Mission Statement
Kia whakareia te ōranga o ngā tāngata o Aotearoa ma te whakamana i ngā wawata hei tohu kai hauora, kai reka, hei oranga kakama.

To enhance the quality of life of New Zealanders by encouraging informed, healthy and enjoyable food choices, as part of an active lifestyle.

Introducing our new NUTRITIONISTS

Sarah Hanrahan

After graduating with a degree in Home Science and training as a dietitian I had a career predominantly in the nutrition industry with Nutricia. Working with Nutricia was a great opportunity to develop business skills, build a team and work with health professionals. I am particularly proud of the programmes we developed for children with metabolic disorders in conjunction with the National Testing Centre.

With the birth of our first child I left Nutricia and became a “stay at home mum” for 7 years. During this time we were very fortunate to live in the USA and the Netherlands. Our second child was born in the Netherlands. Both countries presented very different food experiences! Also very different healthcare experiences. Managing family food in these different environments certainly gave me an appreciation of what New Zealand has to offer and how good our food can be.

I am delighted to be back in the nutrition field and involved again with the Nutrition Foundation. In the early 90s I was a member of the Foundation’s Council and worked on the ‘Food Glorious Food’ campaign. I am thoroughly enjoying the new challenges the Foundation offers. In particular I am involved with the launch and implementation of the eMark project and am looking forward to working with the food industry and other interested groups to ensure the eMark is well used and understood.

Carolyn Cairncross

I came to New Zealand in 1993, intending to stay for two years. As you can see, 15 years and two Kiwi daughters later, I can’t tear myself away from the warm Auckland winters. Prior to children, I worked for ICI Chemicals as a research chemist in Melbourne, and as an account manager for ICI New Zealand.

A growing awareness of the importance of nutrition for my children prompted a return to study at Massey University (Albany). I developed an interest in sport nutrition whilst there, which resulted in my completing a Masters of Science in Nutritional Science in 2005, with a thesis titled ‘Nutrition Knowledge and Dietary Intake of Physically-Active Adolescents’. The group of students studied were from high-decile schools and had intakes which met the current recommendations. Most exciting to me was all of them ate breakfast every weekday!

Since this time I have been involved in a number of nutrition areas: working for Sport Auckland as the nutrition educator for the community activity programme ‘Green Prescription’, providing the nutrition sessions for the DEWL (Diabetes Excess Weight Loss) study at Greenlane, Auckland, and lecturing under contract for Massey University in their Human Nutrition degree programme. This has provided me with exposure to community nutrition and the challenges of improving the health of the population through diet.

I am thrilled to be working at the Foundation. The areas I will be focussing on initially are the new NZNF website, the fortnightly member updates and newsletter as well as providing nutrition services to our corporate members. I look forward to working with my colleagues at the Foundation and tackling the challenges ahead together.
The New Zealand Nutrition Foundation and Kellogg New Zealand were delighted to re-launch the Nutritionist Development Award this year. The award would not be possible without the generous and sustained support of its sponsor, Kellogg’s. Their long-term investment makes this the 11th award, and has already helped 10 leading nutritionists and dietitians achieve further skills and knowledge in their chosen field.

The 2008 winner is Kristin Leaity, National Dietitian for Compass Group NZ Ltd in Auckland. She was presented with her $5000 award by John Rosair, Managing Director of Kellogg New Zealand and Sue Pollard, the Foundation’s CEO.

On presenting the award, John Rosair said, “We are very proud to be the sponsor of the ‘Kellogg’s New Zealand Nutrition Foundation Nutritionist Development Award’ and of our partnership with the Foundation. This award recognises young Kiwi nutritionists’ efforts in helping New Zealanders become healthier, and raises awareness about the life benefits of a good nutritious diet.

“Kristin Leaity is one those exceptional people whose goal it is to help every New Zealand home eat and live healthier. Congratulations to Kristin from Kellogg’s, for winning this year’s Nutritionist Development Award. We wish her all the best in her career and look forward to hearing about her trip.

“We would also like to thank the New Zealand Nutrition Foundation for all they are doing to improve the quality of life and nutrition of everyday New Zealanders. We are honoured to work with the Foundation to support our young New Zealand nutritionists”.

Sue Pollard, the Foundation’s CEO says the Foundation is delighted to be giving this award to such a deserving and dedicated nutritionist. “Kristin is a talented asset to health in New Zealand, and this award is a stepping stone towards an even brighter future within the New Zealand nutrition community. Her passion and desire to extend her nutrition communication knowledge is what really stood out to the panel of judges.”

Kristin Leaity
Born and raised in Rotorua, Kristin completed a Bachelor degree in Consumer and Applied Sciences at the University of Otago and went on to complete a Postgraduate Diploma in Dietetics. Kristin has worked as a clinical dietitian at Auckland City Hospital and on major nutrition research projects with both Massey University and the University of Otago. She is now responsible for Taste Life, a successful health and wellness programme run by Compass Group NZ Ltd which helps more than 20,000 New Zealanders.

Kristin is using her award to attend the American Dietetic Association Conference in Chicago. She hopes it will help develop her skills in communicating healthy eating habits and lifestyles in a fun and appealing way. Kristin says, “I was really excited to receive the award! It is such a great honour and opportunity to extend my knowledge, travel overseas and network with top nutritionists, then bring all that knowledge back to New Zealand and apply it here.”

