



School Nutrition in New Zealand



About New Zealand

New Zealand is in the South Pacific Ocean, southeast of Australia. It stretches 1600Km (994mi) from north to south and consists of two large islands (North Island and South Island) and a few smaller islands – some towards Antarctica. The North Island, while smaller than the South Island, is home to the majority of New Zealand's population; has a number of volcanoes and highly active thermal areas; the capital city, Wellington and New Zealand's largest city, Auckland. The South Island's geography is dominated by the Southern Alps, a spine of mountains running almost its entire length; glacial lakes; fjords and two major cities, including Christchurch, New Zealand's second largest city.



While having a land mass that is approximately the same size as Britain, New Zealand has just four million inhabitants. New Zealand's population is predominately New Zealand European (Pakeha) – 68%. The remainder of the population is Maori (15%), Polynesian (5%), Asian (6%), other European (5%) and other (1%). This small population makes New Zealand's political system relatively centralised and lessens complexities in many ways. The small population also makes it possible to run national health initiatives.

New Zealand was first settled by the Maori in about 1200 (having emigrated under sail from the northern Pacific Islands). In the early 1800s, New Zealand was a whaling and sealing interest for European and Australian sailors. From 1840, European settlement increased and the Treaty of Waitangi was signed between the English crown and the Maori, with the Maori ceding governorship of their country to Britain in exchange for protection and guaranteed possession of their lands. Until 1947, New Zealand was part of the British Empire. It is now part of the Commonwealth as an independent state.

From the late 1800's, New Zealand grew dramatically in population and economically. The discovery of gold had engendered much prosperity and wide-scale sheep farming meant New Zealand became an efficient and mostly self-reliant country. Sweeping social changes - women's suffrage, social security, the encouragement of trade unions and the introduction of child care services - cemented New Zealand's reputation as a country committed to egalitarian reform.

The Maori population is now increasing faster than the Pakeha and a resurgence in Maoritanga (Maori culture) has had a major and lasting impact on New Zealand society. One impact has been the concerted efforts towards cultural integration between Maori and Pakeha. The issue of reconciliation remains at the top of the political agenda, as does health inequalities between Maori and non-Maori.

Child Nutrition in New Zealand

New Zealand's children are facing nutrition and weight management problems. The Children's Nutrition Survey (2002) by the Ministry of Health found that one third of all school children in New Zealand (5 – 14 year olds) are too heavy for their health (21.3% considered overweight and 9.8% considered obese). In particular, its findings showed:

- 61% of Pacific children are overweight (33%) or obese (28%)
- 41% of Maori children are overweight (25%) or obese (16%)
- Only about two out of five children met the recommended number of serves of fruit (at least two per day).

- About three out of five children met the recommended number of serves of vegetables (three or more per day).
- Three out of four children still choose standard full-fat milk.
- Milk is the second largest source of fat and largest source of cholesterol-raising saturated fat in the diets of New Zealand children.

More than 1,000 New Zealanders die each year from obesity-related diseases – double the annual road toll. According to health statistics, the prevalence of obesity in New Zealand adults aged 15-74 years doubled from 1977 to 2003, from 9.4 to 19.9 percent in males and 10.8 to 22.1 percent in females. If current trends continue, 29 percent of all adult New Zealanders are likely to be obese in 2011.

School Feeding: a context

New Zealand does not have a national meal service for schools. Traditionally, food for consumption at school has been brought from home. Over time, food has increasingly been provided by schools in three main ways (see below). School meals are rarely provided, except in boarding schools.

The nutritional quality of the food in the school food service is commonly low, with many high-fat, high-salt and high-sugar options available and few healthier choices. The food service is often poorly resourced and relies on easily prepared, cheap products. Many food services are equipped with only a pie warmer, a sink, a domestic oven, boiling water, a microwave and a fridge/freezer.

There are three main types of food service in New Zealand:

- Lunch order: Students are required to order their lunch early in the day from set choices. Lunch is then delivered to the classroom or distributed from a central point at the beginning of lunchtime. Options may include pies, filled rolls, cookies and drinks
- Tuck-shop: A tuck-shop primarily offers pre-packaged food (e.g. chips, drinks, yoghurt, muesli bars, pies, sweets) and a number of fresh products (e.g. filled rolls and baked goods). These are sold from a central point in the school.
- Canteen: A canteen offers a larger range of items that are not pre-packaged, both hot and cold (e.g. garlic bread, hamburgers, sushi, filled rolls and sandwiches, soup, pasta, salad, hot chips). It also stocks pre-packaged foods (e.g. chips, drinks, yoghurt, muesli bars, pies, sweets). These may be housed in a lunch hall or students may buy the products 'take-away' and eat them somewhere else in the school.



A school tuck-shop

Different types of schools have different types of food services:

- Over 70% of primary schools (5 – 10 year olds) have a food service.
- Over 90% of intermediate schools (11 - 12 year olds) have a food service.
- Over 90% of secondary schools (13 - 17 year olds) have a food service.
- In primary schools with a food service, the majority have a lunch order system.
- In intermediate schools with a food service, over 70% have a tuck-shop or canteen. This is often in conjunction with a lunch-order system.
- In secondary schools with a food service, the majority have a canteen.

