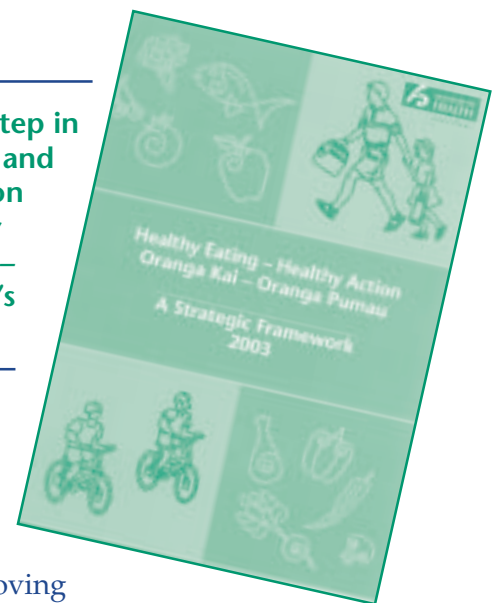


Healthy Eating – Healthy Action, Strategy and Background Document Launched

The Ministry of Health took a big step in tackling nutrition, physical activity and obesity issues on 6 March when Hon Annette King launched the *Healthy Eating – Healthy Action, Oranga Kai – Oranga Pumau Strategy at St Anne's School, Newtown, Wellington.*



Healthy Eating – Healthy Action is the culmination of two years of consultation and brings together a co-ordinated framework to achieve the *New Zealand Health Strategy* population health objectives of improving nutrition, increasing physical activity and reducing obesity.

Healthy Eating – Healthy Action incorporates the Ottawa Charter (health promotion) framework and acknowledges that a comprehensive approach involving not only the health sector but other sectors, such as education and local government, is required for success. A number of priority areas and groups have been identified in the Strategy. One of these priority groups is children. Accompanying the Strategy is a background document that outlines the evidence and issues in nutrition, physical activity, obesity and for Māori and Pacific peoples.

Healthy Eating – Healthy Action is a high-level strategy that will be supported by a three-year implementation plan. An external reference group will advise on the development of the implementation plan. The plan will be developed over the next six months and will prioritise key areas to guide both the health sector and intersectoral partners to action.

St Anne's School was chosen as the venue for the launch of the Strategy. St Anne's School is committed to encouraging the development of healthy eating and physical activity habits in their pupils. The school is part of the Health Promoting Schools initiative and has identified nutrition and physical activity as priorities. Principal Doreen O'Sullivan encourages the children to walk to school each day, wet or fine, with one

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Editorial

Colin Tukuitonga
Director of Public Health



Obesity and its consequences is one of New Zealand's greatest public health problems. The challenge is particularly daunting because of the extent of the problem, its impact on children and young New Zealanders and the limited knowledge about relevant evidence-based interventions.

The Ministry of Health has developed the *Healthy Eating: Healthy Action* framework to assist all interested parties in their efforts to reduce the incidence and impact of obesity on our citizens. It is clear that society-wide action is needed if we are to reduce the burden of obesity on individuals, their families and New Zealand as a whole.

An opportunity has arisen during the review of the Health Act 1956 to ensure that appropriate legislation is drafted that addresses all current and future threats to public health (see *Public Health Legislation: promoting public health, preventing ill health and managing communicable diseases*). Non-communicable diseases have replaced infectious diseases as the main cause of death and disability in New Zealand. The multi-factorial nature of these conditions requires new and innovative strategies if we are to limit their impact and spread. Legislation has contributed to the control of the harmful effects of tobacco consumption locally and internationally. Our experience with legislation to limit obesity (whether to

encourage the creation of environments that encourage physical activity or to reduce the consumption of food products that are inappropriate in terms of quantity or nutritional value) has so far been limited.

Nevertheless the Ministry of Health sees much value in exploring the pros and cons of legislative interventions in our overall approach to the control of obesity.

A specific option is a proposal to limit advertising of fast food products during children's television viewing hours. On one hand, the Ministry has been criticised by some health sector groups for not advocating a ban on advertising and, on the other, is criticised by industry groups for seeking public debate on the ban in the absence of information on its impact.