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In election year, this year’s annual lecture took the form of a political debate, ‘Why do we eat what we do?’ The session opened with presentations from two Parliamentary candidates, Lisa Er and Conor Roberts, representing the Green and Labour parties respectively. They set the scene by giving their respective parties’ views on ‘The role of Government in what we eat’. Illness striking one speaker and then the House being unexpectedly ‘in urgency’ had seen them take on the task with little more than 24 hours notice, stepping into the shoes of Associate Minister of Health, Damien O’Connor and Green Party MP, Sue Kedgley.

Continuing the theme, Vicki Hamilton from the Food Industry Group, spoke to the title, ‘Is it the chicken or the egg?’, with Christine McKay of the Counties Manakau DHB ‘Lets Beat Diabetes’ programme, finishing the presentations with ‘Cultural impacts on food choices and eating behaviour’. The floor was then opened up for debate, which included discussions on food security and access to free drinking water. Below are summaries of the presentations by Vicki Hamilton and Christine McKay.

Who drives what we eat? Do food marketers invent products so that people will then eat them – or is it that people are seeking new and different products and tastes?

It is of course a bit of both. But one thing is for sure - if consumers don’t like something, they won’t eat it.

Yoghurt is an excellent example. When it was first introduced into New Zealand it was bitter and runny and not popular with consumers. The manufacturers added a little sugar and fruit and changed the consistency – and people started to like the idea of this type of food. Now we have many variations of yoghurts – from bitter and runny to fruity and creamy; those with acidophilus; those that are ‘Greek’ style. The same goes for practically every other food product today – breads, cereals, cheeses, meats, legumes. Not only that, we can eat all sorts of foods and sauces with flavours and ingredients from all over the world – Asian, Indian, Thai.

Eating today is a very different arrangement compared to 40 years ago in NZ when it was the pound of butter, the bigger block of cheese and the Sunday roast leg of lamb. It is also very different from our ancestral times when we hunted and foraged and sometimes starved. Essentially, now, food is everywhere. We can eat at any time and nearly anywhere. Our present lifestyles, often stressful and time poor, mean we are looking increasingly for convenience and speed when putting food on the table.

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Is it the chicken or the egg?

So it’s a bit ironic some people and groups single-mindedly get stuck into food manufacturers implying they are out to make people fat or just to make profits. It’s also a bit ridiculous many so called ‘experts’ can write what they like on the web and in other media about any number of things to do with nutrition and food when there are untold regulations with which food manufacturers have to comply to ensure what they make and market can be put on the supermarket shelf for sale.

Unscientific evidence, emotion and politics are creating an imbalance in what is actually true and factual when it comes to food, and it is the consumer who suffers.

After all, most people enjoy eating. They want to put food on the table for themselves, their family and friends. Sometimes they eat because they are happy, sad, stressed or bored. They also eat for nourishment. Different cultures have different perceptions of food and even what size/shape they, as individuals, should be. Living and economic conditions also influence what people eat.

Is it the chicken or the egg?

Let’s Beat Diabetes is a social marketing programme in Counties Manukau set up in 2005 in response to a growing incidence of diagnosed diabetes and growing health issues leading to a growth in Type 2 diabetes. The objectives were to reduce obesity, slow the progression of risk and disease, and increase the quality of life for people with diabetes. The Counties Manukau initiative was developed using a broad inter-sectorial approach involving 10 action areas and community leadership.

People’s context for food decisions is dominated by financial difficulties and lack of time. In these times of rapidly increasing costs of basics like fuel or fruit & vegetables, the food budget comes after the bills are paid. There is a clear link between Maori, Pacific, South Asian, or high deprivation and incidence of diabetes and the its risk factors.

People are time poor and this impacts the time to buy ingredients and cook food; there is a reliance on fast foods to get the family through the week. People generally have a basic idea of healthy food, but cheap bread is always white, fruit and vegetables are expensive, fast food is always convenient and tasty, and fizzy drinks are a cheap treat.

There is confusion in the community around healthy food messages. Some are familiar with the food pyramid, but now we also have classifications such as ‘everyday’ or ‘sometimes’ or ‘occasionally’. What does ‘occasionally’ mean? Could this be twice a week or once a day? ‘Five a day’ fruit and vegetables is not well understood or even known as five.

And what is a vegetable – do hot chips count?

Everyone wants to eat better and manage better particularly for the family but the first concern is not “what can I feed my kids that is healthy” but “can I feed my kids?” All ethnicities believe their food can be healthy but there is a disconnect between affordable, tasty and acceptable, and general disbelief that the family would accept healthy foods seen in health messages.

So, there are many factors influencing eating habits but sound research shows some groups of the population don’t know enough about portion sizes, number of servings of fruit and vegetables, grains and other products. They have a huge knowledge deficit and are eating too much of the wrong food. This needs to change.

Food manufacturers are making changes too. For example, they have taken hundreds and thousands of tonnes of fat, sugar and salt out of food, enriched products with fibre, reduced serving sizes and are producing new foods with nutritional guidelines labelling. They have introduced new marketing policies, produced educational material on healthy eating, some are running cooking classes, many sponsor sports such as soccer, netball and cricket. These are just a few of the things they are doing.

We must not let the area of food and health become a blame game. It is about working together to find positive solutions and empower people to make good food choices.

Cultural impact on food choices and eating behaviour

Christine McKay, Social Marketing Project Manager – Let’s Beat Diabetes, Counties Manukau DHB.