Many students do not purchase food from the food service every day. The majority of New Zealand students bring most of their food from home, with only 4.5% always purchasing their lunch. However, there are significant ethnic differences:

- 91% of New Zealand European (Pakeha) students bring most of their food from home.
- 75% of Maori students bring most of their food from home.
- 53% of Pacific students bring most of their food from home.

When students do not bring food from home, it is most commonly purchased from the school food service or from a corner store on the way to school, leading to increased consumption of high-fat, high-salt, high-sugar foods.

Nutrition Education in the School Curriculum

New Zealand operates with a national curriculum, which all schools must follow. This curriculum requires teachers to provide food and nutrition study as part of the Health and Physical Education programme. Students study food and nutrition throughout their education and it is a compulsory area of study until Year 10 (14 years old).

National School Nutrition Programmes

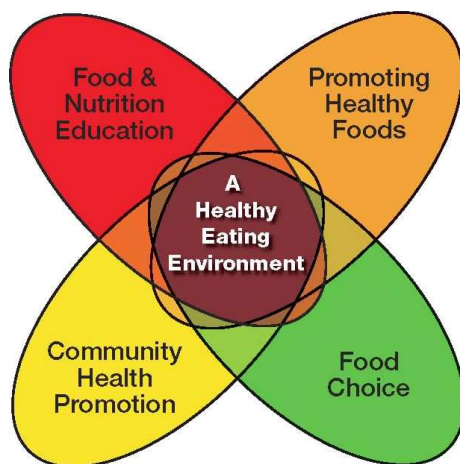
New Zealand has just one national initiative focussed on improving the food environment in New Zealand schools; however, regional initiatives are beginning to focus on the issue. The School Food Programme (SFP) is run by The National Heart Foundation of New Zealand and is funded by the Ministry of Health.

The SFP provides schools with resources, guidance and support to develop an environment that encourages healthy eating. The programme takes a whole-school approach to healthy eating and is available free to all schools. It assists school communities to identify and address a wide range of healthy eating issues.



Research shows classroom nutrition education can be very effective at changing nutritional knowledge. However, to influence attitudes and behaviours, a comprehensive multi-faceted approach needs to be taken. Schools that provide an environment that promotes and supports healthy choices can have a significant impact on the food choices children and adolescents make.

The School Food Programme is focused around four key areas:



Food Choice:

This focuses on the development of a food and nutrition policy and the provision of healthy food, via the school food service, if the school has one. It is not necessary for schools to have a food service to participate in the programme. Schools may include strategies into their food and nutrition policy such as 'students will be encouraged to be responsible for their health and make healthy food choices' and 'the tuck-shop will offer a variety of healthy foods that are attractively presented and reasonably priced'.

Food and Nutrition Education:

This area is directly linked to the implementation of the Health and Physical Education Curriculum and cross-curricula learning opportunities. For example, students might

learn about how to read nutritional panels in class then identify items in the canteen that are high in salt, fat or sugar and create strategies for replacing these items over a period of time.

Promoting Healthy Foods:

This area encourages a school to promote healthy food choices to students, staff, family/whanau and caregivers. For example, schools might display posters of healthy foods, display healthy foods at the top of the menu or competitively price healthier options.

Community Health Promotion:

The involvement of parents, whanau, caregivers and the wider community influences the outcomes of nutrition education. This key area motivates schools to initiate activities that promote nutrition to the wider school community. For instance, schools may hold fundraising galas where the food sold has an international theme as well as being healthy, or include lunchbox tips in the weekly newsletter

Once a school has begun the process of making positive changes in their nutrition environment, they are able to apply for a School Food Programme Heartbeat award. The Awards allow schools to gain recognition for their commitment towards fostering a healthy nutrition environment for students, staff and families.

Heartbeat Awards are available at four levels: Heartbeat, Bronze, Silver and Gold. Each level recognises an increasingly comprehensive nutrition environment, with a Gold Award demonstrating that a school has achieved extremely high standards in its nutrition environment.

The Heart Foundation has been offering this health promotion programme free to all schools since 1989. In 2000, the programme underwent a significant review to ensure schools were supported to address the whole school environment, including: the curriculum, food service, school policies, promotion of healthy foods and family/whanau involvement. This programme redevelopment allowed the Heart Foundation to ensure strong alignment with the WHO Health Promoting Schools initiative.

Since this review in 2000, more than one third of all schools in New Zealand have made a minimum of a two-year commitment to the programme. Capacity restraints mean that the Foundation is currently working with approximately 12% of schools. During the programme, schools work towards making long-term sustainable changes that can be maintained by the school with increasing independence.

Programme evaluations have shown a number of positive outcomes, including increased student participation in food nutrition activities, positive changes in food sales (reduced sales of high fat, high sugar and high salt foods and increased sales of healthier alternatives), increased healthy options in the food service and perceived positive behavioural changes amongst students. Many schools have also reported that the improvements made to their food service have been financially rewarding, either through cost efficiencies and/or increases in food sales.

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