were carved the words, 'The Beloved Physician/Faithful unto Death'. In 1948, the maternity ward in Waimate Hospital was named in her honour.

New global rules to combat emerging threats

New international health regulations to combat global disease threats come into force in New Zealand in June 2007.

The World Health Assembly in Geneva adopted the revised International Health Regulations (IHR) in May 2005.

New Zealand has agreed it will be bound in full by the regulations, says Legislative Review team leader Andrew Forsyth.

‘The resurgence of emerging infectious diseases through the 1990s, and the severe acute respiratory syndrome (SARS) outbreak in several countries in 2003, was the driving force behind a review of the existing regulations that dated back to 1969.’

The 1969 regulations only applied to three infectious diseases: cholera, plague and yellow fever.

‘The world has changed enormously over the last 40 years. The growth in air traffic means that diseases can travel across the globe within hours,’ says Andrew.

The regulations address current weaknesses in detecting and responding to disease outbreaks.

The scope of the regulations extends beyond communicable diseases to include any public health event of potential international significance.



The new regulations will support countries in planning and responding to disease outbreaks of all kinds, such as a possible influenza pandemic.

The regulations aim to protect global health with the least possible interference to international travel and trade. Countries bound by the new regulations will designate a national centre called a national focal point for co-ordination and communication with the World Health Organization (WHO).

The focal point will respond to requests from WHO for information about public health risks, and notify WHO within 24 hours of any event that may be a public health emergency of international concern.

‘WHO advises that countries need to assess their existing public health systems and improve and maintain their capacity to detect, report on and respond to public health events, and it will be assisting countries with this,’ says Andrew.

The global surveillance system for public health emergencies of international concern will be boosted with a wider range of public health events under surveillance and the use of risk assessment criteria.

Countries will also have access to WHO’s global outbreak alert and response network, a ‘one-stop shop’ of global resources to help manage a public health emergency.

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to ensure schools and committees can provide healthier alternatives for their students.’

The agreement follows the September launch of the Government’s Mission On package to promote nutrition and increased physical

activity for New Zealand children and young people. Mission On includes initiatives to improve the quality of food served in schools, reduce children’s exposure to the advertising of unhealthy food and promote physical activity.

Older People's Health Chart Book published

Older women have a longer, healthier life expectancy than their male counterparts, a health chart book just published by the Ministry shows.

The *Older People's Health Chart Book* is published by Public Health Intelligence (PHI) and provides a health profile of older people in New Zealand.

The Health of Older People Strategy, released in 2002 by the Government, aims to improve outcomes for older people in our community. The chart book will provide information which will support implementation of the strategy.

Manager (Epidemiologist) of Public Health Intelligence Dr Barry Borman says in 2001 about 12 percent of New Zealand's total population was aged 65 years and over but this is expected to increase to 19 percent by 2021.

'This Older People's Health Chart book will be a valuable tool for the Ministry, other government agencies, District Health Boards and other health providers planning future health services for older people.

'Older people aged 65 years and over had higher rates for most chronic diseases compared to the comparison age group (50–64 years). That includes higher rates of all types of cardiovascular disease mortality and hospitalisation, all types of cancer mortality, chronic obstructive pulmonary disease mortality and hospitalisation and higher prevalences of diabetes, arthritis and osteoporosis,' says Barry.



Those aged 65 years and over were significantly more likely to report that they had seen a GP in the last 12 months than those aged 50–64 years and the most common reason for visiting their GP was for a routine check-up or for health advice.

Barry says the chart book shows those in age groups 65–74 years and 75–84 years living in residential care were significantly more likely to report that they had used or been admitted to a public hospital in the last 12 months than were their counterparts in private dwellings.

Older people in residential care were more likely to be less active than those in private dwellings.

Māori people had worse health status than their non-Māori counterparts in a range of indicators, including higher hospitalisation and mortality rates for almost all types of cardiovascular disease, almost all types of cancer excluding colorectal cancer, and chronic obstructive pulmonary disease. At the age of 50 years, both Māori males and females had a shorter life expectancy than non-Māori.

Barry says data on dementia, incontinence and oral health could not be included in the chart book, due to either the unavailability of data or the lack of reliable data, however, it's hoped that future Health of Older People Chart books will be able to include information such as this.

The Health of Older People Chart Book is available on the Ministry's website www.moh.govt.nz/publications.