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And then healthy foods are not necessarily cultural norms, or cultural foods are not seen as healthy, so the messages are ignored due to a lack of relevant or clear reasons to change. For example breakfast is good for health but many cultures do not have distinct breakfast foods; pies and fizzy become a convenient alternative on the way to school.

Household harmony is key. Knowledge of what really constitutes a healthy diet is poor and there is a need for quick and healthy meal solutions the kids will eat, and the social group will enjoy and adopt. Complementing healthy food is healthy eating and an understanding of what is a good portion size and when to stop eating.

Lastly there is no one solution but many challenges. Everyone wants to do better for their families, but we need to get the message right and make it relevant.
If you missed the recent Nutrition Forums...

To celebrate International Year of the Potato, the Nutrition Foundation joined with Crop and Food Research and Horticulture New Zealand in a series of forums to dispel the myths surrounding the nutritional status of potatoes.

Those who attended the forums found the latest research staggeringly positive in praise of potatoes. If you had to write a nutritional CV for potatoes you'd have a bulging document – the assets of this rather plain looking vegetable, which is sometimes referred to as ‘humble’, show that in nutrition terms they are clearly anything but. Based on the latest international and local research, the following is a summary of potatoes’ most impressive nutritional assets. The list could easily be expanded if it were to include all the attributes Dr Carolyn Lister and Carl Massarotto presented. If you would like a copy of their presentations please email gourley@xtra.co.nz.

Top ten nutritional assets of potatoes...

1. Potatoes are high in vitamin C – most New Zealanders get around 30% of their vitamin C from potatoes. A medium sized potato (175g) can supply around half your recommended daily intake.
2. When you leave the skins on, potatoes are a great source of fibre. One medium potato gives about 3 grams of fibre which equates to around 10% of daily intake per serving.
3. Potatoes provide an important source of minerals especially magnesium, potassium and iron. Potatoes lead produce as a source of potassium and outperform other fruit and vegetables, even those with a reputation of being a great potassium source like broccoli and bananas.
4. Antioxidants, including vitamin C and phenolics, abound in potatoes - the coloured varieties, red skinned and yellow fleshed, supply even more. When you compare antioxidant activity of potatoes with other common vegetables on a per serve basis red potatoes rank second only to kumara. We constantly hear broccoli and watercress are super antioxidant sources, and on an equal weight basis they do outstrip potatoes, however potatoes rank very highly when you consider how we eat them, you simply do not eat a serve of 175g of watercress – but you do potatoes!
5. B group vitamins are supplied in significant amounts, in particular B1 (thiamine), B6 and folate.
6. Potatoes are an excellent source of complex carbohydrates. Complex carbohydrates (or starches) are where most of your carbohydrates should come from. Carbohydrates are the primary fuel source for the body and should supply slightly over half of your calories for the day. As a quick guide...aim to have a quarter of your meal plate carbohydrates. The big advantage of getting your carbohydrates from potatoes, rather than pasta or rice, is that you also get an abundance of other vital nutrients.
7. Potatoes have a key role to play in weight management. Potatoes have a high satiety index. Consuming foods with a high satiety index means you feel full for longer. Roughly put, the volume potato occupies in your tummy is larger than if you had eaten a similar volume of high fat or protein foods. The energy density of potato is low and it is able to displace fatty foods from the diet, thus reducing energy intake without a feeling of emptiness. It is the feeling of emptiness, or hunger, that causes many diets to fail.
8. Potatoes supply protein. Whilst only in very small amounts, it is significant, especially taking into account the amount of potatoes we eat.
9. All fresh potatoes get the Heart Foundation 'Tick'; this of course applies when recipes add minimal fat and salt.
10. Potatoes do count towards your 5+ A Day total – potatoes mashed, boiled or baked are a great way to get one serving towards your daily five servings.

For more information on International Year of the Potato, check out www.vegetables.co.nz/potatoes

Hot off the vegetables.co.nz press is the latest addition to the Veg Up series of resources - the Veg Up Plate pad. This colourful resource visually depicts half the meal plate should be made up of vegetables.

The remainder of the plate is made up of a quarter protein-based foods and the remaining quarter with starchy vegetables (i.e. kumara and potato) and other carbohydrate-based foods. The pad is designed to be used as a teaching tool by healthcare professionals who can tear off a page and give it to their patients or clients to take home. The 50 page pad is now available and can be ordered through the resources section of our website http://www.vegetables.co.nz/resources-vegetables.php
Aspartame – Facts and Fiction

In the week of 22 September this year, the New Zealand Nutrition Foundation hosted seminars in Auckland and Wellington for food and health professionals, to unravel some of the myths about the common sweetener aspartame.

Main speakers at the events were Dr Bernadene Magnuson, an Adjunct Professor in Nutritional Sciences from the University of Toronto, and Nikki Hart, from Nikki Hart Nutrition.

Introduction

Karen Bradshaw from Coca-Cola Oceania set the scene at the beginning of the seminar by outlining recent changes in sales of ‘diet’ and ‘regular’ beverages. In essence, supermarket sales of diet soft drinks have fallen by 5%, while sales of regular soft drinks have grown by 9.5% in the year to date. This reverses trends seen in the past two to four years.