It is important to note that no single action in any public health programme is likely to have major impact by itself. Experience from other public health programmes suggests it is the synergy of a number of different actions that leads to public health improvement. We are aware that children are unable to respond to information at a cognitive level and they are much more likely to react to emotion. Hence, education and information will be limited while advertising will always be more appealing. Ultimately, the debate is less about the evidence for or against limiting the advertising of fast food to children. The debate is about New Zealand doing its best to protect and promote the health of its children.

Action for Sustainable Development

The Action Programme on Sustainable Development for New Zealand builds on work from the August 2002 World Summit on Sustainable Development and recent strategies for biodiversity, energy, waste and other issues, as well as new local government legislation.

The Action Programme summarises the various components of sustainability in four priority

areas. Each represents a critical sphere of activity where long-term intergenerational issues, persistent environmental effects and significant social, economic and cultural factors are all especially relevant:

- Energy use and renewable resources.
- Sustainable cities (the initial focus being on Auckland).
- Child and youth development.
- Quality and allocation of freshwater.

Towards a Cancer Control Strategy for New Zealand – Marihi Tauporo

On 5 December 2002 the Minister of Health launched the discussion document, *Towards a Cancer Control Strategy for New Zealand – Marihi Tauporo*, which outlines goals to reduce the incidence and impact of cancer in New Zealand.

The Ministry worked in partnership with the New Zealand Cancer Control Trust to develop the discussion document which is available at <http://www.moh.govt.nz> and <http://www.cancercontrol.org.nz>. The Ministry and the New Zealand Cancer Control Trust are funding ongoing development of the strategy. The New Zealand Cancer Control Trust is a non-government organisation and receives its funding from the Cancer Society of New Zealand and the Child Cancer Foundation.

Health Minister Annette King says a strategy to reduce the crippling burden of cancer is essential in tackling the country's second largest cause of death: 'Cancer control means addressing services, monitoring, workforce development and many other issues.'

A Cancer Control Steering Group was formed in 2001 to develop a strategy. Membership comprises the New Zealand Cancer Control Trust, stakeholders and Ministry of Health officials. Expert groups on prevention, screening and early detection, treatment, support and rehabilitation, and palliative care advised the Steering Group.

Their reports are available at <http://www.moh.govt.nz/cancercontrol> and <http://www.cancercontrol.org.nz>.

The discussion document outlines six goals to:

- reduce the incidence of cancer through prevention
- reduce death and disability through effective screening, early detection and treatment
- improve timely access to effective and acceptable activities and services to control cancer
- improve the quality of life for those living with, recovering from, and dying of cancer
- improve the planning, co-ordination and integration of activities and services to control cancer
- improve the planning, integration and co-ordination of cancer research, evaluation, monitoring and surveillance.

Public consultation was undertaken during February and March 2003. Results of consultation will contribute to the definitive New Zealand Cancer Control Strategy to be introduced mid-2003.

The next step for the Cancer Control Steering Group will be to develop an implementation plan, with input from government and non-government agencies, health professionals and consumers who are involved with all aspects of cancer control.

On freshwater quality, the Action Programme seeks to achieve these outcomes:

- Freshwater allocated and used in a sustainable, efficient and equitable way.
- Freshwater quality maintained to meet all appropriate needs.
- Protection of freshwater bodies with nationally significant natural, social or cultural heritage values.

The Minister for the Environment, Marian Hobbs, is responsible for driving the work

programme on freshwater quality, but the Ministry of Health will be involved in providing advice from a public health perspective in relation to drinking-water quality and supply issues. An example of current health work which fits well within the sustainability framework is the Health (Drinking Water) Amendment Bill which will give legislative backing to a number of measures which the Ministry of Health, in collaboration with the water supply sector, has progressively rolled out over the last seven or eight years.



Toddlers Join Meningococcal Vaccine Trial

Clinical trials for a vaccine targeting group B meningococcal disease continue to run smoothly, with toddlers the latest age group to be involved.

The Ministry of Health has contracted Auckland University to run the clinical trials. Trials of adults and school-aged children have been completed.

The clinical trial team has recruited about 250 Auckland toddlers aged 16-24 months. Like participants in the other clinical trials, they will each receive three vaccinations, six weeks apart.

Clinical trial Principal Investigator Professor Diana Lennon said the trials were running well. Some families involved in the school-aged children clinical trial had enrolled

younger members of their families in the toddler clinical trials.

The clinical trials are part of the Ministry of Health's Meningococcal Vaccine Strategy. Pending the success of the clinical trials, and the necessary regulatory approval, the vaccine will be offered to all aged under 20 in New Zealand. The vaccination campaign would start in south Auckland early next year, rolling out nationwide later in the year.