Depression ads show strong and positive results

Popular television advertisements featuring legendary former All Black John Kirwan talking about his experience of depression are making an impact.

The three-year National Depression Initiative (NDI) campaign is part of the Government's commitment to suicide prevention, says Ministry of Health spokesperson Candace Bagnall.

Feedback on the advertisements from people accessing the 0800 Depression helpline acknowledges John Kirwan's courage in speaking out candidly about his experiences.

Early omnibus survey results show the depression ads are communicating extremely successfully, with 78 percent of those surveyed recalling the ads and, of these responses, 98 percent have been very positive about them.

'Judging by the numbers calling the depression helpline, the ads are also prompting people to seek help and advice,' says Candace.

Lifeline, which provides the service, receives an average of about 175 calls a day when the ads are on air, dropping to around 56 calls a day when they are not being broadcast.

Typical feedback recorded by counsellors on the depression helpline, are comments such as 'the adverts on TV are fantastic'.

'More detailed information about changes in attitudes and people's knowledge and understanding about depression, and how to



respond to it, is being collected through tracking surveys which will be carried out through the term of the campaign,' says Candace.

Baseline data was collected before the advertisements went to air, and this will enable the Ministry to monitor the progress being made and adapt the campaign as necessary to make sure information is reaching the people who need it most.

Contact points for the National Depression Initiative are the free phone number 0800 111 757, or www.depression.org.nz.

For more information, please contact Candace Bagnall, on (09) 580 9038 or 027 4807 936.

Watching the screen

New Zealand's screening programmes are under expert scrutiny.

In the United Kingdom, Dr Ellis Friedman is responsible for 12 screening programmes that cover a population of more than 2 million people.

He is East Lancashire's Director of Public Health and the North West Regional Director of Breast Screening Quality Assurance.

Dr Friedman is visiting New Zealand for eight weeks and sees 'many more similarities than differences between the programmes in the two countries'.

Both countries have in common an evidence-based approach, place importance of patient choice and have a commitment to reducing inequalities, he says.

'There are striking similarities in the screening pathways due to using the same evidence, but New Zealand has a two-year screening interval for breast screening while the United Kingdom has a three-year interval. The world literature supports the New Zealand approach!'

The United Kingdom has traditionally introduced screening programmes earlier than New Zealand but the time lag is slowing because information is spreading more rapidly due to the Internet.

Dr Friedman is a strong advocate for the benefits of population registers, something the United Kingdom has, based on GP registrations, and New Zealand does not.

'The big advantage is that the invitation comes from a GP, who people know and trust, and as long as the register is accurate you can target your at-risk population very accurately and cost-effectively.'

He is aware of New Zealand's ongoing debate around the confidentiality of health information



Dr Ellis Friedman

but says much of Europe has had accurate registers and appropriate confidentiality safeguards for many years.

Dr Friedman has noted that many standards for New Zealand's screening programmes appear static.

'All providers should be trying to do as well as the top providers. In the United Kingdom this is typically achieved by identifying the top quartile's performance and then saying to the others "if they can do it, why can't you?"'

The United Kingdom's breast screening programme includes data review and site visits by a regional director for quality assurance, who is assisted by a team of people who provide breast screening in other programmes, such as radiologists, surgeons, pathologists, nurses, radiographers and clerical staff.

'Visits occur every screening round and lead to a publicly available report with timetabled, feasible recommendations that are monitored.'

'Good practice is highlighted, as well as areas of concern, and I hope New Zealand will consider setting up a similar process.'

The move to specific, monitored and timetabled targets for clinical and administrative performance is further advanced in the United Kingdom, Dr Friedman says.

The United Kingdom also has clearer processes for identifying and managing screening incidents than New Zealand, he says.

'People will get things wrong. With screening you are looking for something rare, so it is repetitive and easier for staff to fall into bad habits.'

'Our focus is to try to avoid blaming people and to concentrate on how to improve the screening system,' says Dr Friedman.

Review of antenatal screening for Down syndrome

The National Screening Unit has reviewed antenatal screening for Down syndrome, following concern that the antenatal screening currently available in New Zealand was not keeping pace with international best practice.

An advisory group was established to provide advice on the potential for a national antenatal Down syndrome screening programme in New Zealand, says National Screening Unit (NSU) Group Manager Karen Mitchell.