Anecdotally, New Zealand seems to be the only market globally in which diet drinks are declining in sales, and this trend is also being seen in other categories of products in NZ containing non-nutritive sweeteners, such as sugar-free gum, non-nutritive sweeteners on their own and ‘lite’ yoghurts.

Possibly the reason New Zealanders are shying away from diet products is because aspartame has been the target of a groundswell of misinformation without any scientific basis. The Foundation thinks this is an unfortunate and potentially harmful trend in an environment where both obesity and diabetes are on the rise – hence our support of these seminars. While health advice is always to drink water as a first choice, substituting a perfectly appropriate low energy drink with a drink containing energy is not a good choice for some people.

Dr Bernadene Magnuson

As lead author of a recent review on the safety of aspartame published last year in the scientific journal Critical Reviews in Toxicology,* Dr Magnuson was an ideal person to present on this topic.

The review process was completed by a team of nine independent internationally-renowned toxicologists, and reviewed hundreds of studies in over twelve specialised fields of aspartame safety research.

The key findings were:

1. Aspartame is completely broken down in the intestine to components found in other foods.
2. Aspartame consumption (even at levels much higher than the human diet) has virtually no impact on blood levels of amino acids, methanol or glucose.
3. Aspartame safety is clearly documented and well established through extensive laboratory testing, animal experiments, human clinical trials and epidemiological (population) studies.
4. There is no credible link between consumption at levels found in the human diet and conditions of the nervous system, behaviour or other illness.
5. Aspartame does not cause mutations, and there is no credible evidence it causes cancer.
6. Aspartame does not increase hunger; rather, studies indicate it can be an effective tool in an overall weight management programme.

In order to counter some of the misinformation currently circulating in New Zealand, Dr Magnuson made four key points.

Firstly, when aspartame undergoes digestion, phenylalanine and aspartic acid (two amino acids present in many protein-containing foods) and a small amount of methanol (also present in most fruits and vegetables) is produced. The amounts of these are much less than found in other foods. For example, aspartame from a can of diet soft drink provides less methanol than a banana, and far less (only 20%) than from the same amount of tomato juice. Because aspartame never enters the bloodstream as a whole, studies where aspartame is injected directly into the body, or added to cells grown in a dish, cannot be used to assess safety for humans. This also explains why aspartame cannot possibly cross into the fetus during pregnancy or into breast milk, and studies show that amounts normally consumed in the diet are safe during pregnancy and lactation.

Secondly, it is necessary to explain how our body deals with the methanol produced when the body digests aspartame. The human body is well equipped to use small amounts of methanol produced from foods and drugs. First, the liver converts it into formaldehyde, which is used within seconds, or converted to formic acid, which in turn is used by the body or converted into water and carbon dioxide for excretion. The fact that methanol and formaldehyde are breakdown products of aspartame sounds scary. Therefore, it is important to know formaldehyde is made by our bodies every day in amounts thousands of times greater than you would ever get from aspartame, as it is needed to make other essential compounds, such as DNA. Also, the known toxic effects of methanol relate not to formaldehyde, but to build-up of formic acid in the blood.

Thirdly, the argument is often posed that industry-funded studies always find no adverse effects while “independent” studies find adverse effects. This argument is both misleading and false. For example, three studies in mice conducted by the US National Toxicology Program concluded aspartame is not a carcinogen. And two recent large scale US National Cancer
Institute epidemiological studies came to the same conclusion. In addition, industry research most often examines the effects of ingesting aspartame – so as to test what happens when aspartame is consumed in foods and drinks. Many “independent” researchers study unrealistic situations such as injecting aspartame directly into the bloodstream, brain or other organs, or use massive doses. At doses thousands of times what humans consume, as with anything, adverse effects will be seen.

Lastly, the studies by the Ramazzini Foundation are often upheld as scientific proof of an adverse effect of aspartame. Because these studies fed aspartame to rats and concluded an association between aspartame and cancer, this research was carefully reviewed by numerous international food safety authorities and other experts. All found serious flaws in the research methodology and interpretation of results. In addition, 14 previous studies in various animal models found no evidence of aspartame causing or promoting cancer development. Thus the independent reviews all agree there is no credible evidence aspartame is carcinogenic.

*Nikki Hart*

Nikki Hart’s presentation reviewed the evidence relating to the use of aspartame in the diet - specifically in weight and diabetes management. Nikki also spoke about her own experience as a nutritionist, illustrating case studies of how aspartame can contribute towards reduced energy intake.

Obesity and diabetes are paramount public health concerns in New Zealand today. Strategies to reverse the upward trend in obesity rates, such as the use of low- or reduced-energy-dense foods is, potentially, one way of helping people reduce their energy intake, thus enabling weight maintenance or weight loss, and reducing the risk of developing type 2 diabetes. This is of particular importance in Maori and Pacific groups.

There is ample evidence from many studies that participation in a weight control programme including the use of aspartame, facilitates long-term maintenance of a reduced body weight. In other words, people who use aspartame in place of sugar are more likely to adhere to their weight reduction or weight maintenance programme. This is perhaps not surprising. It broadens the variety and palatability of the diet and allows people to consume similar products to the “regular” ones they had been accustomed to previously, although without the calories.