Since group B meningococcal disease reached epidemic proportions in New Zealand in 1991, more than 4750 people have contracted the disease and 200 have died from it. Up to 20 percent of survivors were left seriously disabled from the disease.

NIR Key Tool in Improving Immunisation Rates

Improving the health of New Zealanders by reducing vaccine-preventable diseases is a key objective for the Ministry's Immunisation Programme.

It is working towards a target of 95% of children to be fully vaccinated at age 2 years by 2005. A key strategy to achieve this goal is the development of a National Immunisation Register (NIR), a computerised information system that will hold immunisation details of New Zealand children.

The NIR will support personal health service delivery by providing vaccinators with accurate data on a child's immunisation status, says NIR Project Manager Bridget Allan. 'The NIR will provide vaccinators with quick-to-access information that will help to facilitate delivery of immunisation.'

From a public health perspective, the NIR will provide information on local, regional and

national immunisation coverage. This data will support more effective targeting of immunisation programmes. It will also help to assess the risk of epidemics of vaccine-preventable diseases and to measure vaccine safety and efficacy.

Implementation of the register is also critical to the major meningococcal B vaccine programme for which roll-out is expected in 2004. Nationwide roll-out of the NIR is to be implemented by the Ministry of Health and all District Health Boards by the end of 2004.

'At this stage we are planning that the NIR software development phases will be completed and piloted with Counties Manukau and Waitemata DHBs by October this year. We then propose rolling out the NIR on a staged basis throughout New Zealand, working with regional groupings of DHBs,' says Ms Allan.

The Ministry will be working closely with DHBs and will provide funding, training and support.

Prisoner Health Project

The Department of Corrections is working with the Ministry of Health on a project to improve prisoner health.

This initiative is an important step towards addressing the inequalities in health status between prisoners and other members of the community. Many public and mental health advocates have been stressing the importance of addressing such discrepancies over the past ten or more years. Now there is a strong commitment to addressing these issues in a systematic way, supported by both Ministers.

Currently there are several streams of work:

- Development of a memorandum of understanding between the two agencies outlining the principles, roles and outcomes of this project, led by Corrections with the support of the Ministry of Health. The role of District Health Boards in this relationship is currently being worked through with DHB representatives. Quite clearly, DHBs provide a vital service interface with prison health services at a local level.
- Implementation of a pilot project to improve the assessment and treatment of communicable diseases. This initiative is about to commence at Paparoa Prison in Christchurch. New sentenced prisoners will be offered more comprehensive assessments for communicable diseases on reception, covering a range of diseases such as TB, hepatitis A, B and C, STIs, HIV and vaccine-preventable diseases. Prisoners will be offered relevant tests and, if appropriate, will be offered treatment or immunisation.

- Development of a harm minimisation pilot to provide further education and information for prisoners on preventing the spread of infectious diseases including blood-borne infections and STIs, and to provide condoms and bleach to help prisoners keep themselves safe.
- Development of a memorandum of understanding specifically concerning mental health services, including forensic services.
- Development of protocols concerning inmates with intellectual disability.
- A review of the Prison Opioid Substitution and Detoxification Protocol (the methadone protocol) in 2003.
- Development of the clozapine protocol.
- Defining the future medium- to long-term direction for prison health and disability services in New Zealand through a joint Corrections and Health and Disability Working Group (CHDWG).

Both agencies agree that there are discrepancies between services offered and available to prisoners in comparison with other members of the community, and that it is desirable to address such discrepancies, whether they be in terms of treatment services availability or health promotion and health protection programmes.

The memoranda of understanding will set the scene for the future of health services in prisons in the medium to long term, whilst pilot projects explore approaches for dealing with specific issues in a practical manner in the short to medium term.

The Proposed Health (Drinking Water) Amendment Bill

As will be apparent to those who regularly visit the Ministry of Health website, there has been a great deal of activity on a proposed Bill which will deal with drinking-water safety.

Readers are encouraged to visit <http://www.moh.govt.nz/whatsnew.html> to keep up to date with the latest developments.