Antenatal Down Syndrome Screening Advisory Group members were appointed for their expertise and experience in consumer and disability perspectives, obstetrics and fetal medicine, midwifery, general practice and genetics.

The advisory group developed its advice over an intensive six-month period.

‘Separate subgroups discussed social and ethical considerations, and the technical aspects of screening, including improving the quality of nuchal translucency scanning and the potential to introduce maternal serum testing in pregnancy.’

The advisory group reported to the NSU in January. The NSU is currently considering the report, which is likely to be publicly released later this year.

If you would like more information, please contact Caroline Greaney, Senior Analyst, NSU on (04) 460 470.

Parents urged to see MeNZB™ doses completed

The Ministry of Health continues to urge parents to ensure their children are fully immunised against the epidemic strain of Meningococcal B.

Meningococcal Vaccine Strategy director, Dr Jane O’Hallahan, said the eligibility criteria for vaccination against Meningococcal B disease had changed at the end of 2006, with the focus now on vaccinating the most vulnerable young members of society.

For young babies who began their Meningococcal B vaccinations before they were six months old, it is important that they have four doses. Newborns and under-fives who have not received the MeNZB™ vaccine will continue to be offered the Meningococcal B immunisations until the programme is discontinued.

Five- to 19-year-olds who have started their MeNZB™ immunisations up to 31 December 2006 may complete them in 2007. It is important

to complete the full course – even if this means some MeNZB™ doses are administered in 2007. Those aged five to 19 years are not eligible to start a course of MeNZB™ in 2007.

‘This disease has had a devastating effect on society, and while the immunisation programme has done much to reduce the number of cases nationally, the epidemic strain is still present,’ says Jane.

‘It is crucial that parents are proactive in the fight against this debilitating disease,’ she said. ‘And the most effective way of minimising the risk to their children is ensuring that they are fully vaccinated,’ she added.

Those who are not fully immunised have a five times greater risk of getting the disease than those who are, according to an effectiveness study undertaken by Victoria University of Wellington.

For further information about Meningococcal B, please visit www.immunise.moh.govt.nz.

Focus on

Michael Taylor

When raising a toast to Michael Taylor – one of public health’s most distinguished and long-serving workers – it is a glass of tap water you need at the ready.

Michael Taylor was made a Companion of the Queen’s Service Order for public service in the last New Year’s honours list.

New Zealand’s international reputation for its pioneering work on drinking-water quality management owes much to Michael’s untiring work over the last 15 years. He’s still working full-time at the venerable age of 76.

Michael has lost count of the number of times he has retired; the first was in 1990, when retirement was compulsory at 60.

‘I was getting bored stiff, I was very grateful to the Ministry to be given the chance to use my mind again; I’d probably be dead now otherwise.’

English-born, Michael holds a PhD in organic chemistry but it wasn’t all life in an ivory tower – Michael was also a tank driver in the armoured corps in Yorkshire soon after World War II.

In England, Michael held senior scientific, research and teaching positions at the Woolwich Polytechnic, London School of Hygiene and Tropical Medicine and was in charge of the chemical oceanography section of the UK Ministry of Agriculture, Fisheries and Food.

Michael spent two years as a research fellow with the Norwegian Fishery Directorate’s Institute of Marine Sciences in Bergen, where he followed his strong interest in deep sea diving.

He credits his ability to work full-time happily into his mid-seventies to his claim he spent the best part of his working years up until his forties ‘diving and things’.



Dr Michael Taylor

Michael came to New Zealand in 1964 for what was intended to be a two-year visit, but became research fellow, then acting director, of the Cawthron Institute in Nelson.

Michael then went on to become chief chemist with the Auckland Regional Authority and research director for the Ministry of Works and Development’s water and soil directorate.

Michael has been working on improving the quality of New Zealand’s drinking water since 1992.

‘In 1995 and 1998 we came out and said that we thought New Zealand needed better drinking-water and ever since then we’ve been trying to get legislation through.’

The bill was introduced to Parliament in June last year, and is currently going through the select committee process.

The \$150 million provided in the 2005 Budget to set up a drinking-water assistance programme was a recent victory for Michael and his colleagues.

‘We could hire three new staff, all very good people, and the programme has broken a lot of new ground.’

In his spare time, Michael enjoys classical music, reading, resting and gardening.