Misinformation about the role of aspartame in encouraging weight gain is also confusing the public. Recently a publication from the University of Texas, examining data from the San Antonio Heart Study is being upheld as evidence for this. The observational study examined intake of artificially-sweetened drinks and compared it with obesity rates in the same community. It concluded that increasing consumption of artificially-sweetened drinks was linked to an increased incidence of overweight and obesity in the study population. The authors of the study themselves advised this is not necessarily a ‘cause and effect’ relationship. It stands to reason that as people put on weight they would switch to ‘diet’ drinks in an effort to stop or reverse the weight gain. However, as all dietitians and nutritionists know, simply switching from regular to diet drinks without adopting other dietary and lifestyle programme changes, is unlikely to work in isolation. In addition, this study examined intakes of ‘diet’ drinks from two periods of time – from 1979-1982 and 1984-1988. Since aspartame was only approved for use in beverages in the United States in 1983, these data are less relevant for aspartame than the critics of aspartame make out.

Using the United States ‘My Pyramid’ estimates for discretionary (non-essential) calories on a daily basis, Nikki then illustrated, by way of a case study, how someone can easily overstep the mark on their daily discretionary calorie allowance. By replacing common sources of discretionary calories in the diet with aspartame-sweetened, lower fat versions of the same foods and drinks, it is possible to markedly decrease energy intake to acceptable levels, without compromising taste or feeling deprived.

Helping to manage weight gain, and actually losing weight, will go a long way towards managing the risk of developing type 2 diabetes. For those who already have diabetes, though, aspartame provides variety and taste to the diet, without affecting blood sugar levels. Nikki outlined the evidence for aspartame having no effect on blood glucose responses. She applauded the foresight of the Counties Manukau ‘Lets Beat Diabetes’ ‘Programme and McDonalds New Zealand for adopting a policy of substituting all Sprite sold with Sprite Zero in South Auckland outlets. This has been effective in reducing the consumption of sugar significantly in a region with high rates of type 2 diabetes, and, as a result, has since been rolled out into all McDonalds restaurants in New Zealand.

*Final word*

Aspartame is something about which many New Zealanders have an opinion, with health professionals frequently fielding questions about it. The unbiased science, as presented in these seminars, is lengthy and complicated, but the consensus summary is very simple: aspartame is safe for the vast majority of people to consume; in fact it is also beneficial as part of a weight management or diabetic diet.

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Food patterns associated with increased body size included eating more protein-rich foods and less fruit and vegetables.

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Bread, milk, apples or pears, breakfast cereal, bananas and oranges or mandarins were consumed around once a day by most children.

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This diet and body size analysis is part of the longitudinal Pacific Island Family Study and provides evidence to inform practical dietary advice and food policies. The authors say further research is needed to explore the association of growth with food patterns and quality, especially the issue of protein and dairy foods being associated with larger body size.

Reference:
Rush, E. Peterson, J. Obolonkin, V. Food frequency information – relationship to body composition and apparent growth in 4-year-old children in the Pacific Island Family Study. NZMZ 5 September 2008; vol121 No 1281; ASSN 1175 8716

3. Superfoods on a budget

In this research project, Professor Rush and three colleagues found lean mince was one of the best food choices for Pacific families. For the price, it offered an excellent source of iron and protein compared with less healthy choices such as takeaway battered fish or fried chicken. “Furthermore, vegetables, brown bread, wheat cereals and baked beans were found to have greatest amount of fibre per serve, whereas , once again treats and snack foods were nutrient-poor,” the authors wrote. The research also found that frozen mixed vegetables and Weet-bix were nutritious and better value for money – and offered a higher proportion of fibre than wholemeal bread.

The ‘Superfoods’ recommended by Professor Rush are:

- Lean mince – provides value for money and as well iron and protein it contains Vitamin B, especially B12.
- Eggs – like mince, eggs are relatively inexpensive and the egg white offers good quality protein. Eggs support the growth of the chick and so contain virtually all the vitamins except vitamin C, and plenty of minerals, such as iodine, selenium and zinc.
- Baked Beans – these are the seeds that begins a new life so, like eggs, they are packed with goodness. They are high in fibre, vitamins and minerals.
- Tinned fish – the valuable omega-3 fatty acids are most often found in tinned fish, especially oily fish such as sardines, mackerel, herrings, tuna and salmon. The protein in fish is high quality and it also contains healthy fat, which itself contains the fat-soluble vitamins A, D, E and K.
- Frozen mixed vegetables – because they are frozen when fresh they are often a better source of those nutrients easily spoiled by exposure to air after picking e.g. vitamin C. They are good value for money especially when vegetable prices are driven up by bad weather.
In the fight against obesity, effective tools to reduce excess body weight are essential. Though little consensus exists about the appropriate treatment for those who are overweight, growing evidence supports the use of low glycaemic load (GL) diets for weight loss and other health benefits. Low GL foods, also called sustained energy foods, include whole grains, legumes, fruits, vegetables, milk and yoghurt.

In the past four years, two New Zealand studies have added to the body of research substantiating the use of low GL diets to reduce body weight and manage hunger.

University of Otago Clinical Trial – Aspire for Life

In 2004 Crop & Food Research, within their ‘Lifestyle Foods’ research contract with the Foundation for Research Science and Technology, commissioned the University of Otago to conduct a clinical trial to compare the weight loss effects of a diet based on sustained-energy foods with a traditional low-fat eating plan. One hundred participants completed the eighteen month study.

When coupled with exercise both diets demonstrated a clinically significant amount of weight loss. However the sustained-energy diet group had higher retention rates than those on the low-fat eating plan. Because acceptability plays a key role in a diet’s long-term success, the researchers saw the potential benefits of promoting the sustained-energy approach to the greater New Zealand public.