The proposed Health (Drinking Water) Amendment Bill will:

- provide a comprehensive regulatory framework for community drinking-water supplies covering protection of raw-water sources, treatment and distribution as far as the point of supply (generally the toby)
- mandate the setting of drinking-water standards
- require water suppliers to have public health risk management plans
- require drinking-water safety and quality management to be carried out by appropriately qualified people

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Public Health Intelligence Update

Launch

The Minister of Health, Hon Annette King, recently launched a collegial partnership between Public Health Intelligence (PHI) and SHORE, the Centre for Health Outcomes Research and Evaluation, of Massey University.

SHORE is a research centre with expertise in public health surveys and research, particularly in the areas of alcohol and drugs. PHI has expertise in applied epidemiology, statistical analyses, and survey design and management. The two groups recognised the need to build a collaborative applied research and analysis capability.

The collaboration will benefit the Ministry of Health, researchers and those concerned with public health in New Zealand. SHORE will be acting closely with PHI in their work outlined in the New Zealand Health Monitor (NZHM). This comprises a programme of national population surveys measuring the health status and risk behaviours of New Zealanders, including drug and tobacco use, height and weight, diet and exercise, sexual and reproductive health. These surveys contribute to PHI's function in monitoring the health of the NZ population, of which the NZHM is an integral part.

The first major project to be carried out by PHI and SHORE is a national population survey of illicit drug use in New Zealand commencing in April this year. The work, known as Module One of the Health Behaviors Surveys, will provide not only a snapshot of current levels of illicit drug use, but a time series, along with earlier work, of patterns of increasing and decreasing drug use in New Zealand. This survey will be repeated every two years as part of the New Zealand Health Monitor.

Visiting Research Fellows

Dr Emmanuela Sakidou and Dr Ajay Tandon from the Global Programme on Evidence for Health Policy, WHO Geneva will be visiting in mid-March.

They will be installing software and teaching us statistical methods for measuring health inequality at both between-group and within-group levels (the 'Index of Health Inequality'). They will also be calibrating health surveys for variation in norms or expectations between population sub-groups using a hierarchical ordered probit or HOPIT method.

Dr John Harris will also be visiting PHI as part of our Visiting Research Fellow Programme to assist

us in our strategic planning for the next three-to-five-year period. He has had a great deal of experience in this area, currently managing a group of applied analysts and researchers, with a staff of about 50 people and a budget of \$8m.

Sector workshop

In early April, PHI and the National DHB Health Needs Assessment Group are co-hosting a two-day workshop for DHB Funding and Planning managers and analysts, and representatives of Primary Health Organisations, Shared Support Agencies, Public Health Units and Ministry of Health Directorates.

The purpose of the workshop is to look at ways in which we can use the analytical expertise in the health sector most effectively and how we translate this knowledge into action towards achieving health for New Zealanders, as required under the NZ Public Health and Disability Act 2000. We will consider how to work in collaboration to address these goals.

The Proposed Health (Drinking Water) Amendment Bill

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- provide a regulatory framework for tankered transport drinking-water suppliers
- provide some minor amendments to the Building Act compliance schedule provisions to strengthen the existing responsibilities for safety of drinking water in buildings (other than single residential dwellings) that have their own self-supplied drinking-water systems
- phase in the requirements for compliance with the legislation over a period of two years for large community drinking-water supplies to five years for small supplies. Separate timeframes may be necessary for tankered transport suppliers and for self-supplied systems for buildings

The Ministry hopes that the Bill will be completed and introduced into Parliament later in 2003.

Contacts for this project are:

Murray Darroch: (04) 495 4353 or murray_darroch@moh.govt.nz

Michael Taylor: (04) 495 4958 or michael_taylor@moh.govt.nz

Interagency Zoonotic Disease Research – Further Progress

Much progress has been achieved since May 2000 when the 'Enhanced Co-ordination and Development of Enteric Zoonotic Disease Research in New Zealand' was initiated.

This article summarises the main results achieved during 2002-03 and highlights the main objectives of the Zoonotic Disease Research Co-ordination Steering Committee for the next two years.

Methodology issues

1. Development and establishment of a nationally-available electronic sub-typing database for zoonotic micro-organisms. Method standardisation for typing protocols has been completed.
2. A review of methods for New Zealand analytical laboratories regarding isolation of thermotolerant *Campylobacter* has been finalised.
3. Establishment of a nationally-available culture collection of repositories for pathogens is planned.

Risk assessment issues

1. A research portfolio for the period 2002-05 has been developed.
2. The New Zealand *Campylobacter* Quantitative Risks Analysis (Infection Pathway) Computer Modelling project has been finalised.