So next time you fearlessly turn on the tap for a drink, spare a thought for the sprightly septuagenarian who has already thought about the many hazards your glass could have contained.

Don Matheson meets new chief of World Health Organization

Don Matheson, Deputy Director-General of Public Health, has recently touched down from a week-long trip to Geneva, the headquarters of the World Health Organization.

He attended the WHO Executive Board meeting as an observer in January, as it is likely New Zealand will take up a position on the board in May this year for a three year term.

The Executive Board assists the World Health General Assembly, made up of Health Ministers from around the world, including our Minister of Health Pete Hodgson, says Don Matheson.

New WHO Director-General Margaret Chan, who ran public health services in Hong Kong when the SARS pandemic broke out, was into her 19th day in the top job when she attended the meeting of the Executive Board.

‘Margaret Chan and I had a fruitful discussion and I indicated New Zealand’s support for further development of primary health care worldwide,’ says Don.

‘This is one of Margaret Chan’s priorities for her term, along with women, Africa, evidence-based health system development, implementing public health partnerships and improving organisational performance.’

New Zealand is one of the few developed countries in the world to have systematically developed the primary health care approach in recent years.

‘The WHO has a budget of \$3.7 billion, the majority of which is given by donor countries for specific projects. This sounds big, but it is small compared with the global health spend of three trillion.’



Dr Don Matheson

Don Matheson says some of the highlights of the meeting included renewed optimism that polio will be eliminated in the next couple of years.

There are only four countries in the world where polio still remains – Afghanistan, Nigeria, India and Pakistan.

‘Margaret Chan also reported exciting progress in the fight against measles, particularly in Africa. Between 2000 and 2005, some 2.3 million measles deaths had been prevented, predominantly in children.’

Aside from the meeting, Don also got to experience a real Genevan winter. ‘When I arrived it was 14°C but three days later, the temperature dropped to -10°C, which was a bit cold, but luckily I was armed with my woolly hat and scarf.’

However it wasn’t so good for the flight home. The ice saw him miss his connecting flight to Frankfurt forcing him to have an extra night in a small town 50 kilometres from Frankfurt called Darmsdadt.

‘Because of the weather, there was no food and few rooms at the hotel, so I had to temporarily suspend the Ministry’s food, alcohol and tobacco policies and have what was available; a tiny bottle of Cognac, a packet of chippies, and a room recently vacated by a smoker. But I can assure you all I am now back to practising what I preach!’

Tidbits and updates

He Korero in 2007

He Korero is a quarterly newsletter about the health education resources produced by the Ministry of Health to promote a better understanding of public health. *He Korero* has now become an online-only resource, which can be accessed on the HealthEd website at www.healthed.govt.nz

The news page of the recently redeveloped HealthEd site alerts site visitors to the latest issue of *He Korero*. Just click on Miscellaneous (in the left navigation) and select *He Korero* to view or download the PDF file. *Public Health Perspectives* will from now on include a brief summary of each upcoming issue of *He Korero*.

Public Health Perspectives mailing list

If you wish to be added to (or taken off) the mailing list or advise a change of address, please contact:

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If you would like to contribute an article to PHP please contact Visaka Fernando (04) 460 4919 to discuss content, deadlines and process.

Food advice for babies and toddlers up for review

Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper (Ministry of Health 2000) is being reviewed.

A draft for consultation will be available by June 2007. If you would like to be on the mailing list for consultation, please email your name and address to christine_stewart@moh.govt.nz.

The Ministry produces a series of six population group-specific Food and Nutrition Guidelines background papers. You can find these publications on the Ministry's website at www.moh.govt.nz/foodandnutrition.

The background papers form an important part of the technical and policy basis for the Healthy Eating – Healthy Action Strategy and Implementation Plan.

The background papers are written to:

- provide evidence-based, up-to-date policy advice on nutrition and physical activity for achieving and maintaining the best possible health for New Zealanders
- provide reliable, consistent information to use as a basis for health education resources, and nutrition and physical activity programmes
- guide and support health practitioners in their practice and for use as a resource for more detailed information if required
- identify health inequalities relating to nutrition and physical activity so that education and support for New Zealanders can be targeted to reduce health inequalities between population groups.

The Ministry also provides a series of nutrition health education materials for New Zealanders, which can be viewed at www.healthed.govt.nz. The nutrition health education resources are based on the technical and policy advice in the Food and Nutrition Guidelines background papers.