Crop & Food Research Pilot Study – Aspirediet1

With research showing the internet can be an effective medium to deliver weight loss advice, Crop & Food Research saw an opportunity to assess whether the sustained-energy weight loss strategy could be successfully transferred to an on-line application. They expanded the original nutrition content given to participants to include recipes, physical activity guidelines, cognitive behavioural strategies and a chat room for participant interaction. In 2007 the first Aspirediet website was born for the pilot study.

To measure the effectiveness of its website approach, Crop & Food Research conducted a six month research study. Of the 70 participants that completed the study, 75% lost weight. Even more striking was that most participants reported lower levels of self-rated hunger prior to the study.

Next steps – Aspirediet2

Crop & Food Research is further evolving the website into a dynamic 12 week weight management programme, using research that investigated the needs of study participants and using physical activity expertise from Sport & Recreation New Zealand (SPARC). A scheduled release of the site to the general public is planned in the near future. Watch this space...

For further information about the research studies, University of Otago Clinical Trial – Aspire for Life and Crop & Food Research Pilot Study – Aspirediet1 contact Hester Cheong at cheongh@crop.cri.co.nz

Reference:

4. Snacking habits of children

Professor Rush responded to a request for comment from reporter, Alice Hudson, on Colmar Brunton research which assessed the snacking habits of children aged 5-12 and the “nutritional consciousness” of 300 parents. This survey showed most parents were “very concerned” about the amount of sugar and fat their children were eating and they were buying more healthy snacks such as fruit, nuts and dairy food. However most purchasing decisions were based on convenience and this meant energy-dense foods such as chocolate and chips were eaten more than twice a week by a large majority of the children.

Articles in the Christchurch Star and the Herald on Sunday in early October 2008, quoted Elaine Rush as saying consumer behaviour was affected by the buyer’s environment and poverty was a big factor in unhealthy eating in New Zealand. “Poor people are fatter than rich people.”

The survey found people were influenced by the Heart Foundation’s “Tick” programme, but Elaine Rush cautioned against consuming products with the Tick “ad-lib” and said it was important to read labels properly – products advertised as low in fat were often high in sugar and the opposite also applied.

5. TV3 News Interview, October 5, 2008, ‘Foods you should eat because they look like the organs of the body.’

Celery for bones, tomato for the heart, avocado for the uterus, walnuts for the brain are amongst the examples that Texan Don Tolman quotes. The Elaine Rush Verdict: "Rubbish – a wide variety of different whole foods make up a healthy diet.”

To watch the item go to:
http://www.3news.co.nz/Foodgurusaysyouarewhatyoueate/tabid/423/articleID/74497/cat/64/Default.aspx
You may have heard about the new Science Media Centre, which officially opened on 1 July 2008. The Centre is funded by the Ministry of Research, Science & Technology (MoRST) who, following an open call for expressions of interest, awarded the Royal Society the bid to develop and operate the Centre. Although managed by the Royal Society, the Centre operates independently.

The manager of the Science Media Centre is Peter Griffin, who was formerly the Technology Editor at the New Zealand Herald. Working with Peter, as a media advisor, is Amanda Johnson, who many Foundation members will remember as Amanda Wynne, NZDA's Executive Officer from 2001 to 2002. A second media advisor, Dacia Herbulock, was previously a features producer for Radio New Zealand National.

Based in Wellington, but nationally focused, the Science Media Centre helps the media gain access to the scientific community and to the resources they need to develop science-related news stories. This is a great opportunity to ensure coverage of important issues, including nutrition, is accurate and that appropriate experts are invited to comment.

We are currently building a database of scientific experts who would be happy to talk to the media. We’d be keen to hear from any nutrition and health experts who would like to be included on our database, so do get in touch.

In terms of the work we do, we often be reacting to new research released either in New Zealand or internationally and will be looking for experts to give comment on research findings and the implications for New Zealand. These comments will be released to the media as ‘Science Alerts’ and we will offer journalists the opportunity to follow-up with scientific experts for media interviews.

We are also on the lookout for interesting and newsworthy stories we can promote proactively – so if you have a piece of research about to be published, or are giving a presentation at a conference, or simply have a good story idea, then do let us know.

The centre has a strong online element at www.sciencemediacentre.co.nz where you’ll find more information. This is where our Science Alerts are published and where journalists can find backgrounders on scientific topics, opinion pieces from scientists and tools to assist them in finding the right sources for their stories.

If you’d like to get in touch, our contact details are:

Science Media Centre, Level 2, 50 Manners Street, Wellington
Telephone: 04 499 5476
Email: smc@sciencemediacentre.co.nz
Website: www.sciencemediacentre.co.nz

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**Book Review:**

**Fresh Start**

By Christelle Le Ru

Published by Christelle Le Ru Books Ltd 2008

Fresh Start is a collection of healthy recipes and food tips for parents of preschoolers. It is the fourth cookbook by Christelle Le Ru and reflects her focus as a mother to give her three young children a taste for a healthy lifestyle and nutritious foods from an early age. It is a well-presented book, full of colour with an appetising picture for each recipe.

There is a section on basic nutritional needs of preschoolers that is very easy-to-read and was produced in association with nutritionist Victoria Landels. The nutrition content was also reviewed by Nikki Hart on behalf of the Foundation. The vast majority of the recipes contain fruit or vegetables, introducing the taste of these important foods at an early age.