Research currently underway is leading to:

- better understanding of the magnitude of *Campylobacter* in various animal and bird reservoirs, amplification factors in these reservoirs, transmission pathways between them and possible disease controls
- development of *Campylobacter* Quantitative Risk Assessment policy to support regulators
- assessment of the effectiveness of interventions and remedial actions and how they may be improved to prevent disease
- development of guidelines for effective interventions to prevent disease, including measures for local government.

The following priorities have been reinforced for the period 2002-05:

- (a) Development and establishment of a database for zoonotic micro-organisms, initially including *Campylobacter jejuni*, *E. coli* 0157 and other verotoxic *E. coli* strains, and *Listeria monocytogenes*.

Strengthening New Zealand's research and surveillance tools with the establishment of the database has potential benefits including:

- outbreak identification and investigation
 - pathogen surveillance and monitoring of changes
 - capacity to detect and respond to bioterrorism
 - better management of the risk of disease
 - improved industry practices in relation to zoonotic micro-organisms risk assessment and management
 - reduction of the need to retype isolates, etc.
- (b) Establishment of a referee culture collection for selected serotypes (strains) of the organisms is recommended.

The first phase of database development was completed in December 2002 and includes an agreement between interested organisations on:

- specification of the required typing system
- establishment of the requirements for participating laboratories for hardware, software and quality assurance
- total price for capital and maintenance costs.

At the recent PulseNet Pacific Rim countries annual meeting, it was recommended that further progress regarding the standardisation and development of the database and surveillance system for detection of emerging diseases continues based on the New Zealand approach.

Dr Alexander Kouzminov is the contact for this project Tel: (04) 460 4922
email: alexander_kouzminov@moh.govt.nz.

Healthy Eating – Healthy Action, Strategy and Background Document Launched

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of the Walking School Buses the school community operates. The school also has a 'water only' policy meaning that the children are encouraged to have a water bottle with them during class while sweetened drinks are actively discouraged. Many of the classrooms have fruit bowls for the children and they can also participate in optional lunchtime aerobics sessions.

Healthy Eating – Healthy Action, Oranga Kai – Oranga Pūmāu: A strategic framework and Healthy Eating – Healthy Action, Oranga Kai – Oranga Pūmāu: A background are available free of charge from:

Ministry of Health

C/- Wickliffe

PO Box 932

Dunedin

Tel: (04) 496 2277

Email: pubs@wickliffe.co.nz

Website:

<http://www.moh.govt.nz>.

All organisations and individuals that made a submission during the consultation phase have been sent copies.

Please address further enquiries to:

Megan Grant

Senior Advisor (Nutrition)

Public Health Policy

Tel: (04) 495 4357

Email:

megan_grant@moh.govt.nz

Ten important things to know about Achieving Health for All People – a Framework for Public Health Action

1. All DHBs and public health providers should have a copy and be using it to plan public health action.
2. The framework suggests actions for Ministry of Health, DHBs, PHOs, PHUs, NGOs and local government.
3. It is available on the Ministry website or through Wickliffe (see below for contact details).
4. You can provide feedback on the working draft until mid-April.
5. The completed document, incorporating ideas and feedback, will be published mid-year.
6. It is likely to be re-designed as a set of resource documents rather than a single plan.
7. We'd like to know what resources you need to promote public health action.
8. An action plan for Māori public health is being developed to accompany the framework.
9. A set of overheads illustrating some of the ideas in the plan will soon be available on the Ministry website.
10. If you want to know more, contact Joanna Bourke-Vete on (09) 580 9107 or at joanna_bourke-vete@moh.govt.nz

Need medicine information?

If you are looking for information about medicines, the Medsafe website (<http://www.medsafe.govt.nz>) contains the following resources which you can access at any time:

- Datasheets for medicines.
- Information sheets for consumers.
- Articles about medicine safety issues.

Ministry of Health Publications

Unless otherwise specified, you can obtain copies of all Ministry of Health publications from:

Ministry of Health

C/o Wickliffe Limited

PO Box 932, DUNEDIN

Tel: (04) 496 2277 (Wellington)

Fax: (03) 479 0979 (Dunedin)

Email: moh@wickliffe.co.nz

Ministry of Health publications are also available on our website:

<http://www.moh.govt.nz>