It can be a challenge to provide meals that taste bland enough for preschoolers but are not boring for adult family members. The use of herbs and assorted ingredients in this book mean the variety of recipes will provide ideas for anyone stuck in a rut, and the delicious-looking photos will encourage parents to experiment with a new dish.

There are a number of pages of information and tips about preschool behaviour that are commonsense, although often neglected, to help parents establish a healthy relationship between children and their food. It is encouraging to find a book aimed at children where there is a balance on the enjoyment of food within a healthy dietary framework.

The final word goes to Sue Pollard, CEO of the Nutrition Foundation, who is quoted on the back cover of the book: “Christelle’s recipes will offer your children new tastes and provide them with a good start to their lifelong eating habits”.

**Carolyn Cairncross**
Nutritionist
New Zealand Nutrition Foundation

**Recipe:**

**Tuna Melts - Makes 4**

**Ingredients**

- 2 English muffins
- 1 x 185g tin tuna in brine
- Half a lemon, juiced
- 2 tablespoons Greek-style yoghurt
- 2 tablespoons tomato sauce
- 55g cheddar cheese
- 1 tablespoon coriander leaves
- Salt and pepper

**Method**

Preheat the oven to 200°C (400°F). Place the drained tuna in a bowl and crumb. Mix in the lemon juice, yoghurt and tomato sauce. Season lightly with salt and pepper.

Toast the English muffins and split up. Place on an ovenproof tray and spread a quarter of the tuna mix on each muffin split. Sprinkle with grated cheese.

Place under the grill in the oven for a couple of minutes until the cheese has melted. Sprinkle with the finely chopped coriander leaves and serve immediately.
New study reveals high awareness and good understanding of nutrition labelling schemes in the UK but a lower use of labels in supermarkets

The European Food Information Council (EUFIC) is a member, along with the New Zealand Nutrition Foundation, of the International Food Information Organisation (FIO) network. A strong focus of their work over the past few years has been the field of consumer research, in particular the use of nutrition information on food product labels.

As part of their commitment to the EU Platform for Action on Diet, Physical Activity & Health, our colleagues at EUFIC, together with Professor Klaus Grunert of Aarhus School of Business in Denmark, are conducting a pan-European study on consumer research on in-store behaviour, understanding and use of nutrition information on food labels, and nutrition knowledge. The results of the pan-European study will be available in November, but recently the results of the UK part of the study were presented by Dr. Josephine Wills, and Professor Klaus Grunert.

Despite UK shoppers being six times more likely to look at the front rather than the back of pack and 80% being aware of Guideline Daily Amount (GDA) and Traffic Light (TL) labelling schemes, this new research shows only one in four shoppers actually looked for nutrition information on food packaging in supermarkets.

The EUFIC research, conducted in three UK supermarket chains with different labelling schemes (ASDA, Sainsbury’s, Tesco), offers insight into how this information is used in real life shopping situations. UK consumers’ nutrition knowledge has areas of strength and weakness; for example more than 90% correctly know that they should eat more fruit and vegetables, fibre and whole grains. In contrast, starchy foods such as bread, rice, pasta and potatoes are less understood, with only 5% of consumers correctly answering that they should eat a lot of these types of foods.

Consumers see calories as a hurdle that is difficult to overcome. Although the calorific content of foods is generally understood, calorie needs are underestimated while the amount of physical activity required to burn off calories is over-estimated by the majority of consumers. Of concern is that 35% of consumers think children need more calories than an adult man, raising public health questions about over-feeding with respect to childhood obesity.

UK consumers spend on average 25 seconds in making a food product purchase decision. The type of product being purchased has an impact; most time is spent looking at ready-meals and least time is spent on carbonated soft drinks.

Awareness is high for both Guideline Daily Amount (GDA) and Traffic Light (TL) labelling systems. 79% of the consumers have heard of GDAs and TLs while 90% of consumers say they have seen the GDA system before. Understanding of the GDA concept is good, with 89% of consumers correctly defining a guideline daily amount as a maximum rather than a target to reach. The answers reflect good understanding of absolute numbers, percentages, and guideline daily amounts.

Understanding of the TL concept is characterised by some exaggeration of the meaning of the colours and a lack of understanding that the system is applied per 100g. 73% of consumers thought red indicated avoidance rather than correctly answering that “it is fine to have the product occasionally or as a treat.”

For the hybrid Guideline Daily Amount/ Traffic Light system, less than 15% of consumers stated that the colour-coding and interpretive elements (high, medium, low) were helpful for indicating healthiness of a food product.

More than 70% of consumers could rank products correctly in terms of healthiness regardless of labelling system. The ability to answer correctly was related to age, nutritional knowledge, social grade – but even in the lowest group around half of the respondents could provide the correct answer.

Listen to the EUFIC findings

To listen to Professor Klaus Grunert of Aarhus School of Business, Denmark and Dr Josephine Wills, Director General of EUFIC, presenting the UK results, please go to: http://www.eufic.org/block/en/show/consumer-insights/

Should you have any questions or require further information about the EUFIC study please contact: Laura Smillie, Communications Manager, European Food Information Council Direct telephone: +32 2 506 89 85 / +32 474 94 01 98 (mobile) e-mail: media@eufic.org http://www.eufic.org/

The New Zealand Nutrition Foundation comments

A recent Nielsen survey 1 in New Zealand found only 11% of New Zealanders say they always check nutritional information when buying packaged goods, though this increased to 45% for consumers thinking about buying a product for the first time. Previous research showed self-reported use of nutrition labels and claims in New Zealand, and Australia is common, but actual use and understanding appears limited 2.

So how can consumer understanding of food labels be improved, and will this assist them to make informed food choices? What opportunities exist to use educational strategies at point of sale?

The Foundation is currently analysing the results of a survey of consumer understanding of and preferences for nutrition terminology. The results of this research will be used to review the language used in our soon-to-be launched websites, particularly our e-mark website, (www.emark.co.nz or www.emarkfoods.co.nz or www.emarkguide.co.nz), which will include a database of foods and their corresponding eMarks. The eMark provides an opportunity for simple messages at point of sale for consumers through to individual meal plans on the website, based on an individual’s age, gender, activity level and food preferences.

References:


Heart Foundation project reduces salt in bread

Almost 150 tonnes of salt is being removed from New Zealand bread thanks to a new public health and food industry partnership.

Project Target 450 is working with New Zealand’s two major bread manufacturers and private label bread brands to lower the amount of sodium in certain breads. Salt is the main source of sodium in our diet.

The programme earned the National Heart Foundation of New Zealand a finalist’s place in the 2008 New Zealand Innovation Awards.

Project Target 450 came about after a Heart Foundation study revealed some lower cost, high volume packaged breads had a higher sodium level than more expensive alternatives. Eating too much sodium has strong links with high blood pressure, a major risk factor for cardiovascular disease.

A pilot programme began in 2007 which aimed to reduce the amount of sodium in low cost, high volume breads to 450 milligrams per 100g. In some cases, this meant a reduction of 100 milligrams per 100 grams of bread.

Project Manager Namalie Jayasinha says New Zealanders are, on average, eating twice the recommended amount of salt. “We wanted to highlight to bread companies the public health issue of eating too much salt and suggested an achievable target. The companies responded positively by voluntarily carrying out their own trials and in some cases reduced the sodium levels by up to 18%.

“As a result New Zealanders are now getting the health benefits of a little less salt. By the time the project has been fully implemented, we expect up to 150 tonnes of salt will have been removed from the bread supply. Feedback from manufacturers suggests consumers have not noticed a difference in taste.”

Lessons learnt from working with the bread sector are being applied to breakfast cereal and processed meat sectors, both of which contribute high levels of sodium to the diet of New Zealanders. These projects are funded by the Ministry of Health.

Contact: Namalie Jayasinha, National Heart Foundation of New Zealand, Project Manager, Food Formulation, 09 571 9191 ext 727, namaliej@nhf.org.nz

WHAT’S ON

Unilever and the New Zealand Nutrition Foundation, 2008 National Cholesterol Education Programme New Zealand; Symposium for Health Professionals
Date: 3rd November, 2008
Venue: Ellerslie Event Centre, Auckland
For further information contact: nznf@nutrition.org.nz

HEHA Research, Evaluation and Monitoring Conference: What’s on in our backyard?
Date: 3rd – 4th November, 2008
Venue: Te Papa, Wellington
For further information go to: https://host.savio.co.nz/secure/HEHA08_reg.asp

ANA Asian Health Forum
Date: 6th November, 2008
Venue: Sorrento in the Park, Auckland
For further information go to: http://www.ana.org.nz/page.php3?p=77&fp=72

Date: 12th-13th November, 2008
Venue: Heritage Hotel, Auckland
For further information go to: www.foodworks.co.nz/ffoods

10th International Symposium on the Biosafety of Genetically Modified Organisms (ISBGMO): Biosafety Research: Past Achievements and Future Challenges
Date: 16th-21st November, 2008
Venue: Wellington, New Zealand
For further information go to: http://www.isbgmo.info/

Nutrition Society of Australia 32nd Annual Scientific Meeting
Date: 30th November - 3rd December, 2008
Venue: Adelaide, South Australia
For further information go to: www.nsa.asn.au

Nutrition Society of New Zealand Conference 2008: To eat or not to eat?
Date: 9th-10th December, 2008
Venue: The Scenic Circle Cotswold Hotel, 88-96 Papanui Road, PO Box 29369, Christchurch 8540, New Zealand. http://www.scenic-circle.co.nz
For further information go to the website of the Nutrition Society of New Zealand: www.nutritionssociety.ac.nz

World Potato Congress 2009
Date: 23rd-25th March, 2009
Venue: Christchurch Convention Centre, Christchurch
The 7th World Potato Congress is an international potato industry conference. The programme will include technical aspects of potato production, crop management, food processing, nutrition, food safety and quality assurance.
For information, contact Sara Russell at email: russelss@lincoln.ac.nz Phone: +64-3-325-3849 or go to: http://www.wpcnz.org.nz/programme.html

19th International Congress of Nutrition 2009: Nutrition Security for All
Date: 4th-9th October, 2009
Venue: Bangkok, Thailand
For further information go to: www.icn2009.com

World Congress on Fats and Oils and 28th ISF Congress
Date: 27th-30th September, 2009
Venue: Sydney Convention & Exhibition Centre, Darling Harbour, Sydney
For further information go to: www.isfsydney2009.com

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The views expressed in Nutrition News are those of the authors and do not necessarily reflect those of the New Zealand Nutrition Foundation.